

NOTICE OF PRIVACY PRACTICES

Coastal Rheumatology Associates

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.

This Notice of Privacy Practices ("Notice") describes how Coastal Rheumatology Associates ("the Practice," "we," "us," or "our") may use and disclose your **protected health information** ("PHI") and explains your rights regarding that information. PHI is information about you — including demographic data — that can reasonably be used to identify you and that relates to your past, present, or future physical or mental health condition, the provision of healthcare to you, or the past, present, or future payment for your healthcare.

This Notice is provided in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the Health Information Technology for Economic and Clinical Health ("HITECH") Act, the HIPAA Privacy, Security, and Breach Notification Rules at 45 CFR Parts 160 and 164, and the federal Confidentiality of Substance Use Disorder Patient Records regulation at 42 CFR Part 2, as amended by the 2024 Final Rule with a compliance date of February 16, 2026. Where applicable Georgia or South Carolina state law provides greater privacy protections than federal law, we will follow the more protective standard.

1. OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

We understand that your health information is personal and private, and we are committed to protecting it. We are required by law to:

- Maintain the privacy of your protected health information, including any records related to substance use disorder ("SUD") treatment protected under 42 U.S.C. § 290dd-2 and 42 CFR Part 2;
- Provide you with this Notice of our legal duties and privacy practices with respect to your PHI;
- Follow the terms of the Notice that is currently in effect; and
- Notify you if a breach of your unsecured PHI occurs, including a breach involving SUD records.

2. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following describes the ways we may use and disclose your PHI **without your written authorization**. For each category, we have provided a brief explanation and, where helpful, one or more examples. Not every possible use or disclosure is listed, but all of the ways we are permitted to use and disclose your PHI will fall within one of these categories.

A. Treatment

We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes sharing information among your healthcare providers to ensure you receive the best possible care.

Examples: We may share your PHI with a referring physician, a consulting specialist, a laboratory performing diagnostic tests, a physical therapist, a pharmacy filling your prescription, or a hospital where you are being treated. If we refer you to a specialist for evaluation or treatment, we will share relevant portions of your medical record with that provider so they have the information needed to treat you.

B. Payment

We may use and disclose your PHI to bill and collect payment for the services we provide to you. This may involve sharing information with your health insurance plan, Medicare, Medicaid, or other third-party payers.

Examples: We may submit a claim to your insurance company that includes your diagnosis and the services performed so we can be reimbursed. We may contact your insurer to obtain prior authorization before a planned procedure. We may share information with a collection agency if your account is past due.

C. Healthcare Operations

We may use and disclose your PHI for our internal business activities that support the quality and cost-effectiveness of the care we deliver.

Examples: We may use your PHI for quality assessment and improvement activities, staff training, accreditation reviews, compliance audits, business planning, legal services, and conducting or arranging for other business activities. We may also share PHI with our business associates — such as billing companies, accountants, attorneys, or IT service providers — who perform services on our behalf and who are required by contract to protect your information.

D. As Required by Law

We will use or disclose your PHI when we are required to do so by any applicable federal, state, or local law. The disclosure will be made in compliance with, and limited to, what the law requires.

E. Public Health Activities

We may disclose your PHI to public health authorities or other entities authorized by law to receive such information for the purpose of preventing or controlling disease, injury, or disability. This includes reporting births and deaths, reporting adverse reactions to medications or medical devices, notifying individuals about product recalls, and reporting suspected abuse, neglect, or domestic violence to the appropriate government authority.

F. Health Oversight Activities

We may disclose your PHI to a health oversight agency for activities authorized by law, including audits, civil or criminal investigations, inspections, licensure, and other proceedings necessary for the government to monitor the healthcare system, government benefit programs, and compliance with civil rights and healthcare regulatory laws.

G. Judicial and Administrative Proceedings

We may disclose your PHI in response to a court order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process, provided that efforts have been made to notify you of the request or to secure a qualified protective order as required by law.

