CAPITAL MEDICAL CLINIC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO HIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Commitment to Your Privacy Capital Medical Clinic ("we," "us," or "our practice") is dedicated to protecting the privacy of your health information. We are required by law to maintain the privacy of your protected health information ("PHI"), to provide you with this Notice describing our legal duties and privacy practices with respect to PHI, and to notify you following a breach of unsecured PHI. We are required to abide by the terms of the Notice currently in effect.

This Notice applies to all records of your care generated by Capital Medical Clinic, whether made by our physicians, physician assistants, or other office staff, and applies to services provided by Lisa Peterson, MD; Gary Van Ert, MD; Dorothea Jacobsen, MD; Uma Nooka, MD; Kurt Schmeckpeper, PA-C; and Tracy Dziacky, PA-C, along with all other members of our workforce.

How We May Use and Disclose Your Health Information

For Treatment We may use and disclose your health information to provide, coordinate, or manage your care and any related services. For example, a physician treating you may share information with a physician assistant, nurse, or other staff member involved in your care, or with another provider to whom we refer you.

For Payment We may use and disclose your health information to obtain payment for services we provide to you. For example, we may share information with your health insurance plan to determine eligibility for benefits or to bill and collect payment for treatment we provided.

For Health Care Operations We may use and disclose your health information for our operations, which are necessary to run our practice and ensure our patients receive quality care. Examples include quality assessment and improvement activities, staff and student training, licensing, credentialing, and business planning.

Other Permitted or Required Uses and Disclosures We may also use or disclose your health information, without your written authorization, for the following purposes:

- Appointment reminders and information about treatment alternatives or health-related benefits and services.
- As required by federal, state, or local law, including reporting as required by workers' compensation laws.
- For public health activities, such as reporting disease, injury, vital events, or adverse reactions to medications.
- To a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- In response to a court or administrative order, subpoena, discovery request, or other lawful legal process.
- For law enforcement purposes, such as identifying or locating a suspect, fugitive, witness, or missing person, as permitted by law.
- To coroners, medical examiners, or funeral directors as necessary for them to carry out their duties.
- For research purposes, subject to review and approval by an institutional review board or privacy board and applicable safeguards.
- To avert a serious and imminent threat to your health or safety or the health or safety of others.
- For specialized government functions, including military and veterans' activities, national security, and protective services.

Any use or disclosure not described in this Notice will be made only with your written authorization. You may revoke an authorization at any time, in writing, except to the extent we have already relied on it.

Substance Use Disorder Treatment Records (42 CFR Part 2)

Federal law provides special confidentiality protections for records relating to the treatment of substance use disorders that are subject to 42 CFR Part 2. If our practice receives or maintains records of this kind — for example, through a referral, a care coordination arrangement, or information shared by another provider — those records receive heightened protection.

To the extent we hold substance use disorder patient records that are subject to 42 CFR Part 2, we will not use or disclose information from those records in civil, criminal, administrative, or legislative investigations or proceedings brought against you unless you have consented in writing or a court has issued an order accompanied by a subpoena or other legally binding process compelling the disclosure.

Please also be aware that once your health information has been disclosed in a manner permitted by this Notice, it may be redisclosed by the party who received it, including information originating from substance use disorder treatment records, and at that point it may no longer be protected by the HIPAA Privacy Rule.

Uses and Disclosures Requiring Your Written Authorization

Certain uses and disclosures of your health information will be made only with your written authorization, including:

- Most uses and disclosures of psychotherapy notes where applicable.
- Uses and disclosures of your health information for marketing purposes.

- Disclosures that constitute a sale of your health information.

If you provide us with authorization to use or disclose your health information, you may revoke that authorization in writing at any time, except to the extent we have already taken action in reliance on it.

Your Rights Regarding Your Health Information

Right to Inspect and Copy You have the right to inspect and obtain a copy of your health information that we maintain, with limited exceptions. Requests should be made in writing to our office. We may charge a reasonable, cost-based fee for copies.

Right to Request Amendment You have the right to request that we amend your health information if you believe it is incorrect or incomplete. We may deny your request in certain circumstances, and we will provide you with a written explanation if we do.

Right to an Accounting of Disclosures You have the right to request a list of certain disclosures we have made of your health information, excluding disclosures made for treatment, payment, health care operations, and certain other purposes.

Right to Request Restrictions You have the right to request a restriction on certain uses and disclosures of your health information. We are not required to agree to every request, but we must comply with a request to restrict disclosure to a health plan for payment or operations purposes if the information pertains solely to a service you paid for in full, out of pocket.

Right to Request Confidential Communications You have the right to request that we communicate with you about your health information by an alternative means or at an alternative location, and we will accommodate reasonable requests.

Right to a Paper Copy of This Notice You have the right to obtain a paper copy of this Notice at any time, even if you agreed to receive it electronically.

Right to Be Notified of a Breach You have the right to be notified in the event that we, or a business associate, discover a breach of your unsecured health information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you provide written authorization, which you may revoke at any time.

Changes to This Notice

We reserve the right to change this Notice and to make the revised or changed Notice effective for health information we already have as well as any information we receive in the future. A current copy of this Notice will be posted in our office and on our website, and will be available upon request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Official or with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint.

Our Privacy Official (Office Administrator) may be reached at: Capital Medical Clinic, 4701 Normal Blvd., Lincoln, Nebraska 68506, (402) 488-5050.

U.S. Department of Health and Human Services: Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201, (877) 696-6775, www.hhs.gov/ocr/privacy/hipaa/complaints/.

Contact Information

Practice	Capital Medical Clinic, LLP – Family Practice
Privacy Official	Office Administrator
Address	4701 Normal Blvd., Lincoln, Nebraska 68506
Phone	(402) 488-5050
Website	www.capitalmedicalclinicllp.com
Office Hours	Monday – Friday, 8:00 a.m. – 5:00 p.m.
Effective Date	August 1, 2026

Document No.	Effective Date	Revision	Supersedes
CMC-HIPAA-201	August 1, 2026	1.0	N/A (New Document)

CAPITAL MEDICAL CLINIC

Family Practice

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Federal law requires Capital Medical Clinic to make a good faith effort to obtain your written acknowledgment that you have received a copy of our Notice of Privacy Practices, which describes how your health information may be used and disclosed and explains your rights regarding that information.

By signing below, I acknowledge that:

- I have received a copy of Capital Medical Clinic's Notice of Privacy Practices.
- I have had the opportunity to review it and ask questions.
- I understand that a current copy of the Notice is available at the front desk and on the practice website at any time.

Patient Name (Printed)

Patient / Legal Representative Signature

Date

Relationship to Patient (if signed by a legal representative)

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Complete this section only if the patient did not sign above.

Reason acknowledgment was not obtained (circle one):

- Patient refused to sign
- Patient was unable to sign due to emergency circumstances
- Other (describe below)

Staff Member Name (Printed)

Staff Member Signature

Date

Document No.	Effective Date	Revision	Related Document
CMC-HIPAA-201A	August 1, 2026	1.0	CMC-HIPAA-201