

## Notices of Privacy Practices

THESE NOTICES DESCRIBE HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

### State Notice of Privacy Practices

We protect the privacy of your nonpublic health and personal information as required by applicable state law. Some state laws are more restrictive than the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") privacy law. This explains your rights and our obligations under state law. It applies to the medical care that you receive from our providers. Your state may give you additional rights to limit sharing your health information. Please call the Privacy Office at the number in contained in this Notice for more details.

Your personal information (PI) is gathered by us to identify you for the provision of medical services. We are obligated to protect and secure your PI from any unauthorized disclosures pursuant to applicable state and federal law. An unauthorized disclosure may adversely affect, among other things, your reputation, finances, character, health, credit, job prospects. We may collect, use and share your PI as described in this notice. However, you have the right to access and correct your PI.

We may get your PI from others, such as insurance companies, group health plans, hospitals, health care providers and third-party administrators. We may also share this information with others outside of our company, without your authorization, for certain lawful purposes. Please know that we take reasonable measures to protect your information, including obligating others with whom we share your information to adhere to the same or similar protections. If you do not want your PI used or shared for a particular activity, you may request an opt out of sharing your information.

### HIPAA Notice of Privacy Practices

#### About this Notice

This Notice of Privacy Practices is NOT an authorization. This Notice of Privacy Practices describes how we, our Business Associates, and our Business Associates' subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations (TPO), and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

"Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services.

We are required by the HIPAA and other applicable laws to maintain the privacy of your health information, to provide individuals with this Notice of our legal duties and privacy practices with respect to

such information, and to abide by the terms of this Notice. We are also required by law to notify affected individuals following a breach of their unsecured health information.

You have the right to a paper copy of this Notice; you may request a copy at any time. If you have any questions about this notice, please contact your local Center Practice Administrator, who can connect you with Privacy Officer.

### **How we may use and disclose health information about you.**

Your protected health information may be used and disclosed, without your express consent or authorization, by our medical staff, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

**Treatment.** We may use your health information to provide you with medical treatment. We may disclose information to doctors, nurses, technicians, medical students, or other personnel involved in your care. We also may disclose information to persons outside our organization involved in your treatment, such as other health care providers, and family members. We may disclose information about the medical surveillance of the workplace or work-related illness and injuries to your employer.

We may use and disclose health information to discuss with your treatment options or health-related benefits or services or to provide you with promotional gifts of nominal value. We may use and disclose your health information to remind you of upcoming appointments. Unless you direct us otherwise, we may leave messages on your voice mail identifying our organization and asking for you to return our call. We will not disclose any health information to any person other than you except to leave a message for you to return the call. Appointment reminders may be sent to you via text. We may call you by name in our waiting rooms. We may contact you by email if one was provided.

**Payment.** We may use and disclose your health information as necessary to collect payment for services we provide to you. We also may provide information to other health care providers to assist them in obtaining payment for services they provide to you. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Health Care Operations.** We may use and disclose your health information for our internal operations. These uses and disclosures are necessary for our day-to-day operations and to make sure patients receive quality care. We may disclose health information about you to another health care provider or health plan with which you also have had a relationship for purposes of that provider's or plan's internal operations. In AbsoluteCare Centers where taxis and ride share services, like Uber, are used as a transportation service option, your name, address, and phone number might be shared with these organizations for only the purposes of facilitating the transportation services.

**Business Associates.** We provide some services through contracts or arrangements with business associates. We require our business associates to appropriately safeguard your information.

**Creation of de-identified health information.** We may use your health information to create deidentified health information. This means that all data items that would help identify you are removed or modified.

**Uses and disclosures required by law.** We will use and/or disclose your information when required by law to do so.

**Disclosures for public health activities.** We may disclose your health information to a government agency authorized (a) to collect data for the purpose of preventing or control disease, injury, or disability; or (b) to receive reports of child abuse or neglect. We also may disclose such information to a person who may have been exposed to a communicable disease if permitted by law.

**Disclosures about victims of abuse, neglect, or domestic violence.** We may disclose your health information to a government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

**Disclosures for judicial and administrative proceedings.** Your protected health information may be disclosed in response to a court order or in response to a subpoena, discovery request, or other lawful process if certain legal requirements are satisfied.

**Disclosures for law enforcement purposes.** We may disclose your health information to a law enforcement official as required by law or in compliance with a court order, court-ordered warrant, a subpoena, or summons issued by a judicial officer; a grand jury subpoena; or an administrative request related to a legitimate law enforcement inquiry.

**Disclosures regarding victims of a crime.** In response to a law enforcement official's request, we may disclose information about you with your approval. We may also disclose information in an emergency or if you are incapacitated if it appears you were the victim of a crime.

**Disclosures to avert a serious threat to health or safety.** We may disclose information to prevent or lessen a serious threat to the health and safety of a person or the public or as necessary for law enforcement authorities to identify or apprehend an individual.

**Disclosures for specialized government functions.** We may disclose your protected health information as required to comply with governmental requirements for national security reasons or for protection of certain government personnel or foreign dignitaries.

**Disclosure for remunerated treatment communications.** We may disclose your information for the purposes of communicating treatment alternatives or health-related products or services when we receive payment for your information in exchange for making the communication. You have a right to opt out of receiving such communications.

