



Notice of Privacy Practices

Effective Date: January 1, 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.

Our Responsibilities

FirstLine Urgent Care is required by law to:

- Maintain the privacy and security of your protected health information (PHI)
 - Provide you with this Notice of Privacy Practices describing our legal duties and privacy practices
 - Follow the terms of this Notice currently in effect
 - Notify you promptly if a breach occurs that may have compromised the privacy or security of your information
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How We May Use and Disclose Your Health Information

For Treatment

We may use and share your health information to provide, coordinate, or manage your medical care. This includes sharing information with other health care providers involved in your treatment, such as physicians, nurses, medical students or other health care trainees, laboratories, imaging facilities, pharmacies, or other providers as necessary for your care.

For Payment

We may use and disclose your health information to bill and collect payment for services provided. This may include disclosures to health plans, insurers, workers' compensation programs, or other third parties responsible for payment, as well as activities such as eligibility verification, prior authorization, billing, and appeals.



For Health Care Operations

We may use and disclose your health information for clinic operations, including quality improvement activities, staff training and education, accreditation, licensing, compliance reviews, auditing, business planning, and administrative activities necessary to operate the clinic.

Health Information Exchanges (HIEs)

We may participate in one or more health information exchanges or networks that allow health care providers, health plans, and other authorized participants to securely share health information electronically for treatment, payment, and health care operations purposes. We may access or share your health information through an HIE as permitted by law. You may have the right to opt out of certain HIE participation as provided by applicable law.

Research

We may use or disclose your health information for research purposes as permitted by law. In some circumstances, we may be required to obtain your written authorization before using or disclosing your information for research. When required, research activities are reviewed and approved through appropriate oversight processes to protect your privacy.

Fundraising Activities

We may use limited information about you, such as your name and contact information, to contact you for fundraising purposes on behalf of FirstLine Urgent Care. You have the right to opt out of receiving fundraising communications at any time, and we will honor your request.

Appointment Reminders and Health-Related Communications

We may use and disclose your health information to contact you about appointments, follow-up care, test results, or to provide information about treatment alternatives or other health-related services that may be relevant to your care. We may contact you by phone, text message, email, or other electronic means, unless you request otherwise.

Treatment Alternatives

We may use or disclose your health information to inform you about treatment options, alternatives, or other health-related services that may be of interest to you.



Business Associates

We may share your health information with third-party vendors, contractors, or service providers (“business associates”) who perform services on our behalf, such as billing, electronic health record services, information technology support, transcription, legal, or compliance services. Business associates are required by law to protect the privacy and security of your health information.

As Required by Law

We will disclose your health information when required to do so by federal, state, or local law, including mandatory reporting requirements and lawful government requests.

Public Health Activities

We may disclose your health information for public health activities, including preventing or controlling disease, reporting adverse reactions to medications or medical products, reporting suspected abuse or neglect, reporting communicable diseases, or responding to public health investigations and health oversight activities authorized by law.

Workers’ Compensation

We may disclose your health information as authorized by and to the extent necessary to comply with workers’ compensation laws or similar programs that provide benefits for work-related injuries or illnesses.

Inmates and Correctional Institutions

If you are an inmate of a correctional institution or in the custody of law enforcement, we may disclose your health information to the correctional institution or law enforcement official as permitted by law and as necessary for your health and safety or the health and safety of others.

Military, Veterans, and National Security Activities

If you are a member of the armed forces or a veteran, we may disclose your health information as required by military command authorities or the Department of Veterans Affairs, as authorized by law. We may also disclose health information for national security, intelligence, or protective services activities as permitted by law.

Law Enforcement and Legal Proceedings

We may disclose your health information for law enforcement purposes or in response to lawful court orders, subpoenas, warrants, or other legal processes. We may also disclose your health information, as permitted by law, to report suspected criminal conduct on our premises, to respond to lawful requests for information about a crime victim, to identify or



locate a suspect, fugitive, material witness, or missing person, or to provide information about a death that may have resulted from criminal conduct.

In addition, we may disclose health information to law enforcement officials when required to comply with applicable laws, to avert a serious threat to health or safety, or in response to requests from correctional institutions or law enforcement officials having lawful custody of an individual, as permitted by law.

Your Rights Regarding Your Health Information

You have the right to:

Get a copy of your medical record

You may request to inspect or obtain an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Request corrections (amendments) to your medical record

If you believe that information in your medical record is incorrect or incomplete, you may request that we amend the information. We may deny your request in certain circumstances, such as if the information is accurate and complete or was not created by us. If your request is denied, you have the right to submit a written statement of disagreement.

Request confidential communications

You may request that we communicate with you about your health information in a specific way or at a specific location (for example, by mailing information to a different address or calling a different phone number). We will accommodate reasonable requests.

Ask us to limit what we use or share

You may request restrictions on certain uses or disclosures of your health information for treatment, payment, or health care operations. We are not required to agree to all requests. However, if you pay for a service or item out-of-pocket in full, you may request that we not share information about that service with your health plan, and we will comply unless disclosure is required by law.



Get a list of disclosures

You may request an accounting of certain disclosures of your health information that we have made, other than disclosures for treatment, payment, and health care operations, or disclosures made with your authorization. The accounting will include disclosures made during the six years prior to your request. One accounting per year is provided at no cost.

Get a copy of this Notice of Privacy Practices

You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

Choose someone to act for you

If you have given someone medical power of attorney, or if someone is your legal guardian, that individual may exercise your rights and make choices about your health information. We will verify that the person has authority to act on your behalf before taking any action.

File a complaint if you believe your rights have been violated

If you believe your privacy rights have been violated, you may file a complaint with FirstLine Urgent Care or with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be penalized or retaliated against for filing a complaint.

Our Uses and Disclosures That Require Authorization

Certain uses and disclosures of your health information require your written authorization, including most uses for marketing purposes and disclosures not otherwise permitted by law. You may revoke an authorization at any time in writing.

Right to a Paper Copy of This Notice

You have the right to receive a paper copy of this Notice of Privacy Practices at any time, even if you have previously agreed to receive this Notice electronically.

You may request a paper copy by asking a staff member or contacting FirstLine Urgent Care directly.

Changes to This Notice

We reserve the right to change this Notice and make the new Notice effective for all health information we maintain. Updated Notices will be available at our clinic and upon request.



Complaints

If you believe your privacy rights have been violated, you may file a complaint with FirstLine Urgent Care or with the U.S. Department of Health and Human Services, Office for Civil Rights.

To file a complaint with FirstLine Urgent Care, please submit your complaint in writing to:

FirstLine Urgent Care

Attn: Privacy & Compliance

2043 S. Neil St

Phone: (217) 693-6220

You will not be penalized or retaliated against for filing a complaint.

Contact Information

If you have questions about this Notice or your privacy rights, please contact:

Privacy Officer / Medical Director (or Designee)

FirstLine Urgent Care

2043 S. Neil St

Phone: (217) 693-6220

Acknowledgment of Receipt

We will make a good-faith effort to obtain your written acknowledgment that you have received this Notice of Privacy Practices. If you choose not to sign, or are unable to sign, we will document our attempt to obtain your acknowledgment in accordance with applicable law.