

NOTICE OF PRIVACY PRACTICES

Healogics, LLC

Effective date of this Notice: 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.

HEALOGICS' affiliated covered entities are committed to protecting the privacy and safeguarding the security of your protected health information. When you receive services from HEALOGICS we record information that identifies you and that relates to your medical condition, services that are provided to you, and information required for payment purposes. This information is called Protected Health Information ("PHI"). This Notice does not apply to information that could not reasonably be used to identify you. We are required to abide by this Notice as currently in effect, maintain the privacy and security of your PHI, advise you of our legal duties and privacy practices regarding PHI, and notify affected individuals following a breach of unsecured PHI.

HEALOGICS may provide health care through health care providers who are contracted with HEALOGICS. All such HEALOGICS health care providers have agreed to be bound by this Notice.

We will also comply with applicable state laws that may provide more protection to your PHI. If there are specific more restrictive requirements, even for some of the purposes listed below, we may not disclose your PHI without your written permission as required by such laws. For example, sometimes state laws require us to obtain written authorization for certain disclosures otherwise permitted by HIPAA, such as disclosure of mental health records, HIV results, or other particularly sensitive information.

How We May Use or Disclose Your PHI

We may use or disclose your PHI verbally, on paper, or electronically as allowed by state and federal law. Examples of how we may use and disclose your PHI without authorization include:

- 1. Treatment.** We may use and disclose your PHI to provide you medical care and services. For example, we may disclose your PHI to your other treating physicians to coordinate your health care and related services.
- 2. Payment.** We may use and disclose your PHI as necessary for activities relating to payment for health care services rendered to you. For example, we may disclose your PHI to your health insurance company to obtain payment. We may also disclose your PHI for verification of benefits.
- 3. Health Care Operations.** We may use and disclose your PHI for our health care operations. These uses and disclosures for our business activities and to allow us to continually improve the quality of

your care. For example, we may use and disclose your PHI to review our treatment and services and evaluate the performance of our staff. We may use your PHI to create limited data sets or de-identified information that may be used and disclosed for any lawful purpose. We may also transfer information we collect, including PHI, to a third party in connection with a sale or merger. We may also transmit PHI to other covered entities for certain health care operations of those entities, as permitted by law.

4. As Required by Law. We will disclose your information when we are required to do so by federal, state, or local law.

5. Public Health Activities. We may disclose your PHI for public health activities such as preventing or controlling disease, reporting adverse events, product defects, or Food and Drug Administration reporting.

6. To Report Abuse. We may disclose your PHI if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will make this report only in accordance with laws that require or allow such reporting or with your permission.

7. Health Oversight Activities. We may disclose your PHI to health oversight agencies. This includes uses or disclosures in civil, administrative, or criminal investigations; licensure or disciplinary actions; inspections; and other activities necessary for appropriate oversight of government programs.

8. Judicial and Administrative Proceedings. We may disclose your PHI in the course of certain administrative or judicial proceedings. For example, we may disclose your PHI in response to a court order.

9. Law Enforcement. We may disclose your PHI for certain law enforcement purposes, such as reporting certain types of injuries.

10. Coroners, Medical Examiners, and Cadaveric Donations. We may disclose your PHI in an effort to determine cause of death, to funeral directors to assist them in carrying out their duties, and to organ procurement organizations (for organ, eye, or tissue donation).

11. Research Purposes. We may use or disclose your PHI in connection with medical research projects if allowed under federal and state laws. For certain research activities, an Institutional Review Board (“IRB”) or Privacy Board may approve uses and disclosures of your PHI without your authorization. We may disclose PHI for use in a limited data set for purposes of research, public health, or health care operations, but only if a data use agreement has been signed or the disclosure otherwise complies with law.

12. Specialized Government Functions. We may disclose your PHI for a number of specialized purposes including national security and intelligence purposes; for military and veteran activities; for protective services for the President and others; and, if you are an inmate of a correctional institution or under the custody of a law enforcement official, to a correctional institution or law enforcement officials to provide you with health care, to protect the health and safety of you and others, and for the

safety, administration, and maintenance of the correctional institution.

