

NOTICE OF PRIVACY PRACTICES

Effective Date: August 23, 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.

Who Follows This Notice

This Notice describes the privacy practices of Northeast Florida Wound Cure and Hyperbaric Medicine, PLLC, doing business as Gable Wound Care & Hyperbaric Medicine ("Gable," "we," "us," or "our"), and applies to all of our physicians, nurses, clinical staff, employees, contractors, and volunteers.

Our Commitment

We are required by law to maintain the privacy of your protected health information, to give you this Notice of our legal duties and privacy practices, to notify you following a breach of unsecured protected health information, and to follow the terms of the Notice currently in effect.

"Protected health information," or PHI, is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition, the provision of health care to you, or payment for that care.

How We May Use and Disclose Your Health Information Without Your Written Authorization

Treatment. We may use and disclose your PHI to provide, coordinate, or manage your health care. For example, we may share information with your primary care physician, podiatrist, vascular surgeon, endocrinologist, infectious disease consultant, home health agency, wound care nurse, or a hospital to which you are referred. We may disclose information to a laboratory or imaging facility performing tests we order, and to a pharmacy or supplier providing your medications or wound care supplies.

Payment. We may use and disclose your PHI to obtain payment for services. For example, we may send claims and supporting clinical documentation to Medicare, Medicaid, or your health plan; obtain prior authorization for hyperbaric oxygen therapy or advanced wound care products; verify eligibility and benefits; and, where necessary, refer an unpaid account to a collection agency.

Health Care Operations. We may use and disclose your PHI for our business operations. Examples include quality assessment and improvement, wound healing outcome tracking, peer review, evaluating the performance of our clinicians, staff training, licensing and accreditation activities, medical review, legal services, auditing functions, and general administrative activities.

Business Associates. We contract with outside individuals and companies — such as our electronic health record vendor, medical billing company, information technology providers, and legal and accounting professionals — who perform services on our behalf. Where those services involve your PHI, we require the business associate by written agreement to safeguard your information.

Appointment Reminders, Treatment Alternatives, and Health-Related Benefits. We may contact you to remind you of an appointment, to inform you of treatment alternatives, or to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care. Unless you object, we may disclose to a family member, relative, close personal friend, or other person you identify, PHI directly relevant to that person's involvement in your care or payment for your care. We may also notify such a person of your location, general condition, or death. If you are not present or are unable to agree or object because of incapacity or an emergency, we may use professional judgment to determine whether the disclosure is in your best interest.

Disaster Relief. We may disclose PHI to a public or private entity authorized to assist in disaster relief efforts so that your family can be notified of your condition and location.

As Required by Law. We will disclose PHI when required to do so by federal, state, or local law.

Public Health Activities. We may disclose PHI for public health purposes, including to prevent or control disease, injury, or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify individuals of recalls; and to notify a person who may have been exposed to a communicable disease.

Health Oversight Activities. We may disclose PHI to a health oversight agency for audits, investigations, inspections, licensure actions, and similar activities authorized by law.

Abuse, Neglect, or Domestic Violence. We may disclose PHI to a government authority authorized to receive reports of abuse, neglect, or domestic violence, as permitted or required by law.

Judicial and Administrative Proceedings. We may disclose PHI in response to a court or administrative order, and in certain circumstances in response to a subpoena, discovery request, or other lawful process, provided that reasonable efforts have been made to notify you or to obtain a protective order.

Law Enforcement. We may disclose PHI to a law enforcement official for purposes permitted by law, including in response to a court order, warrant, or grand jury subpoena; to identify or locate a suspect, fugitive, material witness, or missing person; regarding a victim of a crime under limited circumstances; regarding a death we believe may have resulted from criminal conduct; and regarding criminal conduct on our premises.

Coroners, Medical Examiners, and Funeral Directors. We may disclose PHI to a coroner or medical examiner for identification purposes or to determine cause of death, and to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation. We may disclose PHI to organizations that handle organ, eye, or tissue procurement, banking, or transplantation.

Research. We may use or disclose PHI for research purposes when the research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to protect your privacy.

Serious Threat to Health or Safety. We may use and disclose PHI when necessary to prevent or lessen a serious and imminent threat to the health or safety of you or the public.

Specialized Government Functions. We may disclose PHI for military and veterans activities, national security and intelligence activities, protective services for the President and others, and to correctional institutions or law enforcement having lawful custody of you.

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

Uses and Disclosures That Require Your Written Authorization

The following uses and disclosures will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures for marketing purposes;
- **Any use of your photographs, images, video, testimonials, quotations, or case descriptions in our advertising, website, social media, or other promotional materials;**
- Disclosures that constitute a sale of PHI; and
- Other uses and disclosures not described in this Notice.

