AMAGHI

PSYCHOLOGICAL SERVICES

NOTICE OF PRIVACY PRACTICES

California Supplement — HIPAA, CMIA & 42 C.F.R. Part 2

THIS NOTICE DESCRIBES HOW YOUR PSYCHOLOGICAL AND MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU MAY ACCESS THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

Amaghi Inc.
2150 Hillhurst Avenue, Los Angeles, CA 90027 • 213-335-6706• Amaghi.com
Effective Date: August 2026

This Notice applies to protected health information created, received, or maintained by Amaghi Inc. ("Amaghi," "we," "us," or "our") in the course of providing psychological and mental health services to you. It is issued under the Health Insurance Portability and Accountability Act ("HIPAA"), California's Confidentiality of Medical Information Act ("CMIA," Cal. Civil Code § 56 et seq.), and, where applicable, the federal regulations governing the confidentiality of substance use disorder records (42 C.F.R. Part 2). Where California law is more protective of your privacy than federal law, California law governs.

I. OUR PLEDGE REGARDING YOUR INFORMATION

We understand that your psychological health information is deeply personal, and we hold it as a matter of professional and ethical trust. We create a record of the care and services you receive from Amaghi in order to provide you with quality care and to comply with legal requirements. This Notice explains the ways in which we may use and disclose your health information, describes your rights with respect to that information, and outlines our obligations regarding its use and disclosure.

We are required by law to:

- Keep your protected health information ("PHI") private and secure, consistent with HIPAA, the CMIA, and, where applicable, 42 C.F.R. Part 2;
- Provide you with this Notice of our legal duties and privacy practices;
- Abide by the terms of the Notice currently in effect; and
- Notify you if a breach compromises the privacy or security of your information.

We may change the terms of this Notice at any time, and any revised Notice will apply to all PHI we maintain. The current Notice will always be available at our office and at Amaghi.com.

II. HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

Treatment, Payment, and Health Care Operations

We may use and disclose your PHI to provide, coordinate, or manage your treatment, to obtain payment for services, and to conduct the health care operations of our practice — without your written authorization. For example, a clinician may consult with another licensed provider regarding your care, or coordinate with a referring provider.

> *If your records are protected under 42 C.F.R. Part 2 (substance use disorder records), certain uses and disclosures otherwise permitted by HIPAA and the CMIA for treatment, payment, and operations are more strictly limited by Part 2. Information disclosed under these rules may be subject to redisclosure restrictions and remains protected accordingly.*

Duty to Protect — Serious or Imminent Threats

Consistent with Cal. Civil Code § 56.10(c)(19) and applicable professional standards, a psychotherapist may disclose information, in good faith, when necessary to prevent or lessen a serious and imminent threat to the health or safety of a reasonably identifiable victim, made to a person reasonably able to prevent or lessen that threat, including the target of the threat and law enforcement.

Lawsuits and Legal Disputes

We may disclose health information in response to a court or administrative order, and, in limited circumstances, in response to a subpoena or other lawful process, provided efforts have been made to notify you or to obtain a

protective order. Records protected by 42 C.F.R. Part 2 may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a qualifying court order issued under Part 2.

III. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Marketing and Sale of PHI

We will not use or disclose your PHI for marketing purposes, and we will not sell your PHI, without your prior written authorization.

IV. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Subject to the limitations described above, we may use and disclose your PHI without authorization for the following purposes:

- As required by California or federal law, limited to the scope of that requirement;
- For public health activities, including mandated reporting of suspected child, elder, or dependent-adult abuse or neglect, and to prevent or reduce a serious threat to health or safety;
- For health oversight activities, including audits, investigations, and licensure proceedings;
- For judicial and administrative proceedings, in response to a valid court or administrative order;
- For limited law enforcement purposes, including reporting a crime occurring on our premises;
- To a coroner or medical examiner performing duties authorized by law;
- For research purposes conducted under applicable privacy and ethical safeguards;
- For specialized government functions, such as protective services for public officials or lawful intelligence activities;
- To comply with California workers' compensation laws;
- To send you appointment reminders or information about treatment alternatives and related health services.

