

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.

This notice applies to LiveWell Partners Holdings, Inc. and its related companies under its common ownership or control that provide health-related services. These companies are operating as a single “affiliated covered entity” (“ACE”) for purposes of the Health Insurance Portability and Accountability Act (“HIPAA”). These companies are referred to collectively as (“LiveWell” “we” or “us”). The members of the LiveWell ACE will share protected health information (“PHI”) with each other for treatment, payment and health care operations as permitted by HIPAA and this Notice. For a complete list of the members of the LiveWell ACE, please contact our Privacy Officer using the contact information provided below.

This Notice of Privacy Practices (“Notice”) describes how we may use and disclose your medical information and your rights concerning your medical information. This Notice is provided to you pursuant to HIPAA.

Generally, when this Notice uses the words “you” or “your,” it is referring to the patient who is the subject of PHI. However, when this Notice discusses rights regarding PHI, including rights to access or authorize the disclosure of PHI, “you” and “your” may refer to a patient’s parent(s), legal guardian or other personal representative.

OUR RESPONSIBILITIES

We are required to (i) maintain the privacy of your medical information as required by law; (ii) provide you with this Notice stating our legal duties and privacy practices with respect to your medical information; (iii) abide by the terms of this Notice; and (iv) notify you following a breach of your medical information that is not secured in accordance with certain security standards.

We reserve the right to change the terms of this Notice and to make the provisions of the new Notice effective for all medical information that we maintain. If we change the terms of this Notice, the revised Notice will be made available upon request and posted at our office. Copies of the current Notice may be obtained by contacting our Privacy Officer. You can contact our Privacy Officer using the contact information provided at the end of this Notice.

USES AND DISCLOSURES WITHOUT YOUR AUTHORIZATION

The following categories describe different ways that we use and disclose medical information without your written HIPAA authorization. For each category of uses or disclosures, we will explain what we mean and try to give an example. Not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose medical information fall within one of the categories.

Treatment: We may use and disclose your medical information to provide, coordinate and/or manage your treatment, health care, or other related services. For example, we may disclose medical information about you to your primary care doctor or another provider who is involved in your care. We may also use your medical information to remind you about an upcoming appointment.

Payment: We may use and disclose your medical information as needed to bill or obtain payment for the treatment and services provided. For example, we may contact your health insurance plan to determine whether it will authorize payment for our services or to determine the amount of your co-payment or co-insurance. We may also submit information about you to your health insurance plan so that the health plan pays for services we have provided to you. We may share your information with entities that help us to collect payments owed to us for the services we have provided.

Healthcare Operations: We may use or disclose your medical information in order to carry out our general business activities or certain business activities. These activities include, but are not limited to, training and education; quality assessment/improvement activities; risk management; claims management; legal consultation; licensing; and other business planning activities. For example, we may use your medical information to evaluate the quality of care we are providing. We may also disclose your medical information to other HIPAA-covered entities that have provided services to you so that they can improve the quality and effectiveness of the health care services that they provide.

Family and Friends and Others Involved in Your Care: Unless you tell us otherwise, we may disclose your medical information to a family member, friend or other individual who is involved in your medical care or to someone who helps pay for your care. Also, if you cannot agree due to an emergency, we may share needed medical health information about you with your family, friends or others who are involved in your care, based on professional judgment of what is in your best interest. We may also use or disclose your medical information to notify (or assist in notifying) a family member, legally authorized representative or other person responsible for your care of your location, general condition or death. If you are a minor, we may release your medical information to your parents or legal guardians when we are permitted or required to do so under federal and applicable state law.

Third Parties: We may disclose your medical information to third parties with whom we contract to perform services on our behalf. If we disclose your information to these entities, we will have an agreement with them to safeguard your information. Examples of these third parties include, but are not limited to, accreditation agencies, management consultants, quality assurance reviewers, collection agencies, transcription services, etc.

Required by Law: We may use or disclose your medical information to the extent the use or disclosure is required by law. Any such use or disclosure will be made in compliance with the law and will be limited to what is required by the law.

Public Health Activities: We may disclose your medical information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability

- To report child abuse or neglect
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when otherwise required by law to make the disclosure.

Health Oversight Activities: We may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits; investigations, proceedings or actions; inspections; and disciplinary actions; or other activities necessary for appropriate oversight of the health care system, government programs and compliance with applicable laws.

Law Enforcement: We may disclose your medical information to law enforcement in very limited circumstances, such as to identify or locate suspects, fugitives, witnesses or victims of a crime, to report deaths from a crime, and to report crimes that occur on our premises.

Judicial and Administrative Proceedings: We may disclose information about you in response to an order of a court or administrative tribunal as expressly authorized by such order.

