

NOTICE OF PRIVACY PRACTICES

Effective Date: April 29, 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.

1. Introduction — Our Pledge to You

At Georgia Emergency Associates ("we," "our," or "us"), we understand that your health information is personal and private. We are committed to protecting the privacy and security of your protected health information ("PHI") — which includes information about your health condition, the care you receive, and payment for that care.

This Notice of Privacy Practices ("Notice") describes:

- How we may use and disclose your health information;
- Your rights regarding your health information; and
- Our legal duties and obligations to you concerning your health information.

We are required by law to:

- Maintain the privacy and security of your protected health information;
- Provide you with this Notice of our legal duties and privacy practices with respect to your health information;
- Follow the terms of the Notice currently in effect; and
- Notify you following a breach of your unsecured protected health information.

These obligations arise under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act ("HITECH Act"), and their implementing regulations at 45 CFR Parts 160 and 164. Where we maintain records protected under 42 CFR Part 2 relating to substance use disorder treatment, additional protections apply as described in Section 3 of this Notice.

We are also subject to applicable Georgia state privacy laws that may provide you with additional protections beyond those described in this Notice.

2. How We May Use and Disclose Your Health Information

The following describes the ways we may use and disclose your health information. Not every possible use or disclosure is listed, but all of the ways we are permitted to use and disclose your information fall within one of the categories below.

A. Treatment

We may use and disclose your health information to provide you with medical treatment and services. For example, we may share your information with doctors, nurses, technicians, medical students, and other personnel involved in your care. We may also share your information with other healthcare providers — such as your primary care physician, a specialist, a laboratory, or another hospital — who are involved in your treatment or to whom we refer you for follow-up care.

B. Payment

We may use and disclose your health information to obtain payment for the services we provide to you. For example, we may share information with your health insurance plan to obtain approval for a treatment or procedure, to submit claims, or to determine your eligibility for benefits. We may also share information with billing companies, collection agencies, or other parties involved in the payment process.

C. Health Care Operations

We may use and disclose your health information for our internal health care operations. These activities include quality improvement and assurance, outcome evaluations, staff training and education, medical review, compliance programs, auditing, business planning, and general administrative activities necessary to run our practice and serve you better.

D. Appointment Reminders, Treatment Alternatives, and Health-Related Benefits

We may use and disclose your health information to contact you with appointment reminders (such as phone calls, text messages, voicemail, or mailings). We may also use your information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

E. Fundraising Activities

We may use limited information about you — including your name, address, phone number, dates of service, department of service, treating physician, outcome information, and health insurance status — to contact you about fundraising activities that support our mission. If you receive a fundraising communication, it will include clear instructions on how you can opt out of receiving future fundraising requests. **You have the right to opt out of fundraising communications at any time**, and your decision will not affect your treatment or the care you receive from us.

F. Facility Directory

If you are seen in a facility setting, we may include limited information about you in a facility directory. This information may include your name, your location within the facility, your general condition (e.g., fair, stable, critical), and your religious affiliation. This information may be provided to members of the clergy or to people who ask for you by name, so that your family, friends, and clergy can visit you and know your general condition. **You have the right to object to being included in the facility directory**, and we will ask you about your preference when possible. In emergency situations where you are unable to express your preference, we may use our professional judgment to disclose directory information if doing so is in your best interest.

G. Individuals Involved in Your Care or Payment for Your Care

We may disclose your health information to a family member, close personal friend, or other person you identify who is involved in your care or payment for your care. We may also disclose information to someone who helps arrange your care, such as a family member or caregiver. If you are unable to agree or object — for example, if you are incapacitated or in an emergency — we may use our professional judgment to decide whether sharing information with these individuals is in your best interest.

H. Disaster Relief

We may disclose your health information to an authorized public or private entity assisting in disaster relief efforts so that your family, friends, or others responsible for your care can be notified of your location, general condition, or death. We will provide you with an opportunity to object to such disclosures when it is practical to do so.

I. Required by Law

We will use and disclose your health information when required to do so by any applicable federal, state, or local law. This includes mandatory reporting obligations under Georgia law.

J. Public Health Activities

We may disclose your health information for public health activities and purposes, including:

- Reporting to public health authorities for the prevention or control of disease, injury, or disability;
- Reporting births, deaths, and vital statistics;
- Reporting to the U.S. Food and Drug Administration (FDA) regarding the quality, safety, or effectiveness of FDA-regulated products or activities;
- Notifying a person who may have been exposed to a communicable disease or who may be at risk of contracting or spreading a disease or condition; and
- Reporting to your employer as required under workplace safety laws (such as OSHA).

