



# NOTICE OF PRIVACY PRACTICES

**Effective Date: 02/12/2026**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW CAREFULLY.**

If you have any questions about this Notice of Privacy Practices ('Notice'), please contact: Privacy Officer: Gracie Williams  
Phone Number: (910) 577-1555

## I. WHO WILL FOLLOW THIS NOTICE?

This Notice describes Med First Immediate Care & Family Practice, PA ('Provider') Privacy Practices and that of: Any workforce member authorized to create medical information referred to as Protected Health Information ('PHI') which may be used for purposes such as Treatment, Payment and Healthcare Operations. These workforce members may Include:

- All departments and units of the Provider,
- Any member of a volunteer group,
- All employees, staff and other Provider personnel,
- Any entity providing services under the Provider's direction and control will follow the terms of the Notice. In addition, these entities, sites and locations may share medical information with each other for Treatment, Payment, or Healthcare Operational purposes described in the Notice.

## II. OUR PLEDGE REGARDING MEDICAL INFORMATION

We are committed to protecting health information about you. We create a record of the health care and service you receive with the Provider for use in your care and treatment. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all the records of your care generated or maintained by the Provider as well as the physicians and other health care professionals who provide services within those entities. This Notice will tell you about the ways in which we may use and disclose medical information.

We are required by law to:

- Make sure that your health information is protected;
- Give you this Notice describing our legal duties to protect your privacy;
- Follow the terms of the Notice that is currently in effect; and
- Notify you in the event of a breach of your unsecured PHI as required by law.

## III. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU:

The following sections describe ways that an entity may use and disclose your PHI. For each category of uses or disclosures, we will describe them and give some examples. Some information, such as genetic information, certain drug and alcohol information, HIV information and mental health information may be entitled to special restrictions by state and federal laws. We abide by all applicable state and federal laws related to the protection of this information. Not every use or disclosure will be listed; however, all the ways we are permitted to use and disclose information will fall within one of the following categories.

- A. **For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other Provider personnel who are involved in taking care of you at the Provider. For example, a doctor treating you for a broken leg may need to know if you have diabetes, because diabetes may slow the healing process. In addition, the



doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the Provider may also share medical information about you to coordinate different items, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside of the Provider who may be involved in your medical care after you leave the Provider.

- B. **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at the Provider may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the Provider, so your health plan will pay us or reimburse you for the procedure. We may also tell your health plan about a prescribed treatment to obtain prior approval or to determine whether your plan will cover the treatment.
- C. **For Healthcare Operations:** We may use and disclose medical information about you for the Provider operations. These uses and disclosures are necessary to run the Provider and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Med First Immediate Care and Family Practice, PA patients to decide what additional services the Provider should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, health care students, and other Provider personnel for review and learning purposes. We may also combine the medical information we have with medical information from other Providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information, so others may use it to study health care and health care delivery without learning a patient's identity.
- D. **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care with the Provider.
- E. **Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- F. **Health-Related Benefits and Services:** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- G. **Fundraising Activities:** We may use information about you to contact you in an effort to raise money for the Provider and its operations. We may disclose information to a foundation related to the Provider so that the foundation may contact you about raising money for the Provider. We will only release contact information, such as your name, address and phone number and the dates you received treatment or services with the Provider. If you do not want the Provider to contact you for fundraising efforts, you must notify us in writing, and you will be given the opportunity to "Opt-out" of these communications.
- H. **Authorizations Required:** We will not use your PHI for any purposes not specifically allowed by Federal or State laws or regulations without your written authorization; this includes uses of your PHI for marketing or sales activities.
- I. **Emergencies:** We may use or disclose your medical information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat you.
- J. **Psychotherapy Notes:** Psychotherapy notes are accorded strict protections under several laws and regulations. Therefore, we will disclose psychotherapy notes only upon your written authorization with limited exceptions.
- K. **Communication Barriers:** We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.
- L. **Individuals Involved in Your Care or Payment for Your Care:** We may disclose your health information with anyone involved in your health care or helps pay for your care, such as a friend, family member or any individual you identify, unless you object in writing and ask us not to provide this information to specific individuals. If you are unable to agree or object, for example, if you are not present or are unconscious, we may disclose PHI as necessary if we determine that it is in your best interest based on our professional judgment. Additionally, we may disclose information about you to your legal representative.



