

Mobility Health Notice of Privacy Practices
Effective Date: [May 09, 2023]

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 of Privacy Practices (“Notice”) applies to Mobility Health and its affiliates and subsidiaries (“we,” “us,” or “our”). We are required by the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (“HIPAA”) to maintain the privacy of protected health information (“PHI”), to provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. We are required to abide by the terms of the currently effective version of this Notice.

Uses and Disclosures of PHI That Do Not Require Your Authorization: We may use and disclose PHI without your authorization as described below:

- **Treatment.** We may use and disclose PHI for treatment purposes, such as to perform lab tests to diagnose various conditions. We may disclose medical information about you to treating physicians and other healthcare professionals to manage and coordinate your healthcare and treatment.
- **Payment.** We may use and disclose your PHI so that we or other entities involved in your care can bill and obtain payment from you, an insurance company or a third party. For example, we may give your insurer information about a lab test you received from us to obtain payment directly or reimbursement for you. We may also use and disclose PHI to conduct insurance eligibility checks with health plans or insurance or benefit payors, verify enrollment and coverage, and provide PHI to entities that help us submit bills and collect amounts owed.
- **Health Care Operations.** We may use and disclose PHI for our health care operations and the health care operations of other health care providers or health plans with which you have or had a relationship. For example, we may use PHI for medical reviews of our treatment and services, to evaluate the performance of our staff, and our business management and general administrative activities, such as to provide customer service.
- **Communications with You.** We may use and disclose PHI to contact you about matters such as missing information required to complete your lab order requisition, test result, demographic profile, payment, or billing related matters. For example, we may use your cell phone and email information provided to send you an inquiry related to these matters, reminders related to your test, or test results.
- **Communications with Individuals Involved in Your Treatment or Care.** We may disclose PHI to a family member, other relative, friend, or other individual identified by you who is involved in your care or payment for your care, provided you agree to the disclosure, you had an opportunity to object and did not do so, or we infer from the circumstances in our professional judgment that the disclosure is appropriate.
- **As Required By Law.** We will disclose PHI when we believe we are required to do so by federal, state, or local law, or a court order or similar demand.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI to a person able to help prevent a serious threat to the health and safety of any person or the public.
- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, examinations, inspections, licensure, or other activities necessary for oversight of the health care system, benefits programs, and civil rights.

- **Public Health and Safety.** We may disclose PHI to government authorities for public health and safety activities such as preventing or controlling disease, injuries, or disabilities, reporting abuse, neglect, or domestic violence, and reporting recalls or adverse reactions to medications.
- **Lawsuits and Disputes.** We may disclose PHI in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process if efforts have been made to tell you about the request or to obtain a protective order.
- **Law Enforcement.** We may disclose PHI to a law enforcement official for certain law enforcement purposes, such as reporting crime on our premises or responding to legitimate law enforcement inquiries.
- **Specialized Government Functions.** We may disclose PHI: (1) if you are a member of the armed forces, as required by military command authorities; (2) if you are an inmate or in custody, to a correctional institution or law enforcement official; (3) in response to a request from law enforcement, under certain conditions; (4) for national security reasons authorized by law; and (5) to authorized federal officials to protect the President, other authorized persons, or foreign heads of state.
- **Worker's Compensation.** We may disclose PHI for workers' compensation or similar programs. We may disclose your PHI for workers' compensation or similar programs.
- **Organ and Tissue Donation.** We may also disclose PHI to organ procurement or similar organizations for purposes of donation or transplant.
- **To Coroners and Funeral Directors.** We may disclose PHI to a funeral home director, coroner, or medical examiner consistent with applicable law to enable them to carry out their duties.
- **To Personal Representatives.** We may disclose PHI to a person legally authorized to act on your behalf, such as a parent, legal guardian, or administrator or executor of an estate.
- **Proof of Immunization.** We may provide proof of immunization to a school about a student or prospective student, as required by law, if authorized by the parent/guardian, emancipated minor, or other authorized individual as applicable.
- **Research.** We may use or disclose PHI in connection with research (1) pursuant to a waiver by an institutional review board or a privacy board, (2) for purposes preparatory to research, or (3) as a limited data set from which many identifying details are removed.
- **Uses and Disclosures Regarding Food and Drug Administration (FDA)-Regulated Products and Activities.** We may disclose protected health information, without your authorization, to a person subject to the jurisdiction of the 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.
- **Business Associates.** We may disclose PHI to other people and companies, known as business associates, who we use to support our organization and who sign a contract required by HIPAA that requires the business associate to protect PHI and keep PHI confidential. Examples of business associates may include medical record storage service providers, collection agencies, and healthcare technology providers.

