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. IN ADDITION, THIS NOTICE PROVIDES INFORMATION ABOUT YOUR RIGHTS RELATED TO YOUR MEDICAL INFORMATION AND HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR MEDICAL INFORMATION OR OF YOUR RIGHTS CONCERNING YOUR MEDICAL INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE AND TO DISCUSS THIS NOTICE WITH US. PLEASE REVIEW IT CAREFULLY.

I. Who We Are

Practice, Facility and Health Professionals in this notice are members of the Solaris Health Affiliated Covered Entity (ACE). An Affiliated Covered Entity is a group of organizations under common ownership or control who designate themselves as a single Affiliated Covered Entity for purposes of compliance with the Health Insurance Portability and Accountability Act ("HIPAA"). The Practice, Facility, its employees, workforce members and members of the ACE who are involved in providing and coordinating health care are all bound to follow the terms of this Notice of Privacy Practices ("Notice"). The members of the ACE will share PHI with each other for the treatment, payment and health care operations of the ACE and as permitted by HIPAA and this Notice. For a complete list of the members of the ACE, please contact the Privacy Office at the contact information listed at the bottom of this notice.

II. Our Privacy Obligations

We understand that your health information is personal and we are committed to protecting your privacy. In addition, we are required by law to maintain the privacy of your Protected Health Information, to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information, and to notify you in the event of a breach of your unsecured Protected Health Information. When we use or disclose your Protected Health Information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

III. Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, which we will describe in Section IV below, we must obtain your written authorization in order to use and/or disclose your Protected Health Information. However, unless the Protected Health Information is Highly Confidential Information (as defined below) and the applicable law regulating such Highly Confidential Information imposes special restrictions on us, we may use and disclose your Protected Health Information without your written authorization for the following purposes:

1. Treatment. We use and disclose your Protected Health Information to provide treatment and other services to you–for example, to provide medical care or to consult with your physician about your treatment. We may use your information to contact you to provide you appointment reminders or to recommend alternative treatments, therapies, health care providers, or settings of care to you or to describe a health-related product or service. We may also disclose Protected Health Information to other providers involved in your treatment.

2. Payment. We may use and disclose your Protected Health Information to obtain payment for health care services that we provide to you–for example, disclosures to claim and obtain payment from Medicare, Medicaid, your health insurer, HMO, or other company or program that arranges or pays the cost of your health care ("**Your Payor**") to verify that Your Payor will pay for the health care. We may also disclose Protected Health Information to your other health care providers when such Protected Health Information is required for them to receive payment for services they render to you.

3. Health Care Operations. We may use and disclose your Protected Health Information for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use Protected Health Information to evaluate the quality and competence of our staff and/or other health care professionals. We may use your Protected Health Information in order to resolve any complaints you may have and ensure that you our satisfied with our services. Your PHI may be provided to various governmental or accreditation entities to maintain our license and accreditation. In addition, PHI may be shared with business associates who perform treatment, payment and health care operations services on behalf of the Practice, Facility and Health Professionals. Additionally, your PHI may be used or disclosed for the purpose of allowing students, residents, nurses, physicians and others who are interested in healthcare, pursuing careers in the medical field or desire an opportunity for an educational experience to tour, shadow employees and/or physician faculty members or engage in a clinical Practicum.

4. Health Related Products or Services. We may provide refill reminders or communicate with you about a drug or biologic that is currently prescribed to you. In addition, we may use or disclose your PHI to tell you about health-related products or services.

5. Health Information Exchanges. We may disclose your Protected Health Information to other health care providers or other health care entities for treatment, payment, and health care operations purposes, as permitted by law, through a Health Information Exchange. For example, information about your past medical care and current medical conditions and medications can be available to other physicians if they participate in the Health Information Exchange. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed treatment decisions. You may opt out of the Health Information Exchange and prevent providers from being able to search for your information through the exchange. You may opt out and prevent your medical information from being searched through the

Health Information Organization by completing and submitting an Opt-Out Form to privacyoffice@solarishp.com. A list of Health Information Exchanges in which this facility participates may be obtained upon request or found on our website at www.solarishealthpartners.com or the Affiliated Covered Entity website.

6. As Required by Law. We may use and disclose your Protected Health Information when required to do so by any applicable federal, state or local law.

7. Public Health Activities. We may disclose your Protected Health Information: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to a government authority authorized by law to receive such reports; (3) to report information about products under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

8. Victims of Abuse, Neglect or Domestic Violence. We may disclose your Protected Health Information if we reasonably believe you are a victim of abuse, neglect or domestic violence to a government authority authorized by law to receive reports of such abuse, neglect, or domestic violence.

9. Health Oversight Activities. We may disclose your Protected Health Information to an agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

10. Judicial and Administrative Proceedings. We may disclose your Protected Health Information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

11. Law Enforcement Officials. We may disclose your Protected Health Information to the police or other law enforcement officials as required by law or in compliance with a court order. For example, your PHI may be disclosed to identify or locate a suspect, fugitive, material witness, or missing person or to report a crime or criminal conduct at the Practice or Facility.