K. Victims of Abuse, Neglect, or Domestic Violence

We may disclose your health information to appropriate government authorities if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will make this disclosure only as required or authorized by law, including Georgia mandatory reporting statutes. We will promptly notify you of such a disclosure unless we believe notification would place you at risk of serious harm.

L. Health Oversight Activities

We may disclose your health information to a health oversight agency for activities authorized by law, including audits, civil or administrative investigations, inspections, licensure or disciplinary actions, and other proceedings necessary for oversight of the health care system, government benefit programs, and compliance with civil rights laws.

M. Judicial and Administrative Proceedings

We may disclose your health information in the course of any judicial or administrative proceeding, including in response to a court order or, under certain conditions, in response to a subpoena, discovery request, or other lawful process. When a court order is not involved, we will make reasonable efforts to notify you or to obtain a qualified protective order before disclosure.

N. Law Enforcement

We may disclose your health information to law enforcement officials under limited circumstances, including:

- In response to a court order, warrant, subpoena, or summons;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- Information about a victim of a crime, if the individual agrees or under certain limited circumstances;
- To report a death that may have resulted from criminal conduct;
- To report criminal conduct occurring on our premises; and
- In emergency situations, to report a crime or the location of a crime victim or the identity, description, or location of the person who committed the crime.

O. Coroners, Medical Examiners, and Funeral Directors

We may disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or performing other duties authorized by law. We may also disclose your information to funeral directors, consistent with applicable law, so that they may carry out their duties.

P. Organ and Tissue Donation

If you are an organ donor, we may disclose your health information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ, eye, or tissue donation and transplantation.

Q. Research

Under certain circumstances, we may use and disclose your health information for approved medical research purposes. All research projects involving your health information are subject to a special approval process. In most cases, we will ask for your written authorization before using your health information for research. However, we may use or disclose your information without your authorization if the research has been approved by an institutional review board (IRB) or privacy board that has established protocols to ensure the privacy of your information.

R. Serious Threats to Health or Safety

We may use and disclose your health information when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Such disclosures will be made only to a person or organization able to help prevent or lessen the threat, including law enforcement, as applicable.

S. Military and Veterans

If you are or were a member of the armed forces, we may disclose your health information as required by military command authorities. We may also disclose health information about foreign military personnel to the appropriate military authority.

T. Workers' Compensation

We may disclose your health information as necessary to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses, including the Georgia Workers' Compensation Act (O.C.G.A. § 34-9-1 et seq.).

U. National Security and Intelligence Activities

We may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

V. Protective Services for the President and Others

We may disclose your health information to authorized federal officials so they may provide protection to the President of the United States, other authorized persons, or foreign heads of state, or to conduct special investigations as authorized by law.

W. Inmates and Correctional Institutions

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official as necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the institution.

3. Substance Use Disorder (SUD) Records — 42 CFR

Part 2 Protections

Important Notice Regarding Substance Use Disorder Records

This section describes additional federal protections that apply to records relating to substance use disorder treatment. These protections are in addition to the standard HIPAA protections described throughout this Notice.

In the course of providing you with emergency medical care, Georgia Emergency Associates may receive, maintain, or create records that are protected under the federal Confidentiality of Substance Use Disorder Patient Records regulations at 42 CFR Part 2 (commonly referred to as "Part 2") and the authorizing statute at 42 U.S.C. § 290dd-2. While Georgia Emergency Associates is not itself a Part 2 program (i.e., a federally assisted substance use disorder treatment program), we may receive SUD records from Part 2 programs in connection with your treatment and care.

SUD records receive additional federal protections beyond standard HIPAA protections. In accordance with the final rule issued by the U.S. Department of Health and Human Services on February 8, 2024, with a compliance date of February 16, 2026, the following provisions apply to your SUD records:

Consent for Treatment, Payment, and Health Care Operations (TPO)

With a single written patient consent, your SUD records may be used and disclosed for **treatment, payment, and health care operations** purposes, consistent with the uses described in Sections 2.A through 2.C of this Notice. This single consent covers all future uses and disclosures for these purposes, and you are not required to sign separate consents each time your SUD records are shared for TPO purposes.

Redisclosure of SUD Records

SUD records that we receive under a general TPO consent may be **redisclosed** by Georgia Emergency Associates in accordance with the HIPAA Privacy Rule, as permitted under the revised Part 2 regulations. This means that once we lawfully receive your SUD records, we may share them with other HIPAA-covered entities and business associates for treatment, payment, or health care operations in the same manner as other protected health information, subject to applicable law.

Prohibition on Use in Legal Proceedings Against Patients

Critical Protection for Patients

SUD records, and any testimony relaying information from SUD records, **cannot be used in any civil, criminal, administrative, or legislative proceedings conducted against you** (the patient) unless:

(1) You provide specific written consent authorizing the use of your SUD records in such proceedings; or

(2) A court issues an order that meets the specific requirements set forth in 42 CFR Part 2, Subpart E.

