NORTH FLORIDA FOOT AND ANKLE SPECIALISTS

NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2026

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.

Locations Covered by This Notice

- Gainesville: 4741 NW 8th Ave, Ste A, Gainesville, FL 32605 — Phone: 352-525-2779
- Lake City: 456 SE Baya Dr, Lake City, FL 32025

This Notice applies to all protected health information (PHI) created or maintained by North Florida Foot and Ankle Specialists at both locations. Our practice is committed to protecting the privacy of your health information as required by the Health Insurance Portability and Accountability Act (HIPAA) and applicable Florida law.

Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with this Notice of our legal duties and privacy practices with respect to your health information.
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- Follow the terms of the Notice currently in effect.

How We May Use and Disclose Your Health Information

We may use and disclose your health information, without your written authorization, for the following purposes:

Treatment. We may use your health information to provide, coordinate, or manage your foot and ankle care and related services, including sharing information with other physicians, specialists, laboratories, imaging centers, physical therapists, and other providers involved in your care.

Payment. We may use and disclose your health information to obtain payment for the services we provide, including billing your insurance company, verifying coverage, obtaining prior authorizations, and collecting outstanding balances.

Health Care Operations. We may use and disclose your health information for operational purposes such as quality improvement, staff training and evaluation, licensing, accreditation, business planning, and general administration of the practice.

Appointment Reminders and Health-Related Communications. We may contact you to provide appointment reminders, follow-up instructions, test results, or information about treatment alternatives or other health-related benefits and services.

Individuals Involved in Your Care. We may share information with a family member, friend, or other person you identify as involved in your care or payment for your care, to the extent relevant and permitted by law.

Affiliated Locations / Shared Electronic Health Record. We maintain an electronic health record shared among our affiliated locations with which you have a treatment relationship. Your demographic information, consents, and clinical records may be updated and accessible across these affiliated locations for your care, payment, and our health care operations.

Uses and Disclosures Permitted or Required by Law

We may use or disclose your health information without your authorization when required or permitted by law, including:

- Public health activities (disease reporting, FDA-regulated products, communicable disease notification).
- Reporting suspected abuse, neglect, or domestic violence.
- Health oversight activities (audits, investigations, inspections, licensure).
- Judicial and administrative proceedings (in response to a court order, subpoena, or other lawful process).

- Law enforcement purposes as permitted by law.
- Coroners, medical examiners, and funeral directors.
- Organ and tissue donation.
- Research, under conditions that protect your privacy.
- To avert a serious threat to health or safety.
- Workers' compensation claims.
- Specialized government functions (military, national security, protective services).

Uses and Disclosures That Require Your Written Authorization

The following uses and disclosures will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes (if any).
- Uses and disclosures for marketing purposes.
- Disclosures that constitute a sale of protected health information.
- Any other use or disclosure not described in this Notice.

You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

Your Rights Regarding Your Health Information

You have the right to:

- **Inspect and copy** your health information, in an electronic or paper format, subject to limited exceptions. We may charge a reasonable, cost-based fee.
- **Request an amendment** to your health information if you believe it is incorrect or incomplete. We may deny the request under certain circumstances, and you may submit a statement of disagreement.
- **Request restrictions** on certain uses and disclosures. We are not required to agree, except we must honor a request to restrict disclosure to a health plan for services you paid for in full out of pocket.

- **Request confidential communications** by alternative means or at an alternative location (for example, by mail rather than phone).
- **Receive an accounting** of certain disclosures we have made of your health information.
- **Obtain a paper copy** of this Notice upon request, even if you agreed to receive it electronically.
- **Be notified** following a breach of your unsecured health information.

To exercise any of these rights, contact our Privacy Officer at the Gainesville office, 352-525-2779.

Changes to This Notice

We reserve the right to change this Notice and to make the revised Notice effective for health information we already have as well as any information we receive in the future. The current Notice will be posted in our offices, made available upon request, and posted on our website. The effective date is noted at the top of this Notice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of 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/privacy/hipaa/complaints/. **You will not be penalized or retaliated against for filing a complaint.**

Contact

Privacy Officer
North Florida Foot and Ankle Specialists
4741 NW 8th Ave, Ste A, Gainesville, FL 32605
Phone: 352-525-2779