NOTICE OF PRIVACY PRACTICES

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.

If you have any questions about this notice, please contact CCHC's Privacy Official at (252) 514-6685. Address: CCHC Privacy Official, PO Box 12248, New Bern, NC 28561

We take our responsibility to safeguard your protected health information very seriously. We value your trust as an important part of our ability to provide you with the best possible medical care. We are dedicated to defending your right to a confidential relationship with your physician. This notice is intended to inform you of how we protect, use and disclose your information, as well as to explain your right to control these disclosures.

Your Health Information

We may use and disclose health information about you for the following purposes:

1. We may disclose your information for treatment purposes and to coordinate your medical care.
2. We may disclose your information for payment purposes, including billing and reimbursement.
3. We may disclose your information internally to enhance the operation of our practice. This includes our commitment to reviewing the quality of care we provide.
4. We may disclose your information to comply with a limited number of legal requirements, as outlined in this notice.

Additional information regarding each of these disclosures is provided in this notice. We will limit disclosures to the amount of information reasonably necessary for the purpose, as required by law.

Our Duties

We are required by law to keep your information private. We must also provide you with this Notice and abide by its terms. We reserve the right to change this Notice and to make the revised or changed Notice effective for all protected health information (PHI) we maintain, including information we created or received before the change. The current Notice will be posted in our offices and on our website. You may request a copy of the current Notice at any time. We will notify you if there is a breach of your PHI.

Your Privacy Rights

Please note that you are entitled to very specific rights regarding the use and disclosure of your information. We have listed your rights below:

Right to Inspect and Copy

You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to our designated contact in order to inspect and/or copy your information. We will respond to your request within 30 days. If we need more time, we may extend this period by up to 30 additional days and will notify you in writing. If you request a copy of your information, we may charge a fee for the costs of copying, mailing or other associated supplies. You may also choose to receive a copy of your health information in electronic form.

We may deny your request to inspect and/or copy information in certain limited circumstances. If you are denied access to your health information, you can ask that the denial be reviewed. If the law requires such a review, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request and we will comply with the outcome of the review.

Right to Amend

If you believe our records contain errors, you may make a written request that they be amended. We reserve the right to review your request and can decline to amend the record. If we deny your request, you may submit a written statement of disagreement, and we will include it in your record. We may deny your request for an amendment if we did not create the information, unless the person or entity that created the information is no longer available to make the amendment.

Right to Request Restrictions

You have the right to request restrictions on the use and disclosure of your information. We are not required to agree to your request, except that we will agree to restrict disclosure of your information to a health plan if you have paid in full out-of-pocket for the item or service and the disclosure is not otherwise required by law. Although we are not required to agree to most requested restrictions, we will consider your request and, if we agree, will comply with the restriction except in limited circumstances such as an emergency. To request restrictions, you may submit your request to your provider's office.

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. To request confidential communications, you may submit your request to your provider's office. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain a copy, contact the front desk of your provider's location or access online at www.cchealthcare.com.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you should request in writing from your provider's office or contact CCHC's Privacy Officer. Your request must state a time period, which may not be longer than six years from the date of request. Your request should indicate the format in which you would like to receive the list (for example, on paper or electronically).

We will provide the accounting in the format you request if it is readily producible in that format. If it is not readily producible, we will work with you to provide it in a reasonable alternative format. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Notice of Privacy Practices *(continued)*

Types of Use and Disclosure of Your Protected Health Information

We may disclose your information for the following purposes without your consent:

For Treatment Purposes We may disclose information needed for the provision, coordination or management of health care and related services, including the coordination between our office and a third party, such as a consultation between medical providers or a referral from our office to another provider. Personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning prescriptions to your pharmacy, scheduling lab work and ordering X-rays.

For Payment To obtain reimbursement from your insurer, we may be required to disclose your information. This may be necessary for determining your eligibility for coverage and adjudication of claims, billing, claims management and collections activities. We may also be required to disclose your information to your insurer for review of the medical necessity, coverage, appropriateness or justification of our charges. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

For Health Care Operations We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. Healthcare operations may include:

- Quality assessment and improvement activities
- Reviewing the competence or qualifications of healthcare professionals or evaluating practitioner and provider performance
- Conducting training programs, accreditation, certification, licensing or credentialing activities
- Arranging for or conducting medical review, legal services or auditing functions
- Managing and operating our practice, including activities such as customer service and complaint resolution

Appointment Reminders We may contact you (via voicemail messages, postcards or letters) as a reminder that you have an appointment for your treatment or medical care at our office.