H. Law Enforcement Purposes

We may disclose your PHI for limited law enforcement purposes, including: in response to a court order, warrant, subpoena, or administrative request; to identify or locate a suspect, fugitive, material witness, or missing person; to report information about a victim of a crime under limited circumstances;

to alert law enforcement about a death that may be the result of criminal conduct; to report criminal conduct on our premises; and, in emergencies, to report a crime, the location of the crime or its victims, or the identity, description, or location of the perpetrator.

I. Coroners, Medical Examiners, and Funeral Directors

We may disclose your PHI to a coroner, medical examiner, or funeral director to assist in the identification of a deceased individual, to determine a cause of death, or to allow a funeral director to carry out necessary duties.

J. Organ and Tissue Donation

We may disclose your PHI to organizations that handle organ procurement, organ or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ, eye, or tissue donation and transplantation.

K. Research

Under certain circumstances, we may use or disclose your PHI for research purposes, provided that the research has been approved through a special process designed to protect patient privacy. This typically involves review and approval by an institutional review board or a privacy board. In most cases, we will ask for your written authorization before using your PHI for research unless the information has been de-identified or the research involves only a review of information with no direct patient contact.

L. To Avert a Serious Threat to Health or Safety

We may use or disclose your PHI when we believe, in good faith, that the disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or the health or safety of another person or the

public. Any such disclosure would be made only to someone reasonably able to help prevent or lessen the threat, including the target of the threat.

M. Military and Veterans

If you are a member of the Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose PHI about foreign military personnel to the appropriate foreign military authority.

N. Workers' Compensation

We may disclose your PHI as authorized by, and to the extent necessary to comply with, workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

O. Inmates

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

P. National Security and Intelligence Activities

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

Q. Protective Services for the President and Others

We may disclose your PHI 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.

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

We may use your PHI to contact you with appointment reminders (for example, by voicemail, text message, letter, or email). We may also use your PHI to tell you about treatment options, alternatives, or health-related benefits and services that may be of interest to you.

S. Fundraising

We may use limited PHI — such as your name, address, and dates of service — to contact you for fundraising purposes to support our mission. If we do so, each fundraising communication will include clear instructions on how you can opt out of receiving future fundraising communications. You have the right to opt out at any time. **We will not use SUD records (as defined in Section 3 of this Notice) for fundraising purposes without your specific written consent.**

3. SUBSTANCE USE DISORDER (SUD) RECORDS — ADDITIONAL FEDERAL PROTECTIONS

Important

This section describes additional protections that apply to records related to substance use disorder treatment. These protections exist under federal law (42 U.S.C. § 290dd-2 and 42 CFR Part 2, as amended) and became enforceable on February 16, 2026. If you receive or have received SUD-related services through a Part 2 program, these protections apply to those records.

A. What Are SUD Records?

SUD records are records relating to the identity, diagnosis, prognosis, or treatment of any patient that are created or maintained in connection with a substance use disorder education, prevention, training, treatment, rehabilitation, or research program that is federally assisted (a "Part 2 program"). These records are protected under 42 U.S.C. § 290dd-2 and the implementing regulations at 42 CFR Part 2. SUD records receive heightened privacy protections because fear of discrimination or legal consequences can deter individuals from seeking treatment for substance use disorders.

B. How SUD Records Are Used and Disclosed

Under the 2024 amendments to 42 CFR Part 2, with a **single written consent**, your SUD records may be used and disclosed for **treatment, payment, and healthcare operations** ("TPO"). This means that once you provide your written consent, your SUD records may be shared among your healthcare providers, health plans, and other entities involved in your care and coverage in the same manner as other health information under HIPAA — with certain important exceptions noted below.

When we or another HIPAA-covered entity receive your SUD records with a valid TPO consent, we may redisclose those records in accordance with the HIPAA Privacy Rule, **except** that the information may not be used in legal proceedings against you (see Section 3.C below).

