



Notice of Privacy Practices

This notice explains how medical information about you may be used or disclosed, how you may access it, and how we protect it. Please review it carefully.

William C. Eves, M.D., Inc.

Effective date: 10/19/26

480 4th Ave, Suite 307
Chula Vista, CA 91910
619-426-3240 (phone)

Privacy contact: Practice Administrator
Email: administration@willamevesmd.com
Website: www.willamevesmd.com

Your privacy rights

You may exercise the rights below by contacting our privacy contact listed above. We may ask for a reasonable identity verification before fulfilling certain requests.

See or obtain your records. Request to inspect your medical record or receive a paper or electronic copy. Under California law, inspection generally must be permitted within five working days and copies generally furnished within 15 days of a qualifying request, subject to legal exceptions. Reasonable, legally permitted fees may apply.

Correct your record. Ask us to amend information you believe is inaccurate or incomplete. If we decline, we will explain why in writing and explain available next steps.

Request private communications. Ask that we reach you at an alternative telephone number, email address, or mailing address. We will accommodate reasonable requests.

Request limits on sharing. Ask us not to use or disclose certain information for treatment, payment, or health care operations. We need not agree to every request. If you pay for an item or service out of pocket in full, we generally must honor your request not to disclose it to your health plan for payment or health care operations unless the law requires disclosure.

Receive a disclosure accounting. Request an accounting of certain disclosures of your information from the preceding six years, subject to exceptions. One accounting in a 12-month period is free; additional requests may incur a reasonable fee.

Obtain this notice. Request a paper copy of this notice at any time, even if you agreed to receive it electronically.

Choose a representative. A person legally authorized to act for you may exercise your rights, subject to identity, authority, and special confidentiality requirements, including those applicable to minors.

File a complaint. You may complain to our privacy contact or the U.S. Department of Health and Human Services. We will not retaliate against you.

Your choices about disclosure

You may tell us your preferences about sharing relevant information with family members, close friends, or others involved in your care or payment for your care, and in disaster-relief situations. We follow your choices when required; if you cannot tell us, we may share information when permitted by law and reasonably in your best interest.

We generally require your written authorization for marketing uses requiring authorization, sale of your medical information, and most uses or disclosures of psychotherapy notes. You may revoke authorization in writing for future uses or disclosures, except to the extent we already acted on it. If we contact you for fundraising, you may opt out of further fundraising contacts.



How we may use and disclose your health information

We routinely use or disclose your information for the following purposes when permitted by HIPAA and applicable California law:

Treatment. To evaluate and treat you, coordinate care, write prescriptions, obtain consultations, and share pertinent information with other professionals providing your care. Example: sharing examination results or imaging with a specialist.

Payment. To bill you, verify coverage, seek prior authorization, or obtain payment from insurers and other responsible parties. Example: submitting a claim to your health plan.

Health care operations. To manage our practice, review quality and patient safety, conduct compliance activities, and improve services. Example: reviewing care outcomes or responding to an audit.

Other uses or disclosures allowed or required by law

Subject to applicable legal limits, we may use or disclose appropriate information for:

- Public health activities, product recalls, reportable diseases, and required reporting of suspected abuse or neglect.
- Preventing or reducing a serious and imminent threat to the health or safety of a person or the public.
- Health oversight, licensing, audits, investigations, and other legally authorized government functions.
- Workers' compensation matters, occupational injury claims, or similar programs when authorized by law.
- Research, when the required approvals, patient permission, or legal exceptions apply.
- Organ or tissue procurement; and coroners, medical examiners, or funeral directors as permitted by law.
- Judicial or administrative proceedings, valid legal process, or law enforcement requests only to the extent legally permitted or required.
- Other purposes when required by federal or California law.

For uses or disclosures not described in this notice and not otherwise permitted by law, we will obtain your written authorization. We will not treat a subpoena or request as automatic permission to disclose records where the law requires additional protections.

California-specific confidentiality protections

California's Confidentiality of Medical Information Act (CMIA) and other state laws may place tighter limits on access to and disclosure of medical information than HIPAA. We follow whichever applicable law provides greater privacy protection.

Extra safeguards may apply to records involving mental health or psychotherapy, HIV-related information, certain reproductive or sexual health services, services to minors who may lawfully consent to their own care, and other specially protected information. These records may require additional authorization or special handling before disclosure, except where a specific law permits or requires it.

For minors, access by a parent or guardian may be limited for confidential services under California law. We evaluate these requests under applicable federal and state requirements.



Substance use disorder records — 42 CFR Part 2

If we create, receive, or maintain substance use disorder treatment records protected by 42 CFR Part 2, additional federal confidentiality rules may apply. We use or disclose those records only as authorized by applicable Part 2 requirements, including consent where required.

Protected Part 2 records generally may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or the legally required court order and subpoena. If fundraising communications would use your Part 2 information, we will provide any advance notice and choice required by law.

Our responsibilities

- We must maintain the privacy and security of your protected health information and comply with applicable federal and California law.
- We will notify you as required if a breach may have compromised the privacy or security of your information.
- We must follow the terms of our currently effective notice and make a copy available to you.
- We will obtain written authorization for uses or disclosures that require it and honor valid revocations prospectively.
- We will provide this notice when required, make it available at our practice, and post it on our website if we maintain a website describing patient services.

Changes to this notice

We may revise our privacy practices and this notice. A revised notice may apply to the health information we already maintain, to the extent permitted by law. The current version will be available at our office, on our website if applicable, and upon request.

Questions and complaints

To ask questions, exercise privacy rights, or submit a complaint, contact:

Practice Administrator
William C. Eves, M.D., Inc.
480 4th Ave, Suite 307
Chula Vista, CA 91910
619-426-3240 (phone)
administration@willamevesmd.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at <https://www.hhs.gov/hipaa/filing-a-complaint/> or 1-877-696-6775. We will not retaliate against you for filing a complaint.

Effective date and applicability

Effective date: October 19, 2026. This notice applies to William C. Eves, M.D., Inc.



William C. Eves, M.D., Inc.
Diplomate, American Board of Orthopaedic Surgery
Fellowship Trained in Sports Medicine and Arthroscopy



Acknowledgment of Receipt

NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been given an opportunity to receive and review the Notice of Privacy Practices for William C. Eves, M.D., Inc. My signature acknowledges receipt or access only; it is not an authorization to use or disclose my health information beyond what the law permits.

Patient full name: _____

Date of birth: _____

Patient / representative signature: _____

Date: _____

If signed by a representative, name and relationship/authority:

OFFICE USE ONLY (if acknowledgment not obtained)

☐ Patient declined to sign

☐ Patient unable to sign

☐ Emergency treatment

☐ Other: _____

Good-faith effort made to provide the notice and request acknowledgment:

Staff name: _____ Date: _____