ZAMPOGNA HEALTHCARE

NOTICE OF PRIVACY PRACTICES

Effective Date: August 30, 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.

Your Information. Your Rights. Our Responsibilities.

Zampogna Healthcare is committed to protecting the privacy and security of your protected health information (PHI). This Notice explains how we may use and disclose your health information, your rights regarding that information, and our responsibilities under applicable federal and Florida law.

Privacy Officer Gianpietro Zampogna, MD	**Zampogna Healthcare** 1350 Tamiami Trail N., Suite 205 Naples, FL 34102	**Contact** (239) 263-1910 info@zampognahealthcare.com www.zampognahealthcare.com

Your Rights

Get an electronic or paper copy of your medical record. You may ask to see or obtain an electronic or paper copy of your medical record and other health information we maintain about you. We generally provide patient records without charge. If a request involves significant allowable copying, supply, or postage costs, we may charge a reasonable, cost-based fee as permitted by applicable law and will inform you in advance if we anticipate a fee.

Ask us to correct your medical record. You may ask us to correct health information that you believe is incorrect or incomplete. We may deny a request in certain circumstances, but if we do, we will explain the reason in writing as required by law.

Request confidential communications. You may ask us to contact you in a specific way, such as at a particular telephone number, by a particular communication method, or at a different mailing address. We will accommodate reasonable requests as required by law.

Ask us to limit what we use or share. You may ask us not to use or disclose certain health information for treatment, payment, or health care operations. We are not always required to agree. If you pay out-of-pocket in full for a health care item or service, you may ask us not to disclose information about that item or service to your health plan for payment or health care operations, and we will honor the request unless disclosure is required by law.

Get a list of certain disclosures. You may request an accounting of certain disclosures of your health information made during the six years before your request. The accounting generally does not include disclosures for treatment, payment, health care operations, or certain other disclosures excluded by law. One accounting in a 12-month period is provided without charge; a reasonable, cost-based fee may apply to additional requests.

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

Choose someone to act for you. If a person has legal authority to act as your personal representative, such as under a valid health care power of attorney or guardianship, that person may exercise your privacy rights on your behalf, subject to applicable law.

File a complaint. You may complain to Zampogna Healthcare if you believe your privacy rights have been violated. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

Electronic Delivery of Health Information

You may request copies of your health information electronically, including through our secure patient portal or by email. Secure methods are encouraged whenever available. If you request that we transmit your PHI through an unencrypted or otherwise unsecured method, such as unencrypted email, we will advise you that the requested method may present privacy and security risks. If, after being advised of those risks, you instruct us to proceed using the unsecured method, we will honor your request as permitted by law. Zampogna Healthcare is not responsible for unauthorized access to or disclosure of your PHI occurring during transmission as a result of the unsecured method you specifically requested and accepted, or after the information has been delivered as directed by you, to the extent provided by applicable law.

Personal Representatives and Minors

A parent, legal guardian, or other person legally authorized to act on behalf of a patient may exercise the patient's privacy rights as permitted by applicable law. In certain circumstances, including when a minor is legally permitted to consent to health care independently, applicable law may limit a parent or guardian's access to particular health information. We will handle these situations in accordance with applicable federal and Florida law.

Your Choices

For certain health information, you may tell us your preferences about what we share. This may include sharing relevant information with family members, close friends, caregivers, or others involved in your care or payment for your care, and sharing information in a disaster-relief situation. We may use a separate form to document individuals you authorize us to communicate with. If you are unable to tell us your preference, we may share information when permitted by law and when we believe it is in your best interest or necessary to lessen a serious and imminent threat to health or safety.

We will obtain your written authorization before using or disclosing your PHI for purposes that require authorization under HIPAA or other applicable law. **Zampogna Healthcare does not sell patient information or PHI and does not use patient information for fundraising.**

Zampogna Healthcare does not create or maintain psychotherapy notes as that term is defined by HIPAA. Mental health concerns may be discussed, diagnosed, or managed as part of internal medicine care, and related documentation is maintained as part of the patient's regular medical record.

Marketing, Practice Communications, Photographs, and Testimonials

We may contact you about treatment alternatives, health-related benefits or services, practice news, new physicians, practice services, wellness or aesthetic offerings, or other information that may be of interest to you, as permitted by law. We will obtain your written authorization before using or disclosing PHI for marketing purposes when authorization is required by law. We do not currently use identifiable patient photographs, before-and-after photographs, or patient testimonials for promotional or marketing purposes. If we do so in the future, we will obtain appropriate written authorization when required by law.