This restriction applies regardless of whether the records were obtained with or without your consent. Investigative agencies that discover they have received Part 2 records without the required court order must follow safe harbor procedures as specified in the regulations.

SUD Counseling Notes

SUD counseling notes — defined as notes that record the contents of conversations during SUD counseling sessions and that are maintained separately from the rest of your medical record — receive **heightened protections** analogous to those provided to psychotherapy notes under HIPAA (45 CFR 164.508). Use or disclosure of SUD counseling notes requires **your specific written consent**. A general consent for treatment, payment, and health care operations does **not** authorize the use or disclosure of SUD counseling notes.

Breach Notification for SUD Records

The HIPAA Breach Notification Rule requirements (45 CFR 164.400–414) apply to SUD records protected under 42 CFR Part 2. In the event of a breach of your unsecured SUD records, we will notify you in accordance with applicable breach notification requirements, just as we would for any other protected health information.

Right to File a Complaint for Part 2 Violations

If you believe that your rights under 42 CFR Part 2 have been violated, you have the right to file a complaint with the **Secretary of the U.S. Department of Health and Human Services**. The HHS Office for Civil Rights (OCR) is responsible for enforcing the Part 2 regulations. You will not be penalized or retaliated against for filing a complaint. See Section 7 of this Notice for complaint filing instructions.

4. Uses and Disclosures Requiring Your Written Authorization

For certain uses and disclosures of your health information, we are required to obtain your written authorization before we may proceed. These include:

- **Marketing:** We must obtain your written authorization before using or disclosing your health information for marketing purposes, except for limited face-to-face communications and promotional gifts of nominal value. If we receive financial remuneration from a third party in connection with the marketing communication, your authorization must state that such remuneration is involved (45 CFR 164.508(a)(3)).
- **Sale of Protected Health Information:** We must obtain your written authorization before any disclosure of your health information that constitutes a sale of PHI, meaning we receive direct or indirect remuneration from or on behalf of the recipient in exchange for the information (45 CFR 164.508(a)(4)).
- **Psychotherapy Notes:** Except in limited circumstances defined by law, we must obtain your written authorization before using or disclosing psychotherapy notes (45 CFR 164.508(a)(2)).
- **SUD Counseling Notes:** As described in Section 3, SUD counseling notes maintained separately from the medical record require your specific written consent for use or disclosure (42 CFR Part 2).
- **Other Uses and Disclosures:** Any other uses and disclosures of your health information not described in this Notice will require your written authorization.

You may revoke your authorization at any time by submitting a written revocation to our HIPAA Compliance Officer (see Section 8 for contact information). Your revocation will be effective upon receipt, except to the extent that we have already taken action in reliance on your authorization. Revoking your authorization will not affect any uses or disclosures that occurred before we received your revocation.

5. Your Rights Regarding Your Health Information

You have the following rights with respect to your protected health information. To exercise any of these rights, please contact our HIPAA Compliance Officer using the contact information provided in Section 8.

A. Right to Inspect and Copy Your Health Information

You have the right to inspect and obtain a copy of your health information that we maintain in a designated record set, including medical records and billing records. Your request must be submitted in writing. We may charge a reasonable, cost-based fee for the cost of copying, mailing, or other supplies associated with your request. In certain limited circumstances, we may deny your request to inspect and copy your records. If we deny your request, we will explain the reason and inform you of your right to have the denial reviewed (45 CFR 164.524).

B. Right to Request an Amendment

If you believe that health information we maintain about you is incorrect or incomplete, you have the right to request that we amend the information. Your request must be submitted in writing and must include the reason you are requesting the amendment. We may deny your request under certain circumstances — for example, if we determine the information is accurate and complete, or if we did not create the information. If we deny your request, we will provide you with a written explanation and information about how to file a disagreement (45 CFR 164.526).

C. Right to an Accounting of Disclosures

You have the right to request a list (an "accounting") of certain disclosures of your health information that we have made. This accounting will not include disclosures made for treatment, payment, or health care operations; disclosures made to you or authorized by you; or certain other disclosures as specified by law. Your request must be in writing and must specify the time period for the accounting, which may not exceed six years prior to the date of your request. The first accounting you request within any 12-month period will be provided free of charge; additional requests may be subject to a reasonable, cost-based fee (45 CFR 164.528).

