



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you get access to this information. Please review it carefully.

As a patient of Fast Pace Health family of companies including, without limitation, Fast Pace Health, Christian Family Medicine & Pediatrics, Reelfoot Family Walk-in Clinic, and First Care Clinics, you are entitled to receive notice about our privacy practices and how we may use and disclose your personal health information in different circumstances. This notice describes how we use and disclose your personal information, the choices and rights you have about how your personal health information may be used and disclosed, and our obligations to protect the privacy of your personal health information.

Introduction. When you become a patient at Fast Pace Health, you provide us with information about your health. Each time you visit us, a record of your visit and what was done is made. Your health record is the information that we use to plan your care, provide treatment, and receive payment for our services. It is important for you to understand that your health record contains personal information that is protected by federal and state laws.

Our Duties. Fast Pace Health is required by law to maintain the privacy of your personal health information and to provide you with notice of our legal duties and privacy practices with respect to your personal health information. We are required to comply with the terms of this notice, which is currently in effect, but we reserve the right to change our privacy practices and to make such changes apply to all the personal health information we maintain. If our notice changes, we will notify you of the revised notice the first time you visit us after the change or otherwise upon your request.

How we use and disclose your protected health information. After we make a good faith effort to provide you with this notice, we may use your personal health information to treat you, to obtain payment for treating you, and for our internal healthcare operations. More specifically, we may use and disclose your personal health information for such purposes in the following ways:

For treatment. We will use and/or disclose your personal health information to plan, provide, and coordinate your healthcare services. This includes coordination of your care with other health care providers, consultation with other providers, and referral to other providers related to your care. In furtherance of your treatment and coordination of your care, we may disclose your personal health information to a health information network and/or exchange (HIE). A HIE is a systema and/or organization that enables the sharing of electronic health information among more than two unaffiliated entities, such as health care providers. health plans, and business associates, for treatment, payment, or health care

operations purposes. A HIE allows participating health care providers and others access to certain of your most recent health information, including certain information from your other participating providers when taking care of you. You may opt-out of us disclosing your personal health information to HIEs by sending a written opt-out request to our Privacy Officer at the address set forth below. When you opt-out of participation in HIEs, health care providers and other participants will not be able to search for your health information through a HIE to use while treating you. However, even if you do opt-out, some of your health information will remain available to certain health care entities as permitted by law.

For Payment. We will use and/or disclose your personal health information to obtain payment for health care services we have provided to you. Payment includes submitting claims to health plans and other insurers, justifying our charges for and demonstrating the medical necessity of the care we deliver to you, determining your eligibility for health plan benefits for the care we furnish to you, obtaining precertification or preauthorization for your treatment or referral to other health care providers, participating in utilization review of the services we provide to you and the like.

For Health Care Operations. We will use and/or disclose your personal health information for our health care operations. For example, we may use and disclose your personal health information for quality assessment and improvement activities, for medical review and case management, for legal services and auditing, for business planning and development, and to provide documentation of the medical necessity of your office visit.

Super Confidential Information

If we have personal health information about you regarding alcohol or substance abuse, diagnosis, and treatment, or psychotherapy or mental health records, we will only use and disclose that type of information in accordance with operative state and federal law. For instance, we may require your specific consent to disclose your mental health information for purposes unrelated to treatment.

Uses and disclosures we may make unless you object or express in writing. Unless you object, we may contact you to provide appointment reminders or information about treatments or treatment alternatives or other health related benefits or services that may be of interest to you. We may also disclose your personal health information to a family member, friend or other person to the extent necessary to help with your medical care or with payment for your health care. If you are unable to agree or object, we may disclose this information as necessary if we determine it is in your best interests based upon our professional judgment.

Uses and disclosures we are permitted or required to make without your authorization. We may use and disclose your personal health information without obtaining your written authorization in the following situations:

Business associates. There are some services that we provide through contracts with our business associates who work on our behalf. In such a situation, we may disclose your personal health information to our business associates so that they can perform the jobs we asked them to do. We require all our business associates to safeguard your information in

accordance with the terms and conditions of a business associate agreement and applicable law.

Uses and disclosures required by law. We may use or disclose your personal health information to the extent we are required by law to do so. The use or disclosure will be made in full compliance with the applicable law governing the use or disclosure.

Public health activities. We may use or disclose your personal health information for public health activities and purposes in compliance with applicable laws for the purpose of controlling disease, injury, or disability. We may also disclose your health information to a public authority authorized to receive reports of child abuse or neglect, to report information about products or services under the jurisdiction of the US Food and Drug Administration, or to alert authorities of persons who may have been exposed to a communicable disease or who may otherwise be at risk of contracting or spreading a disease or condition, and to your employer for certain work related illnesses or injuries.

Victims of abuse, neglect, or domestic violence. We may disclose personal health information about an individual whom we reasonably believe to be a victim of abuse, neglect, exploitation, or domestic violence to a government authority, including a social service or protective service agency authorized by law to receive reports of child abuse, neglect, exploitation, or domestic violence. Any such disclosures will be made in accordance with and limited to the requirements of the law.