13. Workers' Compensation. We may disclose your PHI as necessary to comply with laws related to workers' compensation or other similar programs.

14. Fundraising. We may use certain information (such as demographic information, dates of services, department of service, treating physicians, outcomes, and health insurance status) to send fundraising communications to you. You will have the opportunity to opt out of receiving future fundraising communications if you receive written fundraising communications from us.

15. To Avert a Serious Threat. We may disclose your PHI if we believe that the disclosure is necessary to prevent serious harm to the public or to an individual. The disclosure will only be made to someone who is able to prevent or reduce the threat.

16. Family and Friends. If you verbally agree to the use or disclosure and in certain other situations, we may disclose your PHI to a member of your family or to someone else who is involved in your medical care or payment for care; the PHI we disclose would be limited to the PHI that is relevant to that person's involvement in your care or payment for your care. We may also make these disclosures after your death as authorized by applicable law unless doing so is inconsistent with any prior expressed preference. In the event of a disaster, we may provide information about you to a disaster relief organization so they can notify your family of your condition and location. We may also disclose PHI to your personal representatives who has authority to act on your behalf (for example, to parents of minors or to someone with a power of attorney).

17. Information to Patient. We may use your PHI to provide you with information relevant to your care or payment for care. This may include sending appointment reminders to the contact methods that you have furnished to us or the hospital where you are being treated. This may also include giving you information about treatment options, alternative settings for care, or other health-related services.

18. To Business Associates and Subcontractors. We may hire third parties that may need your PHI to perform certain services on our behalf. In these cases, we will enter into a written agreement with the business associates and subcontractors to ensure they protect the privacy of your PHI. Under HIPAA, these business associates and subcontractors must protect any PHI they receive from us, or create and/or maintain on our behalf, in the same way that we must safeguard your PHI.

19. Substance Use Disorder (“SUD”) Treatment Records. Healogics is not a substance use disorder treatment program directly regulated by the federal privacy rules under 42 CFR Part 2; however, in the course of providing your care, we may receive information about your SUD treatment from such a program where you have consented to that program sharing your SUD records with us. We generally may use and disclose your SUD records as permitted by HIPAA as outlined in this Notice, except that your SUD treatment records, or testimony relaying the content of such records, will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on written consent, or a court order after notice and an opportunity to be heard is provided to you or the

holder of the record, as provided in 42 CFR Part 2. A court order authorizing use or disclosure of your SUD records must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested SUD record is used or disclosed.

20. Artificial Intelligence (AI) Technologies. We may use artificial intelligence (“AI”) technologies, machine learning algorithms, and automated systems to support various aspects of your health care experience in accordance with applicable law. When we use AI technologies, your PHI may be processed through these systems. These technologies may be used, for example, in treatment and healthcare operations/administrative functions to enhance the quality, efficiency, and safety of services we provide. One example, without limitation, is that some or all your communications with your health care providers may be recorded through an automated scribe note taking tool, allowing your provider to focus more on the provider’s conversation with you and less on manual note taking. We implement safeguards designed to protect your PHI when processed through AI technologies, and we enter into business associate agreements with third party vendors who process your PHI on our behalf.

Other Uses and Disclosures

Disclosure of your PHI or its use for any purpose other than those listed above requires your specific written authorization. Some examples include:

- **Psychotherapy Notes:** We usually do not maintain psychotherapy notes about you. If we do, we will not use and disclose your psychotherapy notes without your written authorization except as otherwise permitted by law.
- **Marketing:** We will not use or disclose your PHI for marketing purposes without your written authorization except as otherwise permitted by law.
- **Sale of Your PHI:** We will not sell your PHI without your written authorization except as otherwise permitted by law.

