NOTICE OF PRIVACY PRACTICES

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**

Each time you visit our physicians or receive treatment from us, a record of your visit is made. This record may contain your symptoms, examination and test results, a diagnosis, a plan for future care or treatment, and billing related information. This notice applies to all of the records of your care generated by your physician.

OUR RESPONSIBILITIES We are required by law to maintain the privacy of our protected health information (PHI), to provide you with notice of our legal duties and privacy practices with respect to that PHI, and to notify any affected individuals following a breach of any unsecured PHI. We will abide by the terms of this notice currently in effect.

USES AND DISCLOSURES- How we may use and disclose PHI about you

For Treatment: We may use PHI about you to provide you with treatment or services. We may disclose PHI about you to doctors, nurses, or other personnel who are involved in taking care of you. For example, we may need to communicate with your primary care doctor to plan your treatment and follow-up care. For **Payment**: We may use and disclose PHI about your treatment and services to bill and collect payment from you, your insurance company, or a third-party payer. For example, we may need to give your insurance company information about your diagnosis so that it will pay us or reimburse you for the treatment. **For Healthcare Operations**: We may use and disclose PHI in order to run our practice, For example, members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve.

We may also use and disclose PHI:

- To business associates we have contracted with to perform an agreed upon service
- To remind you that you have an appointment for medical care
- To assess your satisfaction with our services
- To inform you about possible treatment alternatives
- To inform you about health-related benefits or services
- To conduct case management or care coordination activities
- To contact you as part of our fundraising efforts, if any, although you may opt out of such
- To inform funeral directors consistent with applicable law
- For conducting training programs or reviewing competence of healthcare professionals
- To help create accurate and detailed session notes, we may use Artificial Intelligence (AI) powered transcription tools. These tools may record and transcribe our interactions. The AI tool is HIPAA compliant, and all transcripts are reviewed and verified by a human professional to ensure accuracy. We maintain human oversight of all Ai-generated outputs, ensuring that AI acts as a tool to support, not replace, the independent judgment of our qualified staff. We do not use patient information for the purpose of training or improving public AI models without your explicit consent.

Individuals Involved in Your Care or Payment for Your Care: We may release PHI about you to a friend or family member who is involved in your medical care or who helps pay for your care.
Research: We may disclose information to researchers when an institutional review board has approved the disclosure based on adequate safeguards to ensure the privacy of your PHI and is otherwise allowed by law.
Future Communications: We may communicate with you via newsletters, mailings, or other means regarding treatment options, health-related information, disease management programs, wellness programs, or other community-based initiatives of activities in which our facility is participating.

As Required by Law: We may also disclose health information to the following types of entities, including but not limited to:

- The US Food and Drug Administration
- Public health or legal authorities who are charged with preventing or controlling disease, injury, disability, or other threat to health or safety
- Correctional institutions (if you are in custody of a correctional institution or a law enforcement officer

- Worker Compensation agents
- Organ and Tissue donation organizations
- Military command agencies
- Funeral Directors, coroners, and medical examiners
- National Security and Intelligence Agencies
- Protective services for the President and others

Law Enforcement/Legal Proceedings: We may disclose PHI for law enforcement purposes as required by law or in response to a valid subpoena or court order.

Other Uses of Your PHI that requires your authorization: Uses and disclosures of your PHI that involves the release of psychotherapy notes (if any) marketing, sale of your PHI or other uses and disclosures not described in this notice or required by law will be made only with your separate written permission. If you give us permission to use or disclose PHI about you, you may revoke that permission, in writing at any time. If you evoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

Your Health Information Rights: Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the right to:

- Inspect and copy protected health information. You may request access to your records by contacting us. You may also ask that we send your PHI directly to another person based on your signed written instructions. We may deny your request to Inspect and copy in certain, very limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed in some situations. Another licensed healthcare professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. We reserve the right to charge you a reasonable fee to cover the cost of providing you with a copy of your records.
- Request an amendment. If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information by making a request in writing that explains the reason for the requested amendment. You have the right to request an amendment for as long as the information is kept for or by us. We may deny your request for an amendment; if this occurs, you will be notified of the reason for the denial.
- Request an accounting of disclosures. This is a list of certain disclosures we make of your PHI for purposes other than treatment, payment, healthcare operations, or certain other permitted purposes.
- Request restrictions or limitations on the PHI we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to your request, except as described below. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. If you ask us not to disclose your PHI to your health plan, we will agree as long as the disclosure would be for the purpose of payment or healthcare operations and is not otherwise required by law and the information only relates to items or services that someone other than your health plan has paid for in full.
- Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Please realize that we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response.
- A paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive a copy of this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice on our website or by asking a staff member.
- Inquire about whether AI tools are being used in your care. If you do not want AI used you may **OPT-OUT** of the use of AI in your care by telling your provider you do not want AI used in your visits.

Changes to this Notice: We reserve the right to change this notice; the revised notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the facility and will include the new effective date. Copies of any revised notices will be available on the website and will be provided to you upon your next visit to our facility after the effective date.

Complaints: If you believe that your privacy rights have been violated, you may file a complaint with us by contacting our Compliance Officer at 843-347-2450

You will not be penalized for filing a complaint.

For Further Information contact:

Compliance Officer, 611 Burroughs & Chapin, Ste 105, Myrtle Beach, SC 29577

843-347-2450

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html. **Revised May 2026**