

Notice of Privacy Practices (HIPAA)

Practice Name: Coastline Endocrinology Associates PC
Address: 25381 Commercentre Dr, Lake Forest, CA 92630
Email: info@coastlineendocrinology.com
Effective Date: January 1, 2026

This Notice of Privacy Practices ("Notice") describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Legal Duties

We are required by law to maintain the privacy of your protected health information ("PHI"), to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, and to notify you following a breach of unsecured PHI. We must follow the duties and privacy practices described in this Notice and give you a copy of it. We reserve the right to change the terms of this Notice and make the new Notice effective for all PHI we maintain. Any revised Notice will be available upon request, posted in our office, and available on our website.

How We May Use and Disclose Your Health Information

The following categories describe different ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: We may use and disclose your PHI to provide, coordinate, or manage your healthcare and related services. This includes sharing information with other healthcare providers involved in your care.

For Payment: We may use and disclose your PHI to obtain payment for services provided to you. This may include billing your insurance company, verifying coverage, and obtaining prior authorization.

For Healthcare Operations: We may use and disclose your PHI for operations such as quality assessment, staff training, accreditation, licensing, and conducting or arranging for other business activities.

Telehealth and Remote Patient Monitoring: We may use and disclose your PHI in connection with telehealth services, remote patient monitoring, continuous glucose monitoring (CGM) review, and other digital health services when applicable, consistent with applicable laws and safeguards.

Business Associates: We may disclose your PHI to third parties that perform services on our behalf (such as billing, IT support, or transcription) pursuant to written agreements requiring them to safeguard your information.

As Required by Law: We may disclose your PHI when required to do so by federal, state, or local law.

Public Health and Safety: We may disclose your PHI for public health activities, to report disease, abuse, or neglect, or to prevent or lessen a serious threat to health or safety.

Health Oversight Activities: We may disclose your PHI to health oversight agencies for audits, investigations, inspections, and other activities authorized by law.

Law Enforcement: We may disclose your PHI for law enforcement purposes as required or permitted by law.

With Your Authorization: Other uses and disclosures of your PHI will be made only with your written authorization, and you may revoke that authorization at any time in writing, except to the extent that action has already been taken in reliance on it.

Your Rights Regarding Your Health Information

You have the following rights with respect to your PHI. To exercise these rights, please submit a written request to our office at the contact information listed above.

Right to Inspect and Copy: You have the right to inspect and obtain a copy of your PHI that we maintain, with limited exceptions.

Right to Amend: If you believe that information we have about you is incorrect or incomplete, you may request an amendment. We may deny your request in certain circumstances but will provide a written explanation.

Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures we have made of your PHI, other than for treatment, payment, and healthcare operations.

Right to Request Restrictions: You may request a restriction on certain uses or disclosures of your PHI. We are not required to agree to all requests, except where required by law.

Right to Request Confidential Communications: You may request that we communicate with you in a certain way or at a certain location (for example, at home rather than work). We will accommodate reasonable requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice, even if you have agreed to receive it electronically.

Right to Be Notified of a Breach: You have the right to be notified in the event of a breach of your unsecured PHI.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be penalized for filing a complaint.

Contact Us:

Coastline Endocrinology Associates PC
25381 Commercentre Dr
Lake Forest, CA 92630
Email: info@coastlineendocrinology.com

U.S. Department of Health and Human Services – Office for Civil Rights:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Mail: 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201
Phone: 1-800-368-1019 | TDD: 1-800-537-7697

We will not retaliate against you for filing a complaint.