Uses and Disclosures of PHI that Require Your Authorization: Except as described in this Notice, we will not use or disclose your PHI without your authorization. You may revoke your authorization in writing at any time as provided in the authorization. Your revocation will stop further use or disclosure of PHI for purposes covered by your authorization, except when we have already acted on your permission.

The following uses and disclosures of PHI require your authorization under HIPAA:

- **Sale of PHI.** We will not use or disclose your PHI in exchange for direct or indirect remuneration unless you authorize us to do so, or as permitted by HIPAA.
- **Psychotherapy Notes.** Except in limited circumstances, we may not use or disclose psychotherapy notes

recorded by a mental health professional documenting your conversation during a counseling session without your authorization.

- **Marketing.** With your authorization, we may use or disclose your PHI for marketing purposes.
- **Research Purposes.** We may use or disclose PHI for research purposes with your authorization other than in the limited research circumstances described above.

We must also follow any law that is stricter than HIPAA.

Your Rights with Respect to PHI We Maintain About You: Your rights with respect to PHI we maintain about you are provided below. Our HIPAA Compliance Officer is the Chief Commercial Officer, Mobility Health. If you would like to exercise any of these rights, please contact our HIPAA compliance office by email at hipaa@mobilityhealthlab.com, by phone at 513-927-4621, or by mail to Mobility Health ATTN: HIPAA 5155 Financial Way, Suite 15 Mason, OH 45040.

- **Right to Request Restrictions.** You may request restrictions on the use or disclosure of your PHI for treatment, payment or health care operations, or our disclosure of your PHI to someone involved in your care or payment for your care, like a family member or friend. We are not required to agree, unless the request pertains to a disclosure for payment or health care operations purposes, is not required by law, and pertains solely to a health care item or service for which we have been paid in full. If we agree, we will comply with your request except in certain emergency situations or as required by law.
- **Right to Request Confidential Communications.** You may request we contact you in a certain way or at a certain location. For example, you may request we contact you only at work or at a different residence or post office box. Your written request must state how or where you wish to be contacted. We will accommodate reasonable requests.
- **Right to Inspect and Copy.** You may inspect and receive a paper or electronic copy of certain PHI, or direct that we provide such copies to your designee. We may charge you for reasonable costs of responding to your request. We may deny your request, in which case you may request a review of the denial.
- **Right to Amend.** You may request we amend certain PHI if it is incorrect or incomplete. You must provide a reason to support your request. We may deny your request if the PHI is accurate and complete. If we deny your request, you have the right to submit a statement of disagreement. Your request will become part of your medical record, to be included when we make a disclosure of the item or statement you believe to be incomplete or incorrect.
- **Right to an Accounting of Disclosures.** You may request an accounting, or list, of disclosures of PHI other than those for treatment, payment, health care operations, or certain other purposes allowed by law. Your request must specify a time period, which may not be longer than six years from the date of the request.
- **Right to Obtain a Paper Copy of this Notice.** You have the right to a paper copy of this notice at any time, even if you have previously agreed to receive this notice electronically.

Changes to This Notice of Privacy Practices: We reserve the right to change this Notice and to make the revised Notice effective for PHI we maintain, including PHI we receive in the future. The effective date is listed on the first page of this Notice and will post a current copy on our website, www.mobilityhealthlab.com, and any other locations where we provide the Notice.

For More Information or to Report a Problem: If you have questions about this Notice or wish to file a complaint, you may contact our HIPAA compliance office by email to hipaa@mobilityhealthlab.com, by phone at 513-927-4621, or by mail to Mobility Health ATTN: HIPAA 5155 Financial Way, Suite 15 Mason, OH 45040. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for making a complaint.