If you change your mind after authorizing a use or disclosure of your PHI, you may withdraw your permission by revoking the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your PHI that occurred before you notified us of your decision, or any actions that we have taken based upon your authorization. To revoke an authorization, you must notify the Privacy Officer listed at the end of this Notice in writing.

Your Rights

1. Request Restrictions. You have the right to ask us to restrict how we use or disclose your PHI. You must provide a request, in writing, to the Privacy Officer listed in this Notice. We are required to comply with a request for restriction where the disclosure is to a health plan for purposes of carrying out payment when you have paid out of pocket in full. We will consider all other requests, but we are not required to agree. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. A restriction cannot prevent uses and disclosures that are required by the Secretary of the U. S. Department of Health and Human Services to determine or investigate HEALOGICS' compliance with the Privacy Rules, or that are otherwise required or

permitted by law.

2. Confidential Communications. You have the right to ask us to communicate with you at a special address or by a special means. For example, you may ask us to send letters that contain your PHI to a different address rather than to your home or you may ask us to speak to you personally on the telephone rather than sending your PHI by mail. These requests must be made in writing and we will agree to reasonable requests.

3. Inspect and Receive a Copy of PHI. You have a right to inspect the PHI about you that we have in a designated record set and to receive a copy of it. This right is limited to information about you that is kept in medical records, billing records, or records that are used to make decisions about an individual. For instance, this includes medication lists, lab results, and encounter information. Where your PHI is contained in an Electronic Health Record or otherwise readily producible in electronic format, you have the right to obtain a copy of such information in an electronic format and you may request that HEALOGICS transmit such copy directly to an entity or person designated by you, provided that any such choice is clear, conspicuous, and specific. If you want to review or receive a copy of these records, you must make the request in writing to the Privacy Officer listed in this Notice. We may charge a fee as authorized by law to meet your request. We will respond to your request within the time required by HIPAA and state law. We may deny you access to certain information. If we do we will give you the reason in writing. We will also explain how you may appeal the decision.

4. Amend PHI. You have the right to ask us to amend PHI about you in a designated record set which you believe is incorrect or incomplete. You must make this request in writing and give us the reason you believe the information is not correct or complete. We will respond to your request in writing within 60 days. We may deny your request under certain circumstances. If your request is denied, we will provide you with information about our denial and how you can file a written statement of disagreement with us that will become part of your medical record.

5. Accounting of Disclosures. You have a right to receive an accounting of certain disclosures of your information outside of HEALOGICS made within the previous 6 years from the date of your request. We will not include disclosures about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make), except if required by law. The first request will be provided to you at no cost, however, we may charge you for any additional requests made within the same 12-month period. We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.

6. Paper Copy of this Notice. You have a right to receive a paper copy of this Notice. If you have agreed to receive this Notice electronically, you may receive a paper copy by contacting the Privacy Officer listed at the end of this Notice. The Notice is also available on our website at <https://www.healogics.com/privacy-policy/>.

7. Complaints. You have a right to complain about our privacy practices if you think your privacy rights have been violated. You may file your complaint with the Privacy Officer listed at the end of this

Notice. You may also file a complaint with the Secretary of the U. S. Department of Health and Human Services, at the Office for Civil Rights. All complaints must be in writing. We will not take any retaliation against you if you file a complaint.

Our Right to Change This Notice

We reserve the right to change our privacy practices as described in this Notice at any time. We reserve the right to apply these changes to any PHI which we already have, as well as to PHI we receive in the future. We will update this Notice before we make any changes to our privacy practices as described. We will make the new Notice available upon request.

Contact Us

If you have any questions about this Notice, our privacy policies, or if you have questions about how to exercise your rights, please contact:

Healogics, LLC
Attn: Privacy Officer
5220 Belfort Rd. Suite 130
Jacksonville, Florida 32256

compliance@healogics.com

904.446.3400 (Main Line)
904.446.3046 (Fax)

Anonymous Ethics & Compliance Helpline: 888.999.9460