Catalyst PHYSICIAN GROUP

Notice of Privacy Practices

About This Notice

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. We are required by law to maintain the privacy of Protected Health Information (PHI), give you this notice explaining our legal duties and privacy practices, abide by the current version of this notice, and notify you if your PHI may be affected by a breach. You have certain rights, and we have certain obligations regarding the privacy of your PHI. This notice explains those rights and obligations. We are required to abide by the terms of the current version of this notice.

What is Protected Health Information?

Protected Health Information is information that individually identifies you and that we create or get from you or another healthcare provider, health plan, your employer, or other entities that relates to: 1. Your past, present, or future physical or mental health or conditions; 2. The provision of healthcare to you; or 3. The past, present, or future payment for your healthcare.

How We May Use and Disclose Your Protected Health Information

Unless otherwise prohibited, we may use and disclose your Protected Health Information without additional written authorization in the following circumstances:

- For treatment. We may use or disclose your PHI to give you medical treatment or services and to manage and coordinate your medical care. For example, your PHI may be provided to a physician or other healthcare provider to whom you have been referred to ensure that the physician or other healthcare provider has the necessary information to diagnose or treat you or provide you with a service.
- For payment. We may use and disclose your PHI so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. The use and disclosure may include certain activities that your insurance plan may undertake before it approves or pays for the healthcare services. We recommend for you, such as deciding of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.
- For Healthcare Operations. We may use and disclose your PHI for our healthcare operations. For example, we may use your PHI to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.
- Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services. We may use and disclose PHI to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health-related benefits and services that may be of interest to you.

- Research. We may disclose the PHI for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Even without the special approval, we may permit researchers to look at PHI to help them prepare for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to: 1. Use the data set only for the purposes for which it was approved; 2. Ensure the confidentiality and security of the data; and 3. Not identify the information or use it to contact any individual.
- As Required by Law. We will disclose PHI about you when required to do so by international, federal, state, or local law.
- To Avert a Serious Threat or Health or Safety. We may use and disclose PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.
- Business Associates. We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated under contract with us to protect the privacy and ensure the security of your PHI.
- Organ and Tissue Donation. If you are an organ or tissue donor, we may use or disclose your PHI to organizations that handle organ procurement or transplantation, such as an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- Military and Veterans. If you are a member of the armed forces, we may disclose PHI as required by military command authorities. We also may disclose PHI to the appropriate foreign military authority if you are a member of a foreign military.
- Worker's Compensation. We may use or disclose PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- Public Health Risks. We may disclose PHI for public health activities. This includes disclosures to: 1. A person subject to the jurisdiction of the Food & Drug Administration (FDA) for purposes related to the quality, safety, or effectiveness of an FDA-regulated product or activity; 2. Prevent or control disease, injury, or disability; 3. Report births and deaths; 4. Report child abuse or neglect; 5. Report reactions to medications or problems with products; 6. Notify people of recalls or products they may be using; and 7. A person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Abuse, Neglect, or Domestic Violence. We may disclose PHI to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees, or we are required or authorized by law to make that disclosure.
- Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.
- Data Breach Notification Purposes. We may use or disclose your PHI to provide legally required notices or unauthorized access to disclosure of your health information.

- Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if we have received satisfactory assurance that the reasonable efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit.
- Law Enforcement. We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes.
- Military Activity and National Security. If you are involved with military, national security, or intelligence activities or if you are in law enforcement custody, we may disclose your PHI to authorized officials so they may carry out their legal duties under the law.
- Coroners, Medical Examiners, and Funeral Directors. We may disclose PHI to a coroner, medical examiner, or funeral director so that they can carry out their duties.

Use and Disclosures that Require Us to Give You an Opportunity to Object or Opt Out

Unless otherwise prohibited, and subject to your right to opt out, we may use and disclose your Protected Health Information in the following circumstances:

- Individuals involved in your care or payment for your care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- Disaster Relief. We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we can practicably do so.
- Fundraising Activities. We may use or disclose your PHI, as necessary, to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications. If you do not want to receive these materials, please submit a written request to the Privacy Officer.

Your Written Authorization is Required for Other Uses and Disclosures

The following uses and disclosures of your PHI will be made only with your written authorization:

- Uses and disclosures of PHI for marketing purposes.
- Disclosures that constitute a sale of your PHI.

