

NOTICE OF PRIVACY PRACTICES

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. Please note that ncgCARE is a hybrid entity that provides healthcare and non-healthcare services. If you are participating in a non-healthcare service, some of the below protections under HIPAA may not apply.

Your Rights:

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record.
- We will provide a copy or a summary of your health information within 30 days.
(In limited circumstances, we may deny your request. If you are denied access to health information, you may request in writing that the denial be reviewed. A licensed healthcare professional will review your request and the denial, and we will comply with the recommendations of that review.)

Ask us to correct your medical record

- You can ask us to correct health information about you that you believe is incorrect or incomplete.
- If we deny your request, we'll tell you why in writing within 60 days. You have the right to complete a statement of disagreement that we are obligated to place in your records.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

Get an accounting of disclosures

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free and will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
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Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- If you feel we have violated your rights, you can contact our Privacy Officer using the information on the final page.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or visiting www.hhs.gov/ocr/privacy/hipaa/ complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices:

In these cases, you have both the right and choice to tell us to:

If you have a clear preference for how we share your information in the situations described below, tell us what you want us to do, and we will follow your instructions.

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in our directory.

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Permitted Uses and Disclosures of Your Health Information Without Authorization:

Treatment

- We can use your health information and share it with other professionals involved in your care.

Operations

- We can use and share your health information to run our agency, improve your care, and contact you when necessary.

Payment

- We can use and share your health information to bill and get payment from health plans or other entities.
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Help with public health and safety issues

- We will share health information about you for certain situations such as:
 - Preventing disease
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety - Duty to Protect and Duty to Warn

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - To prevent or lessen a serious or imminent threat to health and safety
 - Report a crime on the premises
 - Report deaths where there is a suspicion of a crime
 - When responding to an off-site medical emergency to alert police of possible criminal activity
 - To report known gunshots or stabbing wounds
 - To respond to a court order, warrant, subpoena or administrative order
 - To respond to a request from law enforcement to identify or locate a fugitive, witness, or missing person
 - To respond to a request about an adult victim if the victim agrees
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order or in response to a subpoena.

Privacy and Confidentiality of Alcohol & Drug Abuse Records

The confidentiality of alcohol and drug abuse patient records maintained by a drug and alcohol abuse program is protected by Federal law and regulations. Generally, we may not say to a person outside the program that a patient attends services, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- The patient consents in writing;
- The disclosure is allowed by a court order; or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; or
- The disclosure is made to report a crime committed against the provider or on the provider's premises; or

- The disclosure is related to information about suspected child abuse or neglect to appropriate state or local authorities; or
- The disclosure is made because the provider felt it necessary to warn another person of threatened death or serious bodily injury.

Substance Use Disorder (SUD) Treatment Privacy. If we receive or maintain treatment records about you from a SUD program, subject to 42 CFR part 2, or testimony about records, we will not use or disclose it in any civil, criminal, administrative, or legislative proceedings against you unless you provide written consent, or we receive a court order, after notice and an opportunity to be heard is provided to you or the record holder. Additionally, any court order for use or disclosure must come with a subpoena or identify applicable legal authority.

Redisclosure. PHI disclosed for any reason may be redisclosed by the recipient and no longer protected by HIPAA or state law.

Our Responsibilities Related to Privacy and Confidentiality

- 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.
- We may contract with individuals or entities called Business Associates to perform various treatment, payment, and healthcare operations on our behalf. We may disclose your health information to a Business Associate to assist us with claims processing for healthcare you received from us. To protect your health information, we require our Business Associates to appropriately safeguard your health information.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

For more information please contact our Privacy Officer:

Carrie Penn

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Effective Date: February 2026

This notice applies to all ncgCARE partners and office locations.