NOTICE OF PRIVACY PRACTICES

Privacy Practices and Patient Rights

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.

Covered Entity / Practice Name:	Community Medicine Foundation, Inc. d/b/a North Central Family Medical Center
Effective Date of This Notice:	02/26/2026

Our Uses and Disclosures of Protected Health Information (PHI)

We may use and disclose your protected health information (PHI) for the following purposes:

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This may include sharing information with other health care providers involved in your care.

Payment

We may use and disclose your PHI, as needed, to obtain payment for health care services provided by us or by another provider. This may include billing your insurance plan and responding to requests for information necessary to process claims.

Health Care Operations

We may use and disclose your PHI to support the business activities of our practice. Examples include quality assessment activities, training, licensing, audits, compliance, credentialing, and other business planning and administrative activities.

Uses and Disclosures We May Make Without Your Written Authorization (Examples)

The following are examples of uses and disclosures permitted or required by law. Not every use or disclosure is listed; however, all will be made in accordance with applicable law.

- As Required by Law: We may disclose PHI when required to do so by federal, state, or local law.

- Public Health / Communicable Disease: We may disclose PHI to public health authorities for preventing or controlling disease, injury, or disability, as authorized by law.

- Food and Drug Administration (FDA): We may disclose PHI to a person or company required by the FDA to report adverse events, product defects, or other activities.
- Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure actions.
- Legal Proceedings: We may disclose PHI in the course of a judicial or administrative proceeding in response to a court or administrative order, or as otherwise permitted by law in response to certain lawful processes.
- To Avert a Serious Threat: We may use or disclose PHI if we believe it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, as permitted by law.
- Child Abuse or Neglect: We may disclose PHI to appropriate authorities authorized by law to receive reports of child abuse or neglect.
- Coroners, Medical Examiners, and Funeral Directors: We may disclose PHI to a coroner or medical examiner for identification, determining cause of death, or other duties authorized by law.
- Organ and Tissue Donation: We may disclose PHI to organizations that facilitate organ, eye, or tissue donation and transplantation.
- Research: We may disclose PHI to researchers when the research has been approved through required review processes that protect privacy, as permitted by law.
- Workers' Compensation: We may disclose PHI as authorized to comply with workers' compensation laws and other similar legally established programs.
- Inmates: If you are an inmate of a correctional institution, we may disclose PHI to the correctional institution or law enforcement officials as permitted by law for your health and safety or the safety of others.
- Law Enforcement: We may disclose PHI to law enforcement officials as permitted by law for certain law enforcement purposes.
- People Involved in Your Care: Unless you object, we may disclose relevant PHI to a family member, relative, close friend, or other person you identify who is involved in your care or payment for your care, or for notification purposes.

Uses and Disclosures That Require Your Written Authorization

Other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke an authorization at any time by submitting a written request, except to the extent we have already acted on your authorization.

- Psychotherapy Notes: Most uses and disclosures of psychotherapy notes require your written authorization, except as permitted by law.

Your Rights

You have the following rights regarding your PHI. To exercise these rights, contact the Privacy/Compliance Contact listed above.

- Right to Inspect and Copy: You may request to inspect and obtain a copy of your PHI in a designated record set. Certain exceptions apply, such as psychotherapy notes and information compiled in reasonable anticipation of litigation, as permitted by law.
- Right to Request Restrictions: You may request a restriction on certain uses and disclosures of your PHI for treatment, payment, or health care operations. We are not required to agree to all requests. However, if you pay out-of-pocket in full for a service or item, you may request that we not share related information with your health plan for payment or operations, unless a law requires us to share it.
- Right to Request Confidential Communications: You may request that we communicate with you in a certain way or at a certain location (for example, only at work or by mail). We will accommodate reasonable requests.
- Right to Request an Amendment: You may request that we amend your PHI in a designated record set as long as we maintain it. We may deny your request in certain cases. If denied, you may file a statement of disagreement, and we may prepare a rebuttal, and you will receive a copy of any rebuttal.
- Right to an Accounting of Disclosures: You may request an accounting of certain disclosures of your PHI made by us, other than disclosures for treatment, payment, or health care operations, and certain other exceptions.
- Right to a Paper Copy: You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.

Special Protections for Substance Use Disorder (SUD) Records (42 CFR Part 2)

Some substance use disorder (SUD) patient records may be protected by federal confidentiality law and regulations (42 U.S.C. § 290dd-2 and 42 CFR Part 2). When these protections apply, they may limit how we may use or disclose SUD records, even in situations where HIPAA would otherwise permit disclosure for treatment, payment, or health care operations.

- If you receive SUD services from a federally assisted SUD treatment program, your SUD records may require your written consent for many disclosures, unless an exception applies.
- Proceedings Limitation: SUD records protected by federal law generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent or a court order that meets federal requirements.
- If you have questions about whether your records are protected by these rules, please contact the Privacy/Compliance Contact.

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We are required to provide you with this Notice of our privacy practices and to follow the terms of the Notice that is currently in effect.
- We will notify you following a breach of unsecured PHI, as required by law.
- We may change the terms of this Notice, and the changes will apply to all PHI we maintain. The updated Notice will be available upon request and will be posted in our facilities and/or on our website (if applicable).

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy/Compliance Contact listed above. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). We will not retaliate against you for filing a complaint.

Privacy/Compliance Contact:

Rena Hunter /Dir. of Compliance & Risk Mgmt
Phone: 803-325-7744 ext. 161
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