- M. **Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the Provider. We will most always generally ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care with the Provider.
- N. **Required by Law:** We will disclose PHI about you when required to do so by federal, state, and/or local law. This includes, however, is not limited to, disclosures to mandated patient registries, including reporting adverse events with medical devices, food, or prescriptions drugs to the Food and Drug Administration. We may also disclose PHI to health oversight agencies for activities authorized by law. This includes but is not limited to the U.S. Department of Health and Human Services, accrediting agencies, auditors, and public health activities when preventing disease, helping with product recalls and reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence. We may also disclose health information for law enforcement purposes as required by law or in response to a valid subpoena, summons, court order or similar purpose.
- O. **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- P. **E-mail Use:** E-mail will only be used following the Provider's current policies and practices and with your permission. The use of secured, encrypted e-mail is encouraged
- Q. **Health Information Exchange (HIE):** We may participate in an electronic Health Information Exchange ('HIE') to facilitate the sharing of your PHI for treatment purposes. An HIE is a network in which providers participate in exchanging patient information to facilitate health care.
- R. **Business Associates and Service Providers:** We may disclose your PHI with third parties referred to as "Business Associates". Business Associates provide various services to or for the Provider. Examples include billing services, transcription services, and legal services. We ensure that all Business Associates and service providers, regardless of their location, are obligated to protect your PHI in accordance with U.S. and international laws, including the Health Insurance Portability and Accountability Act (HIPAA). These measures include implementing appropriate safeguards to protect the privacy and security of your information.
- S. **Substance Use Disorder (SUD) Treatment Information:** If we receive or maintain any information about you from a SUD treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general written consent you provide to the Part 2 Program to use and disclose the SUD record for purposes of treatment, payment or health care operations, we may use and disclose your SUD records for treatment, payment or health care operations as described in this Notice. If we receive or maintain your SUD record through specific consent you provide to us or another third party, we will use and disclose your SUD record only as expressly permitted by you in your written consent as provided to us. In no event will we use or disclose your SUD record, or testimony that describes the information contained in your SUD record, in any civil, criminal, administrative or legislative proceedings by any Federal, State or local authority against you, unless authorized by your consent or court order (after you are notified of the court order).
- T. **Legal Proceedings, Lawsuits and Other Legal Actions:** We may disclose PHI about you to courts, attorneys, court employees and others when we receive a court order, subpoena, discovery request, warrant, summons or other lawful instructions. We may also disclose information about you to the Provider's attorneys and/or attorneys working on the Provider's behalf to defend ourselves against a lawsuit or action brought against us. We may disclose your PHI to the police or other law enforcement officials to report or prevent a crime as otherwise required or permitted by law.
- U. **We May Use and Disclose Your PHI in the following Special Situations:**



