

### Your Information. Your Rights. Our Responsibilities.

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**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 your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we have shared your information
- Get a copy of this Privacy Notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### **YOUR CHOICES**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

#### **OUR USES AND DISCLOSURES**

We may use and share your information as we:

- Treat you and coordinate your care
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## YOUR RIGHTS

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- You can also ask us to send this information to another person you identify. Ask us how to do this.
- 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.

### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

### **Request confidential communication**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your requests, and we may say “no” if it would be harmful or affect your care.
- You can ask us to limit how we use or disclose your Substance Use Disorder (SUD) records for treatment, payment, or our operations, even if you have already signed a consent form.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### **Get a list of those with whom we have shared information**

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- You can ask for a list (accounting) of certain disclosures of your Substance Use Disorder (SUD) records made with your consent for three years prior to the date you ask, who we shared it with, and why.

### **Get a copy of this Privacy Notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **Substance Use Disorder (SUD) Treatment Records**

- If we receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a “Part 2 Program”) through a written, single consent you provide to the Part 2

Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may:

- Use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice unless and until you revoke it in writing.
- Information disclosed with your consent for treatment, payment, or health care operations may be redisclosed by the recipient as permitted by the HIPAA Privacy Rule. Once redisclosed, this information may no longer be protected by the strict federal confidentiality rules for substance use disorder records.
- If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us, unless and until you revoke it in writing.
- In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your written consent or we are authorized by a court order that specifically meets the requirements of 42 CFR Part 2.

### **Other Particularly Sensitive Conditions**

- Certain other types of health information may have additional protection under state law. For example, health information about mental health, HIV/AIDS and genetic testing results is treated differently than other types of health information under certain state laws. To the extent applicable, we would need to get your written permission before disclosing these categories of information to others in many circumstances.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting the Brooks Privacy Officer using the information on Page 5.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; calling 1-800-368-1019; or visiting [www.hhs.gov/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html) .
- *We will not retaliate against you for filing a complaint.*

## **YOUR CHOICES**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- 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

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
- Most sharing of Substance Use Disorder (SUD) treatment records unless release meets specific circumstances where SUD information can be shared without patient consent under 42 CFR Part 2.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Calling, Texting, and Emailing

- We may contact you about your healthcare using the phone numbers and email addresses that you provide us.
- When we contact you in this manner and you do not wish to receive these types of texts or email messages, you may opt out of receiving similar communications going forward. Please let us know and we will honor your request.

## OUR USES AND DISCLOSURES

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

### Treat you and coordinate your care

- We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

### Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

### Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

- For more information see: [www.hhs.gov/hipaa/for-individuals/index.html](http://www.hhs.gov/hipaa/for-individuals/index.html)

**Help with public health and safety issues.** We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medication
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### Do research

- We can use or share your information for health research.

### Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

### Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

### Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- 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. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: [www.hhs.gov/hipaa/for-individuals/index.html](http://www.hhs.gov/hipaa/for-individuals/index.html)

## Discrimination is Against the Law

Brooks Rehabilitation complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Brooks Rehabilitation does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Brooks Rehabilitation:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages – See page 8 for list of available language assistance services
- If you need these services, contact the Non-discrimination Coordinator.

If you believe that Brooks Rehabilitation has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Non-discrimination Coordinator is available to help you.

- Non-discrimination Coordinator, 3599 University Blvd S, Jacksonville FL 32216, 904-345-7020, Fax 904-345-7143, [Brooks.Nondiscrimination@brooksrehab.org](mailto:Brooks.Nondiscrimination@brooksrehab.org) .

## Changes to the Terms of this Notice

- We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website: [www.brooksrehab.org](http://www.brooksrehab.org) .

