

INTEGRITY MEDICAL GROUP

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. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT OUR PRIVACY OFFICER.

Covered entity	Axis Medical Services LLC dba Integrity Medical Group
Effective Date	September 14th, 2026
Supersedes	Notice of Privacy Practices effective June 2, 2015
Privacy Officer	Madeline Perez

This Notice of Privacy Practices describes how Axis Medical Services LLC dba Integrity Medical Group (“IMG,” “we,” “us,” or “our”), may use and disclose your protected health information to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

Separately, our Website Privacy Policy describes information collected through www.img-fl.com that is not protected health information. Where the two documents overlap, this Notice controls for protected health information.

1. Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff, and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the practice.

The following are examples of the types of uses and disclosures of your protected health information that IMG is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose your protected health information, as necessary, to the primary care physician that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your

protected health information from time to time to another physician or health care provider (for example, a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment

Your protected health information will be used and disclosed, as needed, to obtain payment for the health care services provided to you by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a diagnostic test, such as an MRI, may require that your relevant protected health information be disclosed to the health plan to obtain approval for the MRI to be performed.

If your care arises from an accident or injury, we may also use and disclose your protected health information as necessary to obtain payment from an automobile insurer, a liability insurer, a workers' compensation carrier, or an attorney representing you, consistent with applicable law and with any authorization you have signed.

Health Care Operations

We may use or disclose, as needed, your protected health information in order to support the business activities of the practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, trainees, and clinical staff, licensing, credentialing, accreditation, and conducting or arranging for other business activities.

Appointment Reminders and Related Communications

We may use and disclose your protected health information to contact you as a reminder that you have an appointment, to confirm or reschedule an appointment, to give you instructions for a visit, and to tell you about test results, referrals, and account matters. We may contact you by telephone, voicemail, mail, email, or text message, using the contact information you have given us. If you prefer that we use one method and not another, tell us and we will accommodate a reasonable request. Section 6 describes your right to request confidential communications.

Business Associates

We may share your protected health information with third-party business associates that perform various activities for the practice, for example, billing, transcription, imaging, records management, or information technology services. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Treatment Alternatives and Health Related Benefits

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.

Fundraising

We may use or disclose your demographic information, and the dates on which you received treatment, in order to contact you for fundraising activities supported by our office. You have the right to opt out of receiving fundraising communications from us, and each fundraising communication we send will tell you how to opt out. If you opt out, we

will not send you further fundraising communications, and your decision will not affect your treatment or payment for treatment.

2. Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object

We may use or disclose your protected health information in the following situations without your authorization and without providing you the opportunity to agree or object. These situations include:

- A. Required by law. We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.
- B. Public health. We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury, or disability.
- C. Communicable diseases. We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- D. Health oversight. We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- E. Abuse or neglect. We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- F. Food and Drug Administration. We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of products and activities regulated by that agency, including to report adverse events, product defects or problems, and biologic product deviations, to track products, to enable product recalls, to make repairs or replacements, or to conduct surveillance after a product reaches the market, as required.
- G. Legal proceedings. We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal to the extent such disclosure is expressly authorized, or in certain conditions in response to a subpoena, discovery request, or other lawful process.
- H. Law enforcement. We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include legal processes and disclosures otherwise required by law, limited information requests for identification and location purposes, disclosures pertaining to victims of a crime, disclosures where there is suspicion that death has occurred as a result of criminal conduct, disclosures where a crime occurs on the premises of our practice, and disclosures in a medical emergency not on our premises where it is likely that a crime has occurred.
- I. Coroners, funeral directors, and organ donation. We may disclose protected health information to a coroner or medical examiner for identification purposes, for determining cause of death, or for the coroner or medical

examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

J. Research. We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

K. Serious threat to health or safety. Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

L. Military activity and national security. When the appropriate conditions apply, we may use or disclose protected health information of individuals who are armed forces personnel for activities deemed necessary by appropriate military command authorities, for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or to a foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

M. Workers' compensation. We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

N. Inmates. We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

3. Uses and Disclosures That Require Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described in this Notice. The following categories always require your written authorization:

A. Psychotherapy notes. Most uses and disclosures of psychotherapy notes, where we maintain any, require your written authorization.

B. Marketing. Most uses and disclosures of your protected health information for marketing purposes require your written authorization. If we receive any payment from a third party in connection with a marketing communication, the authorization will say so.

C. Sale of protected health information. Any disclosure of your protected health information that constitutes a sale of that information requires your written authorization, and the authorization will state that we will receive payment.

You may revoke an authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by that written authorization. Please understand that we are unable to take back any disclosures already made with your authorization.

4. Substance Use Disorder Treatment Records

Some records we create or receive may be protected by federal regulations governing the confidentiality of substance use disorder patient records, found at 42 C.F.R. Part 2. Where those regulations apply, the records receive protection in addition to the protection described elsewhere in this Notice.

