

NOTICE OF PRIVACY PRACTICES

Prime Medical Group, LLC – Gilbert Center for Family Medicine

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	YOUR CHOICES	OUR USES & DISCLOSURES
• Copy of your medical record • Correct your record • Confidential communications • Limit what we share • Accounting of disclosures • Copy of this notice • Choose someone to act for you • File a complaint	• Share info with family/caregivers • Disaster relief sharing • Health Current HIE (opt-out) • Fundraising (opt-out) • Marketing — written permission required • Sale of PHI — we will NOT do this	• Treat and coordinate your care • Bill for services • Run our practice • Public health reporting • Health research • Comply with law • Legal proceedings / court orders • Workers' compensation • Organ donation • Coroner/funeral director

About This Notice: This notice — including the integrated 42 CFR Part 2 Addendum (effective February 16, 2026) — explains how GCFM may use and disclose your Protected Health Information (PHI), including Substance Use Disorder (SUD) records, and your rights regarding this information. We must provide you with this notice, maintain the privacy of your PHI, and notify you of any breach within 60 days (or 45 days under Arizona A.R.S. §18-552, whichever is sooner). We may update this notice; current versions are posted at our office and at www.gilbertcenter.net.

YOUR RIGHTS — When It Comes to Your Health Information

Get a copy of your medical record: Ask to see or receive your medical records or other PHI. We respond usually within **30 days**. A reasonable, cost-based fee may apply.

Correct (amend) your record: Ask us to fix information you believe is incorrect or incomplete. We respond in writing within **60 days**. See our Request to Amend form.

Confidential communications: Ask us to contact you in a specific way (e.g., cell only, different address). We say yes to all reasonable requests.

Limit what we use or share: Ask us not to use or share certain PHI for treatment, payment, or operations — we are not always required to agree. If you pay entirely out-of-pocket, you may ask us not to bill your insurer; we must agree.

Accounting of disclosures: Request a list of times we have shared your PHI for the prior **six years**. One free list per year; additional requests may incur a fee.

Copy of this notice: Request a paper copy at any time, even if you agreed to receive it electronically.

Choose someone to act for you: A person with medical power of attorney or legal guardianship may exercise your rights. We verify authority before taking action.

File a complaint — we will NEVER retaliate: Contact our Privacy Officer (below) or HHS Office for Civil Rights · 1-877-696-6775 · www.hhs.gov/ocr

YOUR CHOICES — You Control Certain Uses of Your Information

Family, friends, and caregivers: We may share PHI with people involved in your care. If you are unable to communicate preferences, we may share if we believe it is in your best interest or to address a serious and imminent threat to health or safety.

Disaster relief: We may share your information with disaster relief organizations in an emergency.

Health Current HIE: GCFM participates in the **Health Current (HC) Health Information Exchange**, which allows your health information — including mental health details — to be shared with participating providers for treatment, payment, care coordination, and operations. You may opt out by notifying a staff member (processing takes up to 30 business days).

Fundraising: We may contact you for fundraising. Tell us to stop at any time — we will honor your request.

Marketing — written permission required: We will not use your PHI for marketing or accept payment to market to you without your written authorization.

Sale of PHI — we will NOT do this: We will not sell your protected health information.

OUR USES AND DISCLOSURES — How We Typically Use Your Information

Treatment: We use and share your PHI to provide, coordinate, and manage your care with physicians, nurses, pharmacies, labs, and specialists. *Ex: Your PCP sends records to a cardiologist.*

Payment: We use and share your PHI to bill for services and receive payment from your health plan. *Ex: We submit a claim describing your visit.*

Health care operations: We use PHI to run our practice, conduct quality reviews, train staff, and contact you about health-related services. *Ex: Quality improvement audits.*

Public health & safety: Reporting disease, product recalls, adverse drug reactions, suspected abuse or neglect, and serious threats to health or safety.

Health research: For research with proper institutional review board oversight and privacy protections.

Required by law: State or federal laws may require disclosure, including to HHS to verify HIPAA compliance.

Legal proceedings: Court orders, subpoenas, warrants, or other valid legal process.

Law enforcement: As permitted by law — e.g., reporting gunshot wounds or child abuse.

Ambient Artificial Intelligence (AI): used to support documentation and enhance the quality of care.

Workers' compensation: As authorized by workers' compensation laws for work-related injuries.

Organ / tissue donation: With organ procurement organizations as necessary.

Coroner / funeral director: When necessary for identification or official duties following a death.

Military & national security: As required with military command, VA, or government authorities.

SPECIAL PROTECTIONS — Certain Information Has Heightened Privacy Rights

The following categories receive protections beyond standard HIPAA under federal and/or Arizona law. In some cases your written authorization is required for disclosures that HIPAA would otherwise permit.

Mental & Behavioral Health — ARS §36-509: Records from behavioral health evaluation or treatment are confidential under Arizona law. Disclosure is permitted only for treatment, patient authorization, court orders, emergencies, or certain oversight needs.

HIV/AIDS Information: Arizona and federal law impose additional protections on HIV test results. Disclosure may require specific authorization beyond standard HIPAA consent.

Genetic Information — GINA & Arizona Genetic Privacy Act: We require written informed consent for genetic testing and restrict disclosure of genetic information beyond what HIPAA permits.

Psychotherapy & SUD Counseling Notes: Notes kept separately from the general medical record require specific written authorization for most disclosures and are never released for TPO purposes without permission.

