



HIPAA Notice of Privacy Practices

THIS NOTICE OF PRIVACY PRACTICES FOR EVERSIDE HEALTH AND ALL ITS AFFILIATED ENTITIES 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 LEGAL RIGHTS

WE WILL MAINTAIN A RECORD OF YOUR HEALTH INFORMATION AND WE WILL PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION IN ACCORDANCE WITH THE LAW AND PURSUANT TO THE TERMS OF THIS PRIVACY NOTICE.

WE WILL PROVIDE YOU A PAPER COPY OF THIS PRIVACY NOTICE UPON YOUR REQUEST. YOU MAY OBTAIN A PAPER COPY OF THIS PRIVACY NOTICE BY CONTACTING US TOLL-FREE AT 1-866-808-6005 OR COMPLIANCE@EVERSIDEHEALTH.COM.

OUR PLEDGE REGARDING MEDICAL INFORMATION

Your health information is personal, and we are committed to protecting it.

We keep a record of the healthcare services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. This notice applies to all of the records of your care.

If you have any questions about this notice, please contact compliance@eversidehealth.com

We are required by law to:

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Provide you a notice of our legal duties and privacy practices with respect to your health information;
- Provide you with notice of a breach of your unsecured protected health information; and
- Follow the terms of the notice that is currently in effect.

We may use or disclose your health information, in certain situations, without your consent or authorization. Such uses and disclosures may be in oral, paper or electronic format. Below we describe examples of how we may use or disclose your health information as permitted under or required by federal law, including instances where we will obtain your consent or authorization. The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use and disclose your health information to provide you with medical treatment or services or to assist in the coordination, continuation or management of your care and any related services. This includes the coordination or management of your health care with a third party. For example, a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for other health care providers to determine what treatment you should receive.

For Payment. We may use and disclose your health information to others for purposes of obtaining payment for treatment and services that you receive. For example, we may disclose to your employer that you are one of our patients so that your employer will pay your monthly fees for care.

For Health Care Operations. We may use and disclose health information about you for operational purposes. For example, your health information may be used by Everside Health or disclosed to others in order to:

- Communicate with you about our activities and locations;
- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your case and similar cases;
- Learn how to improve our facilities and services;
- Determine how to continually improve the quality and effectiveness of the health care we provide; and

- To notify your employer that you have achieved program requirements in order to get a discount on your insurance premium.

Communications. We may use and disclose your information to provide appointment reminders, leave a message on your answering machine, or leave a message with an individual who answers the phone at your residence. We may, from time to time, contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Required or Permitted by Law. We may use and disclose information about you as required or permitted by law. If a use or disclosure is required by law, the use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. If required by law, you will be notified of any such uses or disclosures. For example, we may use and/or disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence;
- To assist law enforcement officials in their law enforcement duties;
- In the instance of a breach involving your unsecured health information, to notify you, law enforcement and regulatory authorities, as necessary, of the situation, and others as appropriate to help resolve the situation; or
- To report to health oversight agencies responsible for monitoring the health care system and government programs.

Public Health. Your health information may be used or disclosed for public health activities such as: (1) assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability; (2) reporting child abuse or neglect to a public health authority or other governmental authority that is authorized by law to receive such reports; (3) reporting information to a person subject to the jurisdiction of the Food and Drug Administration (FDA), for public health purposes related to the quality, safety or effectiveness of FDA-regulated products or activities such as collecting or reporting adverse events, dangerous products, and defects or problems with FDA-regulated products; (4) notifying a person who may be at risk of contracting or spreading a disease, if such disclosure is authorized by law; (5) reporting information to your employer, for the purposes of conducting an evaluation of medical surveillance of the workplace or for the purposes of evaluating whether you have a work-related illness or injury; or (6) disclosing proof of immunization to your school, or your child's school, if the school is required by law to have such proof prior to admitting you or your child. We will obtain and document your agreement to such immunization disclosures.

Individuals Involved in Your Care. We may provide information about you to a family member, friend, or other person involved in your health care or in payment for your health care, if you do not object, or in an emergency. If you are deceased, we may disclose medical information about you to a friend or family member who was involved in your medical care prior to your death, limited to information relevant to that person's involvement, unless doing so would be inconsistent with your written wishes you previously provided to us. If we disclose information to a family member, relative or close personal friend, we will disclose only information that we believe is relevant to that person's involvement with your health care or payment related to your health care.

