NOTICE OF PRIVACY PRACTICES

Love The Golden Rule, Inc.

Effective Date: August 1, 2026

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.

Our Commitment to Your Privacy

Love The Golden Rule, Inc. ("LTGR," "we," "us," or "our") is required by law to maintain the privacy of your protected health information ("PHI"), provide you with this Notice, and follow the terms of the Notice currently in effect. The health and billing records we maintain are the physical property of LTGR. The information in them belongs to you.

How We Use and Disclose Your Health Information

We use and share your health information for treatment (coordinating your care among our providers and with outside providers we refer you to), payment (billing insurers, Medicare, Medicaid, or program funders), and health care operations (quality improvement, training, compliance, and our 340B program).

With your permission, or unless you object, we may also share relevant information with family, friends, or others involved in your care, or to notify someone of your location, condition, or death.

In certain circumstances required or permitted by law, we may disclose your information without your authorization, for example: public health reporting, health oversight activities, court orders, law enforcement, workers' compensation, approved research, or to avert a serious threat to health or safety. Other permitted circumstances include disaster relief, organ procurement, FDA reporting, and disclosures to correctional institutions, coroners, or medical examiners where applicable.

For a full list of these categories and how each applies, contact our Privacy Officer using the information below.

Uses That Require Your Written Authorization

Other than the uses described above, we will not use or share your health information without your written authorization, including for marketing, most psychotherapy notes, or any sale of your health information. You may revoke an authorization in writing at any time, except to the extent we have already relied on it.

Special Protections for Certain Information

Some of your health information carries additional protection beyond general HIPAA rules:

- HIV/AIDS-related information, protected under Florida law (Fla. Stat. § 381.004), which generally requires your specific written consent before disclosure.
- Mental health treatment records, protected under Florida law (Fla. Stat. § 394.4615).
- Substance use disorder diagnosis, treatment, and referral records, protected under federal law (42 CFR Part 2). Federal law prohibits us from disclosing information that identifies you as having applied for or received substance use disorder services, except as Part 2 allows, generally only with your specific written consent on a form that meets Part 2's requirements. This consent is separate from, and in addition to, a general HIPAA authorization. Part 2 also limits use of this information against you in criminal proceedings

and generally cannot be disclosed in response to a subpoena alone, without a qualifying court order or your consent.

Contact our Privacy Officer with questions about how these protections apply to your records, or to complete the consent form required for substance use disorder-related disclosures.

Your Rights

You have the right to:

- Inspect and receive a copy of your health information.
- Request an amendment if you believe your information is incorrect or incomplete.
- Request an accounting of certain disclosures we've made.
- Request a restriction on how we use or share your information.
- Request confidential communications by an alternative method or location.
- Revoke a prior written authorization.
- Receive a paper copy of this Notice at any time.
- Be notified if a breach occurs affecting your information.
- File a complaint if you believe your privacy rights have been violated.

To exercise any of these rights, or for details on how a specific right works, contact our Privacy Officer using the information below. We will not penalize or retaliate against you for filing a complaint.

Complaints

Contact our Privacy Officer, or the U.S. Department of Health and Human Services, Office for Civil Rights (www.hhs.gov/ocr/privacy/hipaa/complaints, 1-800-368-1019). Complaints about physicians or other licensed professionals may also be filed with the Florida Department of Health, 4052 Bald Cypress Way, Bin C75, Tallahassee, FL 32399-3260.

Our Responsibilities

We are required by law to maintain the privacy of your health information, notify you promptly of any breach, follow the terms of this Notice, and accommodate reasonable requests regarding how we communicate with you. We will let you know if we cannot accommodate a request.

Changes to This Notice

We may change this Notice at any time. Any revised Notice will apply to health information we already have as well as any we receive in the future. The current Notice will always be posted on our website and available at our office.

Contact / Privacy Officer

Compliance Officer, Love The Golden Rule, Inc. 3600 Central Ave., Saint Petersburg, FL 33711 727-826-0700 hello@lovethegoldenrule.com