PRECISION Health Primary Care

When it comes to your health, choose Precision.

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Notice of Privacy Practices

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.

Send privacy questions and requests by mail to Precision Health Primary Care, Attention: Beejal Thakore, Privacy Officer, 14100 Fivay Road, Suite 100, Hudson, FL 34667. Effective date: June 1, 2026.

Our Duties

We are required by law to keep your protected health information (PHI) private, to give you this notice of our legal duties and privacy practices, to follow the notice currently in effect, and to notify you if a breach compromises your unsecured PHI. We may change this notice; changes apply to all PHI we hold. The current notice will be posted in our office and on our website, and is available on request.

How we may use and disclose your information without your authorization

- **Treatment.** To provide and coordinate your care, for example sharing records with a specialist, lab, or pharmacy. We may use and share PHI with doctors, nurses, students, and other professionals who provide or coordinate your care. Example: A doctor asks another treating professional about your health history.
- **Payment.** To bill and collect for services, sending claim information to your health plans, other payers, billing vendors, collection agencies, or other providers so payment can be obtained. Example: We send information to your insurer so it can pay a claim.
- **Health care operations.** To run our practice, for example quality review, training, audits, and legal services. We may use and share PHI to operate our practice, improve quality and safety, review professional performance, conduct audits, train staff, manage cases, obtain accreditation, and comply with the law. Participants in our organized health care arrangement and affiliated covered entities may share PHI for these purposes. Example: We use health information about you to manage your treatment and services.
- **Appointment reminders and health-related services.** To contact you about appointments, treatment options, or services that may interest you.
- **Business associates.** To vendors (for example billing or IT companies) who sign agreements to protect your information.
- **Family and friends involved in your care.** To a person involved in your care or payment, unless you object; in an emergency or if you cannot agree, when we judge it in your best interest.
- As required by Florida or Federal law, including but not limited to the U.S. Department of Health and Human Services to show our HIPAA compliance.
- Public health and safety, such as reporting disease, injury, vital events, adverse product reactions, recalls, and suspected abuse, neglect, or domestic violence.
- Health oversight activities such as audits, investigations, inspections, and licensure.
- Lawsuits and disputes, in response to a court order, subpoena, or other lawful process.
- Law enforcement, as permitted by law.
- To avert a serious threat to the health or safety of you, another person, or the public.
- Coroners, medical examiners, funeral directors, and organ and tissue donation organizations.
- Research approved through a privacy board or institutional review board process.
- Workers' compensation claims, as Florida law allows.
- Specialized government functions, such as military, national security, and correctional institutions.

Uses that require your written authorization

We will not use or disclose your PHI for the following without your written authorization: most uses of psychotherapy notes; marketing; and sale of your PHI. Any other use not described in this notice will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent we already relied on it.

Greater protection under Florida law

Florida law may give some information greater protection than federal law, including HIV test results, mental health records, and substance use treatment records. Where state law is stricter, we follow it.

Your rights

- **Get a copy of your records.** You may inspect or get a paper or electronic copy of your medical and billing records. We may charge a reasonable, cost-based fee. Florida law may limit access to certain behavioral health records.
- **Ask us to correct your records.** You may ask us in writing to amend information you believe is wrong or incomplete. If we deny it, we will tell you why in writing within 60 days.

- **Request confidential communications.** You may ask us to contact you in a specific way or at a different address. We will agree to reasonable requests.
- **Ask us to limit what we use or share.** We are not required to agree, except: if you pay for a service in full out of pocket, you may ask us not to share it with your health plan, and we will agree unless the law requires us to share it.
- **Get an accounting of disclosures.** You may ask for a list of certain disclosures we made in the six years before your request. The list will not include every disclosure, such as most disclosures for treatment, payment, operations, or those you authorized.
- Get a paper copy of this notice at any time, even if you agreed to receive it electronically.
- **Choose someone to act for you.** A health care surrogate, power of attorney, or legal guardian may exercise your rights. We will use reasonable efforts to verify that authority before acting.
- Be notified of a breach of your unsecured PHI.

If you have questions or concerns or to file a complaint about your privacy rights, please contact our Privacy Officer by mail at the address above. You may also file a complaint to the U.S. Department of Health and Human Services Office for Civil Rights. Write to 200 Independence Avenue, S.W., Washington, D.C. 20201; call 1-877-696-6775; or visit hhs.gov/hipaa/filing-a-complaint. We will not retaliate against you.

Please keep this notice for your records.