- a. **Coroners, Funeral Directors, and Organ Donation:** We may also disclose health information with a coroner or medical examiner when an individual dies. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the Provider to funeral directors as necessary to carry out their duties. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
  - b. **Military and Veterans:** If you are a member of the armed forces, domestic (United States) or foreign; we may disclose PHI about you to the military authorities as authorized or required by law.
  - c. **Disaster Relief:** We may use or disclose your health information with an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
  - d. **Workers' Compensation and Other Government requests:** We may use or disclose health information about you for workers' compensation claims or similar programs.
  - e. **National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
  - f. **Protective Services for the President of the United State and Others:** We may disclose PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities as required by law.
  - g. **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
  - h. **Law Enforcement:** We may release medical information if asked to do so by a law enforcement official:
    - i. In response to a court order, subpoena, warrant, summons or similar process;
    - ii. to identify or locate a suspect, fugitive, material witness, or missing person;
    - iii. about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
    - iv. about a death we believe may be the result of criminal conduct;
    - v. about criminal conduct at Med First Immediate Care and Family Practice, PA;
    - vi. and in emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- V. **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- W. **Public Health Risk:** We may disclose medical information about you for public health activities. These activities generally include the following:
- a. to prevent or control disease, injury or disability;
  - b. to report births and deaths;
  - c. to report child abuse or neglect;
  - d. to report reactions to medications or problems with products;
  - e. to notify people of recalls of products they may be using;
  - f. to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - g. and to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.



- X. **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.
- Y. **Artificial Intelligence or AI:** We may utilize AI technology to support operational decisions and recommendations about your treatment or care, including but not limited to documenting care, supporting clinical assessments, treatment recommendations, creating a care plan, and billing. AI technology may use your information to train and improve AI technology's functionality. AI technology partners (Business Associates) are required to keep your information confidential.
- Z. **Sharing Information within an OHCA:** We maintain our Designated Record Set through the use of an electronic health record ("EHR"). Through this EHR, your medical information is combined with that of other health care providers or "Covered Entities" that participate in the EHR (each, a "Participating Covered Entity" and collectively, the "Participating Covered Entities"), such that each of our patients, including you, have a single, longitudinal health record with respect to all services provided by the Participating Covered Entities. Through the EHR, the Participating Covered Entities have formed one or more organized systems of health care in which the Participating Covered Entities participate in joint utilization review and/or quality assurance activities, and as such qualify to participate in Organized Health Care Arrangement(s) ("OHCA(s)"). As OHCA participants, all Participating Covered Entities, including us, may use and disclose the PHI contained within the EHR for the Treatment, Payment and Health Care Operations purposes of each of the OHCA participants.

#### **IV. YOU HAVE THE RIGHT TO ACCESS YOUR PROTECTED HEALTH INFORMATION BY CONTACTING THE LOCATION WHERE YOU RECEIVED YOUR CARE OR BY CALLING THE NUMBER AT THE END OF THIS NOTICE.**

*In addition to your rights as a patient, we also ask that you respect the rights of other patients by not discussing any information you may see or hear while receiving services in our facilities.*

#### **YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU.**

You have the following rights regarding PHI we maintain about you:

- A. **Right to Inspect and Obtain an Electronic or Paper Copy of your PHI:** With certain exceptions, you have the right to inspect and/or receive an electronic or paper copy of your protected health and billing records and other health information used by us to make decisions about your care. You may request that we send a copy of your PHI to a third party. To inspect and/or receive a copy of your protected health records, we request you submit a request in writing to the Provider. If you request a copy of your protected health records, we may charge you a reasonable cost-based fee for the cost of providing you with the copies. Under certain limited circumstances, we may deny your request to inspect or copy your records. If we deny your request, we will explain the reasons to you. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by the Provider 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.
- B. **Right to Request an Amendment:** You may request that we amend health information about you that you think is incorrect or incomplete. You may ask us to correct the information if the information is kept by or for the Provider in your protected health and billing records. To request an amendment, your request must be submitted in writing to the Provider's Privacy Officer and provide the reasons for the request. If we agree to your request, we will amend your record(s) and notify you of such. In certain circumstances, we cannot remove what was in the record(s), however we may add supplemental information to clarify. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - a. was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - b. is not part of the medical information kept by or for the Provider;