V. MINORS' PRIVACY UNDER CALIFORNIA LAW

California law gives minors certain independent rights regarding mental health treatment and the records that result from it. Under Cal. Family Code § 6924, a minor age 12 or older may consent to outpatient mental health treatment or counseling without parental consent when the minor is mature enough to participate intelligently and either presents a risk of serious harm to self or others, or is the alleged victim of incest or child abuse. Under Cal. Health & Safety Code § 124260, a minor age 12 or older may also independently consent to certain outpatient mental health services.

When a minor has the legal right to consent to their own care, that minor — not a parent or guardian — generally controls access to, and authorization for disclosure of, the resulting records, except as otherwise required by law (for example, mandated reporting obligations, or where a parent has been involved in the minor's treatment with the minor's consent).

VI. YOUR RIGHTS REGARDING YOUR INFORMATION

Right to Request Restrictions

You may ask us not to use or disclose certain PHI for treatment, payment, or operations. We are not required to agree, and may decline if the restriction would affect your care.

Right to Restrict Disclosures for Services Paid Out-of-Pocket

If you pay in full, out of pocket, for a specific service, you may request that we not disclose PHI about that service to your health plan for payment or operations purposes, and we must honor that request.

Right to Confidential Communications

You may request that we contact you in a specific way or at a specific location. We will accommodate all reasonable requests.

Right to Inspect and Copy Your Records

Other than psychotherapy notes and separately protected SUD counseling notes, you have the right to inspect and obtain a copy of your health record. Under Cal. Health & Safety Code § 123110, we will make records available for inspection within five (5) working days, and provide copies within fifteen (15) working days, of receiving your written request — timelines that are faster than, and therefore govern in place of, HIPAA's general 30-day standard. A reasonable, cost-based fee may apply to copies. If we believe disclosure could be harmful, we may instead provide a written summary.

Right to an Accounting of Disclosures

You may request a list of disclosures we have made for purposes other than treatment, payment, or health care operations, including any disclosures of records protected under 42 C.F.R. Part 2. We will respond within sixty (60) days and will cover up to six (6) years of disclosures unless you request a shorter period. The first accounting each year is free; we may charge a reasonable fee for additional requests within the same year.

Right to Request Amendment

If you believe information in your record is incorrect or incomplete, you may request an amendment. We will respond in writing within sixty (60) days; if we decline, we will explain why and describe your right to submit a statement of disagreement.

Right to a Copy of This Notice

You may request a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

Right to Notification of a Breach

If a breach compromises the security of your unsecured PHI, we will notify you as required by HIPAA and, where applicable, Cal. Civil Code § 1798.82 and Cal. Health & Safety Code § 1280.15.

VII. CHANGES TO THIS NOTICE

We reserve the right to revise this Notice. Any revision applies to PHI we already maintain, as well as PHI we create or receive in the future. The current Notice will be posted at Amaghi.com, and will be made available to you upon request.

VII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer at the contact information below, with the U.S. Department of Health and Human Services, Office for Civil Rights, or with the California Attorney General's Office. You will not be retaliated against in any way for filing a complaint.

IX. CONTACT INFORMATION

Amaghi Inc. — Dr. Obiageli Miller-Uguru

A M A G H I

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under HIPAA and the California Confidentiality of Medical Information Act, you have certain rights regarding the use and disclosure of your protected health information. By signing below, you acknowledge that you have received a copy of Amaghi Inc.'s Notice of Privacy Practices.

By signing below, you confirm that you have read, understood, and agree to the terms of this Notice. This acknowledgement is a legally binding record of receipt.

Patient / Client Name (Print)

Signature of Patient, Parent/Guardian, or Personal Representative

Date

Relationship to Patient, if applicable (e.g., parent/guardian under Fam. Code § 6924 or personal representative)

> *For office use — if acknowledgement could not be obtained: We attempted in good faith to obtain the patient's/client's written acknowledgement of receipt of this Notice of Privacy Practices, but were unable to do so because:*