SUD records may be disclosed without your consent only in the following limited circumstances:

- **Medical emergencies:** To medical personnel who need the information to treat a condition that poses an immediate threat to your health;
- **Audits and evaluations:** To qualified personnel conducting audits or evaluations of the Part 2 program;

- **Qualified research:** To researchers conducting studies that meet specific regulatory requirements;
- **Suspected child abuse or neglect:** To the appropriate state or local authority when there is reasonable cause to suspect child abuse or neglect, consistent with applicable law;
- **Court orders:** When a court of competent jurisdiction issues a specific order authorizing the disclosure, accompanied by a subpoena or similar legal mandate; and
- **As otherwise required by law:** In other narrow circumstances specifically permitted by 42 CFR Part 2.

SUD records are NOT disclosed:

- For employment decisions, unless specifically permitted by law;
- To determine eligibility for housing;
- To deny access to services, except where specifically permitted by law.

C. Restrictions on Use in Legal Proceedings

Important Legal Protection

SUD records and any testimony relating to such records may **not** be used or disclosed in any civil, criminal, administrative, or legislative proceeding conducted by any federal, state, or local authority **against the patient**, unless:

- The patient provides **written consent** authorizing the use or disclosure in the proceeding; **OR**

- A court of competent jurisdiction issues a **specific court order** authorizing the disclosure, and such court order is accompanied by a subpoena or similar legal mandate.

This restriction applies even when the SUD records have been redisclosed to a HIPAA-covered entity or business associate with a valid TPO consent. See 42 CFR §§ 2.12(c)(5) and 2.65.

D. Redisclosure Notice

NOTICE CONCERNING FEDERAL CONFIDENTIALITY

REQUIREMENTS (42 CFR PART 2): This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.

E. SUD Records and Breach Notification

The HIPAA Breach Notification Rule (45 CFR Parts 164.400–414) applies to SUD records. In the event of a breach of unsecured SUD-related PHI, the Practice will notify affected individuals, the U.S. Department of Health and Human Services (HHS), and — where the breach affects 500 or more individuals in a single state or jurisdiction — the media, consistent with the notification requirements of the HIPAA Breach Notification Rule. Breach

notifications will be made without unreasonable delay and no later than 60 calendar days after discovery of the breach.

4. USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

We will not use or disclose your PHI for purposes other than those described in this Notice without your written authorization. The following uses and disclosures, among others, require your written authorization:

- **Psychotherapy notes:** Most uses and disclosures of psychotherapy notes (if such notes are maintained separately from your medical record) require your written authorization;
- **Marketing:** Uses of your PHI for marketing purposes (other than face-to-face communications and promotional gifts of nominal value) require your written authorization;
- **Sale of PHI:** Any disclosure of your PHI that constitutes a sale of PHI requires your written authorization;
- **SUD records beyond TPO:** Uses and disclosures of your SUD records for purposes other than treatment, payment, and healthcare operations — and beyond the limited exceptions described in Section 3.B — require your written authorization.

You may **revoke** your authorization at any time by submitting a written revocation to our Privacy Officer. Your revocation will be effective upon receipt, except to the extent that the Practice has already taken action in reliance on the authorization prior to receiving 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 submit a written request to our Privacy Officer at the address listed in Section 9 of this Notice.

A. Right to Inspect and Copy

You have the right to inspect and obtain a copy of your PHI contained in your designated record set, which includes your medical and billing records. You must submit your request in writing to our Privacy Officer. We may charge a reasonable, cost-based fee for the costs of copying, mailing, or other supplies associated with your request.

We will respond to your request within **30 days** of receiving it. In certain situations, we may request an extension of up to **30 additional days** if we provide you with a written explanation of the reason for the delay and the date by which we will complete our response. You may request that we provide your PHI in a specific electronic format if it is readily producible in that format, or in an alternative mutually agreeable format.

