NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, YOUR RIGHTS CONCERNING YOUR PHI AND OUR RESPONSIBILITIES TO PROTECT YOUR PHI. PLEASE REVIEW IT CAREFULLY.

Dear Patient,

Federal law requires Priority Physicians, Inc., Priority Physicians of Fishers, LLC, and Priority Physicians of Indianapolis, Inc. (together, the "Practice") to make this Notice of Privacy Practices ("Notice") available to all patients and to make a good faith effort to obtain a signed document acknowledging patients' receipt of this Notice. If you have any questions about this notice, please call the Practice.

Thank you,

Priority Physicians, Inc., Priority Physicians of Fishers, LLC, Priority Physicians of Indianapolis, Inc.

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. You have the right to:

1. **Get an electronic or paper copy of your medical records** – 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.

2. **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 deny your request, but we will explain why and next steps in writing within 60 days.

3. **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.

4. **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.

5. **Get a list of those with whom we have shared information** – You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all of 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 will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within twelve (12) months.

6. **Get a copy of this privacy notice** – You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

7. **Choose someone to act for you** – If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

8. **File a complaint if you feel your rights have been violated** – You can complain if you feel we have violated your rights by contacting us using the contact information provided below. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting http://www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

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 to do, and we will follow your instructions.

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

1. Share your information with your family, close friends, or others involved in your care;

2. Share information in a disaster relief situation;

3. Include your information in a hospital directory; and/or

4. If you are unable to tell us your preference, we may 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 and safety.

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

1. Marketing purposes;

2. Sale of your information; and

3. Sharing of psychotherapy notes.

In the circumstance 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:

1. **Help manage the health care treatment you receive** – We can use your health information and share it with other professionals who are treating you. We also may make your protected health information available electronically through an electronic health information exchange to other health care providers that request your information for their treatment purposes. In all cases the requesting provider must have or have had a treating relationship with you. Participation in an electronic health information exchange also lets us see other provider's information about you for our treatment purposes.

- *Example*: A doctor treating you sends us information about your diagnosis and treatment plan so we can arrange additional services.

2. **Run our organization** – We can use and disclose your information to run our organization, improve your care, and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

- *Example*: We use health information about you to develop better services for you.

3. **Pay for your health services** – We can use and disclose your health information as we pay for your health services.

- *Example*: We share information about you with your dental plan to coordinate payment for your dental work.

4. **Administer your plan** – We may disclose your health information to your health plan sponsor for plan administration.

    - *Example*: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

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 must meet many conditions in the law before we can share your information for these purposes.

1. **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, and preventing or reducing a serious threat to anyone's health or safety.

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

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

4. **Respond to organ and tissue donation requests and work with a medical examiner or funeral director** – We can share health information about you with organ procurement organizations, and can share health information with a coroner, medical examiner, or funeral director when an individual dies.

5. **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, and for special government functions such as military, national security, and presidential protective services.

6. **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 we receive your written permission. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information, see:
http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

42 CFR Part 2
We will not use or disclose substance use disorder treatment records received from programs subject to 42 CFR Part 2, or testimony relaying the content of such records, in civil, criminal, administrative, or legislative proceedings without your written consent, unless the disclosure or use is made pursuant to a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed. If we plan to use or disclose substance use disorder treatment records subject to 42 CFR Part 2 for fundraising purposes, we must first provide you with the opportunity to opt out of these fundraising communications.

Redisclosure of PHI
Protected Health Information disclosed to a third-party pursuant to the HIPAA Privacy Rule may be subject to redisclosure and no longer protected by the HIPAA Privacy Rule.

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 new notice will be available upon request, in our office, and on our website: www.priorityphysicianspc.com.

Contact Information
If you have any questions about this notice, please contact us at:

Priority Physicians, Inc.
Att.: Joseph Rizzuto, COO
12174 N. Meridian Street, Suite 300
Carmel, IN 46032
Phone: 317.688.9000
Fax: 317.680.9900

This notice is effective 9.1.2024

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Notice to Patient:

Priority Physicians, Inc., Priority Physicians of Fishers, LLC, and Priority Physicians of Indianapolis, Inc. (together, the "Practice") is required to provide you with a copy of our Notice of Privacy Practices, which states how the Practice may use and/or disclose your health information. Please sign this form to acknowledge receipt of the notice. You may refuse to sign this acknowledgement if you wish.

I acknowledge that I have received a copy of the Practice's Notice of Privacy Practices.

Patient/Responsible Party Name _____

Patient/Responsible Party Signature _____

Date: _____