NOTICE OF PRIVACY PRACTICES

Last Modified: July 17, 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.

This Notice of Privacy Practices (the "Notice") describes how Millennium Healthcare and the members of its Affiliated Covered Entity (collectively "we" or "our") may use and disclose your protected health information to carry out treatment, payment, or business operations and for other purposes that are permitted or required by law. An Affiliated Covered Entity is a group of health care providers under common ownership or control that designates itself as a single entity for purposes of compliance with the Health Insurance Portability and Accountability Act ("HIPAA"). The members of the Millennium Healthcare Affiliated Covered Entity will share protected health information with each other for the treatment, payment, and health care operations of the Millennium Healthcare Affiliated Covered Entity and as permitted by HIPAA and this Notice of Privacy Practices. When this Notice refers to Millennium Healthcare and the members of its Affiliated Covered Entity, it is referring to the following entities:

- Millennium Physician Group, LLC
- Millennium Surgery Centers of Florida, LLC
- Millennium Provider Group, P.A.
- Millennium Home Care, LLC
- South Austin Family Practice Clinic, PLLC d/b/a Premier Family Physicians
- Austin Geriatric Specialists, PLLC
- Millennium Physician Group of Georgia, LLC
- Millennium RBE of Georgia, LLC
- Millennium RBE of Florida, LLC
- Millennium Payor Contracting North Carolina, LLC
- Millennium Physician Group of NC, PLLC
- Medical Home Alliance, LLC dba IMA Medical Group
- Millennium Healthcare Management Services, LLC
- veriMED IPA, LLC

In general, we will only use or disclose your PHI as described in this Notice in relation to your healthcare treatment, payment, and/or our operations, or as required by law. If we believe any additional use or disclosure of your PHI is necessary that goes beyond these use cases, we will not use or disclose your PHI without your authorization.

Protected Health Information is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical health or condition, treatment or payment for health care services. This Notice also describes your rights to access and control your protected health information.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:

Your protected health information may be used and disclosed by our health care providers, our staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to support our business operations, to obtain payment for your care, and any other use authorized or required by law. We make reasonable efforts to limit uses and disclosures of PHI to the minimum necessary.

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 a third party. For example, your protected health information may be provided to a health care provider to whom you have been referred to ensure the necessary information is accessible to diagnose or treat you. Treatment activities may include the use of secure electronic communications, telehealth technologies, patient portals, remote patient monitoring, electronic prescribing, and other technologies used to support the delivery and coordination of care.

PAYMENT:

Your protected health information may be used to bill or obtain payment for your health care services**.** This may include certain activities that your health insurance plan may undertake before it approves or pays for your services, such as: making a determination of eligibility or coverage for insurance benefits and reviewing services provided to you for medical necessity**.**

HEALTH CARE OPERATIONS:

We may use or disclose your protected health information as needed to support our health care operations. These activities include, but are not limited to:

- Care coordination;
- Population health activities;
- Clinical quality improvement;
- Provider credentialing;
- Training and education;
- Value-based care programs;
- Risk adjustment activities;
- Improving the quality and effectiveness of care;
- Providing information about treatment alternatives or other health-related benefits and services;
- Developing, maintaining, and supporting information systems;
- Legal services;
- Enterprise privacy and security activities; and
- Conducting audits, compliance reviews, and fraud, waste, and abuse investigations.

USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION:

We may use or disclose your protected health information in the following situations without your authorization: as required by law; for public health purposes; for health care oversight purposes; for abuse or neglect reporting; pursuant to Food and Drug Administration requirements; in connection with legal proceedings; for law enforcement purposes; to coroners, funeral directors and organ donation agencies; for certain research purposes; for certain criminal activities; for certain military activity and national security purposes; for workers' compensation reporting; relating to certain inmate reporting; and other required uses and disclosures. Under the law, we must make certain disclosures to you upon your request, and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of HIPAA. State laws may further restrict these disclosures.

We may disclose your protected health information to Business Associates that perform services on our behalf. Business Associates are required by federal law and by contract to appropriately safeguard your protected health information and may use or disclose your information only as permitted by law and as necessary to perform services for us.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION:

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless permitted or required by law. Without your authorization, we are expressly prohibited from using or disclosing your protected health information for marketing purposes. We may not sell your protected health information without your authorization. Your protected health information will not be used for fundraising. If you provide us with an authorization for certain uses and disclosures of your information, you may revoke such authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

In addition, federal and state law require special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including the subset of your protected health information that: (1) is maintained in psychotherapy notes; (2) is about mental illness, and developmental disabilities; (3) is about alcohol or drug abuse or addiction; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about communicable disease(s), including venereal disease(s); (6) is about genetic testing; (7) is about child abuse and neglect; (8) is about domestic abuse of an adult; or (9) is about sexual assault.

In order for your Highly Confidential Information to be disclosed for a purpose other than those permitted by law, your written authorization is required.

CONFIDENTIALITY OF SUBSTANCE USE DISORDER (SUD) TREATMENT RECORDS:

Federal law, including 42 U.S.C. § 290dd-2 and 42 CFR Part 2, provides additional privacy protections for certain records relating to the diagnosis, treatment, or referral for treatment of a Substance Use Disorder ("SUD").