Health and Safety. We may, consistent with applicable law and standards of ethical conduct, use or disclose health information about you if we believe that the use or disclosure is necessary to prevent or lessen a serious threat to the health or safety of a person or the public; provided that, if a disclosure is made, it must be to a person(s) reasonably able to prevent or lessen the threat. We may also use or disclose your health information if we believe that the use or disclosure is necessary for law enforcement authorities to identify or apprehend an individual who: (i) admits to participation in a violent crime that we reasonably believe caused serious physical harm to the victim, or (ii) appears to have escaped from a correctional institution or lawful custody.

Notification and Disaster Relief. We may use or disclose your health information to notify or assist in notifying your family, a personal representative, or another person responsible for your care, of your location, condition, or death. We may disclose your health information to disaster relief authorities so that your family can be notified of your location and condition.

Correctional Institutions. If you are an inmate or in the custody of law enforcement, we may disclose your health information to correctional institutions or law enforcement for such purposes as providing care, for the health and safety of yourself or others, for law enforcement at the correctional facility, or for maintenance of safety, security and order at the facility in accordance with state and/or federal regulations.

Decedents. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about you to funeral directors as necessary to enable them to carry out their lawful duties. Once you have been dead for 50 years (or such other period as may be specified by law), we may use and disclose your health information without regard to the restrictions set forth in this Notice.

Organ/Tissue Donation. Your health information may be used or disclosed for cadaveric organ, eye or tissue donation and transplantation purposes.

Government Functions. We may disclose your health information for specialized government functions, such as military and veteran's activities, national security and intelligence activities, and protection of public officials.

Workers' Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

Business Associates. We may contract with one or more third parties (our business associates) in the course of our business operations. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. We require that our business associates sign a business associate agreement and agree to safeguard the privacy and security of your health information.

CONSENTS AND AUTHORIZATIONS FOR OTHER USES

While we may use or disclose your health information without your written authorization as explained above, there are other instances where we may do so only after we have obtained your written authorization for us to do so. Except as otherwise provided in this Notice, we will not use or disclose your health information without your prior written authorization. You may revoke an authorization at any time, except to the extent we have already relied on the authorization and taken action. Examples of uses and disclosures that require your authorization are:

Marketing. Except as otherwise permitted by law, we will not use or disclose your health information for marketing purposes without your written authorization. However, in order to better serve you, we may communicate with you about refill reminders and alternative products. Should you inquire about a particular product-specific good or service, we may provide you with informational materials when you come in for your treatments. We may also, at times, send you informational materials about a particular product or service that may be helpful for your treatment.

No Sale of Your Health Information. We will not sell your health information to a third party without your prior written authorization.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Uses and Disclosures of Your Highly Confidential Information. Some federal and/or state laws require special privacy protections for certain highly confidential health information, relating to: (1) psychotherapy services; (2) mental health and developmental disabilities services; (3) alcohol and drug abuse prevention, treatment and referral; (4) HIV/AIDS testing, diagnosis or treatment; (5) venereal disease(s); (6) genetic testing; (7) child abuse and neglect; (8) domestic abuse of an adult with a disability; and/or (9) sexual assault. Unless a use or disclosure is permitted or required by law, we will obtain your verbal consent or written authorization prior to using or disclosing your highly confidential health information to third parties.

You have the following rights regarding your health information. To exercise any of the rights below, please contact your Everside Health clinic to obtain the proper forms. You have the right to:

- Request a restriction on the uses and disclosures of your information for treatment, payment and health care operations or request a limit on the health information we disclose about you to someone involved in your care or the payment for your care, like a family member or a friend:
 - If you have paid for a service or health care item out-of-pocket in full, and you ask us not to share that information with your health insurer for purposes of payment or our operations (not treatment), we will agree with your request unless a law requires us to share information. For all other requests, we will consider your request. For these:
 - Your request must be in writing, and we will notify you of our decision in writing.
 - If we do agree to your request, we will comply with your request unless the information is needed to provide you emergency treatment.
 - Except for restrictions that we must comply with relating to health plans, we may terminate our agreement to a restriction at any time by notifying you in writing, but our termination will only apply to information created or received after we sent you the notice of termination, unless you agree to make the termination retroactive.
- Obtain a paper copy of the Notice of Privacy Practices upon request. You may obtain a paper copy of this Notice by contacting Compliance@EversideHealth.com. The Notice is also available at your Everside Health clinic.
- Inspect and obtain a copy of your health and billing records. You have the right to receive your clinical diagnostic laboratory test results directly from Quest, LabCorp or DynaCare. All requests to inspect or copy your health information or to access directly your clinical diagnostic laboratory test results must be in writing. We can provide a form for you to use. In certain circumstances, we may deny your request for inspection or copying, but if we do, we will notify you in writing of the reason(s) for the denial and explain your right to have the denial reviewed. If the information is maintained electronically and if you request an electronic copy, we will provide you with an electronic copy in the form and format requested by you, if it is readily producible in that form and format (if it is not, then we

