NOTICE OF PRIVACY PRACTICES

Hometown Home Health, LLC

468 W. Call Street, Starke, FL 32091

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.

1. Treatment, Payment, and Health Care Operations

We may use and disclose your protected health information (PHI) without your written authorization for:

- **Treatment.** We may share information with physicians, practitioners, therapists, pharmacies, hospitals, caregivers, and others involved in your care. Example: a nurse sends your wound information to your physician to coordinate treatment.
- **Payment.** We may use or share information to bill and obtain payment from Medicare, Medicaid, health plans, or others. Example: we send visit information to your health plan so it can pay for services.
- **Health care operations.** We may use or share information to operate the Agency, improve care, train staff, conduct quality review, audit, obtain accreditation or licensure, and contact you about care. Example: we review records to evaluate the quality of our services.

2. Other Uses and Disclosures Allowed or Required by Law

We may use or disclose PHI without authorization only when applicable legal requirements and safeguards are met, including:

- **Public health and safety:** preventing disease; reporting medication reactions, product recalls, or suspected abuse, neglect, or domestic violence; and preventing or reducing a serious and imminent threat.
- **Health oversight and government functions:** lawful audits, inspections, licensing, military, national-security, protective-service, and other authorized activities.
- **Research:** approved health research when HIPAA requirements are satisfied.
- **Law and legal process:** when federal or Florida law requires disclosure; to HHS for compliance review; for workers' compensation; and in response to qualifying court orders, subpoenas, administrative proceedings, or lawful law-enforcement requests.
- **After death:** to organ-procurement organizations and, when permitted, coroners, medical examiners, and funeral directors.
- **Care support:** to business associates that protect the information, for disaster relief, and to contact you to schedule visits or coordinate care.

If federal or Florida law provides greater privacy protection — including for certain mental-health, substance-use-disorder, HIV testing, genetic, or sexual-assault information — we will follow the more protective law.

3. Uses and Disclosures Requiring Written Authorization

We will obtain your written authorization for uses or disclosures not described in this Notice and for most uses of psychotherapy notes, marketing, or sale of PHI when HIPAA requires authorization. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

4. Your Choices

You may tell us whether to share information with family, friends, or others involved in your care or payment, and for disaster-relief purposes. If you cannot tell us, we may share information when we believe it is in your best interest or necessary to lessen a serious and imminent threat. The Agency does not maintain a facility directory and does not sell PHI. If fundraising is ever conducted, you may opt out of future communications.

5. Substance Use Disorder Records Protected by 42 CFR Part 2

To the extent we receive or maintain substance-use-disorder patient records protected by 42 CFR Part 2, those records receive additional protection. They, or testimony describing them, will not be used or disclosed in a civil, criminal, administrative, or legislative investigation or proceeding against you unless you give written consent or a court order meeting Part 2 requirements is accompanied by a subpoena or other legal requirement compelling disclosure. We do not use Part 2 records for fundraising. When Part 2 records are disclosed by consent for treatment, payment, or health care operations, the recipient may redisclose them as permitted by HIPAA unless the consent expressly limits redisclosure. You may file a complaint regarding a violation of Part 2 with the Secretary of the U.S. Department of Health and Human Services using the contact information in Section 9.

NOTICE OF PRIVACY PRACTICES — YOUR RIGHTS AND OUR RESPONSIBILITIES

6. Your Rights

- **Access and copies.** You may inspect or request an electronic or paper copy of your medical record and other health information we maintain. For your home-health clinical record, we will provide the requested record free of charge at the next home visit or within four business days, whichever comes first. For other records in your designated record set, we will act on your request within 30 days, with one 30-day extension if we notify you in writing of the reason for the delay and the date we will provide the record. Where a fee applies, it will be a reasonable, cost-based fee and we will tell you the amount in advance. Ask us how to make a request.
- **Corrections.** You may ask us to correct information you believe is incorrect or incomplete. We may deny the request but will explain why in writing, generally within 60 days.
- **Confidential communications.** You may ask us to contact you in a particular way or at another address. We will agree to reasonable requests.
- **Restrictions.** You may ask us to limit certain uses or disclosures for treatment, payment, or operations. We are usually not required to agree. If you pay in full out of pocket and ask us not to disclose that service to your health plan for payment or operations, we will agree unless disclosure is required by law.
- **Accounting of disclosures.** You may request a list of certain disclosures made during the six years before your request. The list excludes treatment, payment, operations, disclosures you authorized, and certain other disclosures. One accounting in a 12-month period is free; a reasonable cost-based fee may apply to additional requests.
- **Paper notice.** You may receive a paper copy of this Notice at any time, even if you agreed to electronic delivery.
- **Personal representative.** A person legally authorized to act for you may exercise your rights after we verify that authority.
- **Complaint.** You may complain to us or to HHS if you believe your privacy rights were violated. We will not retaliate against you for filing a complaint, and we will not require you to waive your rights as a condition of treatment or payment.

7. Our Responsibilities

- **Privacy and security.** We are required by law to maintain the privacy and security of your PHI, provide this Notice, and follow the duties and practices described in the Notice currently in effect.
- **Breach notification.** We will notify affected individuals as required if a breach of unsecured PHI occurs.
- **Authorization.** We will not use or disclose your information other than as described here unless you authorize us in writing, and you may revoke that permission as described above.

8. Changes to This Notice

We may change this Notice and make the revised terms apply to all PHI we maintain, including information created or received before the change. A revised Notice will be available upon request, at our offices, and on our website. We will promptly post the revised Notice and use it on or after its effective date.

9. Questions, Requests, and Complaints

Contact our Privacy Officer for questions, additional information, requests, or complaints:

Kristen Gruentzel, RN — Privacy Officer and Complaint Contact

Hometown Home Health, LLC | Phone: 904-259-2273 | Fax: 904-717-8810

Email: kristen@hometownhomehealth.net

Jacob Hitt — Administrator (alternate contact)

Hometown Home Health, LLC | Phone: 904-259-2273 | Fax: 904-717-8810

Email: jacob@hometownhomehealth.net

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, DC 20201; 1-877-696-6775; or https://www.hhs.gov/hipaa/filing-a-complaint. Florida complaints may also be directed to the Agency for Health Care Administration Consumer Complaint Hotline at 1-888-419-3456.

10. Effective Date and Applicability

Effective April 1, 2026. This Notice applies to Hometown Home Health, LLC.