We may deny your request to inspect and copy your PHI in limited circumstances. If we deny your request, we will inform you in writing of the basis for the denial, and in certain cases, you will have the right to request a review of the denial by a licensed healthcare professional who was not directly involved in the original denial.

B. Right to Amend

If you believe that the PHI we maintain about you is incorrect or incomplete, you may request that we amend the information. You must submit your request in writing to our Privacy Officer and provide a reason that supports your request.

We may deny your request if the information: (a) was not created by us (unless the person or entity that created it is no longer available to make the amendment); (b) is not part of your designated record set; (c) is not available for inspection as permitted by law; or (d) is accurate and complete. If we deny your request, we will provide you with a written explanation, and you will have the right to submit a written statement of disagreement, which will be appended to your record.

C. Right to an Accounting of Disclosures

You have the right to request an accounting of certain disclosures of your PHI that we have made. This right explicitly includes an accounting of disclosures of SUD records protected under 42 CFR Part 2.

The accounting will cover disclosures made during the **six years** prior to the date of your request (or from April 14, 2003, for HIPAA-regulated records, or from the compliance date for Part 2 records, whichever is later).

The accounting will **not** include the following types of disclosures:

- Disclosures made for treatment, payment, or healthcare operations;
- Disclosures made to you or authorized by you;
- Disclosures made incident to an otherwise permitted or required use or disclosure;
- Disclosures made for national security or intelligence purposes;
- Disclosures made to correctional institutions or law enforcement officials; and
- Disclosures that occurred prior to April 14, 2003 (for HIPAA records) or prior to the applicable Part 2 compliance date.

Your first accounting request within any 12-month period will be provided free of charge. For additional requests within the same period, we may charge a reasonable, cost-based fee, and we will notify you of the fee in advance so you can decide whether to proceed.

D. Right to Request Restrictions

You have the right to request a restriction on certain uses and disclosures of your PHI for treatment, payment, or healthcare operations. You also have the right to request a restriction on disclosures to family members or others involved in your care or payment for your care.

We are **not required to agree** to your requested restriction, except in the following circumstance: **we must agree to restrict disclosures to a health plan** for payment or healthcare operations purposes if the disclosure relates to a healthcare item or service for which you (or someone on your behalf) have **paid in full out of pocket**.

For SUD records, you may also request specific restrictions on the disclosure of your SUD information.

E. Right to Request Confidential Communications

You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. For example, you may ask that we send correspondence to a specific address or contact you only by a particular phone number. We will accommodate all reasonable requests. You do not need to explain the reason for your request.

F. Right to a Paper Copy of This Notice

You have the right to obtain a paper copy of this Notice at any time upon request, even if you have previously agreed to receive the Notice electronically. To obtain a paper copy, please contact our Privacy Officer using the information in Section 9.

G. Right to Revoke Consent for SUD Records

If you have provided written consent for the use and disclosure of your SUD records for treatment, payment, and healthcare operations (TPO) purposes, you have the right to **revoke that consent at any time** by submitting a

written revocation to our Privacy Officer. Revocation will not affect any actions already taken in reliance on the prior consent. Once your revocation is received and processed, we will no longer use or disclose your SUD records for TPO purposes without a new consent or as otherwise permitted by 42 CFR Part 2.

H. Right to Complain

If you believe that your privacy rights have been violated, you have the right to file a complaint with the Practice and/or with the U.S. Department of Health and Human Services, Office for Civil Rights ("OCR"). You will **not be retaliated against** in any way for filing a complaint. See Section 8 for details on how to file a complaint.

6. OUR DUTIES

Coastal Rheumatology Associates is required by law to:

- **Maintain the privacy** of your protected health information, including SUD records protected under 42 CFR Part 2;
- **Provide you with this Notice** of our legal duties and privacy practices regarding your PHI;
- **Abide by the terms** of the Notice currently in effect;
- **Notify affected individuals** following a breach of unsecured protected health information, including SUD records, in accordance with the HIPAA Breach Notification Rule (45 CFR Parts 164.400-414) and 42 CFR Part 2;
- **Establish and maintain a complaints process** to receive and respond to complaints regarding the privacy and confidentiality of PHI and SUD records; and

- **Comply with applicable state laws** of Georgia and South Carolina where those laws provide greater privacy protections than HIPAA or 42 CFR Part 2.

7. CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time. Any changes will apply to all PHI we already maintain, as well as any PHI we create or receive in the future. If we make a material change to this Notice, we will:

- Post the revised Notice on our website;
- Make the revised Notice available at our practice locations; and
- Provide a copy of the revised Notice to you upon request.

The effective date of each version of the Notice will be printed on the first page. You may obtain a copy of the current Notice at any time by contacting our Privacy Officer at the information provided in Section 9.

8. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint using either or both of the following methods:

File a complaint with the Practice:

Christina Asbury, HIPAA Compliance Coordinator / Privacy Officer
Coastal Rheumatology Associates
5400 Waters Avenue, Savannah, GA 31404
Phone: 912-349-4227
Email: casbury@southeasternra.com

File a complaint with the federal government:

U.S. Department of Health and Human Services
Office for Civil Rights (OCR)

Website: www.hhs.gov/ocr/privacy/hipaa/complaints

Phone: 1-877-696-6775

As of February 16, 2026, the Office for Civil Rights also accepts complaints alleging violations of the 42 CFR Part 2 regulations protecting the confidentiality of SUD patient records.

Your Right to Complain Without Retaliation

You will **NOT** be penalized, retaliated against, intimidated, threatened, coerced, discriminated against, or have any other adverse action taken against you for filing a complaint with the Practice or with the Office for Civil Rights.

9. CONTACT INFORMATION

If you have questions about this Notice, wish to exercise any of your rights described above, or need further information about our privacy practices, please contact:

Item	Details
HIPAA Privacy Officer	Christina Asbury
Title	HIPAA Compliance Coordinator / Privacy Officer
Practice	Coastal Rheumatology Associates
Address	5400 Waters Avenue, Savannah, GA 31404
Phone	912-349-4227
Email	casbury@southeasternra.com

For complaints to the federal government:

Item	Details
Agency	U.S. Department of Health and Human Services, Office for Civil Rights (OCR)
Website	www.hhs.gov/ocr/privacy/hipaa/complaints
Phone	1-877-696-6775

10. APPLICABLE LEGAL REFERENCES

This Notice has been prepared in accordance with the following federal and state authorities:

- Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Pub. L. 104-191
- Health Information Technology for Economic and Clinical Health ("HITECH") Act, Title XIII of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5
- HIPAA Privacy Rule, 45 CFR Part 164, Subpart E
- HIPAA Security Rule, 45 CFR Part 164, Subpart C
- HIPAA Breach Notification Rule, 45 CFR Part 164, Subpart D (§§ 164.400-414)
- HIPAA Administrative Requirements, 45 CFR Part 160
- Confidentiality of Substance Use Disorder Patient Records, 42 U.S.C. § 290dd-2
- 42 CFR Part 2 (Confidentiality of Substance Use Disorder Patient Records), as amended by the 2024 Final Rule (89 FR 12472, February 16, 2024; compliance date February 16, 2026)

- Applicable laws of the State of Georgia and the State of South Carolina where such laws provide greater privacy protections than federal law

11. ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received a copy of the Notice of Privacy Practices of Coastal Rheumatology Associates, effective February 16, 2026. I understand that this Notice describes how my protected health information, including any substance use disorder records, may be used and disclosed, and how I may access this information. I understand that I may contact the Privacy Officer with any questions about this Notice or my rights.

Patient Name (Printed):

Patient Signature:

Date:

For Office Use Only: If the patient is unable or unwilling to sign this acknowledgment, document the good-faith effort made to obtain the acknowledgment and the reason it was not obtained.

Staff Member Name:

Reason Not Obtained:

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