will agree with you on a readable electronic form and format). You can direct us to transmit the copy directly to another person if you submit a signed written request that identifies the person to whom you want the copy sent and where to send it. If you request copies, we may charge a reasonable cost-based fee for the labor involved in copying the information, the supplies for creating the paper copy or the cost of the portable media, postage, and providing a summary of your records, if you request a summary.

- Request an amendment to your health information. You may request that your health record be amended if you believe that the health information we have about you is incomplete or incorrect. Requests to amend your health information must be in writing. We can provide a form for you to use. We may deny your request and if we do, we will notify you in writing of the reason for the denial and your right to submit a statement disagreeing with the denial.
- Request confidential communications. You have the right to ask us to communicate health information to you using alternative means or at alternative locations. Such requests must be in writing. We can provide a form for you to use. We will accommodate reasonable requests and will notify you if we are unable to agree to your request.
- Receive an accounting of disclosures of your health information. You have the right to obtain a list of instances in which we have disclosed your health information except in certain instances. These instances include: disclosures for treatment, payment and health care operations; disclosures made to you; disclosures incident to a use or disclosure permitted or required by the Federal HIPAA Privacy Rule; disclosures authorized by you; disclosures to persons involved in your care or to disaster relief authorities; disclosures for national security and intelligence purposes; disclosures to correctional institutions or law enforcement officials; disclosures that are part of a limited data set; and disclosures occurring more than six years prior to the date of your request. Your request must be in writing. We can provide a form for you to use. The list will not include disclosures made prior to April 14, 2003, those made for treatment, payment, healthcare operations purposes (except as described below), certain disclosures required by law, and disclosures made to, or authorized by, you. After January 1, 2014 (or a later date as permitted by HIPAA), the list will include disclosures made for treatment, payment or healthcare operations using our electronic health record. The first disclosure list in a year is free; if you request additional lists in any year we may charge you a fee as permitted under HITECH.

WHO WILL FOLLOW THIS NOTICE

The entities that comprise “Everside Health” and that will abide by this notice include:

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| <ul style="list-style-type: none"> • Paladina Health, LLC • Activate Healthcare, LLC • Gateway Direct Primary Care JV, LLC • Integrated Direct Primary Care JV, LLC • Healthstat, Inc. • Healthstat Wellness, Inc. • Paladina Health Medical Group, PC • Paladina Medical Group of New Jersey, PC | <ul style="list-style-type: none"> • Paladina Medical Group of California, Professional Corporation • Activate Clinic P.C. • Activate Healthcare, PC • Paladina Medical Group of Maryland, PC (fna Brooks Activate Professional Corporation) • Activate Clinic, PSC • Activate Healthcare (Michigan), PC | <ul style="list-style-type: none"> • Activate Zinni, PC (fna Activate Newman PC) • Activate Healthcare (Ohio), Inc. • Activate Pennsylvania Clinics, PC • West Virginia Health Clinics, PLLC • Activate Healthcare Clinic, PC • Activate Clinic, Professional Service Corporation |
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CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. Unless otherwise required by law, the revised Notice will be effective on the new effective date of the Notice. The current Notice will be available on our website and in the reception area of all Everside Health™ locations.

COMPLAINTS

If you have questions, want more information, or want to report a problem about the handling of your health information, please send us an email to our Privacy Officer at Compliance@Eversidehealth.com or call 1-866-808-6005. You may also file a complaint with the U.S. Secretary of Health and Human Services. The privacy officer can give you information about filing a complaint. If you complain, we will not reduce your level of service because of it or retaliate against you.