CODDINGTON MEDICAL FAMILY PRACTICE, LLC

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.

We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties, privacy practices and your rights with respect to your medical information. Your medical information includes your individually identifiable medical, insurance, demographic, and medical payment information. For example: it includes information about your diagnosis, medications, insurance status and policy number, medical claims history, address and social security number.

WHO WILL FOLLOW THIS NOTICE

CODDINGTON MEDICAL FAMILY PRACTICE, LLC: This Notice describes the privacy practices of CMFP (the "clinic") and all of its programs and departments, including any additional clinics under the label.

MEDICAL STAFF: This Notice also describes the privacy practices of an "organized health care arrangement" or "OHCA" between the clinic and eligible providers on its Medical Staff. Because the clinic is an integrated care setting, our patients receive care from staff and from independent practitioners on the Medical Staff. The clinic and its Medical Staff must be able to share your medical information freely for treatment, payment, and health care operations as described in this Notice. Because of this, the clinic and all eligible providers on the clinic's Medical staff have entered into the OHCA under which the clinic and the eligible providers will:

> Use this Notice as a joint notice of privacy practices for all inpatient and outpatient visits and follow all information practices described in this notice:
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> Obtain a single signed acknowledgment of receipt: and
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> Share medical information from inpatient and outpatient clinic visits with eligible providers so that they can help the clinic with its health care operations

CLINIC DIRECTORY: We may include your name, location in the facility, general condition and religious affiliation to other people who ask for you by name. We will not include your information in the facility directory if you object, or we are prohibited by State or Federal law.

FAMILY, FRIENDS OR OTHERS: We may disclose your location or general condition to a family member, your personal representative or another person identified by you. If any of these individuals are involved in your care or payment for care, we may also disclose such medical information as is directly relevant to their involvement. We will only release this information if you agree, are given the opportunity to object and do not, or if in our professional judgment it would be in your best interest to allow the person to receive the information or acto on your behalf. For example: we may allow a family member to pick up your prescriptions, medical supplies, or x-rays. We may also disclose your information to an entity assisting in disaster relief efforts so that your family or individual responsible for your care may be notified of your location and condition.

REQUIRED BY LAW: We will use and disclose your information as required by Federal, State or Local law.

PUBLIC HEALTH ACTIVITIES: We may disclose medical information about you for public health activities. These activities may include disclosures:

> To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability:
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> To appropriate authorities authorized to receive reports of child abuse and neglect:
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> To FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products:
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> To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition: and
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> With parent or guardian permission to send proof of required immunization to a school.

ABUSE, NEGLECT OR DOMESTIC VIOLENCE: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

LAW ENFORCEMENT: We may release certain medical information if asked to do so by a law enforcement official:

As required by law, including reporting certain wounds and physical injuries:

In response to a court order, subpoena, warrant, summons or similar process:

To identify or locate a suspect, fugitive, material witness or missing person.

HEALTH INFORMATION EXCHANGE: We may participate in one or more electronic health information exchanges which permits us to electronically exchange medical information about you with other participating providers (for example: doctors and hospitals) and health plans and their business associates. For example: we may permit a health plan that insures you to electronically access our records about you to verify a claim for payment for services we provide to you. Or we may permit a physician providing care for you to electronically access our records in order to have up to date information of with which to treat you. As described earlier in this Notice, participation in a health information exchange also lets us electronically access medical information from other participating providers and health plans for our treatment, payment and health care operation purposes as described in this Notice. We may in the future allow other parties, for example: public health departments that participate in the health information exchange, to access your medica information electronically for their permitted purposes as described in this Notice.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

There are many uses and disclosures we will make only with your written authorization. These include:

Uses and Disclosures Not Described Above: We will obtain your authorization for any use or disclosure of your medical information that is not described in the preceding examples.

Psychotherapy Notes: These are notes made by a mental health professional documenting conversations during private counseling sessions or in joint or group therapy. Many uses or disclosures of psychotherapy notes require your authorization.

Marketing: We will not use or disclose your medical information for marketing purposes without your authorization. Moreover, if we will receive any financial remuneration from a third party in connection with marketing, we will tell you that in the authorization form.

Sale of Medical Information: We will not sell your medical information to third parties without your authorization. Any such authorization will state that we will receive remuneration for the transaction.

If you provide authorization, you may revoke it at any time by giving us notice in accordance with our authorization policy and the instructions in our authorization form. Your revocation will not be effective for uses and disclosures made in reliance on your prior authorization.

INDIVIDUAL RIGHTS

REQUEST FOR RESTRICTIONS: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations or to persons involved in your care. We are not required to agree to your request, with one exception explained in the next paragraph, and we will notify you if we are unable to agree to your request.

We are required to agree to your request that we not disclose certain health information to your health plan for payment or health care operations purposes, if you pay out-of-pocket in full for all expenses related to that service prior to your request, and the disclosure is not otherwise required by law. Such a restriction will only apply to records that relate solely to the service for which you have pain in full. If we later receive an Authorization from you dated after the date of your requested restriction which authorizes us to disclose all of your records to your health plan, we will assume you have withdrawn your request for restriction.

CONTACT INFORMATION

Privacy Officer

Coddington Medical Family Practice, LLC

1336 West A St, Suite A

Lincoln, NE 68522

EFFECTIVE DATE OF NOTICE: April 1st, 2026