

Notice of Privacy Practices

Horizons Medical Care
8045 Highway 72 West, Madison, AL 35758

Effective date: 10/23/2026

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 explains how Horizons Medical Care protects health information that identifies you, whether it is spoken, on paper, or electronic. It describes your rights and the uses and disclosures permitted by law. Additional legal protections may apply to certain records.

Questions and privacy requests

Privacy contact: Avalon Webster
Telephone: 256-837-2271
Email: avie@horizonsmedicalcare.com
Mail: Attention Privacy Officer, Horizons Medical Care
8045 Highway 72 West, Madison, AL 35758

Contact the privacy contact above to ask questions, exercise any right described here, or file a complaint. We can explain how to submit your request.

Your rights

See or obtain your records

You may inspect or obtain a paper or electronic copy of the health information we maintain in records used to make decisions about you, including medical and billing records, subject to limited legal exceptions. We will provide the requested form and format if readily producible, or agree on an available alternative. We generally act within 30 days. If an extension is permitted and needed, we will explain the reason and completion date in writing; the extension will not exceed 30 additional days. Any copying fee will be reasonable and cost based as permitted by law. If access is denied, we will explain the denial and any available review rights in writing.

Request a correction

You may ask us to amend information you believe is inaccurate or incomplete. We generally act within 60 days, with one additional 30-day extension if we give written notice. We may deny a request as allowed by law, such as when the information is accurate and complete. A written denial will explain how you may submit a statement of disagreement.

Your rights continued

Request private communications

You may ask us to contact you in a particular way or at a different location, such as using a particular telephone number or mailing address. We will accommodate reasonable requests. You do not have to explain why you want confidential communications.

Ask us to limit uses or disclosures

You may request restrictions on information used or shared for treatment, payment, health care operations, or with people involved in your care. We generally do not have to agree. If we agree, we will follow the restriction, subject to legal exceptions, including needed emergency treatment. We must agree not to disclose information to a health plan for payment or health care operations when the information relates solely to an item or service paid in full by you or someone other than the plan on your behalf, unless disclosure is required by law.

Receive an accounting of disclosures

You may request a list of certain disclosures made during the six years before your request. The list excludes disclosures for treatment, payment, health care operations, disclosures authorized by you, and other disclosures excluded by law. We generally respond within 60 days, with one 30-day extension upon written notice. The first accounting in any 12-month period is free. We may charge a reasonable, cost-based fee for additional requests, after notifying you and allowing you to withdraw or narrow the request.

Get a paper notice and use a representative

You may obtain a paper copy of this notice at any time, even if you agreed to receive it electronically. A person legally authorized to act for you may exercise your rights, subject to applicable law. We will verify that person's authority.

How we may use and share information

The following uses and disclosures are subject to applicable legal limits, including the special protection for substance use disorder records described on page 3. A purpose listed here does not override a law that requires your consent or otherwise limits disclosure.

Treatment

We may use and share information to provide and coordinate your care. For example, we may send a treating specialist information about your symptoms, medicines, and test results. Treatment communications may include appointment reminders and information about treatment alternatives.

Payment

We may use and share information to obtain payment for care. For example, we may send your health plan information about a visit and diagnosis to process a claim, subject to your right to restrict certain fully paid services.

Health care operations

We may use and share information to administer the practice and improve care. For example, we may review records to assess quality or staff performance. Service providers that handle protected information for us must have the safeguards and agreements required by law.

Other permitted or required disclosures

When applicable legal conditions are met, we may use or share information for these purposes:

Public health and safety

Disease reporting, product safety and recalls, reports of abuse, neglect or domestic violence, and preventing or reducing a serious and imminent threat to health or safety.

Oversight and legal requirements

Health oversight, such as audits or licensing; disclosures required by law; and HHS reviews of our compliance. Court or administrative orders, subpoenas, and law enforcement requests must satisfy applicable legal requirements; a request alone does not always authorize release.

Other public purposes

Research with required privacy safeguards; organ and tissue donation; coroners, medical examiners and funeral directors; workers' compensation; and authorized military, national security, protective service, or correctional purposes, within legal limits.

Records with additional protection

Other federal or Alabama laws may impose stricter limits on certain information. We follow those limits when they apply to a use or disclosure described in this notice.

Substance use disorder records under Part 2

If we receive or maintain substance use disorder patient records protected by 42 CFR Part 2, additional restrictions apply. The general permissions in this notice do not independently authorize disclosure of those records. We use or share them only with the consent or other legal authority Part 2 requires.

When a HIPAA covered entity or business associate receives Part 2 records under your consent for treatment, payment, and health care operations, it may redisclose them as HIPAA permits, subject to Part 2's restrictions on proceedings against you.

We will not use or disclose Part 2 records, or testimony describing their contents, in civil, criminal, administrative, or legislative investigations or proceedings against you without your specific written consent or a qualifying court order and a subpoena or other legal mandate compelling disclosure. Consent for those proceedings must be separate from consent for other purposes. A subpoena alone is insufficient.

Your choices and written permission

People involved in your care

We may share relevant information with family, friends, or others involved in your care or payment when you agree or have an opportunity to object and do not object. We may also share information for disaster relief. If you cannot state a preference, we may share information based on professional judgment and your best interests, as allowed by law. Stricter rules for specially protected records still apply.

Written permission

Uses that require authorization

Most uses and disclosures of psychotherapy notes, marketing uses and disclosures, and sales of protected health information require your written authorization, subject to narrow legal exceptions. Other uses and disclosures not described in this notice will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent we have already relied on it or another legal exception applies.

Our responsibilities

We are required by law to protect the privacy of your protected health information, give you this notice of our legal duties and privacy practices, and follow the terms of the notice currently in effect. We will notify you as required by law if a breach compromises the privacy or security of your unsecured protected health information.

Changes to this notice

We reserve the right to change this notice and make the revised terms apply to information we already maintain and information we receive in the future, as permitted by law. The revised notice will state its effective date and will be available at our office and upon request. If we maintain a website describing our services, the current notice will also be posted there.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our privacy contact on page 1. Describe what happened and how we may contact you. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services through the Office for Civil Rights. You do not have to complain to us first.

HHS complaint information and instructions:

<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

Mail: U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, SW, Washington, DC 20201

We will not retaliate against you for filing a complaint.