Where applicable, Millennium Healthcare will use and disclose SUD treatment records only as permitted or required by HIPAA, 42 CFR Part 2, applicable state law, and other applicable legal requirements.

How We May Use or Disclose SUD Information:

When permitted by applicable law, SUD treatment records may be used or disclosed for purposes including:

- Treatment;
- Payment;
- Health Care Operations;
- Public health activities;
- Health oversight activities;
- Audits and evaluations;
- Research where permitted by law;
- Judicial or administrative proceedings where authorized by law; and
- Other uses or disclosures permitted or required by applicable federal or state law.

Certain uses and disclosures of SUD treatment records may require your written authorization or other legal authority before disclosure may occur.

Prohibition on Re-Disclosure of Substance Use Disorder Information:

Federal law may prohibit recipients of Substance Use Disorder treatment records from re-disclosing those records except as expressly permitted by applicable law.

Recipients should not assume that re-disclosure is permitted simply because information has been received from Millennium Healthcare. Additional federal confidentiality protections may continue to apply.

Your Rights Regarding Substance Use Disorder Information:

Subject to applicable federal and state law, you have rights regarding your SUD treatment records, including rights to:

- Request access to certain records;
- Request amendments where permitted;
- Receive an accounting of certain disclosures;
- Submit complaints regarding our privacy practices; and
- Exercise other rights provided by HIPAA, 42 CFR Part 2, and applicable law.

Our Responsibilities for Substance Use Disorder Information

Millennium Healthcare is committed to protecting the confidentiality of Substance Use Disorder treatment records.

We maintain administrative, technical, and physical safeguards designed to protect SUD treatment records from unauthorized access, use, or disclosure.

We will comply with HIPAA, 42 CFR Part 2, applicable state privacy laws, and other legal requirements governing the confidentiality of Substance Use Disorder treatment records.

COMMUNICATIONS FOR TREATMENT AND HEALTHCARE OPERATIONS:

If you choose to communicate with us via unsecure electronic communication, such as regular email or SMS text message, we may direct you to contact us via a secure mechanism such as an online app, in our care centers, or over the phone.

In addition, if you provide your email address or cell phone number when you consent to our services, we may communicate with you via phone call, emails or SMS text messages related to appointment reminders, benefit offerings, or other general informational communications. For your convenience, these messages may be sent unencrypted.

Before using or agreeing to use of any unsecure electronic communication to communicate with us, note that there are certain risks, such as interception by others, misaddressed/misdirected messages, shared accounts, messages forwarded to others, or messages stored on unsecured, portable electronic devices. By choosing to correspond with us via unsecure electronic communication, you acknowledge that there may be associated risks with this communication. Additionally, you should understand that use of email or other electronic communications is not intended to be a substitute for professional medical advice, diagnosis or treatment. Email communications should never be used in a medical emergency.

YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION:

You have the right to inspect and copy your protected health information.

You have the right to obtain an electronic copy of your health information when we maintain that information electronically. We may charge a reasonable, cost-based fee as permitted by law.

You may request access to or an amendment of your protected health information.

You have the right to request a restriction on the use or disclosure of your protected health/personal information. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, except if the requested restriction is on a disclosure to a health plan for a payment or health care operations purpose regarding a service that has been paid in full out-of-pocket.

You have the right to request to receive confidential communications from us by alternative means or at an alternate location. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

You have the right to request an amendment of your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to our statement and we will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures of your protected health information that we have made, in paper or electronic form, except for certain disclosures which were pursuant to an authorization, for purposes of treatment, payment, healthcare operations (unless the information is maintained in an electronic health record); or for certain other purposes.

You have the right to obtain a paper copy of this Notice, upon request, even if you have previously requested its receipt electronically by e-mail.

REVISIONS TO THIS NOTICE:

We reserve the right to revise this Notice and to make the revised Notice effective for protected health information we already have about you as well as any information we receive in the future. You are entitled to a copy of the Notice currently in effect. Any significant changes to this Notice will be posted on our web site located at www.millenniumphysician.com. You then have the right to object or withdraw your consent or authorization as provided in this Notice.

BREACH OF HEALTH INFORMATION:

We are required by law to notify affected individuals, the Department of Health and Human Services, and, when applicable, the media following a breach of unsecured protected health information. Notification will be made to you no later than 60 days from the breach discovery and will include a brief description of how the breach occurred, the protected health information involved and contact information for you to ask questions.

HEALTH INFORMATION EXCHANGE

We may share information we obtain or create about you through our participation with a state's Health Information Exchange (HIE) as permitted by law. For example, information about your past medical care and current medical conditions and medications can be available to us or to your primary care physician or hospital, if they participate in the HIE as well. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions.

COMPLAINTS:

Complaints about this Notice or how we handle your protected health information should be directed to our HIPAA Privacy Officer. If you are not satisfied with the manner in which a complaint is handled you may submit a formal complaint to the Department of Health and Human Services, Office for Civil Rights 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/. We will not retaliate against you for filing a complaint.

We must follow the duties and privacy practices described in this Notice. We will maintain the privacy of your protected health information and notify affected individuals following a breach of unsecured protected health information.

CONTACT INFORMATION:

If you have any questions about this Notice, please contact our Privacy Office at privacy@mosaichealth.com or our Ethics Connection Hotline at 1-855-517-8676.