care community

Notice of Privacy Practices

Effective Date: June 18, 2026

This Notice of Privacy Practices applies to Care Community, P.C. This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

For purposes of this Notice, "Provider," "we," "us," and "our" mean Care Community, P.C. VaxCare, LLC ("VaxCare") serves as Provider's non-clinical administrative services provider and may assist Provider with administrative functions such as scheduling support, billing support, communications support, privacy-request intake, and related operational services. VaxCare does not provide medical care, does not direct or control Provider's licensed professionals, does not make clinical decisions, and does not own or control Provider's medical records except as permitted by law and under Provider's direction.

PROVIDER'S PROTECTION OF PROTECTED HEALTH INFORMATION (PHI)

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Provider is required by law to maintain the privacy of health information that identifies you, called protected health information (PHI), and to provide you with notice of our legal duties and privacy practices regarding PHI. Provider is committed to the protection of your PHI and will make reasonable efforts to ensure the confidentiality of your PHI, as required by statute and regulation. Provider takes this commitment seriously and will work with you to comply with your right to receive certain information under HIPAA.

PROVIDER'S USE AND DISCLOSURE OF PHI

As permitted under HIPAA, the following categories explain the types of uses and disclosures of PHI that Provider may make. Some of the uses and disclosures described may be limited or restricted by state laws or other legal requirements. Please contact our Privacy Officer, using the contact information provided at the end of this notice, for specific information regarding your state.

- **For treatment** – Provider may use or disclose PHI for treatment purposes, including disclosure to physicians, nurses, medical students, pharmacies, and other health care professionals who provide you with health care services and/or are involved in the coordination of your care, such as providing your physician with your laboratory test results.
- **For payment** – Provider may use or disclose PHI to bill and collect payment for immunization services provided by Provider. For example, Provider may provide PHI to your health plan to receive payment for the health care services provided to you.
- **For health care operations** – Provider may use or disclose PHI for health care operations purposes. These uses and disclosures are necessary, for example, to evaluate the quality of immunization services, accreditation functions, and for Provider's operation and management purposes. Provider may also disclose PHI to other health care providers or health plans that are involved in your care for their health care operations. Other examples of health care operations uses/disclosures include the creation of de-identified data (such as by removing identifiers) and providing PHI to other providers to coordinate your health care.
- **Communications about appointment reminders and health-related benefits and services and billing** – Provider may use and disclose PHI to: contact you as a reminder that you have an appointment with a provider; to tell you about health-related benefits and services that may be of interest to you; and for insurance and billing purposes. For example, Provider may contact you about

an immunization service available in your area or at Provider, or to inform you that we need your insurance or other billing information.

- **Business associates** – Provider may disclose PHI to our business associates to perform certain business functions or provide certain business services to Provider. For example, Provider may use another company to perform billing services on our behalf. All of our business associates are required to maintain the privacy and confidentiality of your PHI. In addition, at the request of your health care providers or health plan, Provider may disclose PHI to their business associates for purposes of performing certain business functions or health care services on their behalf. For example, we may disclose PHI to a business associate of Medicare for purposes of medical necessity review and audit.
- **Disclosure for judicial and administrative proceedings** – Under certain circumstances, Provider may disclose your PHI in the course of a judicial or administrative proceeding, including in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- **Law enforcement** – Provider may disclose PHI for law enforcement purposes, including reporting of certain types of wounds or physical injuries or in response to a court order, warrant, subpoena or summons, or similar process authorized by law. We may also disclose PHI when the information is needed: 1) for identification or location of a suspect, fugitive, material witness, or missing person, 2) about a victim of a crime, 3) about an individual who has died, 4) in relation to criminal conduct on Provider's premises, or 5) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
- **As required by law** – Provider must disclose your PHI if required to do so by international, federal, state, or local law.
- **Public health and safety** – Provider may disclose PHI for public health activities. These activities generally include: 1) disclosures to a public health authority to report, prevent, or control disease, injury, or disability; 2) disclosures to report births and deaths or to report child abuse or neglect; 3) disclosures to a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety, or effectiveness of an FDA-regulated product or activity, including reporting reactions to medications or problems with products or notifying people of recalls of products they may be using; 4) disclosures 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 5) disclosures to an employer about an employee to conduct medical surveillance in certain limited circumstances concerning workplace illness or injury.
- **Disclosure about victims of abuse, neglect, or domestic violence** – Provider may disclose PHI about an individual to a government authority, including social services, if we reasonably believe that an individual is a victim of abuse, neglect, or domestic violence.
- **Health oversight activities** – Provider may disclose PHI to a health care oversight agency for activities authorized by law, such as audits, civil, administrative, or criminal investigations and proceedings/actions, inspections, licensure/disciplinary actions, or other activities necessary for appropriate oversight of the health care system, government benefit programs, and compliance with regulatory requirements and civil rights laws.
- **Coroners, medical examiners, and funeral directors** – Provider may disclose PHI to a coroner, medical examiner, or funeral director for the purpose of identifying a deceased person, determining cause of death, or for performing some other duty authorized by law.
- **Personal representative** – Provider may disclose PHI to your personal representative, as established under applicable law, or to an administrator, executor, or other authorized individual associated with your estate. As allowed by federal and state law, we may disclose the PHI of minors to their parents or legal guardians.