12. Correctional Institution. We may disclose your Protected Health Information to a correctional institution if you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain requests to us.

13. Decedents. We may disclose your Protected Health Information to a coroner or medical examiner as authorized by law.

14. Organ and Tissue Procurement. We may disclose your Protected Health Information to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

15. Clinical Trials and Other Research Activities. If applicable, we may use and disclose your Protected Health Information for research purposes pursuant to a valid authorization from you or when an institutional review board or privacy board has waived the authorization requirement. Under certain circumstances, your Protected Health Information may be disclosed without your authorization to researchers preparing to conduct a research project, for research or decedents or as part of a data set that omits your name and other information that can directly identify you.

16. Health or Safety. We may use or disclose your Protected Health Information to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

17. Specialized Government Functions. We may use and disclose your Protected Health Information to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

18. Workers' Compensation. We may disclose your Protected Health Information as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

19. Appointment Reminders. Your Protected Health Information may be used to tell or remind you about appointments.

IV. Your Choices Regarding Certain Uses and Disclosures or that Require Your Authorization

For certain medical 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, talk to us. Tell us what you want us to do, and we will follow your instructions. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

1. Disclosure to Relatives, Close Friends and Other Caregivers. We may use or disclose your Protected Health Information to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if: (1) we obtain your agreement or provide you with the opportunity to object to the disclosure and you do not object; or (2) we reasonably infer that you do not object to the disclosure.

2. Marketing. We must obtain your written authorization prior to using your Protected Health Information for purposes that are marketing under the HIPAA privacy rules. For example, we will not accept any payments from other organizations or individuals in exchange for making communications to you about those organizations' treatments, therapies, health

care providers, settings of care, case management, care coordination, products or services unless you have given us your authorization to do so or the communication is permitted by law.

3. Sale of Protected Health Information. We will not make any disclosure of Protected Health Information that is a sale of Protected Health Information without your written authorization.

4. Uses and Disclosures of Your Highly Confidential Information. Federal and state law requires special privacy protections for certain health information about you ("Highly Confidential Information or information under 42 CFR Part 2"), including Alcohol and Drug Abuse Treatment Program records, HIV/AIDS, Communicable Disease(s), Genetic Testing, Sexual Assault, and other health information that is given special privacy protection under state or federal laws other than HIPAA. We are not a Part 2 Provider of substance use disorder treatment and, therefore, we generally do not maintain any Highly Confidential Information**.** However, in order for us to disclose any Highly Confidential Information for a purpose other than those permitted by law, we must obtain your authorization. Once you authorize us to share these records, they may no longer be protected by Part 2, but they will still be protected by HIPAA.

5. Revocation of Your Authorization. You may revoke your authorization, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Office identified below.

V. Your Individual Rights

1. For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your Protected Health Information, you may contact our Privacy Office at the contact information listed at the bottom of this notice. You may also file written complaints with the Office for Civil Rights of the U.S. Department of Health and Human Services at 200 Independence Avenue, SW, Washington, DC 20201; by telephone at 1 (877) 696-6775; or by email at www.hhs.gov/hipaa/filing-a-complaint/ We will not retaliate against you if you file a complaint with us or the Office for Civil Rights.

2. Right to Request Additional Restrictions. You may request restrictions on our use and disclosure of your Protected Health Information (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction unless the request is to restrict our disclosure to a health plan for purposes of carrying out payment or health care operations, the disclosure is not required by law and the information pertains solely to a health care item or service for which you (or someone on your behalf other than

the health plan) have paid us out of pocket in full. If you wish to request additional restrictions, please obtain a request form from our Privacy Office and submit the completed form to the Privacy Office. We will send you a written response.

3. Right to Receive Communications by Alternative Means or at Alternative Locations. You may request, and we will accommodate, any reasonable written request for you to receive your Protected Health Information by alternative means of communication or at alternative locations.

4. Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from the Privacy Office and submit the completed form to the Privacy Office. If you request copies, we may charge you a reasonable copy fee.

5. Right to Amend Your Records. You have the right to request that we amend your Protected Health Information maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Privacy Office and submit the completed form to the Privacy Office. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

6. Right to Receive An Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your Protected Health Information for purposes other than treatment, payment, health care operations or where you specifically authorized a use or disclosure during the past six (6) years. If you request an accounting more than once during a twelve (12) month period, we may charge you a reasonable fee for the accounting statement.

7. Right to Revoke Your Authorization. You may revoke Your Authorization, Your Marketing Authorization or any written authorization obtained in connection with your Protected Health Information, except to the extent that the Practice, Facility and/or Health Professionals have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Office.

8. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you agreed to receive such notice electronically.

VI. Effective Date and Duration of This Notice

1. Effective Date. This Notice is effective on 2/16/2026.
2. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all your Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new

notice in our waiting room and on our Internet site. You also may obtain any new notice by contacting the Privacy Office.

VII. Privacy Office

You may contact the Privacy Officer at our entity:

Privacy Office
Solaris Health
2101 W. Commercial Blvd., Ste 3500
Fort Lauderdale, FL 33309
Solaris Privacy Office Email: privacyoffice@solarishp.com

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