SUBSTANCE USE DISORDER RECORDS — 42 CFR PART 2 (Effective February 16, 2026)

Substance use disorder treatment records and information that would identify you as having or having had a substance use disorder ("**Part 2 Records**") receive protection under **42 CFR Part 2** in addition to HIPAA and Arizona law. Part 2 is more restrictive than HIPAA in important ways — the rules below govern any Part 2 Records GCFM creates, receives, or maintains, including SUD screening, referral, and treatment records received from other programs.

PERMITTED WITHOUT WRITTEN CONSENT	REQUIRES YOUR WRITTEN CONSENT
Medical emergency: May disclose when consent cannot be obtained.	Treatment, payment & operations (TPO): Part 2 requires written consent for TPO — unlike standard HIPAA. A single consent may cover all future TPO uses. TPO disclosures to other entities are then governed by their own HIPAA or Part 2 rules.
Research: With proper IRB waiver of consent and privacy protections.	Proceedings against you — SEPARATE consent: Any use of your Part 2 Records in a civil, criminal, administrative, or legislative proceeding against you requires your written consent separate from all other consents . A court order alone is insufficient without the full Part 2 procedural protections.
Court order + subpoena: Only after notice and opportunity to be heard; must be accompanied by a subpoena or other compulsory process.	SUD counseling notes — SEPARATE consent: Notes from SUD counseling sessions maintained separately from the general record require their own separate written consent.
Audit / program evaluation: To authorized oversight or funding authorities who agree in writing to protect the records.	Health information exchange disclosures: Sharing Part 2 Records through the Health Current HIE, ACOs, or other intermediaries requires your written consent. You have the right to an accounting of intermediary disclosures for the prior 3 years (vs. 6 years for other PHI).
SUD treatment coordination: Within GCFM for SUD diagnosis, treatment, or referral.	
Qualified service organizations: Entities providing services on our behalf under a Part 2-compliant agreement (analogous to HIPAA Business Associates).	
Law enforcement — crimes at facility only: Only to report a crime committed or threatened at our facilities. SUD records may NOT be used to investigate or prosecute you without your consent or a qualifying court order.	
Child abuse reporting: As required by Arizona and federal law.	
Public health (de-identified): To authorized public health authorities; contents de-identified per HIPAA before disclosure.	
Arizona CSPMP: Prescription drug monitoring program reporting required by A.R.S. §36-2606.	

Revoking Consent: You may revoke any Part 2 consent in writing to our Privacy Officer at any time. Revocation stops future sharing but does not affect information already released. **Part 2 Complaint Rights:** You may file a complaint directly with HHS OCR for alleged Part 2 violations — OCR began accepting Part 2 complaints February 16, 2026. We will not retaliate against you for filing a complaint.

WRITTEN AUTHORIZATION REQUIRED FOR THESE USES

For the following, we obtain your written authorization before acting. You may revoke any authorization in writing at any time.

Psychotherapy / SUD counseling notes: Specific authorization required; cannot be used for TPO without it.

Marketing: We will not use PHI for marketing or accept payment to market to you without written authorization.

Sale of PHI: We will not sell your PHI without written authorization.

Part 2 records in legal proceedings: SUD records from Part 2 programs may not be used in civil, criminal, administrative, or legislative proceedings against you without written consent or a qualifying court order.

OUR LEGAL DUTIES

We are required by law to maintain the privacy of your PHI; provide you with this notice; follow the terms currently in effect; and notify you of a breach within 60 days federally (45 days under Arizona A.R.S. §18-552). We reserve the right to change this notice. If we make material changes, we will notify you and post the updated notice at our office and at www.gilbertcenter.net. Changes apply to all PHI we hold, including records created before the change. **Effective Date: July 1, 2026 · Version: 2026-01.**

CONTACT — PRIVACY OFFICER & COMPLAINTS

GCFM Privacy Officer	HHS Office for Civil Rights (Federal)	Arizona Department of Health Services
Gilbert Center for Family Medicine 652 E. Warner Rd, Suite 107 Gilbert, AZ 85296 Phone: 480-539-8680 Fax: 480-539-1763 office@gilbertcenter.net www.gilbertcenter.net	200 Independence Ave SW Washington, DC 20201 Phone: 1-877-696-6775 TTY: 1-800-537-7697 File: www.hhs.gov/ocr <i>Accepts Part 2 complaints effective Feb 16, 2026</i>	150 N. 18th Ave. Phoenix, AZ 85007 Phone: 602-542-1025 Arizona AG Consumer Protection: 602-542-5763

We will not retaliate against you in any way for filing a complaint — regarding HIPAA, 42 CFR Part 2, or any other privacy concern.

Regulatory Compliance: This Notice of Privacy Practices complies with: HIPAA Privacy Rule (45 CFR Parts 160 & 164); 42 CFR Part 2 Final Rule (eff. Feb 16, 2026); HIPAA Security Rule 2026 updates (mandatory encryption, MFA, 72-hr breach reporting); ARS §36-509 (Behavioral Health Confidentiality); A.R.S. §18-552 (AZ Breach Notification — 45 days); GINA & Arizona Genetic Privacy Act; CFPB 2025 Medical Debt Rule (12 CFR Part 1022). **Effective: July 1, 2026 · Includes 42 CFR Part 2 Addendum (eff. Feb 16, 2026) · Version 2026-01.**