### **Use and Disclosure of Substance Use Disorder Records**

If we receive or maintain any information about you related to substance use disorder (SUD) treatment obtained from a program covered by federal confidentiality law under 42 CFR Part 2 ("Part 2 Program"), we may use or disclose that information for treatment, payment, and health care operations purposes to the same extent and in the same manner that we use and disclose other protected health information under this notice, but only if the Part 2 Program record was provided to use pursuant to a general consent you gave to that program for those purposes.

Part 2 records are subject to special federal confidentiality protections. In general:

- **Enhanced privacy protections:** Part 2 records may not be used or disclosed except as permitted by federal law, even when such uses or disclosures would otherwise be permitted under HIPAA without authorization
- **Limits on use in legal proceedings:** We will not use or disclose your part 2 SUD treatment records, or testimony about the content of such records, in any civil, criminal, administrative, or legislative proceeding against you unless (1) you have provided written authorization, or (2) a court issues an order after providing you with notice and an opportunity to be heard, and such order is accompanied by a valid subpoena or other legal requirement.

### **Other uses and disclosures**

We may use or disclose your protected health information in the following situations without your authorization. These situations include: those as required by law, food and drug administration requirements, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, workers' compensation, inmates, and other required uses and disclosures.

We will obtain your expressed written authorization before using or disclosing your information for any other purpose not described in this notice. For example, authorizations are required for use and disclosure of psychotherapy notes, certain types of marketing arrangements, and certain instances involving the sale of your information. You may revoke such authorization, in writing, at any time to the extent we have not relied on it. Under the law, we must make disclosures to you upon your request.

If you have consented to receive SMS communications from AbsoluteCare, your consent will not be shared with any third parties. AbsoluteCare does not share phone numbers collected for the purposes of SMS communication with any third parties, for marketing purposes.

If you have consented to receive text messages from AbsoluteCare, you may receive text messages related to upcoming appointments, visits, and patient care.

- Messaging frequency may vary.
- Message and data rates may apply.
- To opt-out at any time, text STOP.
- For assistance, text HELP or visit our website at [absolutecare.com](http://absolutecare.com)
- Visit for privacy policy and the Terms of Service:

[https://www.absolutecare.com/wpcontent/uploads/2025/02/Notice\\_of\\_Privacy\\_Practices.pdf](https://www.absolutecare.com/wpcontent/uploads/2025/02/Notice_of_Privacy_Practices.pdf)

### **Your rights regarding your health information.**

The following are statements of your rights with respect to your protected health information.

**Right to Inspect and Copy.** You have the right to inspect and copy health information maintained by us. To do so, you must complete a specific form providing information needed to process your request. We may deny you access in certain limited circumstances. Under federal law you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained

under a promise of confidentiality. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction. If we deny access, you may request review of that decision by a third party, and we will comply with the outcome of the review.

**Right to Request Amendment.** If you believe your records contain inaccurate or incomplete information, you may ask us to amend the information. To request an amendment, you must complete a specific form providing information we need to process your request, including the reason that supports your request. We may deny you the ability to amend in certain limited circumstances.

**Right to an Accounting of Disclosures and Access Report.** You have the right to request a list of disclosures of your health information we have made, with certain exceptions defined by law. You also may request an access report indicating who has accessed your PHI maintained by us or our business associates in an electronic designated record set in the last three years. To request an accounting, you must complete a specific written form providing information we need to process your request.

**Right to File a Grievance.** You have the right to file a grievance regarding AbsoluteCare's privacy policies and procedures, and its compliance with those policies and procedures or the federal Privacy Rule. You have the right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested.

**Right to Request Restrictions.** You have the right to request a restriction on our uses and disclosures of your health information for treatment, payment, or health care operations. You must complete a specific written form providing information we need to process your request. Our Privacy Officer has the authority to approve such a request. AbsoluteCARE is not required to agree to a requested restriction, except in case of disclosure restricted under §164.522(a)(1)(vi).

**Right to Request Alternative Methods of Communication.** You have the right to request that we communicate with you in a certain way or at a certain location. You must complete a specific form providing information needed to process your request. Our Privacy Officer is the only person who has the authority to act on such a request. We will not ask you the reason for your request, and we will accommodate all reasonable requests.

**Right to receive notice of a breach.** We will notify you if your unsecured protected health information has been breached.

## Complaints

If you believe your rights with respect to health information have been violated, or if you have a complaint about AbsoluteCare's privacy policies, procedures or compliance with such policies and procedures, you may file a complaint through one of these ways:

- To file a complaint with us, please contact our Compliance Manager, Jacob Pelton at 667-200-4758 and/or [jpelton@absolutecare.com](mailto:jpelton@absolutecare.com). All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- File a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building, Washington, D.C. 20201 or
- Go online at the complaint portal : <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> and fill out a complaint form at <https://www.hhs.gov/ocr/complaints/index.html>

If you exercise any of your lawful rights, including the filing of a complaint, you will not be subject to intimidation, threats, discrimination, or any other retaliatory action.

**We reserve the right to change the terms of this Notice and to make the revised Notice effective with respect to all protected health information regardless of when the information was created.**

**AbsoluteCare is required to abide by the terms of the notice currently in effect.**