NOTICE OF PRIVACY PRACTICES

Sleep Care Inc. | Effective Date: October 28, 2026

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.

Sleep Care Inc. respects the privacy of your health information. This notice explains how we may use and disclose protected health information (PHI), your rights, and our responsibilities under federal and applicable state law. PHI includes identifiable information related to your health, care, sleep studies, and payment for services. This notice applies to the information maintained by Sleep Care Inc.; other health care providers may have their own notices.

PRIVACY CONTACT Sherry Plante, Privacy Official | 614-410-1266 | Sleep Care Inc., 6185 Huntley Rd, Suite Q, Columbus, OH 43229

1 YOUR RIGHTS

When it comes to your health information, you have the following rights. Contact our Privacy Official for help submitting a request.

Access and copies. You may ask to inspect or receive a paper or electronic copy of health information in your designated record set, including medical and billing records. We generally respond within 30 calendar days. If additional time is permitted, we may take one 30-day extension with written notice explaining the delay. We may charge a reasonable, permitted cost-based fee. Certain legal exceptions may apply.

Request a correction. You may ask us to amend information that you believe is inaccurate or incomplete. We generally respond within 60 days, subject to one permitted 30-day extension. If we deny the request, we will explain why in writing and describe your rights.

Confidential communications. You may ask us to contact you at a different telephone number or address or by another reasonable method. We will accommodate reasonable requests and will not require you to explain why.

Request restrictions. You may ask us to limit how we use or disclose your information for treatment, payment, or health care operations, or what we share with people involved in your care. We generally are not required to agree, but we honor an agreed restriction as required by law. If you pay in full out of pocket for a service or item, you may request that we not disclose information about that service or item to your health plan for payment or health care operations. We must agree to that restriction unless disclosure is required by law.

Accounting of disclosures. You may request a list of certain disclosures made during the six years before your request. The law excludes some disclosures, including most for treatment, payment, and health care operations. One accounting in a 12-month period is free. We may charge a reasonable, cost-based fee for additional accountings in that period after informing you of the fee.

Paper notice and personal representatives. You may obtain a paper copy of this notice even if you receive it electronically. A person legally authorized to act for you, such as a health care agent or guardian, may exercise your rights after we verify that authority.

Privacy complaints. You may submit a complaint to Sleep Care Inc or to the U.S. Department of Health and Human Services (HHS) Office for Civil Rights if you believe your privacy rights were violated. We will not retaliate against you for making a complaint.

2 YOUR CHOICES AND AUTHORIZATIONS

Family, friends, and others involved in care. You may tell us whether to share information directly relevant to the involvement of family members, close friends, or other people assisting with your care or payment. If you are unable to express a preference, we may share limited information when, in our professional judgment, it is in your best interests and permitted by law.

Disaster assistance. We may share limited information with organizations assisting in disaster relief, consistent with your choices and applicable law.

Written authorization. We generally must obtain your written authorization for uses or disclosures not described or otherwise permitted by law, including most marketing uses, sale of PHI, and most uses or disclosures of psychotherapy notes. You may revoke an authorization in writing; the revocation will not undo actions already taken in reliance on it.

Fundraising. If we contact you for fundraising as permitted by law, you may opt out of future fundraising messages. If we propose to use records protected by 42 CFR Part 2 for fundraising, we will first provide a clear opportunity to opt out.

3 HOW WE TYPICALLY USE AND SHARE YOUR INFORMATION

HIPAA generally permits the following uses and disclosures without a separate written authorization, subject to other applicable privacy protections:

Treatment. We may share information with physicians, sleep technologists, and other professionals involved in treating you. Example: We send your sleep-study report to the ordering or treating physician to guide your care.

Payment. We may use or disclose information to verify coverage, obtain authorization where required, submit claims, or collect payment. Example: We provide necessary information to your insurer to process payment for a sleep study.

Health care operations. We may use or disclose information to operate and improve our services, conduct quality reviews, coordinate care, train staff, and perform permitted compliance activities. Example: We review completed sleep studies to assess quality and improve patient services.

Appointment and service communications. We may contact you about appointments, testing instructions, follow-up, or other information related to services, using reasonable privacy safeguards and honoring applicable confidential-communication requests.

4 OTHER USES AND DISCLOSURES ALLOWED OR REQUIRED BY LAW

We may also use or disclose health information when legal conditions are satisfied, including for:

- Public health activities, such as preventing disease, required reporting, product recalls, or reporting adverse events;
- Reporting or responding to suspected abuse, neglect, or domestic violence when authorized or required by law;
- Health oversight activities, including authorized audits, investigations, licensure, and accreditation reviews;
- Research conducted with a valid authorization, an applicable waiver, or another lawful permission;
- Compliance with federal, state, or local laws and lawful requests by HHS for HIPAA compliance review;
- Court orders, subpoenas, and other legal proceedings when the applicable requirements are met;
- Certain law enforcement, correctional, military, national security, and other government functions;
- Workers' compensation or similar legally authorized programs;
- Coroners, medical examiners, funeral directors, and organ or tissue donation activities; and
- Preventing or reducing a serious and imminent threat to health or safety when disclosure is legally permitted.

We disclose no more information than permitted for the purpose, and additional protections under other laws may limit a disclosure described in this section.

5 ADDITIONAL PROTECTIONS FOR CERTAIN RECORDS

Substance use disorder records (42 CFR Part 2). If we receive or maintain substance use disorder patient records protected by 42 CFR Part 2, those records receive special confidentiality protections. Their use or disclosure for treatment, payment, and health care operations may depend on a valid Part 2 consent or other Part 2 permission. Part 2 records, or testimony about them, generally cannot be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your specific written consent or an appropriate court order together with a subpoena or other legal requirement compelling disclosure. Additional requirements may apply to Part 2 counseling notes. We follow applicable restrictions on further use and disclosure of these records.

Other specially protected information. Certain mental health, HIV-related, genetic, or other sensitive information may be subject to additional federal or state restrictions. When a more protective law applies, we follow it.

6 OUR PRIVACY RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your PHI and give you this notice of our legal duties and privacy practices.
- We must follow the terms of the Notice of Privacy Practices currently in effect.
- We will notify affected individuals following a breach of unsecured PHI when notification is required by law.
- We will not use or disclose your PHI other than as described here or as permitted or required by law without your written authorization.
- We reserve the right to change this notice and to apply a revised notice to PHI we already maintain. An updated notice will be available upon request, at our service location, and on any website we maintain that describes our services.

7 QUESTIONS OR COMPLAINTS

To ask about this notice, request access to records, exercise your privacy rights, or submit a complaint, contact:

Sherry Plante, Privacy Official
Sleep Care Inc.
6185 Huntley Rd, Suite Q
Columbus, OH 43229
Phone: 614-410-1266

You may also submit a complaint to the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 20201; telephone 1-877-696-6775; or online at https://www.hhs.gov/hipaa/filing-a-complaint/index.html. We will not penalize or retaliate against you for filing a complaint.

This Notice of Privacy Practices replaces the prior notice dated April 14, 2003.