How We Typically Use and Share Your Health Information

Treatment and care coordination. We may use and disclose your health information to provide, coordinate, or manage your health care and related services. This may include sharing information with physicians, hospitals, laboratories, pharmacies, imaging facilities, specialists, nursing or rehabilitation facilities, home-care professionals, and other individuals or organizations involved in your treatment or continuity of care, as permitted by law.

Run our organization. We may use and share your health information to operate our practice, improve the quality of care, coordinate services, manage our business, and contact you when necessary.

Bill for medical services. We may use and share your health information to bill and obtain payment from health plans or other responsible parties for covered medical services. Concierge membership fees are administered separately from insurance billing for covered medical services.

Business associates. We may share PHI with vendors and contractors that perform services on our behalf when permitted by law. Business associates are required to appropriately safeguard PHI in accordance with applicable law and their agreements with us.

Appointment Reminders and Communications

We may contact you by telephone, voicemail, text message, email, patient portal, or other communication methods you provide or authorize for purposes such as appointment reminders, scheduling, treatment-related communications, and other permitted health care or practice communications. We use reasonable safeguards to limit the information disclosed through these communications. You may request that we communicate with you in a particular way or at a particular location, and we will accommodate reasonable requests as required by law.

Electronic Health Information Exchange

We maintain health information electronically and may electronically exchange PHI with hospitals, physicians, laboratories, pharmacies, imaging facilities, health information exchanges, and other health care organizations involved in your care, as permitted by law. This may allow our physicians to receive or retrieve relevant outside health information and may allow other health care professionals involved in your treatment to receive relevant information from Zampogna Healthcare. We use appropriate safeguards to protect information exchanged electronically.

Other Uses and Disclosures Permitted or Required by Law

Subject to applicable legal requirements and conditions, we may use or disclose health information for public health and safety activities; health oversight; organ and tissue donation; medical examiner, coroner, and funeral director activities; workers' compensation; certain law-enforcement and government functions; judicial and administrative proceedings; and when otherwise required by federal, state, or local law.

Zampogna Healthcare does not routinely conduct or participate in clinical research, clinical trials, or medical studies involving patient health information. If we use or disclose PHI for research, we will do so only as permitted by applicable law, including obtaining written authorization when required.

Specially Protected Health Information

Certain types of health information may receive additional protections under federal or Florida law, including information related to HIV testing or status, sexually transmitted infections, genetic testing, substance use disorder treatment records, and certain health care services provided to minors. When applicable law provides greater privacy protection than HIPAA, Zampogna Healthcare will use and disclose this information only as permitted by the more protective law.

Substance Use Disorder Records Protected by 42 CFR Part 2

To the extent Zampogna Healthcare receives or maintains substance use disorder patient records protected by 42 CFR Part 2, additional federal confidentiality protections apply. We will not use or disclose Part 2 records in civil, criminal, administrative, or legislative investigations or proceedings against you unless permitted by applicable law, including when we have your written consent or the required court order and subpoena. Where Part 2 applies, we will use and disclose those records in accordance with HIPAA, Part 2, and other applicable law.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you as required by law 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 the Notice currently in effect and provide you with a copy upon request.
- We will not use or disclose your information other than as described in this Notice unless you authorize us in writing or another use or disclosure is permitted or required by law. If you authorize a use or disclosure, you may revoke that authorization in writing as permitted by law.
- When Florida or other applicable law provides greater privacy protection than HIPAA, we will comply with the more protective law.

Complaints and Questions

Privacy Officer: Gianpietro Zampogna, MD
Zampogna Healthcare
1350 Tamiami Trail N., Suite 205, Naples, FL 34102
(239) 263-1910 | info@zampognahealthcare.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201; by calling 1-877-696-6775; or through the HHS Office for Civil Rights complaint process. Zampogna Healthcare will not retaliate against you for filing a complaint.

Changes to This Notice

We may change the terms of this Notice, and the changes may apply to all health information we maintain, including information created or received before the change. The current Notice will be available upon request, posted in a clear and prominent location at our office, and prominently posted and made available on our website.