

Notice of Privacy Practices

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.

This notice describes how Healthgram, Inc. protects the personal health information we have about you which relates to your health insurance, and how we may use and disclose this information. Protected Health Information (“PHI”) is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of your plan, from which it is possible to individually identify you and that relates to your past, present or future health, treatment, or payment for healthcare services. This notice also describes your rights with respect to PHI and how you can exercise those rights.

We are required by law to:

- Maintain the privacy of your PHI;
- Provide you this Notice of certain rights and our legal duties and privacy practices with respect to your PHI; and
- Follow the terms of this Notice.

The main reasons we may use and may disclose your PHI are to evaluate and process any requests for coverage and claims for benefits you may make or in connection with other health-related benefits or services offered by your Plan. Following is a description of uses, disclosures, together with some examples.

- **Treatment:** We will use and disclose your PHI to your provider (doctors, dentists, pharmacies, hospitals, and other caregivers) who is treating you. We will also disclose your PHI when we are helping you get other services you or your provider have requested. For example, we may talk to your doctor about a disease management or wellness program to improve your health.

- **For Payment:** We may use and disclose PHI to pay for benefits under your Plan. For example, we may review PHI contained on claims to reimburse providers for services rendered. We also may disclose PHI to other insurance carriers and health plans to coordinate benefits with respect to a particular claim. Additionally, we may disclose PHI for various payment-related functions, such as eligibility determination, audit and review or to assist you with your inquiries or disputes.
- **For Healthcare Operations:** We may use and disclose PHI for Plan administrative operations. These purposes include processing transactions requested by you; conducting quality assessment and improvement activities; underwriting, premium rating, cost management and fraud detection programs; conducting or arranging for medical review; subrogation and other activities relating to Plan benefits. We may disclose PHI to certain employees of the Employer who will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA. We also may disclose PHI to business associates if they need to receive PHI to provide a service to the Plan and will agree in writing to abide by specific HIPAA rules relating to the protection of PHI. Examples of business associates are: pharmacy benefit managers, insurance broker or consultant, data processing companies, or companies that provide general administrative services. PHI may be disclosed to reinsurers for underwriting, audit or claim review reasons, or potential sale, transfer, merger or consolidation of your employer's Plan. However, we will not use your genetic information for underwriting purposes.
- **Where Required by Law or for Public Health Activities:** We disclose PHI when required by federal, state or local law. Examples of such mandatory disclosures include notifying state or local health authorities regarding particular communicable diseases, or providing PHI to a governmental agency or regulator with healthcare oversight responsibilities. We also may release PHI to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death.
- **To Avert a Serious Threat to Health or Safety:** We may disclose PHI to avert a serious threat to your health and safety, or the health and safety of the public or another person. For example, we may disclose your PHI in a proceeding regarding the licensure of a physician. We also may disclose PHI to federal, state, local, and private agencies engaged in disaster relief.
- **For Health-related Benefits or Services:** We may use PHI to provide you with information about benefits available to you under your Plan and, in limited situations, about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **For Law Enforcement or Specific Government Functions:** We may disclose PHI in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons or similar process. We may disclose PHI about you to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **When Requested as Part of a Regulatory or Legal Proceeding:** If you or your estate is involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We also may disclose PHI about you

in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the PHI requested. We may disclose PHI to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.

- **Other Uses of PHI:** Other uses and disclosures of PHI not covered by this notice and permitted by the laws that apply to us will be made only with your written authorization or that of your legally authorized representative. For example, without your authorization, we will not use or disclose psychotherapy notes, we will not use or disclose PHI for marketing purposes, and we will not sell PHI. If we are authorized to use or disclose PHI about you, you or your legally authorized representative may revoke that authorization, in writing, at any time, except to the extent that we have taken action relying on the authorization or if the authorization was obtained as a condition of obtaining coverage. You should understand that we will not be able to take back any disclosures we have already made with authorization.
- **Privacy for Substance Use Disorder (“SUD”) Treatment Information.** Although we are not a substance use disorder treatment program, if we receive or maintain any information (including, but not limited to, records of the identity, diagnosis, prognosis, or treatment which are maintained in connection with the performance of any program or activity relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States) about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a “Part 2 Program”) through a general 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. Separate consent is required for the use and disclosure of SUD counseling notes (which includes “notes recorded (in any medium) by a part 2 program provider who is a SUD or mental health professional documenting or analyzing the contents of conversation during a private SUD counseling session or a group, joint, or family SUD counseling session and that are separated from the rest of the patient's SUD and medical record”, but does not include “medication prescription and monitoring, counseling session start and stop times, modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date”). 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.