D. Right to Request Restrictions

You have the right to request that we restrict or limit the way we use or disclose your health information for treatment, payment, or health care operations. You may also request that we limit disclosures to family members, friends, or others involved in your care or payment for your care. We are not generally required to agree to your request, except in one important situation:

Mandatory Restriction for Self-Pay Patients (HITECH Act)

If you pay for a service or health care item **out of pocket, in full**, you have the right to request that we **not disclose** health information related to that service or item to your health plan for purposes of payment or health care operations. **We are required by law to honor this request** (42 U.S.C. § 17935(a)), unless the disclosure is otherwise required by law.

To request a restriction, please submit your request in writing, specifying: (1) what information you want restricted; (2) whether you want to restrict use, disclosure, or both; and (3) to whom you want the restriction to apply.

E. Right to Request Confidential Communications

You have the right to request that we communicate with you about your health information in a certain way or at a certain location. For example, you may ask that we contact you only by mail, only at a particular address, or only at a specific phone number. We will accommodate reasonable requests without requiring you to explain the reason for your request (45 CFR 164.522(b)).

F. 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 previously agreed to receive the Notice electronically. To obtain a paper copy, please contact our HIPAA Compliance Officer or request one at our office.

G. Right to Be Notified of a Breach

You have the right to be notified in the event that we (or one of our business associates) discover a breach of your unsecured protected health information, including SUD records protected under 42 CFR

Part 2. We will notify you of any such breach as required by the HIPAA Breach Notification Rule (45 CFR 164.400–414).

H. Right to Opt Out of Fundraising Communications

As described in Section 2.E of this Notice, you have the right to opt out of receiving fundraising communications from us at any time. Each fundraising communication will include a clear and conspicuous opportunity for you to opt out. If you opt out, we will stop sending you fundraising materials. Your decision to opt out will have no effect on your treatment or the services you receive.

I. Right to File a Complaint

If you believe your privacy rights have been violated, you have the right to file a complaint with Georgia Emergency Associates and/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. See Sections 7 and 8 of this Notice for detailed instructions on how to file a complaint.

6. Changes to This Notice

We reserve the right to change the terms of this Notice at any time. We reserve the right to make the revised or changed Notice effective for health information we already have about you, as well as any information we receive in the future. When we make a material change to this Notice, we will:

- Post the revised Notice in our office in a clear and prominent location;
- Make the revised Notice available on our website;
- Make copies of the revised Notice available upon request; and
- Include the effective date of the revised Notice on the first page.

7. Complaints

If you believe that your privacy rights have been violated, or if you are concerned about our privacy practices, you may file a complaint using either of the following methods:

File a Complaint with Georgia Emergency Associates

You may file a written complaint directly with our HIPAA Compliance Officer:

Angela Casper Gallo, HIPAA Compliance Officer

Georgia Emergency Associates

5629 Hwy 21 South

Rincon, GA 31326

Phone: (912) 295-2133 Ext. 1

Email: acasper@geamba.com

File a Complaint with the U.S. Department of Health and Human Services

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). Complaints to OCR may address alleged violations of the HIPAA Privacy Rule, the HIPAA Security Rule, the HIPAA Breach Notification Rule, and/or 42 CFR Part 2. You may file a complaint with OCR by:

- Visiting the OCR Complaint Portal online at the HHS Office for Civil Rights website;
- Mailing a complaint to: U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201; or
- Calling the OCR toll-free hotline: 1-800-368-1019 (TDD: 1-800-537-7697).

You will not be penalized, retaliated against, or otherwise disadvantaged for filing a complaint with us or with the U.S. Department of Health and Human Services.

8. Contact Information

If you have any questions about this Notice, your privacy rights, or our privacy practices, please contact:

| Contact | Details |
|--------------------------|-------------------------------------|
| HIPAA Compliance Officer | Angela Casper Gallo |
| Organization | Georgia Emergency Associates |
| Mailing Address | 5629 Hwy 21 South, Rincon, GA 31326 |
| Phone | (912) 295-2133 Ext. 1 |
| Email | acasper@geamba.com |

9. Effective Date and Acknowledgment

Effective Date of This Notice: April 29, 2026

This Notice replaces all prior Notices of Privacy Practices issued by Georgia Emergency Associates.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have received a copy of the Notice of Privacy Practices of Georgia Emergency Associates, dated April 29, 2026. I understand that this Notice describes how my protected health information may be used and disclosed, and how I can access this information. I understand that I may contact the HIPAA Compliance Officer with any questions about this Notice or my privacy rights.

Patient Name (Print):

Patient Signature:

Date:

If Signed by Personal Representative:

Representative Name (Print):

Relationship to Patient:

For Office Use Only: If the patient did not sign this acknowledgment, describe the good faith efforts made to obtain the acknowledgment and the reason it was not obtained:

Georgia Emergency Associates • 5629 Hwy 21 South, Rincon, GA 31326 • (912) 295-2133 Ext. 1
• acasper@geamba.com

This Notice is effective as of April 29, 2026.