

**Effective Date: June 01, 2026**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Emergency Physicians Medical Center** values your trust as much as your health. This Notice describes how Emergency Physicians Medical Center may use and disclose your protected health information (PHI) and explains your privacy rights. It applies to all medical records maintained by Emergency Physicians Medical Center, including substance use disorder treatment records protected under federal law.

### **Understanding Your Health Record/Information**

Each time you visit Emergency Physicians Medical Center, we create a record of your care. This record may include your symptoms, diagnoses, test results, treatment, and plans for future care. Your record helps us:

- Plan and provide your care and treatment
- Communicate among healthcare professionals involved in your care
- Verify services for billing and quality improvement

### **Your Health Information Rights**

Although your health record is the physical property of **Emergency Physicians Medical Center**, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice upon request, even if you have agreed to receive it electronically.
- Inspect and copy your health record.
- Request an electronic copy of your health record if it is maintained electronically.
- Request an amendment to your health record.
- Obtain an accounting of disclosures of your health information.
- Request confidential communications (for example, contacting you at a different address or phone number).
- Request restrictions on certain uses or disclosures of your health information. While we are not required to agree to most requested restrictions, we will consider all requests.
- Request that we not share your health information with your health plan for a specific service if you pay for that service in full out of pocket at the time of care. We must honor this request unless disclosure is otherwise required by law.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- Receive notification if a breach occurs that may have compromised the privacy or security of your information.

### **Our Responsibilities**

**Emergency Physicians Medical Center** is required to:

- Abide by the terms of this notice.
- Maintain the privacy of your health information.
- Notify you if we are unable to agree to the requested restriction.
- Provide you with a copy of this Notice upon request.
- Maintain a current version of this Notice of Privacy Practices on our website at <https://www.emergencypmc.com>.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your unsecured health information, as required by federal law.

We limit uses, disclosures, and requests of your health information to the minimum necessary to accomplish the intended purpose when required by law. We may change our privacy practices and update this Notice at any time. The updated Notice will apply to all information that we maintain and will be available upon request and on our website.

### **Uses and Disclosures That Do Not Require Your Authorization**

*We will use your health information for treatment.* We use and share your health information to provide, coordinate, and manage your medical care. **For example:** your doctor may share your records with a specialist when referring you for additional care or share information with a lab to process your test results. We may also use your information to provide prescription services, medication monitoring, and related care coordination.

## NOTICE OF PRIVACY PRACTICES

*We will use your health information for payment.* We may use and disclose your information to bill and collect payment from you, your insurance company, or another third party. **For example:** we may share your diagnosis and treatment information with your insurance company to obtain reimbursement for services provided.

*We will use your health information for regular health operations.* We may use your information for healthcare operations such as quality improvement, staff training, accreditation, and administrative activities necessary to operate our practice. **For example:** we may use your information to evaluate the quality of care you received or to train clinical staff.

*Business associates.* Some services at Emergency Physicians Medical Center are performed by outside companies we contract with, called business associates. These may include outside billing and claims processing services, laboratory or courier services, credentialing agencies, and companies that help us maintain or copy your medical records. If a balance remains unpaid after reasonable collection efforts, we may also disclose limited account information to a credit collection agency. In all cases, we require our business associates to protect your health information under a written agreement that meets federal privacy standards.

*Communication with family:* We may share relevant information with a family member, personal representative, or other person involved in your care or payment for your care unless you object.

*How We May Contact You:* Emergency Physicians Medical Center may contact you by phone, voicemail, text, mail or email for purposes related to your care, appointments, or billing. If you would like us to reach you through a specific method or at a specific number or address, please let us know and we will make every reasonable effort to accommodate your request.

*Required by Law:* We may disclose your information when required by law or for public health and safety purposes. This may include disclosures to public health authorities, law enforcement, health oversight agencies, workers' compensation programs, in response to a court order or subpoena, or other entities authorized by law.

*Abuse or neglect:* We may disclose health information to a government authority if there is reasonable belief that an individual is a victim of abuse or neglect.

*Food and Drug Administration:* If you experience a problem or adverse reaction related to a medication, medical device, supplement, or other product, we may be required to report that information to the FDA to support patient safety, product recalls, or post-market monitoring as required by federal law.

*Open Areas:* Some of the areas in our office, such as the front desk, nurses' station, and lab are open. In these environments, conversations between patients and clinical staff may be partially overheard by others. Our staff are trained to discuss your information as privately as circumstances allow, and you may request a private conversation with your care team at any time.

*Reporting concerns about privacy violations:* In limited circumstances, federal law permits a Emergency Physicians Medical Center workforce member or business associate to disclose your health information to an appropriate health oversight agency or public health authority if they have a good-faith belief that Emergency Physicians Medical Center has violated federal or state law, professional standards, or clinical standards in a way that endangers patients, staff, or the public.

*Other uses and disclosures of your health information that are not described in this Notice will be made only with your written authorization.*

### **Non-Discrimination**

Emergency Physicians Medical Center complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or pregnancy.

### **Genetic Information**

We will not use your genetic information for underwriting purposes, and we will not disclose your genetic information to your employer for employment decisions.

### **Breach Notification**

If a breach of your unsecured health information occurs, Emergency Physicians Medical Center will notify you in writing as required by federal law. We take our obligation to protect your information seriously and will follow all applicable federal and state requirements in investigating and reporting any breach.

**The following section describes additional federal protections that apply specifically to patients who receive substance use disorder treatment at Emergency Physicians Medical Center.**

**Substance Use Disorder Treatment Records (42 CFR Part 2)**

Emergency Physicians Medical Center maintains certain medical records related to substance use disorder (SUD) treatment that are protected by federal law under 42 CFR Part 2. These records have additional confidentiality protections beyond HIPAA.

We may use or disclose your SUD treatment records only as allowed by 42 CFR Part 2 or with your written permission. Your SUD records will not be used in any criminal proceedings without your consent or a court order. If you provide written consent, we may use or disclose your information for treatment, payment, or health care operations in the same manner allowed by HIPAA. You may revoke this consent at any time, except to the extent that we have already relied on it.

Federal law (42 CFR Part 2) protects the confidentiality of substance use disorder treatment records. Information we disclose may be subject to redisclosure by the recipient and may no longer be protected by federal privacy laws. However, recipients of Part 2 information are prohibited from redisclosing it except as permitted by law. Unauthorized re-disclosure is strictly prohibited. You have the right to request access to, receive copies of, and request amendments to your SUD treatment records. You also have the right to request an accounting of disclosures of your information as required under HIPAA and 42 CFR Part 2.

If the confidentiality of your SUD treatment information is breached, Emergency Physicians Medical Center will provide you with written notice as required by federal law.

If you believe your privacy rights have been violated, you may file a complaint with Emergency Physicians Medical Center or the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be penalized or retaliated against for filing a complaint.

---

**For More Information or to Report a Problem**

If you have questions and would like additional information, or if you believe your privacy or civil rights have been violated, you may file a complaint with Emergency Physicians Medical Center or with the U.S. Department of Health and Human Services.

Office for Civil Rights  
U.S. Dept. of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201  
epmc@emergencypmc.com

Emergency Physicians Medical Center  
Privacy/Corporate Compliance  
2445 SW 76th St, Suite 110  
Gainesville, FL 32608  
352-872-5111

Complaints may also be filed electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov>.