

ELTRA SURGERY CENTER

NOTICE OF PRIVACY PRACTICES

1. 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.

2. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

Pursuant to the Privacy Rules established by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), we are legally required to protect the privacy of your health information. We call this information "protected health information," or "PHI" for short. It includes information that can be used to identify you and that we've created or received about your past, present, or future health condition, the provision of health care to you, or the payment for this health care. We are required to provide you with this notice about our privacy practices. It explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Whenever we make an important change to our policies, we will promptly change this notice and post a new notice in public areas of our offices. You can also request a copy of this notice from the contact person listed in Section 7 below at any time and can view a copy of this notice on our Web site at <https://www.eltrasurgery.com/>.

3. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION. We use and disclose health information for many different reasons. For some of these uses and disclosures, we need your specific authorization. Below, we describe the different categories of uses and disclosures.

3.1. Uses and Disclosures That Do Not Require Your Authorization. We may use and disclose your PHI without your authorization when legally required or permitted to do so, including, without limitation, in the following circumstances:

3.1.1. For treatment. We may disclose your PHI to hospitals, physicians, nurses, and other health care personnel in order to provide, coordinate or manage your health care or any related services, except where the PHI is related to HIV/AIDS, genetic testing, or services from federally-funded drug or alcohol abuse treatment facilities, or where otherwise prohibited pursuant to State or Federal law. For example, if you're being treated by a specialist or are referred for a test, we may communicate with your other primary care or referring physicians to coordinate your care.

3.1.2. To obtain payment for treatment. We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing staff and your health plan to get paid for the health care services we provided to you. We may also disclose patient information to another provider involved in your care for the other provider's payment activities.

3.1.3. For health care operations. We may disclose your PHI, as necessary, to operate our business. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us or for services they provide to our organization.

3.1.4. When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement. For example, we may disclose PHI when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot or other wounds; for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; or when subpoenaed or ordered in a judicial or administrative proceeding.

3.1.5. For public health activities. For example, we may disclose PHI to report information about births, deaths, various diseases, adverse events and product defects to government officials in charge of collecting that information; to prevent, control, or report disease, injury or disability

as permitted by law; to conduct public health surveillance, investigations and interventions as permitted or required by law; or to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.

3.1.6. For health oversight activities. For example, we may disclose PHI to assist the government or other health oversight agency with activities including audits; civil, administrative, or criminal investigations, proceedings or actions; or other activities necessary for appropriate oversight as authorized by law.

3.1.7. To avoid harm. In order to avoid a serious threat to the health or safety of you, another person, or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

3.1.8. For specific government functions. We may disclose PHI of military personnel and veterans in certain situations. We may also disclose PHI for national security and intelligence activities.

3.1.9. For workers' compensation purposes. We may provide PHI in order to comply with workers' compensation laws.

3.2. Uses and Disclosures Where You to Have the Opportunity to Object. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part.

3.3. All Other Uses and Disclosures Require Your Prior Written Authorization. Other than as stated in this notice, we will not disclose your PHI without your prior written authorization. You can later revoke your authorization in writing in accordance with Section 5 below, except to the extent that we have acted in reliance upon the authorization.

3.4. Authorization for Marketing Communications. We will obtain your written authorization before using or disclosing your PHI for most marketing purposes. However, you authorize us to use your PHI for purposes of marketing to you, but you may revoke that authorization in writing in accordance with Section 5 below at any time, in whole or in part; provided however, that we are always permitted to do the following, in each case without obtaining any authorization from you, and despite any attempted revocation by you: provide marketing materials to you in a face-to-face encounter; give you a promotional gift of nominal value; communicate with you about products or services relating to your treatment, case management or care coordination; communicate with you about alternative treatments, therapies, providers or care settings; and use your PHI to identify services and products that may be beneficial to your health or that we in good faith believe may be of interest to you.

3.5. Sale of PHI. We will disclose your PHI in a manner that constitutes a sale only upon receiving your prior written authorization. Sale of PHI does not include a disclosure of PHI: for public health purposes; for research, treatment and payment purposes; for the sale, transfer, merger or consolidation of all or part of our business and for related due diligence activities; to the individual who is the subject of the PHI; for disclosures required by law; or any other purpose permitted by, and made in accordance with, HIPAA.

3.6. Fundraising Activities. We may use certain information (name, address, telephone number, dates of service, age and gender) to contact you for the purpose of various fundraising activities. If you do not want to receive future fundraising requests, please write to our Privacy Officer at the address given in Section 7 below.

3.7. Incidental Uses and Disclosures. Incidental uses and disclosures of information may occur. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and occurs as a by-product of an otherwise permitted use or disclosure. However, such incidental uses and disclosures are permitted only to the extent that we have applied reasonable safeguards and do not disclose any more of your PHI than is necessary to accomplish the permitted use or disclosure. For example, disclosures about you that occur within our facilities that might be overheard by persons not involved in your care are permitted.

