Notice of Privacy Practices (HIPAA)

Effective Date: **November 15, 2026** | Version: 2.0 (replaces Notice dated February 20, 2025)

THIS 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.

Who We Are

This Notice applies to BelRed Family Medicine PLLC, doing business as Advanced Family Medicine ("AFM," "we," "us," or "our"), located at 2007 152nd Ave NE, Redmond, WA 98052, including our physicians, Suleman Aziz, MD and Shaista Zaman, MD, our clinical and administrative staff, and students or trainees who work under our supervision. This is a joint Notice. BelRed Family Medicine PLLC and Advanced Family Medicine PLLC are legally separate companies under common ownership. Both provide and bill for care at this office, and they have designated themselves a single affiliated covered entity under HIPAA. Both follow this Notice and may share your health information with each other for treatment, payment, and health care operations as described below.

Privacy Officer — Questions and Complaints

Privacy Officer: Suleman Aziz, MD

Mail: Privacy Officer, Advanced Family Medicine, 2007 152nd Ave NE, Redmond, WA 98052

Phone: 425-453-6838 | Fax: 425-456-0106 | Email: afmadmin1@afmllc.us

Please do not send detailed medical information by regular email. Use the Practice Fusion patient portal for health questions.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information (PHI) and to give you this Notice of our legal duties and privacy practices.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may revoke that permission in writing at any time, except to the extent we have already relied on it.
- When Washington law (including the Uniform Health Care Information Act, chapter 70.02 RCW) gives you more protection than federal law, we follow the more protective law.

Your Rights

Get a copy of your medical record. You may ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Submit your request in writing (see Medical Records & Release of Information Policy). We will respond no later than 15 working days after we receive your request, as required by Washington law; if unusual circumstances delay us, we will tell you in writing why and when the records will be available (no later than 21 working days). We may charge a reasonable, cost-based fee as permitted by HIPAA and Washington law.

Ask us to correct your medical record. You may ask us in writing to correct health information you believe is incorrect or incomplete. We may say "no," but we will tell you why in writing within the time allowed by law, and you may submit a statement of disagreement.

Request confidential communications. You may ask us to contact you in a specific way (for example, by cell phone only) or at a different address. We will agree to all reasonable requests.

Ask us to limit what we use or share. You may ask us not to use or share certain information for treatment, payment, or operations. We are not required to agree, and we may say "no" if it would affect your care. If you pay for a service or item out-of-pocket in full, you may ask us not to share that information with your health insurer for payment or operations; we will say "yes" unless a law requires us to share it.

Get a list of those with whom we have shared information. You may ask for an accounting of disclosures for up to six years before your request, excluding disclosures for treatment, payment, and health care operations and certain other disclosures (such as those you asked us to make). One accounting per 12 months is free; we may charge a reasonable, cost-based fee for additional requests within 12 months.

Get a copy of this Notice. You may ask for a paper copy at any time, even if you agreed to receive it electronically. It is also posted in our office and at www.afmllc.us.

Choose someone to act for you. If someone is your legal guardian or holds your health care power of attorney, that person may exercise your rights. We will verify their authority before acting.

File a complaint. If you believe your privacy rights have been violated, you may complain to our Privacy Officer (above) or to the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue S.W., Washington, D.C. 20201; 1-877-696-6775; www.hhs.gov/ocr/complaints. We will not retaliate against you for filing a complaint.

Your Choices

For certain information you can tell us your choices about what we share. Tell us what you want, and we will follow your instructions.

- You have the right and choice to tell us whether to share information with family, close friends, or others involved in your care or payment for your care, and whether to share information in a disaster-relief situation. You may name authorized contacts on our Patient Intake Form.
- If you are unable to tell us your preference (for example, if you are unconscious), we may share information if we believe it is in your best interest, and when needed to lessen a serious and imminent threat to health or safety.
- We never share your information for marketing purposes or sell your information unless you give us written permission. We do not conduct fundraising.

How We Typically Use or Share Your Health Information

Treatment. We use and share your information with other professionals treating you, for example specialists we refer you to, hospitals, pharmacies, and outside laboratories (such as LabCorp) that perform your tests.

Running our practice. We use and share information to run our practice, improve care, train students (AFM is a training site for University of Washington Physician Assistant and Medical Assistant programs), and contact you about appointments and results.

Billing. We use and share information to bill and get payment from health plans and other payers.

Business associates. We share information with vendors who perform services for us and who are contractually required to protect it, such as our electronic health record and patient portal provider (Practice Fusion), our online scheduling service (Patient Fusion), our payment processor (InstaMed), and our records-release platform (Sync.MD).

Other Ways We May Use or Share Your Information

We are allowed or required to share information in other ways, usually to contribute to the public good, only after meeting the conditions in law:

- Public health and safety: preventing disease (including reporting notifiable conditions to public health authorities), product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence as required by Washington law, and preventing a serious threat to health or safety.
- Health research, subject to legal safeguards.
- Compliance with the law, including with the Department of Health and Human Services.
- Organ and tissue donation requests; coroners, medical examiners, and funeral directors.
- Workers' compensation claims (including Washington L&I claims); law enforcement purposes; health oversight agencies; and special government functions such as military, national security, and presidential protective services.
- Lawsuits and legal actions, in response to a court or administrative order or a valid subpoena, as permitted by HIPAA and chapter 70.02 RCW.
- Immigration medical examinations: when you request an I-693 exam, the civil surgeon completes the form for U.S. Citizenship and Immigration Services (USCIS) as you direct and reports required information to public health authorities (for example, active tuberculosis), as required by federal rules.

Specially Protected Information Under Washington and Federal Law

Washington law gives extra protection to mental health information, sexually transmitted infection and HIV information, and reproductive and sexual health information. Federal law (42 CFR Part 2) protects certain substance use disorder treatment records. We disclose this information only as those laws allow, which often requires your specific written authorization.

To the extent we have substance use disorder records subject to 42 CFR Part 2, we will not use or share them in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your written consent, or (2) a court order accompanied by a subpoena.

Psychotherapy notes and minors. Most sharing of psychotherapy notes requires your written authorization. Under Washington law, minors may consent to certain care on their own (for example, outpatient mental health and substance use treatment from age 13, sexually transmitted infection care from age 14, and reproductive health care at any age); for that care, the minor controls the related records.

Reproductive and gender-affirming care. Washington law gives additional protection to information about reproductive health care and gender-affirming care, including limits on sharing it in response to out-of-state legal requests. We follow those protections.

Changes to This Notice

We may change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website.