If you provide an authorization, you may revoke it in writing at any time. Revocation will stop future uses and disclosures made in reliance on the authorization but will not affect uses or disclosures already made.

Special Protections for Substance Use Disorder Records

Certain records concerning the diagnosis, treatment, or referral for treatment of a substance use disorder are protected by federal law at 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2 ("Part 2 records"), in addition to HIPAA. Where we create, receive, maintain, or transmit Part 2 records, the following additional protections apply:

Restrictions on use and disclosure. Part 2 records, and any information derived from them, generally may not be used or disclosed without your written consent, except in narrow circumstances permitted by law.

Legal proceedings. Part 2 records, and testimony relaying the content of Part 2 records, may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you — including to investigate or prosecute you — without your written consent or a court order issued after notice and an opportunity to be heard. Before such records may be used against you, a court must make specific findings required by law, and you are entitled to due process protections including notice and an opportunity to respond.

Fundraising. If we ever conduct fundraising activities, we will not use Part 2 records for that purpose without your consent, and any fundraising communication will include a clear and conspicuous opportunity to opt out of receiving further fundraising communications. Electing to opt out will not affect your treatment or benefits.

Redisclosure. Part 2 records disclosed with your consent may be subject to further restrictions on redisclosure by the recipient.

Complaints. You may file a complaint regarding a suspected violation of Part 2 with the U.S. Department of Health and Human Services, Office for Civil Rights, using the contact information at the end of this Notice, without retaliation.

More Protective State Law

Florida law and other applicable law may provide greater protection for certain categories of information, including information concerning HIV testing and status, sexually transmitted infections, mental health treatment, and genetic information. Where state or other law is more protective than HIPAA, we follow the more protective law.

Your Rights Regarding Your Health Information

Right to inspect and copy. You have the right to inspect and obtain a copy of your PHI in our designated record set. If we maintain your records electronically, you have the right to obtain a copy in the electronic form and format you request if it is readily producible. You may also direct us to transmit a copy to a person you designate. Requests must be made in writing to our Privacy Officer. We may charge a reasonable, cost-

based fee. In limited circumstances we may deny a request, and you may have the right to have that denial reviewed.

Right to request an amendment. If you believe PHI we maintain about you is incorrect or incomplete, you may request in writing that we amend it, stating the reason for the request. We may deny the request under certain circumstances, and you may submit a statement of disagreement that will be included with your record.

Right to an accounting of disclosures. You have the right to request a list of certain disclosures of your PHI made by us in the six years prior to your request, other than disclosures for treatment, payment, health care operations, and certain other excluded categories. The first accounting in any 12-month period is free; we may charge a reasonable, cost-based fee for additional requests.

Right to request restrictions. You have the right to request a restriction on our use or disclosure of your PHI for treatment, payment, or health care operations, or to individuals involved in your care. We are not required to agree to a requested restriction, except as follows: **if you pay for an item or service in full, out of pocket, we must agree to your request not to disclose PHI about that item or service to your health plan,** unless the disclosure is otherwise required by law.

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, only by mail to a specified address, or only to a specified telephone number. We will accommodate reasonable requests and will not ask you for a reason.

Right to notification of a breach. You have the right to be notified following a breach of unsecured PHI.

Right to a paper copy of this Notice. You have the right to obtain a paper copy of this Notice at any time, even if you have agreed to receive it electronically. Ask at our front desk or contact our Privacy Officer.

Right to file a complaint. You may file a complaint if you believe your privacy rights have been violated. See below. **You will not be retaliated against, and your care will not be affected, for filing a complaint.**

Our Duties

We are required by law to maintain the privacy of your PHI, to provide this Notice of our legal duties and privacy practices, to notify affected individuals following a breach of unsecured PHI, and to abide by the terms of the Notice currently in effect.

We reserve the right to change this Notice and to make the revised Notice effective for PHI we already maintain as well as information we receive in the future. A revised Notice will be posted in our office and on our website at gablemed.com, and copies will be available upon request.

Complaints and Contact

To exercise any of the rights described above, or to ask a question about this Notice, contact:

Privacy Officer

Eric Vidrine, Chief Operating Officer

Northeast Florida Wound Cure and Hyperbaric Medicine, PLLC d/b/a Gable Wound Care & Hyperbaric Medicine

101 Marketside Ave, Suite 404, Box 295, Ponte Vedra, FL 32081

904-850-8971 · Fax 904-250-0979 · eric@gablemed.com

To file a complaint with the federal government:

U.S. Department of Health and Human Services, Office for Civil Rights

200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201

Toll-free: 1-800-368-1019 · TDD: 1-800-537-7697

Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf