



Shim Medical, LLC

NOTICE OF PRIVACY PRACTICES

Effective Date: **December 1, 2025**

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.**

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct (amend) your paper or electronic medical record
- Request confidential communication (e.g., call your cell instead of home)
- Ask us to limit the information we share (we are not always required to agree)
- Get a list of those with whom we've shared your information (accounting of disclosures)
- Get a copy of this privacy notice
- Choose someone to act for you (legal representative)
- File a complaint if you believe your privacy rights were violated
- Opt out of receiving fundraising communications

YOUR CHOICES

You have both the right and choice to tell us whether we may:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster-relief situation
- Include your information in a hospital directory (not applicable to our office-based practice)

REPRODUCTIVE HEALTH CARE PRIVACY

We are prohibited by federal law from disclosing protected health information related to reproductive health care (including contraception, abortion, miscarriage management, and fertility treatment) for certain legal or investigative purposes without your specific written authorization or a valid court order that meets strict new requirements.

OUR USES AND DISCLOSURES

We may use and share your information as follows:

- To provide, coordinate or manage your medical care and related services, including consultations with other healthcare providers.
- To bill and collect payment from you.
- For practice operations including quality assessment, staff training, licensing, audits and improving our services.
- When required by law
- For public health and safety purposes
- In response to court orders, subpoenas, or other legal processes.
- To prevent or lessen a serious threat to health or safety

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- 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 tell us we can in writing. You may change your mind at any time by notifying us in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. The new notice will be posted in our office and on our website (www.Shimspine.com). It will apply to all PHI we maintain.

QUESTIONS OR COMPLAINTS

If you have questions about this notice or believe your privacy rights have been violated:

Privacy Officer

Shim Medical, LLC (DBA Shimspine)
309 State Street East, Suite 201
Oldsmar, Florida 34677
Phone: (813) 814-9251
Email: Jason.Mazza@Shimspine.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at:

<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by calling 1-800-368-1019.

We will not retaliate against you for filing a complaint.

Notice Revised and Effective December 1, 2025.