AMALURA HEALTH, LLC
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective date: September 11, 2026

Amalura Health, LLC ("**We**") respect your privacy. We are also legally required to maintain the privacy of your protected health information ("**PHI**") under the Health Insurance Portability and Accountability Act (HIPAA) and other federal and state laws. We follow state privacy laws when they are stricter or more protective of your PHI than federal law.

As part of our commitment and legal compliance, we are providing you with this Notice of Privacy Practices ("Notice"). This Notice describes:

- Our legal duties and privacy practices regarding your PHI, including our duty to notify you following a data breach of your unsecured PHI.
- Our permitted uses and disclosures of your PHI.
- Your rights regarding your PHI.

SUMMARY

This is a summary of how we may use and disclose your protected health information and your rights and choices when it comes to your information. We will explain these in more detail on the following pages.

1. **Your Rights**

   You have the right to:

   - Get a copy of your paper or electronic protected health information.
   - Correct your protected health information.
   - Ask us to limit the information we share, in some cases.
   - Get a list of those with whom we've shared your information.
   - Request confidential communication.
   - 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.

2. **Your Choices**

   You have some choices about how we use and share information as we:

   - Communicate with you.

- Tell family and friends about your condition.

3. **Our Uses and Disclosures**

   We may use and disclose your information as we:

   - Treat you.
   - Bill for services.
   - Run our organization.
   - Comply with the law.
   - Address workers' compensation, law enforcement, health oversight, specialized government functions, or other government requests.
   - Respond to lawsuits and legal actions.
   - Help with public health and safety issues, including reporting victims of abuse, neglect, or domestic violence.
   - Work with a medical examiner, funeral director, or organ procurement organization.

   To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will use or disclose those records only as permitted by 42 CFR part 2, including with your written consent or as otherwise permitted by law. Any recipient of those records may redisclose them only as permitted by 42 CFR part 2. We will not use or disclose those records in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order issued in accordance with 42 CFR part 2.

GENERAL PROVISIONS

1. **PHI Defined**

   Your PHI is health information about you:

   - which someone may use to identify you; and
   - which we keep or transmit in electronic, oral, or written form.

   Your PHI includes information such as your:

   - name;
   - contact information;
   - past, present, or future physical or mental health or medical conditions;
   - payment for health care products or services; or
   - prescriptions.

2. **Scope**

We create a record of the care and health services you receive, to provide your care, and to comply with certain legal requirements. This Notice applies to all the PHI that we generate.

We follow and our employees and other workforce members follow the duties and privacy practices that this Notice describes and any changes once they take effect.

3. **Changes to this Notice**

We may change our privacy practices and the terms of this Notice, and material changes may apply to PHI maintained by Amalura Health, LLC, as permitted by law. The new notice will be available on request, at our service delivery site, and on our website, if applicable, as required by law, and will be effective on its effective date.

4. **Data Breach Notification**

We will notify you without unreasonable delay and, for New Hampshire residents, no later than 60 days after determining that a security breach has occurred, if a data breach or security breach occurs that may have compromised the privacy or security of PHI or other personal information. The notice will include the information required by law. Most of the time, we will notify you in writing, by first-class mail, or we may email you if you have provided us with your current email address and you have previously agreed to receive notices electronically. In some circumstances, our business associates, which are described in more detail below, may provide the notification. In limited circumstances when we have insufficient or out-of-date contact information, we may provide substitute notice in a legally acceptable alternative form.

5. **Uses and Disclosures of your PHI**

The law permits or requires us to use or disclose your PHI for various reasons, which we explain in this Notice. We have included some examples, but we have not listed every permissible use or disclosure. When using or disclosing PHI or requesting your PHI from another source, we will make reasonable efforts to limit our use, disclosure, or request about your PHI to the minimum we need to accomplish your intended purpose.

6. **Uses and Disclosures for Treatment, Payment, or Health Care Operations**

- Treatment. We may use or disclose your PHI and share it with other professionals who are treating you, including doctors, nurses, technicians, medical students, or hospital personnel involved in your care. For example, we might disclose information about your overall health condition to physicians who are treating you for a specific injury or condition.

- Payment. We may use and disclose your PHI for payment activities, including collection activities, utilization review, and coordination of benefits. We may also disclose your PHI as otherwise permitted by HIPAA for payment activities.
- Health Care Operations. We may use and disclose your PHI to run our practice and improve your care. For example, we may use your PHI to manage the services you receive or to monitor the quality of our health care services.

7. **Other Uses and Disclosures**

   We may share your information in other ways, usually for public health or research purposes or to contribute to the public good.

8. **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, please contact us and we will make a reasonable effort to follow your instructions.

   You have both the right and choice to tell us whether to:

   - Share information, such as your PHI, general condition, or location, with your family, close friends, or others involved in your care.
   - Share information in a disaster relief situation, such as to a relief organization to assist with locating or notifying your family, close friends, or others involved in your care.

   We may share your information if we believe it is in your best interest, according to our best judgment and:

   - If you are unable to tell us your preference, for example, if you are unconscious.
   - When needed to lessen a serious and imminent threat to health or safety.