- c. is not part of the information which you would be permitted to inspect and copy;
  - d. or is accurate and complete.
- C. **Right to an Accounting of Disclosures:** You have a right to receive a list of certain disclosures we have made of your PHI in the six (6) years prior to the date of your request. Your request should indicate in what form you want the accounting (for example, on paper or electronically, if available). To request an accounting of disclosures, you must submit your request in writing to the Provider's Privacy Officer. You must state the time period for which you want to receive the accounting. The first accounting you receive in a 12-month period will be complimentary. We may charge you for responding to additional requests in that same time period. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.
- D. **Right to Request Restriction:** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You alone 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. If we agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment, or we are required by law to disclose it. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations of the health plan, and the information pertains solely to a protected health item or service for which you have paid out-of-pocket in full. To request a restriction, you must make your request to the Provider's Privacy Officer and tell us (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both and (3) to whom you want the limits to apply, i.e. disclosures to your spouse. We are allowed to end the restriction if we tell you. If we end the restriction, it will only affect the PHI that was created or received after we notify you. We are not required to notify other healthcare providers of these restrictions; that is your responsibility.
- E. **Right to a Paper Copy of This Notice:** You have the right to have a paper copy of this notice at any time, even if you have previously agreed to receive a copy of this Notice electronically. Copies of this Notice are available at Med First Immediate Care and Family Practice, PA facilities, on our website, <https://www.thinkmedfirst.com> or by contacting the Provider's Privacy Officer as shown below.
- F. **Right to Choose Someone to Act for You:** If you have given someone healthcare power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information. We will verify that the person has this authority and can act for you before we take action or disclose information.
- G. **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 hard copy or e-mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- H. **Right to Receive Notice of a Breach:** We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by email), of any breaches of Unsecured PHI as soon as possible, but in any event, no later than 60 days following the discovery of the breach. "Unsecured PHI" is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the PHI unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:
- a. A brief description of the breach, including the date of the breach and the date of its discovery, if known;
  - b. A description of the type of Unsecured PHI involved in the breach;
  - c. Steps you should take to protect yourself from potential harm resulting from the breach;
  - d. A brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
  - e. Contact information, including a toll-free telephone number, e-mail address, Web site or postal address to permit you to ask questions or obtain additional information.

## V. Uses of Medical Information Requiring Authorization

- A. **Psychotherapy Notes** - We must obtain your written permission to disclose psychotherapy notes except in certain circumstances. For example, written permission is not required for use of those notes by the author of the notes



with respect to your treatment or use or disclosure by us for training of mental health practitioners, or to defend the Provider in a legal action brought by you.

- B. **Marketing** - We must obtain your written permission to use or disclose your medical information for marketing purposes except in certain circumstances. For example, written permission is not required for face-to-face encounters involving marketing, or where we are providing a gift of nominal value (example: a coffee mug), or a communication about our own services or products (example: we may send you a postcard announcing the arrival of a new surgeon or x-ray machine).
- C. **Sale of Medical Information** - We must obtain your written permission to disclose your medical information in exchange for remuneration.
- D. **Other Uses and Disclosures** - Other uses and disclosures of your medical information not covered by the categories included in this Notice or applicable laws, rules or regulations will be made only with your written permission or authorization. If you provide us with such written permission, you may revoke it at any time. We are not able to take back any uses or disclosures that we already made with your authorization. We are required to retain your medical information regarding the care and treatment that we provide to you.

**VI. CHANGES TO THIS NOTICE:** We reserve the right to change this Notice and the Provider's privacy practices. We reserve the right to make the revised or changed Notice effective for PHI we already have about you, as well as any information we receive in the future. The new Notice will be available upon request and on our web site. This Notice will specify the effective date of this Notice.

**VII. QUESTIONS/COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with the Provider, the Provider's Privacy Officer, or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

**Privacy Officer:**

Gracie Williams  
325 Western Blvd  
Jacksonville, NC 28546  
Gwilliams@thinkmedfirst.com  
(910) 577-1555

**Secretary of the Department of Health and Human Services:**

U.S. Dept. of Health and Human Services  
Office for Civil Rights  
2000 Independence Avenue, S.W.  
Washington, D.C. 20201  
<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>  
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