YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you

GET AN ELECTRONIC OR PAPER COPY OF YOUR MEDICAL RECORD

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

ASK US TO CORRECT YOUR MEDICAL RECORD

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

REQUEST CONFIDENTIAL COMMUNICATIONS

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

ASK US TO LIMIT WHAT WE USE OR SHARE

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

GET A LIST OF THOSE WITH WHOM WE'VE SHARED INFORMATION

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Treat you
We can use your health information and share it with other professionals who are treating you.

Run our organization
We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Bill for your services
We can use and share your health information to bill and get payment from health plans or other entities.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests
We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director
We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know 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. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Federal, Florida, and Texas Laws
Federal, Florida, and Texas laws require us to protect your medical information and explain how we handle it. When state laws offer greater privacy or access than federal law, we follow the more protective Florida or Texas law based on your state of residence.

Medical records
We will not release your medical records without your written consent, except in specific cases permitted by law. These include: treatment purposes; legally required physical exams; reporting to poison control centers; defending against medical negligence or administrative claims; disclosures to the Florida or Texas Departments of Health for disciplinary actions; investigations by the Medicaid Fraud Control Unit if you are a Medicaid recipient; and when records are subpoenaed with proper notice in civil or criminal proceedings. *[456.057(7), Fla. Stat. & Texas Health and Human Services]*

Sensitive Information
- **Genetic Information:** Under Florida and Texas law, DNA identity and results belong solely to the individual tested. Disclosure is prohibited without consent, except for criminal prosecution, paternity determination, or specimen collection. *[760.40, Fla. Stat. & Chapter 546, Texas Statutes]*

- **AIDS/HIV Information:** We may release positive HIV test results without consent only to: (i) physicians or personnel with significant exposure, (ii) providers when immediate care decisions are needed, (iii) as approved by the FDA. Additional disclosures may be made to: treating providers and their staff, county health departments, payers, facilities handling human body parts, quality review teams, authorized researchers, legal authorities with proper notice, caregivers of children with HIV/AIDS, and staff of residential or community programs for developmentally disabled individuals. *[381.004, Fla. Stat. & Texas Health and Safety Code §81.041]*

- **Sexually Transmissible Diseases:** Disclosure without consent is limited to: medical personnel, emergencies, abuse reporting, subpoenaed legal requests, or de-identified statistical reporting. *[384.29, Fla. Stat. & Texas Health and Safety Code Chapter 81]*

- **Substance Use Disorder (SUD) Treatment Information:** If we receive your SUD treatment records via general consent from a Part 2 Program, we may use them for treatment, payment, and operations. If received via specific consent, we will only use or disclose as expressly permitted. We will not use or disclose these records—or related testimony—in any legal proceeding unless authorized by your consent or a court order with notice. [42 CFR Part 2]

- **Reproductive Health Information**
  We will not use or disclose your PHI to investigate or penalize anyone for seeking or providing lawful reproductive health care. Requests for PHI related to reproductive care must include a signed attestation confirming it will not be used for prohibited purposes.

For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The notice will be available upon request, in our office, and on our web site.
Effective Date: 10/20/2025

Other Instructions for Notice
This notice applies to all medical practices, urgent care centers and other health care organizations owned by InnovaCare Health and its subsidiaries.

If you have questions and would like additional information, you may contact the Clinic Administrator or the InnovaCare Health Privacy Officer at:

InnovaCare Health
Attn: Privacy Officer
425 W. Colonial Dr., Suite 303
Orlando, FL 32804
833-702-8383

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