Health oversight activities. We may make disclosures of your personal health information to a health oversight agency charged with overseeing the healthcare system. Disclosures will be made only for activities authorized by law.

Judicial and administrative proceedings. We may disclose your personal health information in the course of any judicial or administrative hearing in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process where we receive satisfactory assurance that you have been notified of the request and have been given time to object and other appropriate precautions have been taken. In all cases, we take reasonable steps to protect the confidentiality of your health information.

Law enforcement. We may disclose your personal health information for law enforcement purposes to law enforcement officials in compliance with and as limited by applicable law.

Coroners, medical examiners, and funeral directors. We may disclose personal health information to a coroner or medical examiner to identify a deceased person, determine a cause of death or for other duties as authorized by law. We may also disclose personal health information to funeral directors in accordance with applicable law.

Organ donation. As allowed by law, we may disclose personal health information to organ procurement organizations for eye or tissue donation purposes.

Research. We may use or disclose your personal health information without your authorization for research purposes when such research has been approved by an institutional review board that has reviewed the research to ensure the privacy of your personal health information, or as otherwise allowed by law.

Limited government functions. We may disclose your personal health information to certain government agencies charged with special government functions, as limited by applicable law. For example, we may disclose your health information to authorized federal officials for the conduct of national security activities, as required by law.

Health and safety. We may disclose your personal health information to prevent or lessen a serious threat to any person's or the public's health or safety. In all cases, disclosures will only be made in accordance with applicable law.

Workers' compensation. We may disclose your personal health information to a judicial or administrative proceeding in response to orders, subpoenas, and other valid legal processes.

Uses and disclosures of your personal health information with your authorization. For purposes other than treating you, obtaining payment for your care, or our own health care operations and except as otherwise permitted or described in this notice, we will obtain your written authorization prior to using or disclosing your personal health information. Before we send you any marketing materials, we will obtain your written authorization; however, we may communicate with you in the form of face-to-face conversations about services and treatment alternatives. You have the right to revoke any authorization you have given us at any time. If you have any questions about written authorizations, please contact our Privacy Officer at the address below. Our Privacy Officer will provide you with information about giving or revoking authorizations for us to use or disclose your personal health information.

Your rights. You have the following rights regarding your personal health information:

Right to receive a copy of this notice. We will post a copy of this notice in our clinics and on our website. Upon request, you have the right to receive a paper copy of this notice. Please ask the front desk specialist for a copy.

Right to inspect and copy your health information. Upon written request, you have the right to access and obtain a copy of your health information maintained by us. Please contact our Privacy Officer for assistance in obtaining or copying your health information.

Right to request that we amend your health information. You have the right to request, in writing, that we amend your health information that we maintain. If you request an amendment to your health information, we will require a reason to be given. We will comply with your request if we determine the information that you are asking us to amend is false, inaccurate, or misleading. Please contact our Privacy Officer for assistance in seeking an amendment to your health information.

Right to request additional restrictions on uses and disclosures of your health information. You have the right to request in writing that we place additional restrictions on how we use or disclose your personal health information. While we will consider any request for additional restrictions, we are not required to agree to your request. Please contact our Privacy Officer to request additional restrictions on how we use and disclose your personal health information.

Right to request an accounting of disclosures. You have a right to request an accounting of the disclosures we make of your personal health information. For each disclosure the accounting will include the date it was made, a brief description of the protected information disclosed, the name and address (if known) of the person or entity that received the disclosure, and a statement of the reason for disclosure. Please contact our Privacy Officer to request an accounting.

Right to request confidentiality in certain communications. You have the right to ask that we communicate with you by alternative means or at alternative locations. For example, you may ask that we call you on your cell phone, ask us not to leave messages at your work phone number, or ask us to mail letters only to your home address. We will accommodate any reasonable request made by or on behalf of you. Please contact our Privacy Officer to request such confidentiality.

Right to receive further information. You have the right to receive further information about our privacy practices, your privacy rights, if you disagree with a decision we make about your personal health information, or if you believe your privacy rights have been violated. Our Privacy Officer will be happy to answer your questions and give you additional information on how to exercise your rights.

Right to file a complaint. If you believe your privacy rights have been violated, you have the right to file a formal complaint with our Privacy Officer. You also have the right to file a complaint with the Office of Civil Rights of the United States Department of Health and Human Services. Under no circumstances will we retaliate against you for filing a complaint.

Right to receive notice of a Breach of your personal health information: If we discover that there has been a breach of your unsecured personal health information, we will notify you about that breach using the most recent address that we have on file.

To contact our Privacy Officer, write or call:

Brian Annulis, Privacy Officer
PO Box 681029
Franklin, TN 37068
brian.annulis@fastpacehealth.com
(931) 253-1110 x 443

To contact the Office of Civil Rights, Department of Health and Human Services, write or call

Secretary of Health and Human Services
200 Independence Ave. SW
Washington, DC 20201
(202) 619-0257

Revision: This notice was revised and became effective on February 20, 2025, and supersedes any prior version.