

NOTICE OF PRIVACY PRACTICES

Broward Medical & Urgent Care, Inc.

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.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Broward Medical & Urgent Care clinic to provide you with quality care and to comply with certain legal requirements.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

We may use and disclose your Protected Health Information (PHI) for the following purposes:

- **For Treatment:** We may disclose PHI to doctors, nurses, technicians, or other personnel who are involved in taking care of you. For example, we may share your X-ray results with a specialist to whom you have been referred.
- **For Payment:** We may use and disclose PHI so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party.
- **For Health Care Operations:** We may use PHI to run our clinic and make sure all of our patients receive quality care, such as for quality assessment and improvement activities.
- **As Required by Law:** We will disclose PHI when required to do so by international, federal, state, or local law.
- **Reproductive Health Care:** In accordance with the 2024/2025 HIPAA Final Rule, we will not disclose PHI for the purpose of investigating or prosecuting the receipt or provision of legally protected reproductive health care.

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER (SUD) RECORDS

Under 42 CFR Part 2 (as updated Feb 16, 2026), if we maintain records regarding substance use disorder treatment:

- **Legal Proceedings:** SUD records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a unique court order. A subpoena alone is insufficient.
- **Redisclosure:** If we disclose your SUD information with your consent for treatment, payment, or operations, it may be subject to redisclosure by the recipient and may no longer be protected by federal privacy rules.

YOUR RIGHTS REGARDING YOUR PHI

- **Right to Inspect and Copy:** Under Florida Law (HB 1309), we must provide you with access to inspect your records within 10 days and provide copies within 14 days of a written request. If we maintain a patient portal, you have the right to receive these records in an electronic format.
- **Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information.
- **Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures we made of your PHI for purposes other than treatment, payment, and health care operations.
- **Right to Request Restrictions:** You have the right to request a restriction on the PHI we use or disclose. Specifically, if you pay for a service entirely out-of-pocket, you have the right to restrict disclosure of that information to your health plan.
- **Right to Opt-Out of Fundraising:** If we contact you for fundraising, you have the clear right to opt-out of such communications.

DATA SECURITY (FLORIDA INFORMATION PROTECTION ACT)

In compliance with Florida law, we maintain all electronic health records on servers physically located within the United States or Canada. In the event of a data breach affecting more than 500 Florida residents, we will notify you and the Florida Department of Legal Affairs within 30 days.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

1. The Privacy Officer at Broward Medical & Urgent Care clinic:
(954) 462-7558/bmurgentcare@gmail.com.
2. The Secretary of the U.S. Department of Health and Human Services.

You will not be penalized or retaliated against for filing a complaint.

Acknowledgement of Receipt

I hereby acknowledge that I have received a copy of Broward Medical & Urgent Care clinic 's Notice of Privacy Practices.

Patient Signature: _____ Date: _____

Print Name: _____