Other uses and disclosures of PHI not covered by this notice of the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the

authorization. But disclosure that we made in reliance on your authorization before we revoked it will not be affected by your revocation.

Your Rights Regarding Your Protected Health Information

- Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of PHI. We are not required to agree to such requests, and may decline if it would impact your care.
    - If you pay for a service or health care item out-of-pocket and in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. In this case, we will approve a written request, unless a law requires us to share that information.
- Right to Request Confidential Communications. You can ask us to contact you in a specific way or to send mail to a different address.
- Right to Inspect and Copy. You have the right to inspect and copy your medical and billing records.
- Right to Amend. You have the right to request an amendment to your records.
- Right to an Accounting of Disclosures. You have the right to an accounting of certain disclosures within six years from the date of your request.
- Right to a Copy of Notice of Privacy Practices. You have the right to request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- Right to File a Complaint. You have the right to file a complaint if you feel we have violated your privacy rights. You may file a written complaint to our address below or with the U.S. Department of Health and Human Services Office for Civil Rights at 200 Independence Avenue, S.W. Room 509F HHH Building, Washington, D.C. 20201. We will not retaliate against you for filing a complaint.

You may send a written request to exercise any of the rights listed above to Catalyst Physician Group at 8277 Belleview Drive, Plano, TX 75024.

Special Protections for Substance Use Disorder (SUD) Treatment Records

Certain records related to the diagnosis, treatment, or referral for treatment of a substance use disorder may be subject to additional federal confidentiality protections under the Confidentiality of Substance Use Disorder Patient Records regulations at 42 C.F.R. Part 2 ("Part 2"). These protections are in addition to, and in some cases more stringent than, those provided under HIPAA. If we create, receive, or maintain records protected by Part 2, those records will only be used and disclosed as permitted under Part 2.

Except as permitted or required by Part 2, we will not use or disclose Part 2 records without your written consent. Where permitted by law, you may provide a single written consent for uses and disclosures for treatment, payment, and health care operations.

Part 2 records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order that complies with Part 2 and is accompanied by the required legal process. We will not disclose records protected by Part 2 in response to legal demands,

law enforcement requests, or "required by law" provisions without your written consent or a Part 2-compliant court order that is accompanied by the required legal process compelling disclosure. Federal law prohibits the use of Part 2 records to investigate or prosecute you for a SUD. Part 2 records may not be used or disclosed to deny you access to health care, housing, employment, courts, public benefits, or other services based solely on the information contained in those records

Recipients of Part 2 records are generally prohibited from redisclosing them unless permitted by Part 2 or with your written consent.

We will not use or disclose Part 2 records for fundraising without your written consent. If you consent to receive fundraising communications, you may opt out at any time.

Breach Notification and Enforcement for Part 2 Records

Beginning February 16, 2026, breaches of unsecured Part 2 records are subject to federal breach notification requirements. The HHS Office for Civil Rights (OCR) will accept complaints relating to Part 2 records and may investigate and enforce Part 2 requirements.

Sharing Information with Family, Friends, and Caregivers

Consistent with the HIPAA Privacy Rule, we may share relevant information with a family member, friend, or other person involved in your care or payment for your care if you agree, if you are given the opportunity to object and do not object, or if we determine—using our professional judgment—that the disclosure is in your best interest.

For records protected by 42 C.F.R. Part 2, additional restrictions apply. We will not share Part 2 records with family members, friends, or caregivers without your written consent unless a specific Part 2 exception permits the disclosure.

Using Artificial Intelligence (AI)

Our practice uses various types of AI tools to support our ability to deliver your care. These tools may assist your provider with reviewing your medical history, capturing the encounter, and helping prepare the medical note of your visit. The AI tools we currently use are all designed to help your practitioner keep their full focus on you during your visit. All medical decisions are made by your healthcare providers who review and confirm all information generated by AI tools.

Revisions and Effective Date

This notice is effective as of February 17, 2026. We reserve the right to change this notice and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. Upon revision, this notice will be available upon request and displayed prominently on our website.

Contact Information

You may contact our Privacy Officer in regard to this notice via our website at: https://www.catalystphysiciangroup.com/contact/. You may also reach us via mail at: Catalyst Physician Group, 8277 Belleview Drive, Plano, TX 75024.