If you give us a single written consent for the use and disclosure of substance use disorder records for treatment, payment, and health care operations, that consent remains in effect until you revoke it in writing. You may revoke it at any time, except to the extent we have already acted in reliance on it. Records protected by Part 2 may not be used in a criminal investigation or prosecution of you without a court order that meets the requirements of those regulations.

If you have a question about whether a particular record is protected under Part 2, contact our Privacy Officer.

5. Uses and Disclosures Where You Have the Opportunity to Agree or Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or are unable to agree or object, then your physician may, using professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Health Care or Payment for Your Care

Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, the protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person responsible for your care of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

6. Your Rights

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

A. You have the right to inspect and copy your protected health information. You may inspect and obtain a copy of protected health information about you for so long as we maintain that information. You may obtain your medical record, which contains medical and billing records and any other records that your physician and the practice use for making decisions about you. If we maintain your record electronically, you have the right to receive a copy in an electronic form and format you request, if we can readily produce it in that form, and otherwise in a readable electronic form and format that we agree on with you. You may also direct us to send a copy to a person or entity you designate.

B. Fees for copies. As permitted by federal and state law, we may charge a reasonable fee for a copy of your records. Under Florida law, charges to a patient may not exceed one dollar per page for the first twenty-five pages and twenty-five cents per page for each page after that. For X-rays and other special records, we may charge the actual cost of duplication. Under federal law, a fee for access to your own records is limited to our reasonable cost.

C. Limits on access. Under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or

proceeding; and laboratory results that are subject to a law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. Please contact our Privacy Officer if you have questions about access to your medical record.

D. You have the right to request a restriction on use and disclosure of your protected health information. You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care, or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. Except as stated in subsection E, we are not required to agree to a requested restriction. If we do agree, we will not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by completing the Patient Request for Special Confidential Communication Procedures Form.

E. You have the right to restrict disclosures to your health plan when you pay in full. If you pay for a health care item or service in full, out of pocket, and we are not otherwise required by law to disclose the information, you have the right to require that we not disclose protected health information about that item or service to your health plan for purposes of payment or health care operations. We must honor that request. Tell us at or before the time of service so that we can apply the restriction to that visit.

F. You have the right to request confidential communications. You may ask us to communicate with you by alternative means or at an alternative location, and we will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled, or for specification of an alternative address or other method of contact. We will not ask you to explain the basis for the request. Please make this request in writing to our Privacy Officer.

G. You have the right to request an amendment of your protected health information. You may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

H. You have the right to receive an accounting of certain disclosures. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice. It excludes disclosures we may have made to you, disclosures you authorized, disclosures for a facility directory, disclosures to family members or friends involved in your care or for notification purposes, disclosures for national security or intelligence, disclosures to law enforcement as provided in the privacy rule or to correctional facilities, and disclosures made as part of a limited data set. You have the right to receive specific information regarding disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

I. You have the right to be notified of a breach. You have the right to receive notification from us if there is a breach of your unsecured protected health information. We will provide that notice as federal law requires.

J. You have the right to obtain a paper copy of this Notice. You may obtain a paper copy of this Notice from us upon request, even if you have agreed to receive the Notice electronically.

K. You have the right to choose someone to act for you. If you have given someone a medical power of attorney, or if someone is your legal guardian, that person may exercise your rights and make choices about your protected health information. We will verify that the person has this authority and can act for you before we take any action.

7. Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information, and to provide you with this Notice of our legal duties and privacy practices with respect to that information. IMG and all clinic personnel are required to abide by the terms of the Notice currently in effect.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your protected health information.

We will not use or share your protected health information other than as described in this Notice unless you tell us in writing that we may. If you tell us we may, you may change your mind at any time by telling us in writing.

We may change the terms of this Notice at any time. The new Notice will be effective for all protected health information that we maintain at that time. We will post the revised Notice in our offices and on our website. Upon your request, we will provide you with a copy of any revised Notice. You may request a copy by visiting our website, by calling the office and asking that a copy be sent to you in the mail, or by asking for one at the time of your next appointment.

8. Complaints

You may complain to us, or to the Secretary of the United States Department of Health and Human Services, if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy Officer. We will not retaliate against you for filing a complaint.

To file a complaint with us, or for further information about the complaint process, contact our Privacy Officer.

Privacy Officer	Madeline Perez
Mailing address	Axis Medical Services LLC dba Integrity Medical Group 1801 Lee Rd. Suite 304 Winter Park, FL 32789
Telephone	321 765-4373
Email	admin@img-fl.com
Website	www.img-fl.com

To file a complaint with the federal government, contact the Office for Civil Rights, United States Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201, or file online at www.hhs.gov/ocr/privacy/hipaa/complaints.