EVANS MEDICAL GROUP

NOTICE OF PRIVACY PRACTICES

Effective Date: October 1, 2026

Your Information. Your Rights. Our Responsibilities.

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.

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record.
- Ask us to correct your paper or electronic medical record.
- Request confidential communication by a particular means or at a particular location.
- Ask us to limit the information we use or share about you.
- Request an accounting of certain disclosures of your health information.
- Get a paper copy of this Notice at any time, even if you have agreed to receive it electronically.
- Choose someone to act for you, such as a person with a valid medical power of attorney or legal guardian, subject to verification of that person's authority.
- File a complaint if you believe your privacy rights have been violated.

Access. You may request to inspect or obtain a copy of your protected health information, subject to applicable legal limitations. If your information is maintained electronically, you may request an electronic copy and, where applicable, direct us to transmit the information to a third party.

Amendment. You may ask us to correct protected health information that you believe is incorrect or incomplete. We may deny the request as permitted by law, but we will provide a written explanation of any denial.

Confidential Communications. You may ask us to contact you about your medical matters in a specific way or at a specific location. We will accommodate reasonable requests.

Restrictions. You may ask us to limit what we use or disclose about you for treatment, payment, or health care operations. We are not required to agree to most restriction requests. However, if you pay for a health care item or service entirely out of pocket and request that we not disclose the information to your health plan for payment or health care operations, we will agree unless disclosure is required by law.

Accounting of Disclosures. You may request a list (accounting) of certain disclosures of your health information made by us during the six years before the date of your request. The accounting will not include disclosures excluded by law, including many disclosures for treatment, payment, and health care operations, and certain disclosures you authorized or requested.

Paper Copy. You may request a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. You may ask us to share information with your family, close friends, or others involved in your care or payment for your care. We may also use or disclose your information as permitted or required by law in situations where you do not have an opportunity to direct us.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

We will obtain your written authorization before using or disclosing your protected health information for purposes that require your authorization under applicable law and are not otherwise permitted or required by law. Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute a sale of protected health information require your written authorization.

If you provide written authorization, you may revoke it in writing at any time, except to the extent we have already relied on the authorization. A revocation will not affect actions already taken based on your authorization.

OUR TYPICAL USES AND DISCLOSURES

Treat You. We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run Our Organization. We can use and share your health information to run our practice, improve your care, conduct quality assessment and improvement activities, coordinate care, manage our operations, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for Your Services. We can use and share your health information to bill and get payment from health plans or other entities.

OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES

We may use or share your health information for the following purposes when permitted or required by law:

Public Health. We may disclose information for public health activities, including preventing or controlling disease, injury, or disability; reporting births and deaths; reporting child abuse or neglect; reporting adverse events; and conducting public health surveillance or investigations.

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

Judicial and Administrative Proceedings. We may disclose information in response to a court or administrative order and, when permitted by law, in response to a subpoena, discovery request, or other lawful process.

Law Enforcement. We may disclose information for law enforcement purposes as permitted by law, including in response to a court order, warrant, or subpoena, and in other circumstances authorized by law.

Coroners, Medical Examiners, and Funeral Directors. We may disclose information as authorized by law to a coroner or medical examiner for identification, determination of cause of death, or other duties, and to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation. We may disclose information to organizations involved in organ, eye, or tissue donation and transplantation as authorized by law.

Serious Threats to Health or Safety. We may use or disclose information when necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, when permitted by law.

Specialized Government Functions. We may use or disclose information for specialized government functions authorized by law, including certain military, national-security, correctional-institution, and law-enforcement custodial purposes.

Workers' Compensation. We may disclose information as authorized by and to the extent necessary to comply with workers' compensation laws and similar programs.

Required by Law. We will disclose your health information when required to do so by federal, state, or local law.

SUBSTANCE USE DISORDER PATIENT RECORDS (42 CFR PART 2)

If we maintain substance use disorder patient records that are protected by 42 CFR Part 2, those records receive additional federal confidentiality protections. We may use and disclose Part 2 records only as permitted by Part 2, HIPAA, and other applicable law.

In particular, Part 2 generally requires patient consent for most uses and disclosures of Part 2 records, subject to specified exceptions. Part 2 also imposes special restrictions on the use or disclosure of Part 2 records in certain civil, criminal, administrative, or legislative proceedings against a patient. We will comply with the applicable Part 2 requirements before using or disclosing Part 2 records.

A Part 2 record disclosed pursuant to written consent may be redisclosed only as permitted by applicable law. Part 2 also provides patients with rights concerning their Part 2 records, including rights relating to consent, restrictions, and complaints, as applicable.

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, as required by law.
- We must follow the duties and privacy practices described in this Notice and provide you with a copy of it.
- We will not use or share your information other than as described in this Notice unless you authorize us to do so in writing or the use or disclosure is otherwise permitted or required by law.
- If you authorize a use or disclosure of your information, you may revoke that authorization in writing at any time, except to the extent we have already relied on it.

STATE OR OTHER PRIVACY LAWS

Evans Medical Group will comply with applicable federal and Georgia privacy and confidentiality laws. To the extent applicable Georgia law provides greater privacy protection or imposes greater restrictions on the use or disclosure of your health information than federal law, Evans Medical Group will comply with those requirements. Certain types of health information may be subject to additional protections under Georgia law.

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.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be penalized or retaliated against for filing a complaint.

To file a complaint with HHS Office for Civil Rights:

- Online: https://www.hhs.gov/hipaa/filing-a-complaint/
- Mail: U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201
- Telephone: 1-877-696-6775

CONTACT INFORMATION

If you have questions about this Notice or our privacy practices, or if you wish to exercise any of your privacy rights, please contact:

Privacy Contact: Elizabeth Eidson
Evans Medical Group
1205 Town Park Lane
Evans, Georgia 30809
Phone: (706) 868-3100
Email: eeidson@evansmedicalgroup.com

This Notice is effective as of October 1, 2026.