



**Pediatric Partners, L.L.C.
HIPAA Notice of Privacy Practices
(Effective February 16, 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.

Pediatric Partners, L.L.C. (the "Practice" and sometimes "we" or "us") is dedicated to maintaining the privacy of your personal health information. In conducting our business, the Practice creates and maintains identifiable information about you and the medical treatment and healthcare items/services that we provide for you (collectively, your "Information"). We are subject to, and must comply with the requirements of, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other laws protecting the confidentiality, privacy, security, and availability of your Information. We are required by HIPAA to provide you with this Notice of Privacy Practices (this "Notice") describing our legal duties and privacy practices.

This Notice describes how we may use and/or disclose your Information, including your medical history, symptoms, examination and test results, diagnoses and treatment plans, and other health information in order to carry out treatment, payment, and health care operations and for other purposes that are allowed or required of the Practice by law. The Information we disclose in accordance with this Notice might be subject to redisclosure by the recipient and, in some instances, may no longer be protected under HIPAA. This Notice also describes your rights to review and control the use and disclosure of your Information. We will report any breaches of your unsecured Information in accordance with applicable law.

The terms of this Notice apply to all records containing your Information that are created and/or retained by the Practice. We reserve the right to revise or amend this Notice at any time. Any revision or amendment of this Notice will be effective for all of your records that the Practice has created or maintained in the past and any of your records we may create or maintain in the future. We will follow the terms of the Notice that we have in effect at the time. The effective date of our Notice is (and will be) posted at the top of the Notice. You may request a copy of our Notice at any time. A copy of our current Notice is posted in our office in a visible location at all times. You may also access a copy of this Notice on our website at <http://pediatricpartnersllc.org>.

Primary Uses and Disclosures. We may use and disclose your Information for purposes of providing treatment, obtaining payment, and our health care operations, and there may be other incidental uses and/or disclosures of your Information. The following are examples of such uses and disclosures.

- **Treatment.** We may use and disclose your Information to provide, coordinate, and manage your health care and related services. This includes the use/disclosure of your Information for treatment purposes by/to health care providers within and outside the Practice, such as physicians, nurses, technicians, and other personnel involved in your care and treatment. For example, your Information may be provided to a physician with whom you have been referred to ensure that the physician has the necessary information to diagnosis or treat you. To the extent permitted by law, we may also disclose your Information to other persons involved in your care, such as family members and friends, unless you instruct us not to do so.
- **Payment.** We may use and disclose your Information so that the health care and related services that you receive from us may be billed to, and payments may be collected from: you; an insurance company; or a third-party payor. We may also tell your health insurance plan or carrier about a treatment you're going to receive in order to obtain prior authorization or to determine whether your plan will cover the treatment. We may also disclose your Information to other health care providers and health plans for their payment activities. For example, we may provide your Information to a physician who is not on our medical staff so that the physician may bill you or your insurer for services you received from that physician.

- Healthcare Operations. We may use and disclose your Information, as needed, for certain administrative and operational purposes in the course of running our business. These activities may include, but are not limited to, quality assessment and improvement activities, reviewing the quality of care provided by your health care providers, training of personnel and medical students, physician assistant students, nurse practitioner students, nursing students and other students that we may agree to allow within our facility, licensing and conducting or arranging for other business activities. We may combine information we have with information from other health care providers to compare how we are doing and see where we can make improvements in the care and services that we offer. We may also disclose your information to other health care providers to assist with their health care operations, as long as they have (or have had in the past) a treatment relationship with you.
- Incidental Uses and Disclosures. There may be incidental uses and disclosures of your Information that cannot reasonably be prevented. For example, when your name is called in the waiting room, we cannot reasonably prevent others from overhearing your name.
- Other Uses and Disclosures. We may contact you to schedule or remind you of an appointment, including by leaving voice messages on your cell phone or answering machine or in a message left with the person answering the phone. We may also use your Information to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about our practice and the services we offer.

Uses and Disclosures Allowed or Required by Law. We may use or disclose your Information in the following situations, as allowed or required by law. These uses/disclosures of your Information generally do not require us to obtain your written authorization.

