

ETHOS THERAPY SOLUTIONS, INC.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Ethos Therapy Solutions, Inc. (Ethos) is required by law to maintain the privacy of certain health information about you, to notify affected individuals following a breach of unsecured protected health information, and to inform you of its practices with respect to the privacy of that information. This Notice of Privacy Practices is being provided to inform you of the ways that Ethos may use the personal information it collects about you and how it may disclose that information.

Federal and state laws require health care providers to protect the privacy of information about your health, your health care, and payment for your health care, if that information identifies you or could be used to identify you. The law permits us to use or disclose your protected health information only for certain specific purposes, unless you give us a written authorization permitting us to make other uses and disclosures. This notice describes the purposes for which we may use or disclose protected health information about you.

The law also gives you certain rights with respect to your protected health information. This notice provides a summary of those rights.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights concerning your protected health information. You may exercise these rights by sending a written request to the address on the last page of this notice.

- **Get a copy of your medical record** - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your medical record** - You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing within 60 days.

- **Request confidential communications** - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
- **Ask us to limit what we use or share** - You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. However, if you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer, and we will say "yes."
- **Get a list of those with whom we've shared information** - You can ask for a list (accounting) of the times we've shared your health information, who we shared it with, and why. We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Get a copy of this privacy notice** - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- **Choose someone to act for you** - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated** - You can complain if you feel we have violated your rights by contacting us at the address on the last page of this notice. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>. We will not retaliate against you for filing a complaint.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

We may use and disclose health information, including the disclosure of health information electronically, about you without your specific authorization for purposes of treatment, payment and health care operations. Uses and disclosures involving substance use disorder records may be subject to additional federal protections and limitations under applicable law.

Treatment - As it pertains to Ethos, treatment means providing to you durable medical equipment as ordered by your physician. Treatment also includes coordination and

consultation with your physician and other health care providers. Ethos may use your protected health information, in coordination with your physician, to determine the best course of treatment for you.

Payment - We may use and disclose health information for activities required to obtain payment from you or your insurance carrier for the services provided to you by Ethos. Examples of these activities are eligibility determination, pre-certification, billing and collection.

Health care operations - Health care operations include review of your protected health information by members of Ethos' professional staff to ensure compliance with all federal and state regulations. This information will be used to improve the quality and effectiveness of the services provided to you by Ethos. Health care operations also include Ethos' business management and general administrative activities.

Special Privacy Protections for Substance Use Disorder Records

Certain health information related to the diagnosis, treatment, or referral for treatment of substance use disorders is protected by federal law (42 C.F.R. Part 2) and is subject to additional privacy protections beyond those required under HIPAA.

Substance use disorder records may be used or disclosed for treatment, payment, and health care operations as permitted by law; however, such uses and disclosures may be subject to additional limitations and redisclosure restrictions.

Recipients of substance use disorder records are prohibited from redisclosing this information unless expressly permitted by federal law.

Substance use disorder information may not be used to discriminate against an individual, including for purposes of employment, housing, access to health care, or insurance coverage.

OTHER USES AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION

There are a limited number of other purposes for which we may use or disclose your health information without a written authorization from you.

- We may use or disclose protected health information when the use or disclosure is required by law.
- We may use or disclose protected health information to avert a serious threat to your health or safety, or the health and safety of others.

- We may use or disclose protected health information for certain public health activities, such as reporting certain communicable diseases, or reporting information to the Food and Drug Administration about treatments that are regulated by that agency.

1. We may disclose protected health information to a legally-authorized government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence.

2. We may disclose protected health information to agencies authorized by law to conduct health oversight activities, such as licensing, inspections, and audits.

3. We may disclose protected health information in response to court orders or subpoenas, and for certain law enforcement purposes.

4. We may disclose protected health information to coroners, medical examiners and funeral directors to enable them to carry out their duties.

- We may disclose protected health information to organizations that are involved in arranging for donation or transplantation of tissue and organs.

- We may disclose protected health information to authorized government agencies when necessary for national security or intelligence purposes, or for certain military and veteran's activities.

- We may disclose protected health information to attorneys, accountants, and others acting on our behalf, provided they have signed written contracts agreeing to protect the confidentiality of the information.

- Unless you object, we may disclose to a member of your family, another relative, a close personal friend, or any other person identified by you, the protected health information directly relevant to that person's involvement with your health care or payment for your health care.

Breaches of unsecured protected health information, including substance use disorder records protected by federal law, will be handled in accordance with applicable HIPAA breach notification requirements.

USES AND DISCLOSURES WITH YOUR AUTHORIZATION

We must obtain your prior authorization for uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of your protected health information for

marketing purposes, and any sale of your protected health information. We will obtain your authorization for any use or disclosure of your protected health information for purposes other than those summarized above. You may revoke an authorization at any time, except to the extent we have acted in reliance on the authorization, by sending a written notice of revocation to the address on the last page of this notice.

AMENDMENT OF THIS NOTICE

We reserve the right to change the terms of this Notice of Privacy Practices, and to make the new notice provisions effective for all protected health information that we maintain. If we amend the terms of this notice, we will post the revised Notice on our website. You may also obtain a copy of the revised Notice by sending a request to the address below.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions or would like additional information about our privacy practices, please call or write:

Ethos Therapy Solutions, Inc.

C/O Privacy Officer

785 Arbo Way, Suite 1N

Blue Bell, PA 19422

888-861-8612

If you believe that your privacy rights have been violated, you may file a written complaint at the address above. You may also file a complaint with the Secretary of Health and Human Services by writing or calling:

Mid-Atlantic Region

Office for Civil Rights, HHS

801 Market Street, Suite 9300

Philadelphia, PA 19107-3134

(800) 368-1019; (800) 537-7697 (TDD)

(202) 619-3818 FAX

This Notice of Privacy Practices is Effective February 16, 2026.