Treatment Alternatives We may tell you about or recommend possible treatment options or alternatives that may be of interest to you. We also may tell you about health-related products or services that may be of interest to you.

Marketing Health-Related Services We will not use your health information for marketing communications without your written, prior authorization. We will not sell your PHI to another organization for marketing or any other purposes.

Uses of Your Protected Health Information Where You Have the Opportunity to Opt Out

Health Information Exchanges. CCHC participates in the NC Health Information Exchange (HIE) Network, called NC HealthConnex. We are required by law to submit clinical and demographic data pertaining to services paid for with funds from NC programs like Medicaid and State Health Plan to the HIE Exchange. We may also share other patient data with NC HealthConnex not paid for with State funds. If you object, you must opt out by submitting a form directly to the NC HIEA online at NCHealthConnex.gov. Brochures are available in our offices that will direct you to NCHealthConnex.gov. Note: Even if you opt out of NC HealthConnex, we will continue to submit your PHI if your health care services are funded by State programs, as required by state law.

Scribe Technology. We may use 'technology' which uses artificial intelligence to record and transcribe audio into an office note (not video) for patient visits much like a medical scribe. The technology uses a HIPAA compliant third-party service provider to process the recorded audio. All documentation is reviewed, edited and approved by the treating provider to ensure accuracy and completeness of the medical record. If you object, you should inform your provider during your office visit.

Notice of Privacy Practices *(continued)*

Special Situations

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

1. **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
2. **Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
3. **Research.** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.
4. **Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.
5. **Military, Veterans, National Security and Intelligence.** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.
6. **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
7. **Public Health Risks.** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
8. **Health Oversight Activities.** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.
9. **Judicial and Administrative Proceedings.** We may disclose your information in response to a court or administrative order. We may also disclose information in response to a subpoena or other lawful request. Federal law limits how substance use disorder records may be used in civil, criminal, administrative, or legislative proceedings. We will not use or disclose those records in such proceedings unless specifically permitted by law.
10. **Law Enforcement.** We may disclose your information to law enforcement officials when required by law or in response to lawful requests.
11. **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death.
12. **Information Not Personally Identifiable.** We may use or disclose health information in a way that does not identify you.
13. **Deceased Person's PHI** may be disclosed by our practice to family or others involved in the person's care or payment for care, unless our practice knows the deceased preferred that certain people not receive the PHI. Disclosures are limited to the PHI directly relevant to the person's involvement.
14. **Family and Friends.** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment, that you would not object.

    For example, we may assume you agree to our disclosure of your health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

    In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only the health information directly relevant to the person's involvement in your care.

Notice of Privacy Practices *(continued)*

Other Uses and Disclosures of Health Information

We will not use or share your information in ways not described in this Notice unless you give us written permission. If you provide us with written authorization to use or disclose your information, you may revoke that authorization at any time by submitting a written request. Your revocation will not affect any uses or disclosures made in reliance on your authorization before we receive your revocation.

We are required to obtain your written authorization before:

- Using or disclosing your health information for marketing purposes when authorization is required by law;
- Disclosing information in a manner that constitutes the sale of protected health information;
- Using or disclosing psychotherapy notes, except as permitted by law; or
- Using or disclosing your health information for purposes not otherwise described in this Notice.

Substance Use Disorder Treatment Records

We may receive records related to substance use disorder treatment that are protected by federal law (42 C.F.R. Part 2).

If we receive substance use disorder treatment records from a Part 2 program, we will not use or disclose those records without your written consent, except as permitted or required by law.

Where permitted by federal law and based on your written consent, we may use or disclose such records for treatment, payment, and health care operations.

Federal law places specific restrictions on the use and disclosure of substance use disorder treatment records in civil, criminal, administrative, or legislative proceedings. We will comply with those restrictions and will not use or disclose such records for these purposes unless permitted by law.

We will not discriminate against you based on information contained in substance use disorder treatment records.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us by contacting our Privacy Officer using the information below:

CCHC Privacy Official
PO Box 12248
New Bern, NC 28561
Phone: (252) 514-6685 Fax: (252) 514-2745

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-800-368-1019 (TTY: 1-866-788-4989), or visiting www.hhs.gov/hipaa. You will not be penalized or retaliated against for filing a complaint.