FLORIDA PROSTATE CENTERS®

NOTICE OF PRIVACY PRACTICES

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.

Effective Date: November 1, 2025

1. OUR PLEDGE AND LEGAL DUTIES

Florida Prostate Centers® is committed to protecting the privacy and security of your protected health information (PHI). We create and maintain records about the care and services you receive. We are required by law to maintain the privacy and security of your PHI, provide you with this Notice, follow the Notice currently in effect, and notify you promptly if a breach occurs that may have compromised the privacy or security of your information.

We may change this Notice and our privacy practices as permitted by law. A revised Notice may apply to information we already maintain as well as information created or received after the change. The current Notice will be available at our offices, upon request, and on our website.

2. HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

We may use or disclose PHI without your written authorization when permitted or required by law, including:

- Treatment - to provide, coordinate, or manage your care and to share information with physicians, imaging facilities, laboratories, pharmacies, hospitals, and other providers involved in your care.
- Payment - to bill and collect payment, verify coverage, obtain prior authorization, coordinate benefits, and communicate with your health plan or other payer.
- Health care operations - to run our practice, improve quality and safety, train staff, conduct compliance activities, review performance, and contact you about appointments, follow-up care, or services.
- Public health and safety - for legally permitted reporting, product recalls, adverse events, suspected abuse or neglect, and to prevent or reduce a serious threat to health or safety.
- Research - when approved or otherwise permitted under applicable privacy law.
- Required by law and government functions - including health oversight, workers' compensation, certain law-enforcement requests, organ/tissue donation, medical examiners or funeral directors, and other disclosures required by law.
- Legal proceedings - in response to a valid court or administrative order, subpoena, discovery request, or other lawful process, subject to applicable protections.

3. YOUR CHOICES AND AUTHORIZATIONS

For certain uses and disclosures, we will ask for your written authorization. You may revoke an authorization in writing at any time, except to the extent we have already relied on it. We generally will obtain authorization for uses or disclosures of psychotherapy notes (when applicable), most marketing communications, and a sale of PHI, unless an exception applies.

When appropriate, you may tell us your preferences about sharing relevant information with family, friends, caregivers, or others involved in your care or payment for your care, and for disaster-relief purposes. If you cannot tell us your preference, we may share information when we determine it is in your best interest and the law permits.

4. YOUR PRIVACY RIGHTS

- Access and copies - inspect or obtain an electronic or paper copy of your medical record and other designated record-set information, usually within 30 days, subject to limited exceptions and reasonable cost-based fees permitted by law.
- Amendment - ask us to correct information you believe is inaccurate or incomplete. We may deny the request in certain circumstances and will explain the reason in writing.
- Confidential communications - ask us to contact you in a specific way or at a specific location. We will accommodate reasonable requests.
- Restrictions - ask us not to use or disclose certain PHI for treatment, payment, or operations. We are not always required to agree. If you pay in full out of pocket for a service, you may ask us not to disclose that service to your health plan for payment or operations, and we will honor the request unless disclosure is required by law.
- Accounting of disclosures - request a list of certain disclosures of your PHI made during the applicable period before your request; some disclosures are excluded by law.
- Paper copy - obtain a paper copy of this Notice at any time, even if you agreed to receive it electronically.
- Personal representative - authorize a person with legal authority to act for you. We will verify that authority before acting on the person's request.
- Complaint - complain to us or to the U.S. Department of Health and Human Services, Office for Civil Rights, if you believe your privacy rights were violated. We will not retaliate against you for filing a complaint.

5. SPECIAL PROTECTIONS FOR CERTAIN INFORMATION

Some health information may receive additional protection under federal or Florida law. When a law provides greater privacy protection, we will follow the more protective requirement. This may include certain records relating to mental health, HIV/AIDS or other communicable conditions, genetic information, and substance use disorder (SUD) treatment.

To the extent we receive or maintain SUD patient records protected by 42 CFR Part 2, those records may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a qualifying court order and subpoena or similar legal mandate, as applicable. Additional Part 2 protections may apply.

6. ELECTRONIC COMMUNICATIONS, PORTALS, AND BUSINESS ASSOCIATES

We may communicate with you by phone, voicemail, text message, email, patient portal, or other methods you provide or authorize, consistent with applicable law and your communication preferences. Electronic communications may carry privacy risks. We may also disclose PHI to business associates that perform services for us, such as billing, technology, records management, analytics, legal, or administrative services. Business associates are required to appropriately safeguard PHI.

7. OTHER IMPORTANT PRACTICES

- Fundraising - if we conduct fundraising using information permitted by law, you may opt out of future fundraising communications.
- Appointment and care communications - we may contact you with appointment reminders, care instructions, treatment alternatives, or health-related services that may be of interest to you.
- Minimum necessary - when applicable, we limit uses, disclosures, and requests to the minimum information reasonably necessary for the purpose.
- No retaliation - we will not retaliate against you for exercising a privacy right or filing a privacy complaint.

8. QUESTIONS, REQUESTS, OR COMPLAINTS

To exercise your rights, ask questions about this Notice, or submit a privacy complaint, contact the Privacy Officer for Florida Prostate Centers®:

Florida Prostate Centers® - Privacy Officer
13722 S Jog Road, Suite A
Delray Beach, FL 33446
Phone: 561-560-0723

Email: info@floridaprostatecenters.com
Website: floridaprostatecenters.com

Florida Prostate Centers® Locations
Delray Beach: 13722 S Jog Road, Ste A, Delray Beach, FL 33446
Palm Beach Gardens: 3345 Burns Rd, Ste 105/306, Palm Beach Gardens, FL 33410
Naples: 1875 Veterans Park Drive, Suite 2203, Naples, FL 34109
Broward: 3 SW 129th Ave, Ste 101-102, Pembroke Pines, FL 33027

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Information about filing a health information privacy complaint is available from HHS. We will not retaliate against you for filing a complaint.

9. MOBILE SMS PRIVACY AND CONSENT

By opting in to receive text messages from Florida Prostate Centers®, you consent to receive healthcare-related communications, including appointment reminders, scheduling information, and health-related instructions.These messages may contain Protected Health Information (PHI). We use reasonable safeguards to protect your information and handle PHI in accordance with applicable federal and Florida law, including HIPAA.Message and data rates may apply. Message frequency may vary. You may opt out at any time by replying STOP. You may also contact us to request an alternative method of communication.Your consent to receive text messages is not required to receive healthcare services.For more information about how we collect, use, and protect your information, please review our Privacy Policy and Notice of Privacy Practices

10. ACKNOWLEDGMENT AND AVAILABILITY

We will make a good-faith effort to provide this Notice and obtain acknowledgment of receipt when required. Refusal to sign an acknowledgment does not affect your right to receive treatment. The most current Notice is available at our offices, upon request, and on our website.

Administrative note: *This draft is designed as a concise, patient-facing Notice of Privacy Practices and should be reviewed by Florida Prostate Centers®' privacy/compliance officer or legal counsel before adoption to confirm that it accurately reflects the organization's actual practices, locations, systems, and any specially protected records it maintains.*.

.