



2100 Kingsley Ave. Orange Park, FL 32073, Phone (904)276-0001 Fax (904) 276-5333

NOTICE OF PRIVACY PRACTICES (NPP)

Arthritis & Osteoporosis Treatment Center (AOTC)

Updated Effective Date: February 14, 2026

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

This Notice describes how your medical information may be used and disclosed, and how you may access your information. Federal law (HIPAA) requires us to provide you with this Notice of Privacy Practices and to protect the privacy of your Protected Health Information (PHI). You have the right to receive adequate notice of the uses and disclosures of your PHI and of your rights and our legal duties regarding your information. We are required to follow the terms of this Notice and to notify you if a breach occurs that may compromise the privacy or security of your PHI.

This Notice reflects applicable federal and Florida law, including additional protections under 42 U.S.C. §290dd-2 and 42 CFR Part 2 when applicable.

How We May Use and Disclose Your Health Information

We may use and disclose your PHI for purposes of treatment, payment, and healthcare operations. This includes sharing information with other healthcare professionals involved in your care; submitting claims to your insurance; scheduling services; quality improvement; administrative review; and other internal activities necessary to run our practice. This includes documentation such as consultation or progress notes, imaging data, laboratory data, and infusion and treatment notes.

Treatment

We may share your medical information with physicians, pharmacies, hospitals, infusion centers, laboratories, and other providers involved in your care to ensure safe, accurate, and coordinated treatment. We may access medication history and prescription benefit information through systems such as Prisma Access and Surescripts.

Payment

We may use your PHI to obtain payment for services rendered, including prior authorizations, eligibility verification, claims submission, and collection of patient responsibility balances.

Healthcare Operations

We may use PHI for quality improvement activities, administrative review, credentialing, compliance auditing, staff training, and other business management functions necessary to operate our practice.

We may also use or disclose your PHI when required by law, such as in response to a court order, public health reporting, or requests from government agencies. We may share information to prevent or reduce a serious threat to your health and safety or to the health and safety of others when permitted by law.

If a use or disclosure is prohibited or materially limited by another applicable law, including 42 CFR Part 2, we will comply with the more stringent law.

We may use your information to contact you about appointments, test results, treatment options, or other health-related services. You may request restrictions on how we contact you, and we will accommodate reasonable requests when possible.

Reproductive Health Information Protections

Federal law prohibits us from using or disclosing PHI related to lawful reproductive health care for purposes such as investigations or proceedings against individuals seeking or providing lawful reproductive care.

In certain circumstances, we are required to obtain a signed attestation confirming that a requested disclosure of reproductive health information is not for a prohibited purpose before releasing such information.

Substance Use Disorder Records (42 CFR Part 2)

Your medical record may include substance use disorder treatment information protected under 42 U.S.C. §290dd-2 and 42 CFR Part 2.

Substance use disorder treatment records received from programs subject to 42 CFR Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless:

- You provide written consent; or
- A court order is issued after notice and opportunity to be heard; and
- A subpoena or other legal requirement compels disclosure.

These records receive heightened confidentiality protections.

If AOTC intends to use or disclose records subject to 42 CFR Part 2 for fundraising purposes, you will first be provided a clear and conspicuous opportunity to elect not to receive such communications.

Participation in an organized healthcare arrangement does not remove these additional protections.

Specially Protected Information

Your medical record may include information related to sexually transmitted diseases, HIV/AIDS, mental health treatment, substance use treatment, pregnancy, reproductive health, or genetic testing. Federal and state laws give additional protection to this type of information. Such information will not be disclosed without your written authorization unless required by law.

Information disclosed pursuant to HIPAA may be subject to redisclosure by the recipient and may no longer be protected by federal privacy laws. However, substance use disorder records disclosed under 42 CFR Part 2 remain protected against unauthorized redisclosure.

Authorization for Other Uses and Disclosures

Certain disclosures require your written permission, including most uses of psychotherapy notes, marketing communications, sale of PHI, and uses not otherwise described in this Notice.

If you authorize a disclosure, you may revoke that authorization in writing at any time, except to the extent information has already been released.

You may also choose to authorize AOTC to release medical information to family members or other individuals involved in your care. This includes permission for AOTC to communicate results, medication information, appointments, or care decisions to the individuals you designate.

In addition, you may authorize AOTC to access and exchange your PHI through systems such as Prisma Access and Surescripts, allowing us to view your medication history, prescription benefit information, hospital or physician-office records, and other relevant data to ensure safe, accurate, and coordinated treatment.

This authorization remains valid for one (1) year unless you revoke it in writing.

Your Rights Regarding Your Health Information

You have the right to:

- Access and receive a copy of your medical records, including electronic copies.
- Request corrections if you believe your medical record is inaccurate or incomplete.
- Request restrictions on how your PHI is used or disclosed.
- Request confidential communications, such as specifying a preferred phone number or limiting voicemail messages.
- Receive an accounting of disclosures made outside of treatment, payment, and operations.
- Receive a paper or electronic copy of this Notice at any time.

We may charge a fee for copying medical records, consistent with Florida law, not exceeding \$1.00 per page up to a maximum of \$6.50. This fee is waived when records are sent directly to another healthcare provider for continuing care.

Our Responsibilities

AOTC is required by law to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice of Privacy Practices.
- Notify you if a breach occurs that may have compromised your PHI.
- Follow the terms of this Notice until it is replaced or updated.
- Comply with additional confidentiality requirements under 42 CFR Part 2 when applicable.

We reserve the right to revise this Notice at any time. Any updated Notice will be available in our office and on our website and will apply to all existing PHI and any future information we receive.



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Complaints

If you believe your privacy rights have been violated, you may file a complaint with AOTC's Privacy Officer at (904) 276-0001 or with the Secretary of 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.