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 consent or the order of a court after it provides you notice of the court order.

With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered by the Plan, and includes mail with information on the use or denial of Plan benefits by the employee's spouse and other family members.

The following are your various rights as a consumer under HIPAA concerning your PHI. Should you have questions about a specific right or a request, please contact the Privacy Official as set forth below in Further Information.

- **Right to Inspect and Copy Your PHI:** In most cases, you have the right to inspect and obtain a copy of the PHI that we maintain about you. To inspect and copy PHI, you must submit your request in writing to us at the address below. To receive a copy of your PHI, you may be charged a fee for the costs of copying, mailing or other supplies associated with your request. However, certain types of PHI will not be made available for inspection and copying. This may include PHI collected by us in connection with, or in reasonable anticipation of, any claim or legal proceeding. In very limited circumstances, we may deny your request to inspect and obtain a copy of your PHI. If we do, you may request that the denial be reviewed. The review will be conducted by an individual chosen by us who was not involved in the original decision to deny your request. We will comply with the outcome of that review. You have the right to obtain a copy of the PHI in electronic format and direct us to send a copy to a third party.
- **Right to Amend Your PHI:** If you believe that your PHI is incorrect or that an important part of it is missing, you have the right to ask us to amend your PHI while it is kept by or for us. You must provide your request and your reason for the request in writing to us at the address below. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend PHI that:
 - Is already accurate and complete;
 - Was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment;
 - Is not part of the PHI kept by or for us; or
 - Is not part of the PHI which you would be permitted to inspect and copy.
- **Right to a List of Disclosures:** You have the right to request a list of the disclosures we have made of PHI about you. This list will not include disclosures made for treatment, payment, healthcare operations, for purposes of national

security, made to law enforcement or to corrections personnel, made pursuant to your authorization, made directly to you, or incidental to otherwise permissible disclosures. To request this list, you must submit your request in writing to us at the address below. Your request must state the time period for which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates before February 26, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on PHI we use or disclose about you for treatment, payment or healthcare operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend. While we will consider your request, we are not required to agree to it. If we do agree to it, we will comply with your request. To request a restriction, you must make your request in writing to us at the address below. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions on PHI uses or disclosures that are legally required or which are necessary to administer our business.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about PHI in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to us at the above address and specify how or where you wish to be contacted. We will accommodate all reasonable requests.
- In the absence of a court order, we may disclose, or provide access in accordance with 45 CFR § 164.524 to, PHI about an unemancipated minor to a parent, guardian or other person acting *in loco parentis*.
- In cases where you are incapacitated we may disclose PHI without legal documentation (which may include, but is not limited to, court order, power of attorney, executed Designation of Authorized Representative Form) with a family member or other person if we determine, based on professional judgment, that the disclosure is in your best interest. In cases where we determine that the disclosure is not in your best interest, we require legal documentation (which may include, but is not limited to, court order, power of attorney, executed Designation of Authorized Representative Form) prior to making a disclosure of PHI.
- **Right to be Notified of a Breach.** You have the right to be notified in the event that we discover a breach of unsecured PHI.
- **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact us at:

Healthgram, Inc.
Privacy Officer
P.O. Box 11088
Charlotte, NC 28220.

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Additional Information

Changes to This Notice: We reserve the right to change the terms of this Notice at any time. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any PHI we receive in the future. The effective date of this Notice and any revised or changed Notice may be found at the bottom of the Notice. You will receive a copy of any revised Notice from us by mail or by email, but only if email delivery is offered by us and you agree to such delivery.

Further Information: You have the right to request a paper copy of this Notice by contacting us as set forth below. You may have additional rights under other applicable laws. For additional information regarding this Notice or our general privacy policies, please contact us at 980-201-3020 or write to us at:

Healthgram, Inc.
Privacy Officer
P.O. Box 11088
Charlotte, NC 28220

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