To Avert a Serious Threat to Health or Safety: We may use or disclose your medical information when necessary to prevent a serious and imminent threat to your health or safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat of harm.

Disaster Relief Efforts: We may use or disclose your medical information to an authorized public or private entity to assist in disaster relief efforts. You may have the opportunity to object unless it would impede our ability to respond to emergency circumstances.

Coroners, Medical Examiners and Funeral Directors: We may disclose medical information consistent with applicable law to coroners, medical examiners and funeral directors only to the extent necessary to assist them in carrying out their duties.

Organ and Tissue Donation: We may disclose medical information consistent with applicable law to organizations that handle organ, eye or tissue donation or transplantation, only to the extent necessary to help facilitate organ or tissue donation or transplantation.

Research: Under certain circumstances, we may also use and disclose information about you for research purposes. All research projects are subject to a special approval process through an appropriate committee.

Workers' Compensation: We may disclose your medical information as authorized by law to comply with workers' compensation laws and other similar programs established by law.

Military, Veterans, National Security and Other Government Purposes: If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose your medical information to authorized federal officials for intelligence and national security purposes to the extent authorized by law.

Correctional Institutions: If you are or become an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose to the institution or law enforcement official information necessary for the provision of health services to you, your health and safety, the health and safety of other individuals and law enforcement on the premises of the institution and the administration and maintenance of the safety, security and good order of the institution.

OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

If we wish to use or disclose your medical information for a purpose not set forth in this Notice, we will seek your authorization. Specific examples of uses and disclosures of medical information requiring your authorization include: (i) most uses and disclosures of your medical information for marketing purposes; (ii) disclosures of your medical information that constitute the sale of your medical information; and (iii) most uses and disclosures of psychotherapy notes (private notes of a mental health professional kept separately from a medical record). You may revoke an authorization in writing at any time, except to the extent that we have already taken action in reliance on your authorization.

YOUR MEDICAL INFORMATION RIGHTS

Inspect and/or obtain a copy of your medical information. You have the right to inspect and/or obtain a copy of your medical information maintained in a designated record set. If we maintain your medical information electronically, you may obtain an electronic copy of the information or ask us to send it to a person or organization that you identify. To request to inspect and/or obtain a copy of your medical information, you must submit a written request to our Privacy Officer. If you request a copy (paper or electronic) of your medical information, we may charge you a reasonable, cost-based fee.

Request a restriction on certain uses and disclosures of your medical information. You have the right to ask us not to use or disclose any part of your medical information for purposes of treatment, payment or healthcare operations. While we will consider your request, we are only required to agree to restrict a disclosure to your health plan for purposes of payment or healthcare operations (but not for treatment) if the information applies solely to a healthcare item or service for which we have been paid out of pocket in full. If we agree to a restriction, we will not use or disclose your medical information in violation of that restriction unless it is needed to provide emergency treatment. We will not agree to restrictions on medical information uses or disclosures that are legally required or necessary to administer our business. To request a restriction, you must submit a written request to our Privacy Officer.

Request confidential communications. You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request a confidential communication of your medical information, you

must submit a written request to our Privacy Officer stating how or when you would like to be contacted. We will not require you to provide an explanation for your request. We will accommodate all reasonable requests.

Request an amendment to your medical information. If you believe that any information in your medical record is incorrect or if you believe important information is missing, you may request that we amend the existing information. To request such an amendment, you must submit a written request to our Privacy Officer.

Request an accounting of certain disclosures. You have the right to receive an accounting of certain disclosures we have made of your medical information. To request an accounting, you must submit a written request to our Privacy Officer. The first accounting you request within a 12-month period will be provided free of charge. We may charge you for any additional requests in that same 12-month period.

Obtain a paper copy of this Notice. You have the right to obtain a paper copy of this Notice upon request, even if you agreed to accept this Notice electronically. To obtain a paper copy of this Notice, contact our Privacy Officer.

STATE LAW

We will not use or share your information if state law prohibits it. Some states have laws that are stricter than the federal privacy regulations, such as laws protecting HIV/AIDS information or mental health information. If a state law applies to us and is stricter or places limits on the ways we can use or share your health information, we will follow the state law. If you would like to know more about any applicable state laws, please ask our Privacy Officer.

QUESTIONS, CONCERNS OR COMPLAINTS

If you have any questions or want more information about this Notice or how to exercise your medical information rights, you may contact our Privacy Officer by mail or email at:

LiveWell Partners
8008 Carondelet
Clayton, MO 63105
privacy@livewellpartners.com

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Office for Civil Rights: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201 or OCRComplaint@hhs.gov. **We will not retaliate against you for filing a complaint.**

Effective: June 10, 2025