



## NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

**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.** Horizons Diagnostics LLC is required by law to maintain the privacy of your protected health information (PHI) and to provide you with this Notice of our legal duties and privacy practices concerning your PHI. We are required to abide by the terms of this Notice currently in effect.

### HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we use and disclose your health information. Not every use or disclosure will be listed. However, all of the ways we are permitted to use and disclose information fall within one of the categories.

**For Treatment** We may use and disclose your health information to provide, coordinate, or manage your health care and related services. For example, we may share your health information with physicians, nurses, technicians, or other personnel who are involved in taking care of you.

**For Payment** We may use and disclose your health information to bill and collect payment for the services we provide to you. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover or pay for your treatment.

**For Health Care Operations** We may use and disclose your health information for our health care operations. These uses and disclosures are necessary to run our practice and ensure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

**Other Permitted Uses and Disclosures** We may also use and disclose your health information in the following situations without your authorization:

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

**Public Health Activities:** We may disclose your health information to public health authorities for activities such as preventing or controlling disease, injury, or disability.

**Victims of Abuse, Neglect, or Domestic Violence:** We may disclose health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure.

**Judicial and Administrative Proceedings:** We may disclose health information in response to a court or administrative order, subpoena, or other lawful process.

**Law Enforcement:** We may disclose health information to law enforcement officials for purposes such as identifying or locating a suspect or reporting certain injuries.

**Coroners, Medical Examiners, and Funeral Directors:** We may disclose health information to coroners, medical examiners, or funeral directors as necessary to carry out their duties.

**Research:** We may use or disclose your health information for research purposes when the research has been approved by an institutional review board that has reviewed the research proposal.

**Serious Threat to Health or Safety:** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Military and Veterans:** If you are a member of the armed forces, we may disclose health information about you as required by military command authorities.

**Workers' Compensation:** We may disclose your health information as authorized by workers' compensation laws.

**Business Associates:** We may disclose your health information to our business associates who perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

### SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER TREATMENT INFORMATION

If we create, receive, or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program"), that information is subject to heightened confidentiality protections under federal law and may follow different rules than standard health information protected by HIPAA.

**How We May Use Part 2 Records** If we receive or maintain your Part 2 Program record through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment, or health care operations, we may use and disclose your Part 2 Program record for treatment, payment, and health care operations purposes as described in this Notice.

If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us.

**Limitations on Use and Disclosure of Part 2 Records** In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any federal, state, or local authority, against you or the person who provided the Part 2 record to us, unless we obtain your written consent or a court order after you or the holder of the record are provided notice and an opportunity to be heard. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

**Notice About Redisclosure** Once your health information, including Part 2 records, is disclosed by us to another person or entity, it may be redisclosed by that recipient and may no longer be protected under the HIPAA Privacy Rule or Part 2, unless stronger federal confidentiality rules apply.

## **USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION**

Other than as stated above, we will not use or disclose your health information without your written authorization. The following uses and disclosures will be made only with your written authorization:

Marketing purposes

Sale of your health information

Most uses and disclosures of psychotherapy notes

Other uses and disclosures not described in this Notice.

You may revoke your authorization at any time by submitting a written revocation to our Privacy Officer.

However, the revocation will not apply to information that we already have used or disclosed in reliance on your authorization.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding your health information:

**Right to Inspect and Copy** You have the right to inspect and obtain a copy of your health information that may be used to make decisions about your care. To inspect and copy your health information, you must submit your request in writing to our Privacy Officer. If you request a copy of your information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

**Right to Amend** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. You must provide a reason that supports your request.

**Right to an Accounting of Disclosures** You have the right to request an accounting of disclosures of your health information made by us for certain purposes. To request this accounting, you must submit your request in writing to our Privacy Officer. Your request must state a time period which may not be longer than six years. The first accounting you request within a 12-month period will be free. For additional requests, we may charge you for the costs of providing the accounting.

**Right to Request Restrictions** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. We are not required to agree to your request except in the case of a disclosure to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or someone on your behalf, has paid us in full.

**Right to 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. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request and we will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice** You have the right to 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 this Notice electronically, you are still entitled to a paper copy.

Right to be Notified of a Breach

You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured health information.

**OUR RESPONSIBILITIES** We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this Notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**CHANGES TO THIS NOTICE** We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our facility. The Notice will contain the effective date on the first page.

**COMPLAINTS** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our Privacy Officer at the contact information listed below. You will not be penalized or retaliated against for filing a complaint.

<b>CONTACT INFORMATION</b>	
Practice Name: Horizons Diagnostics, Enterprise	To file a complaint with the Department of Health and Human Services: Office for Civil Rights
Privacy Officer: Kris Ashbrook, HR Business Partner	U.S. Department of Health and Human Services 200 Independence Avenue, S.W.
Address: 106 Enterprise Ct. Columbus, GA 31904	Washington, D.C. 20201 Toll-Free: 1-877-696-6775
Phone: 706-321-0476	Website: <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>
Email: <a href="mailto:kashbrook@hdllc.org">kashbrook@hdllc.org</a>	