3.8. Additional Circumstances. In certain circumstances, we may provide PHI in order to conduct medical research. We may provide coroners, medical examiners, and funeral directors necessary PHI relating to an individual's death. We may also disclose PHI to organ procurement organizations to assist them in organ, eye, or tissue donations and transplants.

3.9. Business Associates. We may engage certain persons or entities to perform services for us or on our behalf and we may disclose certain of your PHI to them. For example, we may share certain PHI with companies

that provide services related to: the computer systems we use in the operation of our business; our health care operations; or payments for services provided in connection with your care. We will require our business associates to enter into agreements to keep your PHI confidential and to abide by certain terms and conditions.

3.10. Appointment reminders and health-related benefits or services. We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer. Please let us know if you do not wish to have us contact you for these purposes, or if you would prefer that we contact you at a different telephone number or address.

4. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI. You have the following rights with respect to your PHI:

4.1. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to request in writing that we limit how we use and disclose your PHI. You may not limit the uses and disclosures that we are legally required to make. We will consider your request but are not legally required to accept it. Notwithstanding the foregoing, you have the right to ask us to restrict the disclosure of your PHI to your health plan for a service we provide to you where you have directly paid us (out of pocket, in full) for that service, in which case we are required to honor your request. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. Under certain circumstances, we may terminate our agreement to a restriction.

4.2. The Right to Choose How We Send PHI to You. You have the right to ask that we send information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, via e-mail or text message instead of regular mail). We must agree to your request so long as we can easily provide it in the manner you requested.

4.3. The Right to See and Get Copies of Your PHI. In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.

If you request a copy of your information, we will charge reasonable fees for the costs of copying, mailing or other costs incurred by us in complying with your request, in accordance with applicable law. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance. Note also that you have the right to access your PHI in an electronic format (to the extent we maintain the information in such a format) and to direct us to send the e-record directly to a third party. We may charge for the labor costs to transfer the information, and we may charge for the costs of electronic media if you request that we provide you with such media.

****Please note, if you are the parent or legal guardian of a minor, certain portions of the minor's records may not be accessible to you. For example, access to records relating to care and treatment to which the minor is permitted to consent without your consent may be restricted unless the minor patient provides an authorization for such disclosure. ****

4.4. The Right to Get a List of the Disclosures We Have Made. You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures made for purposes of treatment, payment, or health care operations, those made pursuant to your written authorization, including authorizations contained in this notice, or those made directly to you or your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or prior to April 14, 2003.

We will respond within 60 days of receiving your written request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide one (1) list during any 12-month period without charge, but if you make more than one request in the same year, we will charge you \$10 for each additional request.

We will account for all disclosures of your PHI that we maintain in electronic format (including disclosures made for treatment, payment and health care operations) to the extent required by applicable law, including

HIPAA. Should you request such an accounting for disclosures of your electronic PHI, the list will include disclosures made in the last three years.

4.5. The Right to Receive Notice of a Breach of Unsecured PHI. You have the right to receive notification of a "breach" of your unsecured PHI.

4.6. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request, in writing, that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request in writing. We may deny your request if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to have your request and our denial attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

4.7. The Right to Get This Notice by E-Mail. You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

5. AUTHORIZATIONS. An authorization or revocation must be written, dated and signed (each of which may be in electronic form) and will be deemed to be from you if it actually is from you or if we reasonably, and in good faith, believe it is from you. You may provide a revocation of authorization to us only (i) in person, (ii) via postal or private carrier mail to the person listed in Section 7 below, or (iii) via fax to 973-410-1101. We will honor a revocation of authorization when it is actually received by us; provided, however, that a revocation is valid only from and after the date of our receipt and will not apply to any use or disclosure of PHI we made prior to our receipt of the revocation.

6. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES. If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section 7 below. You also may send a written complaint to the Secretary of the U.S. Department of Health and Human Services via email at OCRComplaint@hhs.gov or through the mail at 200 Independence Ave., S.W.; Room 509F; HHH Bldg., Washington, DC 20201. We will take no retaliatory action against you if you file a good-faith complaint about our privacy practices.

7. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES. If you have any questions about this notice or any complaints about our privacy practices, please contact our Privacy Officer at 973-425-1600 or privacy@EltraSurgery.com. Written correspondence to the Privacy Officer should be sent to EltraSurgery, 90 Lake Trail East, Morristown, New Jersey 07960, Attention: Privacy Officer. Address all written requests arising out of this notice to the same address.

8. EFFECTIVE DATE OF THIS NOTICE. Revised Notice - Effective November 13, 2020.