**Effective Date of this Notice: February 16, 2026**

## OTHER INSTRUCTIONS FOR NOTICE

- **Complaints:** You may file a privacy complaint with the facility -
  - Call the toll-free Brooks Privacy HELPLINE: 866-TELL-BHS (866-835-5247)
  - Contact the Brooks Privacy Officer:
    - Phone: (904) 345-7010
    - Email: [Privacy.Officer@brooksrehab.org](mailto:Privacy.Officer@brooksrehab.org)
  - File a complaint in writing to:  
Brooks Rehabilitation, Attn: Privacy Officer, 3599 University Blvd. South, Jacksonville, Florida 32216
- **More Information:** For further information about this Privacy Notice or Brooks' privacy policies and practices, contact the Brooks Privacy Officer at the telephone number or email address shown above.
- **Future communications:** We may communicate with you via newsletters, mail-outs, or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community-based initiatives or activities in which Brooks is participating.
- **Fundraising:** If you do not wish to receive any fundraising communications –
  - Call (904) 345-7600 and ask to speak with the Director of the Foundation.
- **Get an electronic or paper copy of your medical record:** **Contact** the Brooks Records Custodian, Health Information Management Department, at (904) 345-7235. You will be asked to submit a written request in order for us to release your information.
- **Correct your paper or electronic medical record:** **You** can ask us to correct health information about you that you think is incorrect or incomplete. Contact the Brooks Records Custodian, Health Information Management Department, at (904) 345-7235. You will need to complete a "Request for Amendment of Protected Health Information" form.
- **State specific requirements:** Some states have adopted measures to protect its citizens' health information that in some cases are more restrictive – and establish higher standards – than the federal privacy rules. In those cases, in which state law is more restrictive, the state law will control.
- Your health information is protected by HIPAA, but once it leaves our organization (e.g., to another entity without HIPAA obligations), we cannot guarantee its privacy.

**Who is covered by this notice:** This Notice describes the privacy practices of Brooks Rehabilitation and its affiliated entities which constitute both a single affiliated covered entity and an Organized Health Care Arrangement for purposes of the federal privacy rules and each such entity has agreed to abide by the terms of this Notice and may share Protected Health Information with each other as necessary to carry out treatment, payment, or health care operations relating to the Organized Health Care Arrangement. The following entities, which provide services in multiple counties throughout Florida and in Maricopa county Arizona, are participating in Brooks' Organized Health Care Arrangement: Brooks Rehabilitation; Brooks Rehabilitation Hospital; Brooks Health Foundation; Brooks Health Development; Brooks Rehabilitation Home Health; Bartram Crossing Skilled Nursing; The Green House Residences; Bartram Lakes Assisted Living; University Crossing Skilled Nursing; Brooks Rehabilitation Clinical Research Center; Brooks Rehabilitation Medical Group; HB Rehabilitative Services; and HB Outpatient Rehabilitative Services.

This notice also covers other healthcare providers that come to Brooks Rehabilitation facilities to care for patients (physicians, physician assistants, therapists, and other healthcare providers not employed by Brooks Rehabilitation), unless these other healthcare providers give you their own notice of privacy practices that describe how they will protect your medical information.

## Language Assistance Services

### **English**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-904-345-7020.

### **Spanish**

ATENCION: Si habla espanol, tiene a su disposicion servicios gratuitos de asistencia linguistica. Llame al 1-904-345-7020.

### **French Haitian Creole**

ATANSYON: Si w pale Kreyol Ayisyen, gen sevis ed pou lang ki disponib gratis pou ou. Rele 1-904-345-7020.

### **Vietnamese**

CHU Y: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-904-345-7020

### **Portuguese**

ATENCAO: Se fala portugues, encontram-se disponiveis servicos linguisticos, gratis. Ligue para 1-904-345-7020.

### **Chinese**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-904-345-7020。

### **French**

ATTENTION: Si vous parlez francais, des services d'aide linguistique vous sont proposes gratuitement. Appelez le 1-904-345-7020.

### **Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-904-345-7020.

### **Russian**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-904-345-7020.

### **Arabic**

ةغلا ركذاً ةيزيلجنالا ةغلا ثدحتت ال تنك اذإ :ةظوحلم كل رفاوتت ةيوغلا ةدعاسملا تامدخ ناف ،ديرت يتلا مقرلا بلع لصتا .ناجملاب  
1-904-345-7020

### **Italian**

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-904-345-7020.

### **German**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-904-345-7020.

### **Korean**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-904-345-7020 번으로 전화해 주십시오.

### **Polish**

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-904-345-7020.

### **Gujarati**

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-904-345-7020.

### **Thai**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-904-345-7020.