

HIPAA 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.

NOTICE OF PRIVACY PRACTICES

CDR Health Care, Inc. and its affiliates (collectively referred to as “**CDR**,” “**we**,” “**our**” and “**us**”) are committed to protecting the privacy of your identifiable health information. This information is known as “protected health information” or “PHI.” PHI includes, without limitation, information that CDR has created or received about your past, present or future health or condition, the provision of healthcare to you or the payment of this healthcare.

Please read this HIPAA Notice of Privacy Practices (this “**Notice**”) carefully to understand our policies and practices regarding your PHI and how we may use or disclose it.

OUR RESPONSIBILITIES

CDR is required by law to maintain the privacy of your PHI. We are also required to provide you with this Notice of our legal duties and privacy practices upon request. This Notice describes our legal duties, privacy practices and your patient rights as determined by the Health Insurance Portability and Accountability Act of 1996 (“**HIPAA**”). We are required to follow the terms of this Notice currently in effect. We are required to notify affected individuals in the event of a breach involving unsecured PHI. PHI is stored electronically and is subject to electronic disclosure.

HOW WE MAY USE OR DISCLOSE YOUR PHI

We use and/or disclose your PHI for treatment, payment or healthcare operations purposes and for other purposes permitted or required by law. Not every use or disclosure is listed in this Notice, but all of our uses and disclosures of your PHI will fall into one of the categories listed below.

We will obtain your written authorization to use or disclose your PHI for any purpose not covered by one of the categories listed below. Subject to applicable law, we will not use or disclose your PHI for marketing purposes or sell your PHI, unless you have signed an authorization. You may revoke any authorization you sign at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons stated in your authorization except to the extent we have already taken action based on your authorization.

The law permits us to use and disclose your PHI for the following purposes:

Treatment: CDR discloses your PHI, including, without limitation, your COVID-19 test results, to authorized healthcare professionals who need access to your test results and/or PHI for treatment purposes, including but not limited to, the provision, coordination or management of your health care.

Payment: CDR will use and disclose your PHI for purposes of billing and payment. For example, we may disclose your PHI to health plans or other payers to determine whether you are enrolled

with the payer or eligible for health benefits or to obtain payment for our services. If you are insured under another person's health insurance policy (for example, parent, spouse, domestic partner or a former spouse), we may also send invoices to the subscriber whose policy covers your health services.

Healthcare Operations: CDR may use and disclose your PHI for activities necessary to support our healthcare operations, such as performing quality checks on our testing, internal audits or arranging for legal services.

Other Uses and Disclosures of Your PHI that Do Not Require Authorization: We are also allowed or required to share your PHI, without your authorization, in certain situations or when certain conditions have been met.

Business Associates: CDR may provide your PHI to other companies or individuals that need the information to provide services to us. These other entities, known as "business associates," are required to maintain the privacy and security of PHI. For example, we may provide information to companies that assist us with billing for our services. We may also use an outside collection agency to obtain payment when necessary.

As Required by Law: CDR may use and disclose PHI as required by law.

Law Enforcement Activities and Legal Proceedings: CDR may use and disclose your PHI if necessary, to prevent or lessen a serious threat to your health and safety or that of another person. We may also provide PHI to law enforcement officials as may be required by law. We may also disclose PHI to appropriate agencies if we reasonably believe an individual to be a victim of abuse, neglect or domestic violence. We may disclose your PHI as required to comply with a court or administrative order. We may disclose your PHI in response to a subpoena, discovery request or other legal process in the course of a judicial or administrative proceeding, but only if efforts have been made to tell you about the request or to obtain an order of protection for the requested information.

Disclosure to Others Involved in Your Care: CDR may disclose relevant PHI to a family member, friend or anyone else you designate in order for that person to be involved in your care or payment related to your care.

Research: Under certain circumstances, we may disclose your PHI for research purposes.

Disaster Relief Efforts: CDR may disclose PHI to those assisting in disaster relief efforts so that others can be notified about your condition, status and location.

Other Uses and Disclosures: As permitted by HIPAA, CDR may also disclose your PHI to:

- Public Health Authorities;
- The Food and Drug Administration;
- Health Oversight Agencies;
- Military Command Authorities;
- National Security and Intelligence Organizations;

- Correctional Institutions;
- Organ and Tissue Donation Organizations;
- Coroners, Medical Examiners and Funeral Directors; and
- Workers Compensations Agents.

STATE LAW

For all of the above purposes, when state law is more restrictive than federal law, we are required to following the more restrictive state law.

RIGHT TO INSPECT AND COPY

You have the right to inspect and obtain a copy of your PHI that we maintain about you. If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to inspect and copy, then you may request that the denial be reviewed.

AMENDING YOUR PHI

You may request amendments to your PHI by making a written request. However, we may deny the request in some cases (such as if we determine the PHI is accurate). If we deny your request to change your PHI, we will provide you with a written explanation of the reason(s) for the denial and additional information regarding further actions that you may take.

ACCOUNTING OF DISCLOSURES

You have the right to receive a list of certain disclosures of your PHI made by CDR in the past six years from the date of your written request. Under the law, this does not include disclosures made for purposes of treatment, payment or healthcare operations or certain other purposes.

REQUEST RESTRICTIONS

You may request that we agree to restrictions on certain uses and disclosures of your PHI. We are not required to agree to your request, except for requests to limit disclosures to your health plan for purposes of payment or healthcare operations when you have paid us for the item or service covered by the request out-of-pocket and in full and when the uses or disclosures are not required by law.

REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we send your PHI by alternative means or to an alternative address, and we will accommodate your reasonable requests.

COPY OF THIS NOTICE

You have the right to obtain a paper copy of this Notice upon request.

HOW TO EXERCISE YOUR RIGHTS

You may write or send an email to us with your specific request. CDR will consider your request and provide you with a response.

COMPLAINTS AND QUESTIONS

If you believe your privacy rights have been violated, you have the right to file a complaint with us. You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights. CDR will not retaliate against any individual for filing a complaint. To file a complaint with us, or should you have any questions about this Notice, then you may contact us by writing us a letter to:

11740 SW 80th Street
Miami, Florida 33183
Attn: Legal

CHANGES TO THIS NOTICE

We reserve the right to amend the terms of this Notice to reflect changes in our privacy practices, and to make the new terms and practices applicable to all PHI that we maintain about you, including, without limitation, PHI created or received prior to the effective date of the Notice revision. Our Notice is displayed on our website and a copy is available upon request.