

NOTICE OF PRIVACY PRACTICES

Effective February 2026

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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

YOUR RIGHTS

You have the following rights regarding your health information:

Access to Your Medical Record

You may request to inspect or receive an electronic or paper copy of your medical record and other health information we maintain.

We will provide this within **30 days** of your request. A reasonable, cost-based fee may apply.

Request a Correction

You may ask us to correct information you believe is incorrect or incomplete. If we deny your request, we will provide a written explanation within **60 days**.

Confidential Communications

You may request that we contact you in a specific way or at a specific location. We will honor all reasonable requests.

Request Restrictions

You may ask us to limit how we use or share your information for treatment, payment, or operations.

We are not required to agree, except when:

- You pay in full out-of-pocket, and
- You request we **not** disclose the service to your health insurer

In this case, we will comply unless disclosure is required by law.

Accounting of Disclosures

You may request a list of certain disclosures made in the six years prior to your request.

One list per year is free; additional requests may involve a reasonable fee.

Copy of This Notice

You may request a paper copy of this Notice at any time.

Choose Someone to Act for You

If you have given someone medical power of attorney or legal guardianship, that person may exercise your rights once authority is verified.

File a Complaint

You may file a complaint if you believe your privacy rights were violated.

We will not retaliate against you for filing a complaint.

YOUR CHOICES

You may tell us your preferences about sharing information in the following situations:

- Sharing with family, friends, or others involved in your care
- Disaster relief communications
- Facility or hospital directories

If you are unable to communicate your wishes, we may share information if it is in your best interest or needed to prevent a serious and imminent threat.

USES THAT REQUIRE WRITTEN AUTHORIZATION

We will **not** use or disclose your information for the following without your written permission:

- Marketing
- Sale of protected health information
- Most psychotherapy notes

You may revoke authorization at any time in writing.

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER (SUD) RECORDS

Some health information related to substance use disorder diagnosis, treatment, or referral is protected by **federal confidentiality laws (42 CFR Part 2)** in addition to HIPAA.

- Such records generally may not be disclosed without your specific written consent, unless otherwise permitted by law.
- Unauthorized disclosure is prohibited and may be subject to civil and criminal penalties.
- You may revoke consent consistent with federal regulations.

HOW WE MAY USE OR SHARE YOUR INFORMATION

Treatment

We may share information with healthcare professionals involved in your care.

Health Care Operations

We may use information to manage our practice, improve quality, and contact you when needed.

Payment

We may share information with health plans or other entities to obtain payment.

OTHER PERMITTED DISCLOSURES

We may use or disclose information as required or permitted by law, including:

- Public health and safety activities
- Health research
- Compliance with federal or state law
- Organ and tissue donation
- Medical examiner or funeral director duties
- Workers' compensation, law enforcement, or government requests
- Court orders, subpoenas, or legal proceedings

Additional protections apply where **Substance Use Disorder confidentiality laws** are stricter.

OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy and security of your protected health information
- Provide this Notice and follow its terms
- Notify you promptly of any breach affecting your information

We will not use or disclose your information beyond what is described here without your written authorization.

CHANGES TO THIS NOTICE

We may update this Notice at any time.

The revised version will apply to all information we maintain and will be available:

- In our office
- On our website
- Upon request

PRIVACY CONTACT

Privacy Officer: Jilda McNair

Effective Date: February 2026

Address: 2117 General Booth Blvd.

Virginia Beach, Virginia 23454

Email: jmcnair@changsurgery.com

You may also file a complaint with the **U.S. Department of Health and Human Services Office for Civil Rights**. We will not retaliate against you for filing a complaint.