NOTICE OF PRIVACY PRACTICES

True Precision Medical · Effective September 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.

True Precision Medical is required by law to protect the privacy of your health information, to give you this notice explaining our legal duties and privacy practices, and to follow the terms of the notice currently in effect. This notice applies to all of the records of your care that we create or receive, at every one of our locations.

HOW WE MAY USE AND SHARE YOUR HEALTH INFORMATION WITHOUT YOUR PERMISSION

- **Treatment.** We use and share your information to provide, coordinate and manage your care. For example, a physician treating you may review imaging ordered by another clinician here, and we may send information to a physician you are referred to.
- **Payment.** We use and share your information to bill and receive payment for the care we provide. This includes verifying your benefits before scheduling, obtaining prior authorization from your health plan, submitting claims, and following up on payment.
- **Health care operations.** We use your information to run the practice — scheduling, quality review, training, licensing and accreditation, business planning, and internal analysis of our own data to improve the care and service we provide. This analysis is performed internally.
- **Appointment reminders and follow-up.** We may contact you by text message, email, telephone or voicemail to remind you of an appointment, to tell you about scheduling, or to follow up after a visit. You may tell us how you prefer to be reached and we will accommodate reasonable requests.
- **Our own health-related services.** We may contact you about treatment options, or about health-related products and services that we provide. If we were ever paid by another company to send you such a communication, we would obtain your written authorization first.
- **People involved in your care.** Unless you object, we may share information with a family member, friend or other person you involve in your care or who helps pay for it, limited to what that person needs to know.
- **When required by law.** We will share your information when federal, state or local law requires it.
- **Public health, safety and legal requirements.** We may share information for public health purposes such as reporting disease, adverse events or product recalls; to report suspected abuse, neglect or domestic violence; for health oversight activities such as audits and investigations; in response to a court order, subpoena or other lawful process; to law enforcement as the law permits; to coroners, medical examiners and funeral directors; for organ and tissue donation; to avert a serious threat to health or safety; for workers' compensation claims; and for specialised government functions such as military and national security activities.

USES THAT REQUIRE YOUR WRITTEN PERMISSION

We will not use or share your health information for any purpose other than those described above without your written authorization. In particular, we will obtain your written authorization before:

- Using or sharing psychotherapy notes, except in the narrow circumstances the law allows.

- Using or sharing your information for marketing purposes where we receive payment from a third party for doing so.
- Selling your health information. True Precision Medical does not sell patient information.

If you give us written authorization, you may revoke it at any time by writing to our Privacy Officer. Revoking an authorization stops any further use or sharing under it, but does not undo anything we already did while it was in effect.

Some things we do not do. We do not use your health information for research without your written authorization. We do not contact patients for fundraising. We do not participate in a health information exchange.

YOUR RIGHTS

- **Get a copy of your record.** You may ask to see and get a copy of your medical and billing records. We will respond within 30 days and may charge a reasonable, cost-based fee. If you ask for an electronic copy of information we keep electronically, we will provide it in the form you request where we can readily do so.
- **Ask us to correct your record.** If you believe information in your record is incorrect or incomplete, you may ask us to amend it. We will respond within 60 days. If we deny the request we will tell you why in writing, and you may submit a statement of disagreement to be kept with your record.
- **Get a list of disclosures.** You may ask for a list of certain disclosures we have made in the six years before your request. The list will not include disclosures for treatment, payment or health care operations, or disclosures you authorised. The first list in any 12-month period is free.
- **Ask us to limit what we use or share.** You may ask us to limit how we use or share your information. We are not required to agree, except in one case below.
- **Restrict disclosure when you pay out of pocket.** If you pay for a service in full, out of pocket, you may ask us not to share information about that service with your health plan, and we must agree unless the law requires the disclosure.
- **Ask for confidential communications.** You may ask us to contact you in a specific way, such as at a particular phone number, or to send mail to a different address. We will accommodate reasonable requests and will not ask you why.
- **Get a paper copy of this notice.** You may ask for a paper copy of this notice at any time, even if you agreed to receive it electronically.
- **Choose someone to act for you.** You may choose someone to act for you — a legal guardian or someone with medical power of attorney — and that person can exercise these rights on your behalf. We will verify their authority before acting.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we may in writing. If you tell us we may and then change your mind, you may tell us in writing at any time.

- We reserve the right to change this notice, and to make the revised notice apply to health information we already hold as well as information we create or receive in the future. A current copy will always be available at our offices and at trueprecisionmedical.com/privacy-practices, and the effective date appears at the top of this notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer at (480) 616-0356, or in writing at the address below.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 20201; 1-877-696-6775; hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you, and your care will not be affected in any way, because you filed a complaint.

QUESTIONS AND CONTACT

Privacy Officer · (480) 616-0356

True Precision Medical, 5133 N Central Ave #101, Phoenix, AZ 85012

A current copy of this notice is posted in our offices and available at trueprecisionmedical.com/privacy-practices.