- Business Associates. We may share your Information with other organizations that provide certain services for the Practice, such as billing or transcription services. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the privacy and security of your information in accordance with HIPAA.
- Required by Law. We will use or disclose your Information if we are legally required to do so, but we will limit the use or disclosure to the minimum amount required for us to comply with such legal requirement.
- Compliance. By law, we must make disclosures of your Information to the Secretary of the Department of Health and Human Services to enable the Secretary to evaluate our compliance with HIPAA.
- Public Health. We may disclose your Information to a public health authority for purposes of controlling disease, injury or disability. We may also disclose your Information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- Communicable Diseases. We may disclose your Information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- Health Oversight. We may disclose your Information to a state or federal health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information might include, but are not limited to, government agencies that oversee the health care system, government benefit programs, other regulatory programs, and entities subject to civil rights laws.
- Abuse or Neglect. We may disclose your Information to a governmental entity/agency that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your Information to the governmental entity/agency authorized to receive such information if we believe that you have been a victim of abuse, neglect or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable laws and due regard for safety of the individual.
- Food and Drug Administration. When required by the U.S. Food and Drug Administration (“FDA”), we may disclose your Information to a person or company for purposes relating to quality, safety or efficacy of FDA-regulated products or activities.

- Legal Proceedings. We may disclose your Information in the course of any judicial or administrative proceedings: (i) in response to an order of a court or administrative tribunal, to the extent such disclosure is authorized by such order; and (ii) in response to a subpoena, discovery request, or other lawful process, but only if certain efforts have been made to inform you about the request or to obtain an order protecting the Information being requested.
- Law Enforcement. We may disclose your Information if requested by federal, state or local law enforcement officials for law enforcement purposes, so long as applicable legal requirements are met.
- Coroners, Funeral Directors and Organ Donation. We may disclose your Information to a coroner or medical examiner for identification purposes, to determine a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may disclose your Information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. Your Information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
- Research. We may disclose your Information to researchers when their research has been approved by a privacy board or an institution review board.
- Criminal Activity. Consistent with applicable federal and state laws, we may disclose your Information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or to the public.
- Military Activity and National Security. If you are a member of the Armed Forces, we may use and disclose your Information: (i) for activities deemed necessary by military command authorities; (ii) for purposes of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (iii) to a foreign military authority if you are a member of that foreign military, in accordance with HIPAA. We may also disclose your Information to federal officials conducting national security and intelligence activities authorized by law, including to protect the President of the United States or other government officials.
- Employers. We may disclose your Information obtained in providing medical services to you at the request of your employer for purposes of conducting an evaluation relating to medical surveillance of the workplace or determining whether you have a work-related illness or injury when such medical services are needed by the employer to comply with certain legal requirements.
- Correctional Institutions. If you are an inmate or in legal custody, we may disclose your Information to the correctional institution or law enforcement official having legal custody of you, if necessary for health and safety purposes.
- Workers' Compensation. We may disclose your Information, as authorized by law, to comply with workers' compensation laws and other similar legally established programs.
- Schools. We may disclose proof of immunizations to a school you attend if the school is required by state or other law to have such proof prior to admitting you and if we obtain your consent or, if you are a minor, the consent of a parent, guardian, or person acting in loco parentis.
- Fundraising. We may use or disclose your demographic information in order to contact you for our fundraising activities. This information may come from SUD Treatment Records (defined below), if any. If you do not want to receive these materials, please notify our Privacy Officer and we will stop any further fundraising communications.

Disclosures to Persons Involved in Your Care. We may disclose to a member of your family, a relative, a friend, or another person that you have identified your Information that directly relates to such person's involvement in your care and/or who has responsibility for payment of your care. We may also use/disclose your Information to notify a relative or other person responsible for your care of your location, general condition, or death. If you are not present or are unable to state an objection or to request a restriction to such use/disclosure, we may, in our professional judgment, determine whether the use/disclosure is in your best interest. Further, in the event of your death, we may disclose to a member of your family, a relative, a friend, or any other person you identify your Information that directly relates to that person's involvement in your care or who has responsibility for payment of your care, unless such disclosure is inconsistent with your prior-expressed preference that is known to

the Practice. We may disclose your Information to a public or private entity, authorized by law or by its charter to assist in disaster relief efforts, for the purposes of notifying your family about your condition, status and location.

