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.

Overview

Retina Vitreous Associates Medical Group ("RVAMG", "we", "our", or "us") strives to provide high-quality care to our patients. As partners in your healthcare, we are committed to maintaining the privacy and confidentiality of your health information, which generally includes information that we create or receive that identifies you and your past, present or future health status or care or the provision of or payment for that health care. This Notice describes our privacy practices, including how we may use or disclose your health information, as well as your rights and choices regarding such information.

How We Use & Disclose Your Health Information

We may use or disclose your health information without an authorization (*i.e.*, your written permission) for the following purposes:

Treatment. We may use and/or disclose your protected health information in order to ensure that you receive proper medical treatment. For example, we may share your health information with another physician or healthcare provider involved in your care. We may also contact you about treatment alternatives and options.

We may keep your information electronically using our electronic medical record systems. In some cases, you may be asked to give permission to allow the sharing of your health information.

Payment. We may use and/or disclose your protected health information to obtain payment for services that were provided to you. For example, we may share your health information with your health plan so it will pay us or reimburse you for your retinal care services. We may also contact your health plan about a treatment you may receive to determine whether your plan will pay part of the cost. We may also disclose your information to other providers for their own payment activities.

Health Care Operations. We may use and/or disclose your information for operational purposes. "Health care operations" are activities that are necessary to run our offices, maintain licensure, and to make sure that our visitors receive quality information on services and products. For example, we use your health information to contact you or your personal representative to remind you that you have an appointment or that it is time to schedule an appointment. We may also disclose information to healthcare professionals and other authorized personnel for educational and learning purposes.

Other Purposes. We may also use and/or disclose your health information without your written authorization for other purposes, as permitted or required by law. This includes:

- **Public Health Activities & Safety Issues**. We are permitted to share your health information for certain purposes that have been determined to benefit the public as a whole, such as, (i) preventing disease; (ii) helping with product recalls; (iii) reporting adverse reactions to medication; (iv) reporting suspected abuse, neglect, or domestic violence; and (v) preventing or reducing a serious threat to anyone's health or safety.

- **Lawsuits & Legal Actions**: We may disclose your health information in response to a court or administrative order, or in response to a subpoena, as permitted by law and once all administrative requirements and/or any applicable state law requirements have been met.

- **Parents & Guardians**. We may share a minor's health information with his or her parents or guardians unless such disclosure is otherwise prohibited by law. For example, a minor's parents may discuss medical treatment with the minor's retina specialist. Note, however, that if a minor is emancipated, married, pregnant or a parent, we may not be permitted to share information with the minor's parents or guardians.

- **Research**. We strive each day to develop new treatments and technology to benefit our patients. Research is an important part of that process. We may use or disclose your health information for such research purposes. For example, we may use or disclose your health information to:

    - Plan for research studies and determine whether such studies can be carried out or would be useful.

    - Identify and contact you regarding taking part in a specific research study. Your participation in the study can only start after you have been told about the study, are given a chance to ask questions, and have shown your willingness to participate in the study by signing a consent form.

    - Remove information that identifies you. Anonymized data may be shared for internal analysis.

    - Gather and analyze information that might be used to publish an article—although your identity or identifiable information about you will never be released in the article without your authorization.

  All research projects for which we share health information are carefully reviewed by an institutional review board or privacy board to protect the safety, welfare, and confidentiality of our patients. If you have questions regarding the above or prefer not to be contacted for research purposes, please contact Human Resources at (213) 202-5891 or compliance-privacy@laretina.com.

- **Business Associates**. At times, we may provide your health information to outside vendors (business associates) that provide services to us. For example, we may provide your name, address, and other information to a company that helps us mail important health communications to you. These business associates are required to adhere to federal and

state laws regarding the protection of your health information; they are also under contractual obligations with us to maintain the privacy and security of your health information.

- **Coroner, Medical Examiner, or Funeral Director**. We may share health information with a corner, medical examiner, or funeral director when an individual dies while in our care.

- **Organ & Tissue Donation**. We may use or disclose health information with organ procurement organizations for the purposes of facilitating a patient's organ, eye, or tissue donation and transplantation.

- **Workers' Compensation**. We may disclose your health information in connection with workers' compensation claims or similar programs that provide benefits for work related injuries or illness as required or permitted by law if you are injured at work.

- **Law Enforcement & Other Government Requests**. We may use or disclose your health information, as required or permitted by law:

    - For law enforcement purposes or to a law enforcement official.

    - For special government functions or to various departments of the government such as the U.S. military, or the U.S. Department of State.

    - To health oversight agencies for activities authorized by law.

    - To the Secretary of the U.S. Department of Health and Human Services, when required to investigate or determine our compliance with applicable laws.

- **AI Solutions**. We may use various technologies to support the work that we describe in this Notice. These technologies, which include artificial intelligence, are used to enhance the care we provide, improve our services and providers' well-being, and support our operations and billing activities. Use of these technologies are subject to appropriate protections for the privacy and security of your health information.

Additional State & Federal Requirements. Some state and federal laws provide additional privacy protections of your health information.