9. **Uses and Disclosures that Require Authorization**

We will only use or share your information for marketing communications if you give us prior written permission:

- Marketing communications. “Marketing communications” do not include communications about treatment, case management, care coordination, refills, appointments, health-related products or services, or other communications permitted without authorization under applicable law.
- Other uses and disclosures not described in this Notice.

You may revoke your authorization at any time, but it will not affect information that we already used and disclosed.

10. **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.

You have the right to:

- Inspect and Obtain a copy of your PHI. Pursuant to your written request, you have the right to inspect a copy of your PHI in paper or electronic format. Under federal law, We may deny access to the following types of records: information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; PHI restricted by law; PHI related to research for which you agreed to the denial of access when consenting to participate; PHI obtained from someone other than a health care provider under a promise of confidentiality, where access would be reasonably likely to reveal the source; and PHI where access is reasonably likely to endanger the life or physical safety of you or another person. We may also deny access if the PHI refers to another person and access is reasonably likely to cause substantial harm to that person, or if the request is made by your personal representative and access is reasonably likely to cause substantial harm to you or another person. Denials based on endangerment or substantial harm may be reviewed by a licensed health care professional who did not participate in the original denial decision. We will provide written notice of any denial, including the basis for the denial, whether review is available, and how to request review. We have up to 30 days to provide the PHI. If we are unable to provide the PHI within 30 days, we may extend the time for up to an additional 30 days by providing you with a written statement of the reasons for the delay and the date by reasonable, cost-based fee, as permitted by law. We may charge a fee for the associated costs.
- You have the right to a summary or explanation of your PHI. You have the right to request only a summary of your PHI if you do not desire to obtain a copy of your entire record. You also have the option to request an explanation of the information when requesting your entire record.
- You have the right to obtain an electronic copy of medical records. You have the right to request an electronic copy of your medical record for yourself or to be sent to another individual or organization when your PHI is maintained in an electronic format. We will provide the records in the electronic form and format you request if they are readily producible in that form and format; if not, we will provide the records in a readable electronic form and format as agreed upon with

you, or, if no such agreement is reached, in a legible hard copy form. Record requests may be subject to a reasonable, cost-based fee, as permitted by law.

- You have the right to receive a notice of breach. In the event of a breach of your unsecured PHI, you have the right to be notified of such breach.
- You have the right to request amendments. At any time if you believe the PHI we have on file for you is inaccurate or incomplete, you may request that we amend the information. Your request for an amendment must be submitted in writing and detail what information is inaccurate and why. Please note that a request for an amendment does not necessarily indicate the information will be amended.
- You have a right to receive an accounting of certain disclosures. You have the right to receive an accounting of disclosures of your PHI. AN "accounting" being a list of certain disclosures that we have made of your information. The request can be made for disclosures made during the six years before the date of your request. You may request one accounting free of charge in any 12-month period. We may charge a reasonable, cost-based fee for additional requests within that period, and we will notify you of the fee in advance and give you an opportunity to withdraw or modify your request. The request can be made for paper and/or electronic disclosures and will not include disclosures made for the purposes of treatment, payment, health care operations, notification and communication with family and/or friends, disclosures made to you, disclosures made pursuant to your authorization, disclosures made for national security or intelligence purposes, disclosures made to correctional institutions or law enforcement officials in certain circumstances, disclosures that are part of a limited data set, and those required by law.
- You have the right to request restrictions of your PHI. You have a right to restrict and/or limit the information we disclose to others, such as family members, friends, and individuals involved in your care or payment for your care. You also have the right to limit or restrict the information we use or disclose for treatment, payment, and/or health care operations. Your request must be submitted in writing and include the specific restriction requested, whom you want the restriction to apply, and why you would like to impose the restriction. Please note that our practice is not required to agree to your request for restriction with the exception of a restriction requested to not disclose information to your health plan for care and services in which you have paid in full out-of-pocket.
- You have a right to request confidential communications. You have a right to request confidential communications from us by alternative means or at any alternative location. For example, you may designate we send mail only to an address specified by you which may or may not be your home address. You may indicate we should only call you on your work phone or specify which telephone numbers we are allowed or not allowed to leave messages on. You do not have to

disclose the reason for your request; however, you must submit a request with specific instructions in writing.

- You have a right to choose someone to act for you. If someone has authority to act as your personal representative, such as if someone has your 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.
- You have a right to receive a paper copy of this notice. Even if you have agreed to receive an electronic copy of this Privacy Notice, you have the right to request we provide it in paper form. You may make such a request at any time.
- You have the right to file a complaint if you feel your rights are violated. If you feel your rights have been violated contact Amalura's designated Privacy Officer by email at businessadmin@amalurahealth.com. 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., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **https://www.hhs.gov/hipaa/filing-a-complaint/index.html.**

11. **Contact**

If you have any questions about this Notice, please contact Jessica Ryan, Business Operations Admin, by email at businessadmin@amalurahealth.com.