Written Authorization. Any uses or disclosures of your Information for purposes other than as generally described in this Notice will be made only with your written authorization. Any authorization you provide to us is effective for the period specified in the authorization (which cannot exceed one year) unless you revoke the authorization in writing. Any written authorization may be revoked by you, at any time. Your revocation shall not apply to those uses and disclosures we made on your behalf pursuant to your authorization prior to the time we received your written revocation.

- **Marketing.** We may use or disclose your Information for marketing purposes only with your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization. Marketing uses/disclosures do not include activities such as us contacting you about health-related products or services we offer or to manage or coordinate your care, encourage you to maintain a healthy lifestyle, or remind you to refill prescriptions.
- **Sale of Information.** We may only sell your Information to a third-party with your written authorization.
- **Psychotherapy Notes.** We may use and disclose any psychotherapy notes about you only with your prior written authorization, except when our use or disclosure relates to the following: (i) carrying out treatment, payment, or health care operations purposes; (ii) legally required disclosures; (iii) health oversight activities; (iv) disclosures to coroners and medical examiners; (v) reports related to threats to health or safety; and (vi) defending the Practice in a legal action or other proceeding brought by you (or on your behalf) against the Practice or our providers. As used in this Notice, the term “psychotherapy notes” has the specific meaning given to it under HIPAA.

Facility Directories. Unless you notify us, we will use and disclose in our facility directory your name, the locations at which you are receiving care, your condition (in general terms), and your religious affiliations. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Members of the clergy will be told your religious affiliation. If you do not want us to use or disclose such information or want some restrictions on what is placed in our facility directory or who the information is disclosed to, your request must be in writing, addressed to our Privacy Officer and state the specific restrictions requested. If you are not present or able to express your objection or request a restriction to such use or disclosure, then your physician may, using the physician’s professional judgment, determine whether the use or disclosure is in your best interest.

Substance Use Disorder Treatment Information. If we receive or maintain any substance use disorder treatment records about you that are protected under 42 C.F.R. Part 2 (“SUD Treatment Records”), we will not disclose those SUD Treatment Records without your written consent. We may use/disclose SUD Treatment Records as follows:

- **Treatment, Payment and Health Care Operations.** If we receive or maintain your SUD Treatment Records form a substance use disorder treatment program that is covered under 42 C.F.R. Part 2 (a “Part 2 Program”) pursuant to a general written consent that you provide to the Part 2 Program to use and disclose your SUD Treatment records for purposes of treatment, payment, or health care operations, then we may use and disclose your SUD Treatment Records for such treatment, payment, or health care operations purposes.
- **Specific Authorization.** If we receive or maintain your SUD Treatment Records through a specific written consent that you provide to use or to a third party, then we may use and disclose your SUD Treatment Records only as expressly permitted by you in your specific consent.

In no event will we use or disclose your SUD Treatment Records, or testimony that describes the Information contained in your SUD Treatment Records, in any civil, criminal, administrative, or legislative proceedings by any federal, state, or local authority against you, unless authorized by your written consent or the order of a court after you have been provided notice of the court order and an opportunity to be heard.

Breaches. In the event your unsecured Information is accessed, acquired, used or disclosed in a manner not permitted by law and that compromises its security or privacy, we will notify you within sixty (60) days. We will report any breaches of unsecured Information in accordance with applicable federal and state law. In certain circumstances, our business associate may provide the notification to you.

Your Rights.

- Access. Subject to certain grounds for denial, you may ask to inspect and obtain copies of your Information that may be used to make decisions about your health care and treatment, including your medical records and billing records, but not including: (i) psychotherapy notes; (ii) certain laboratory information restricted by federal law; and (iii) information compiled in reasonable anticipation of, or for use in, any civil, criminal, or administrative proceeding.

Any request for access to or copies of your Information must be submitted in writing to our Privacy Officer. We will do our best to respond to your request within thirty (30) days. The Practice may charge you a reasonable fee for copying, mailing, labor, and supplies associated with your request. If we maintain the requested Information electronically, we will provide you a copy in the electronic form and format you request, if we can readily provide such format. If we cannot readily produce the format you requested, we will produce your electronic Information in another readable electronic form as reasonably agreed to between you and the Practice. If your request directs us to transmit a copy of your Information directly to another person, we will provide the copy to that person; provided your request is made in writing, signed by you, and clearly identifies the designated person and where to send the copy of your Information.