- **Sensitive Health Information**. Some types of health information are particularly sensitive, and the law, with limited exceptions, may require that we obtain your written permission or in some instances, a court order, to use or disclose that information. Sensitive health information includes, for example, information dealing with mental health and developmental disabilities, HIV/AIDS, alcohol and drug abuse treatment, genetic testing, and genetic counseling. Prior to receiving care from us, our patients sign, where required by law, a consent to allow us to use and disclose sensitive health information in the same way that federal law allows us to use and disclose non-sensitive health information for treatment, payment, and health care operations, as described in this Notice.

- **Substance Use Disorder Records**. We do not operate a Part 2 Program under 42 USC § 290dd-2 and 42 CFR Part 2 (collectively, "Part 2"). Where we receive any substance use disorder treatment records protected by Part 2 ("SUD Records"), we comply with our obligations as a lawful holder of these records. If we receive SUD Records pursuant to your consent, we may use and disclose these records in accordance with the terms of that consent. If the consent authorizes the uses and disclosures for purposes of treatment, payment, and health care operations, we may use and disclose these records in accordance with this Notice, provided that in no event will we use or disclose such records, or testify relaying the content of such records, in any civil, criminal, administrative, or legislative proceeding against you unless you've given written consent to do so (separate from your consent for any other use or disclosure), or a court order requires disclosure after notice and an opportunity to be heard is provided to you or us, as provided by Part 2.

- **Certain Disciplinary Proceedings**. State law may require your written permission if certain health information is to be used in various review and disciplinary proceedings by state health oversight boards (such as the Department of Professional Regulation).

- **Certain Litigation Proceedings**. State law may require your written permission for certain providers to disclose information in certain legal proceedings.

- **Registries**. Some laws require your written permission if we disclose your health information to certain state-sponsored registries.

We are committed to complying with applicable laws when we use and/or disclose your health information.

Your Rights

When it comes to your health information, you have certain rights. This section explains those rights, how to exercise them, and some of our responsibilities to help you.

- ***Get an electronic or paper copy of your medical record***. You may 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 or amend your medical record***. You can ask us to correct or amend health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we will tell you why in writing, usually within 60 days of your request.

- ***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. For example, 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. You may also request a restriction on what health information we may disclose to someone who is involved in your care, such as a family member or friend. We are not required to agree to these requests. For example, we may say "no" if it would affect your care. Additionally, any restriction request that we may approve will not affect any use or disclosure that we are legally required or permitted to make under the law.

- ***Obtain a list of those with whom we've shared your information***. You can ask us for a list (accounting) of the instances we have shared your health information for six years prior to the date you ask, with whom we shared it, and why. We will include all the disclosures except for those related to treatment, payment, or health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

- ***Get a copy of this Notice***. You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

- ***Choose someone to act for you***. If you have given someone health care power of attorney or if someone is your legal guardian, they can exercise your rights and make choices about your health information. If someone has been appointed to act for you, a copy of the document appointing that person must be provided to us. We will make reasonable efforts to ensure the person has this authority and can act for you before we take any action.

- ***File a complaint***. Protecting your confidential information is important to us. If you feel we have violated your rights, please contact us using the information at the end of this Notice. You may 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, SW, Washington, DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Please ask us how to accomplish any of the above items by contacting us using the information at the end of this Notice. You may have to complete a form and submit your request in writing. For example, to obtain a copy, amend, or restrict your medical records, or to receive a listing of disclosures you must fill out a form. The forms are available at our offices upon request. Some forms may also be available on our website.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will make a good faith effort to follow your instructions.

You have both the right and choice to tell us to:

- Share your information with individuals, such as family members or friends, involved in your care or payment for your care.

- Share your information in a disaster relief situation.

If you are not able to tell us your preference (for example, if you are unconscious), we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

For situations not generally described in this Notice, we will not use or disclose your health information without first obtaining your written authorization to do so. The form will describe what information will be disclosed, to whom, for what purpose, and when. These situations can include uses and disclosures for marketing purposes, including marketing communications paid for by third parties; and disclosures that constitute a sale of health information. You have the right to revoke your authorization, in writing, at any time, except to the extent we have taken action in reliance upon it. The revocation will only be effective after we receive it.

With respect to fundraising, we may contact you as part of our fundraising efforts, but you can tell us not to contact you again.

Our Responsibilities Regarding your Health Information

- We are required by law to maintain the privacy and security of your protected health information.

- We will provide you with notice if a breach occurs for which we are aware and that may have compromised the privacy or security of your protected health information.

- We will not use or share your information other than as described in this Notice unless you tell us we can do so in writing.

- We will follow the duties and privacy practices described in this Notice.

- We will offer you a copy of this Notice.

Please note, we reserve our right to change our Privacy Practices and the terms of this Notice in the future. As described at the end of this Notice, we will communicate any material change to our Notice and Privacy Practices.

Changes to this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available at our offices, on our website, or upon request.

Questions or Complaints

Protecting your confidential information is important to us. If you have questions, want additional information, or feel we have violated your rights, please contact us using the information below:

Retina Vitreous Associates Medical Group
Attn: Director of Human Resources- Compliance & Privacy Officer
320 N. Halstead St., Ste 240
Pasadena, CA 91107
213-202-5891
compliance-privacy@laretina.com

Effective Date of this Notice: April 21, 2026