



NOTICE OF PRIVACY PRACTICES

Premier Primary Care LLC

Effective Date: September 29, 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 an electronic or paper copy of your medical record and other health information we have about you.
- Ask us to correct health information about you that you believe is incorrect or incomplete.
- Ask us to contact you in a specific way or at a specific location.
- Ask us to limit what we use or share for treatment, payment, or health care operations.
- Request an accounting of certain disclosures of your health information.
- Get a paper copy of this notice at any time, even if you agreed to receive it electronically.
- Choose someone with legal authority to act for you.
- File a complaint if you believe your privacy rights have been violated.

Exercising Your Rights

Access your medical record. You may ask to see or obtain an electronic or paper copy of your medical record and other health information we maintain about you. We will provide a copy or summary as required by law, usually within the time required by HIPAA. We may charge a reasonable, cost-based fee when permitted by law. To request records, use the Medical Records Request & Authorization form available under Patient Resources on our website or contact us.

Ask us to correct your record. You may ask us to correct health information you believe is incorrect or incomplete. We may deny the request in certain circumstances, but we will explain the reason in writing when required.

Request confidential communications. You may ask us to contact you in a particular way, such as by phone, mail, or email, or at a particular location. We will accommodate reasonable requests.

Ask us to limit what we use or share. You may ask us not to use or share certain health information for treatment, payment, or health care operations. We are generally not required to agree. If you pay for a service or health care item out-of-pocket in full, you may ask us not to share information about that service or item with your health plan for payment or health care operations, and we will agree unless a law requires the disclosure.

Get an accounting of disclosures. You may ask for a list of certain disclosures of your health information made during the six years before your request. The accounting does not include every type of disclosure, including many disclosures for treatment, payment, and health care operations

and disclosures you authorized. We will provide one accounting in a 12-month period without charge and may charge a reasonable, cost-based fee for additional requests as permitted by law.

Choose someone to act for you. If you have given someone medical power of attorney or another person is your legal guardian or authorized personal representative, that person may exercise your rights and make choices about your health information after we verify the person's authority.

Your Choices

For certain health information, you may tell us your preferences about what we share. If you have a clear preference, tell us what you want us to do and we will follow your instructions when the law allows.

- Share information with family, friends, caregivers, or others involved in your care or payment for your care.
- Share information in a disaster-relief situation.
- Contact you for fundraising. If we conduct fundraising, you may tell us not to contact you again.

For marketing purposes and for the sale of your protected health information, we will obtain your written authorization when HIPAA requires it. Other uses and disclosures not described in this notice will be made only with your written authorization when required by law. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

How We May Use and Share Your Health Information

We typically use or share your health information in the following ways:

- **Treat you.** We may use your health information and share it with physicians, advanced practice clinicians, pharmacists, laboratories, hospitals, home health agencies, caregivers, and other professionals involved in your care.
- **Run our organization.** We may use and share your health information to operate our practice, improve quality, coordinate services, train staff, conduct compliance activities, and contact you when necessary.
- **Bill for your services.** We may use and share your health information to bill and obtain payment from health plans or other entities responsible for payment.
- **Help with public health and safety.** We may share information for permitted public health activities, reporting adverse events, preventing disease, reporting suspected abuse or neglect, and preventing or reducing a serious threat to health or safety.
- **Comply with the law.** We will share information when federal or state law requires it, including with the U.S. Department of Health and Human Services when it is reviewing our compliance with federal privacy law.
- **Respond to organ and tissue donation requests.** We may share health information with organ procurement organizations when applicable.
- **Work with medical examiners, coroners, and funeral directors.** We may share health information as permitted by law when an individual dies.
- **Address workers' compensation, law enforcement, and other government requests.** We may use or share information for workers' compensation claims, certain law-enforcement purposes, health oversight activities, and special government functions when permitted or required by law.
- **Respond to lawsuits and legal actions.** We may share health information in response to a court or administrative order, subpoena, discovery request, or other lawful process when applicable legal requirements are met.

- **Conduct research.** We may use or share health information for research when the activity is permitted by law, including when an institutional review board or privacy board has approved a waiver of authorization or when another HIPAA permission applies.

Substance Use Disorder Records

Some records about substance use disorder treatment may be protected by additional federal confidentiality rules under 42 CFR Part 2. When Premier Primary Care LLC creates, receives, or maintains records that are subject to Part 2, we will use and disclose those records only as permitted by applicable law. Part 2 records generally receive additional protections, and certain uses or disclosures may require your written consent. A recipient of Part 2 records may be subject to restrictions on redisclosure and use of those records in legal proceedings. We will apply any additional protections required by federal or state law.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you 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 the notice currently in effect and provide you a copy upon request.
- We will not use or share your information other than as described in this notice unless you authorize us in writing or another law permits or requires the use or disclosure.

Changes to This Notice

We may change the terms of this notice, and the changes may apply to all health information we maintain, including information created or received before the change. If we make a material change, the revised notice will be available upon request, through our practice, and on our website. The effective date will appear at the top of the notice.

Questions or Complaints

If you have questions about this notice, want to exercise a privacy right, or believe your privacy rights have been violated, contact:

Privacy Officer	Aston Sarkodie
Organization	Premier Primary Care LLC
Phone	(864) 376-1599
Email	Aston@premierpcsc.com
Website	web-sparkle-studio-34.lovable.app

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by writing to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or using the complaint information available at hhs.gov/hipaa/filing-a-complaint. We will not retaliate against you for filing a complaint.