We may deny your request to inspect and/or copy your Information in certain circumstances. For example, we may deny your request if it is determined that providing your Information could cause harm to you or another person. If your request is denied, you may, in some instances, have the right to have such denial reviewed. We will provide you with instructions for how to request a reconsideration.

- Restrictions. You may ask us to restrict the use or disclosure of any part of your Information to carry out treatment, payment or healthcare operations. You may also request that any part of your Information not be disclosed to family, relatives, or friends who may be involved in your care or to notify them of your location, general condition or death. In addition, you may request that we restrict the use and disclosure of your Information for disaster relief efforts. Your request must be submitted in writing to our Privacy Officer, and must specifically describe in a clear and concise fashion: (1) what information you want to limit; (2) whether you want to limit our use or disclosure or both; and (3) to whom you want the limits to apply. We do not have the authority to bind anyone else to restrictions that you request and we agree on. We are not required to agree to your request unless the restriction involves the disclosure of your Information to a health plan for purposes of payment or health care operations and such Information pertains solely to a health care item or service for which you have paid out-of-pocket in full. If we do agree to the restriction, we will not use or disclose your Information in violation of that restriction, except in an emergency. We may terminate any restriction by providing you with written notice; provided, our termination shall only be effective with respect to Information created or received after we have given you such notice. We may not terminate a restriction that we are required by law to agree to with respect to disclosures to health plans, as described above.
- Confidential Communication. You have the right to request that we send your Information to you by alternative means or at alternative locations. We will accommodate reasonable requests. We may condition this accommodation by having you sign an authorization, asking you for information as to how payment will be handled, or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Your request must be in writing, addressed to our Privacy Officer, and state the accommodations you are requesting.
- Amendments. If you believe that the Information maintained by us is incorrect or incomplete, you may ask us to amend such Information. Your request must be submitted in writing to our Privacy Officer. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement that will become part of your health information. If you file a statement of disagreement, we reserve the right to respond to your statement. You will receive a copy of any response we make and any such response will become part of your record.
- Accounting of Disclosures. You may request an accounting of certain disclosures of your Information that we have made (if any) during the six (6) years prior to the date of your request, except for disclosures: (i) to carry out treatment, payment or healthcare operations; (ii) made directly to you; (iii) incident to a use or disclosure otherwise permitted or required by law; (iv) pursuant to a written authorization; (v) to persons involved in your care or for notification purposes; (vi) for national security purposes; (vii) to correctional institutions or law enforcement officials having custody over you; or (viii) as part of a limited

data set. The right to receive this Information is subject to certain exceptions, restrictions and limitations. Your request must be in writing, addressed to our Privacy Officer, and must state a time period that may not be longer than the six (6) years preceding the date of your request.

Your Right to a Copy of this Notice. You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy, please contact our Privacy Officer or ask for one at your next visit. You are also able to obtain an electronic copy of this Notice on our website.

Your Right to File a Complaint. If you believe that your privacy rights have been violated, you may file a complaint with our Privacy Officer and/or the Secretary of the U.S. Department of Health and Human Services (HHS). Complaints must be submitted in writing. To submit a complaint to the Practice, send a letter describing your concerns to our Privacy Officer. HHS provides information on its public website (www.hhs.gov) about how to file a complaint with the Secretary. We respect your privacy and support any efforts to protect the privacy and confidentiality of your health information. We will not retaliate against you for filing a complaint.

Privacy Officer Contact Information. If you have any questions about this Notice, you may contact our privacy Officer by telephone or mail at the address set forth below. If, however, you want to exercise any of your rights pursuant to this Notice of Privacy Practice or have a complaint, such actions must be in writing and mailed to our Privacy Officer at the address set forth below.

**Pediatric Partners LLC
Attn: Privacy Officer
750 East 29th Street
Fremont NE 68025
Phone: 402-753-2900**

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received or been offered a printed copy of the Pediatric Partners HIPAA Notice of Privacy Practices dated February 16, 2026.

Patient or Authorized Representative Signature

Printed Name

Today's Date

Relationship to Patient (if applicable)