- **Correctional institution** – Provider may disclose the PHI of an inmate or other individual when requested by a correctional institution or law enforcement official for health, safety, and security purposes.
- **Serious threat to health or safety** – Provider may disclose PHI if necessary to prevent or lessen a serious and/or imminent threat to the health or safety of a person or the public or for law enforcement authorities to identify or apprehend an individual.
- **Research** – Provider may use and disclose PHI for research purposes. Limited data or records may be viewed by independent researchers to identify patients who may qualify for their research project or for other similar purposes, so long as those researchers do not remove or copy any of the PHI. Before we use or disclose PHI for any other research activity, one of the following will happen: 1) a special committee will determine that the research activity poses minimal risk to privacy and that there is an adequate plan to safeguard PHI; 2) if the PHI relates to deceased individuals, the researchers give us assurances that the PHI is necessary for the research and will be used only as part of the research; or 3) the researcher will be provided only with information that does not identify you directly.
- **Government functions** – In certain situations, Provider may disclose the PHI of military personnel and veterans, including Armed Forces personnel, as required by military command authorities. Additionally, we may disclose PHI to authorized officials for national security purposes, such as protecting the President of the United States, conducting intelligence, counter-intelligence, or other national security activities, and when requested by foreign military authorities. Disclosures will be made only in compliance with US law.
- **Workers' compensation** – As authorized by applicable laws, Provider may use or disclose PHI to comply with workers' compensation or other similar programs established to provide work-related injury or illness benefits.
- **Artificial Intelligence** – Provider may utilize, and/or may engage administrative service providers to support the use of, artificial intelligence (AI) tools to support and enhance the quality and efficiency of your care, such as for scheduling, documentation or data analysis. We have adopted safeguards to protect your health information used in conjunction with any AI tool, and any such use will comply with applicable privacy and security standards. AI-enabled tools are not intended to replace the independent professional judgment of Provider's licensed health care professionals.

OTHER USES AND DISCLOSURES OF PHI

For purposes not described above, Provider will ask for your written authorization before using or disclosing your PHI. If you sign an authorization form, you may revoke it, in writing, at any time, except to the extent that action has been taken in reliance on the authorization.

PATIENT CHOICES REGARDING PHI

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and the choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We will never share your PHI for marketing purposes or sell your PHI unless you provide written authorization. Please note that Provider does not disclose psychotherapy notes, as Provider does not create or maintain this type of information.

PATIENT RIGHTS REGARDING PHI

Subject to certain exceptions, HIPAA establishes the following patient rights with respect to PHI:

- **Right to receive a paper copy of the Provider Notice of Privacy Practices** – You have a right to receive a paper copy of these Notice of Privacy Practices at any time by contacting our administrative agent (VaxCare) at privacy@vaxcare.com, calling our administrative agent at (888) 829-8550 and asking for the HIPAA Privacy Officer, or by sending a written request to:

  HIPAA Privacy Officer – Care Community, P.C.
  c/o VaxCare, LLC
  800 N. Magnolia Ave., Suite 700
  Orlando, FL 32803

- **Right to request limits on uses and disclosures of your PHI** – You have the right to request that we limit how we use and disclose your PHI for treatment, payment, and health care operations activities. We are not required to agree to your request, and we may say "no" if it would affect your care. However, if you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- **Right to request confidential communications** – You have the right to request that Provider communicate with you about your PHI at an alternative address or by an alternative means. Provider will accommodate reasonable requests.
- **Right to see and receive copies of your PHI** – You have the right to access and receive an electronic or paper copy of PHI. We will provide a copy or summary of your PHI, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Right to receive an accounting of disclosures** – You have a right to receive a list of the times Provider disclosed your PHI in the six (6) years prior to the date you ask, who we shared it with, and why. This list will not include disclosures of PHI made for treatment, payment, or health care operations, as well as certain other disclosures (such as any you asked us to make). We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Right to choose someone to act for you –** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has authority and can act for you before we take any action.
- **Right to correct or update your PHI** – If you believe that your PHI contains a mistake, you may request, in writing, that Provider correct the information. We will respond to your request within 60 days after receiving it. If your request is denied, we will provide an explanation of the reasoning for our denial.

HOW TO EXERCISE YOUR RIGHTS

To exercise any of your rights described in this notice, you must send a written request to:

HIPAA Privacy Officer – Care Community, P.C.
c/o VaxCare, LLC
800 N. Magnolia Ave., Suite 700
Orlando, FL 32803

Patients may update insurance by contacting the Patient Billing department using the phone number indicated on the billing invoice.

HOW TO CONTACT US OR FILE A COMPLAINT

If you have questions or comments regarding this Notice of Privacy Practices or have a complaint about our use or disclosure of your PHI or our privacy practices, please contact our administrative agent at: privacy@vaxcare.com, call our administrative agent at (888) 829-8550 and ask for the HIPAA Privacy Officer, or send a written request to:

HIPAA Privacy Officer – Care Community, P.C.
c/o VaxCare, LLC
800 N. Magnolia Ave., Suite 700
Orlando, FL 32803

You also may file a complaint with the Secretary of the US Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. Provider will not take retaliatory action against you for filing a complaint about our privacy practices.

CHANGES TO THE NOTICE OF PRIVACY PRACTICES

Provider reserves the right to make changes to this notice and our privacy policies from time to time. Changes adopted will apply to any PHI we maintain about you. Provider is required to abide by the terms of our notice currently in effect. When changes are made, we will promptly update this notice.