

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.

I. Our Responsibilities

Daniel Sussman M.D., P.C., MH-NJ, Professional Services P.C., Marble Health OH, Inc. and Marble Health, Inc. (collectively, "Marble," "we" or "us") are required by the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations, as amended from time to time (collectively, "HIPAA") to maintain the privacy and security of our patients' "Protected Health Information" or "PHI" (as defined below) and to provide our patients with notice of our legal duties, privacy practices and patient rights.

This Notice of Privacy Practices ("Notice") describes how we may use and disclose your PHI to carry out treatment, payment or health care operations, and for other specified purposes that are permitted or required by law. We will not use your PHI other than as described in this Notice, unless you notify us in writing at the address provided below that we have permission to use your PHI other than as described in this Notice. For purposes of this Notice, when we refer to "you" or "your," we mean you as a patient or you as the patient's personal representative. Depending on your circumstances, and in accordance with state law, this may mean your parent, guardian, health care proxy or other personal authorized to make legal and medical decisions on your behalf.

II. Definition of Protected Health Information

PHI is information about you, including your demographic information, that relates to your physical or mental health condition or health care provided to you. PHI can include your medical and behavioral health history, insurance information and other health information that is collected, generated, used, and communicated by Marble in course of providing you our services. Examples of PHI include your name, date of birth, prescription medications, diagnoses, social security number and insurance beneficiary number.

III. Uses and Disclosures of Your Protected Health Information

Marble may use or disclose your PHI for the following purposes:

- **Treatment.** We may use or disclose your PHI for purposes of providing your treatment. For example, we may share your PHI with doctors, nurses and health care providers who are involved in your care, and they may use that information to treat you.
- **Payment.** We may use or disclose your PHI for purposes of billing and collecting payment for our services. For example, we may disclose PHI to your health insurance plan to obtain payment for the services provided to you.
- **Healthcare Operations.** We may use or disclose your PHI to facilitate our healthcare operations. For example, we may use your PHI to monitor the quality and accuracy of our services.
- **Personal Representatives.** We may disclose your PHI to your authorized personal representative, such as your lawyer, administrator, executor, health care proxy or another authorized person responsible for you or your estate.
- **Minors' PHI.** We may disclose PHI about minor patients to their personal representatives (proactively or retroactively) in compliance with applicable state law; however, in order to respect the confidential nature of minors' information and to facilitate the building of trust, there may be certain limits, as determined by Marble in its professional judgment and in accordance with ethical standards, with respect to such disclosures, whether made in accordance with this section or as otherwise pursuant to a written authorization. Notwithstanding the foregoing, personal representatives may exercise any applicable rights set forth under Section V ("Your Rights"), below.
- **Disclosures to Business Associates.** We may disclose your PHI to other companies or individuals, known as "Business Associates," who provide services to us. For example, we may share your PHI with

a company that performs billing services on our behalf. Our Business Associates are required to protect the privacy and security of your PHI and notify us of any improper disclosure of PHI.

- **As Required by Law.** We may use or disclose your PHI if required to do so by any applicable federal, state, or local law, including with the Department of Health and Human Services ("HHS"), if it wants to see that we are complying with federal privacy law.
- **Public Health Activities.** We may disclose your PHI for public health-related activities. Examples include reporting diseases to authorized public health authorities or disclosing PHI to a public health authority or other appropriate government agency authorized by law to receive reports of child abuse or neglect, such as Child Protective Services.
- **Health Oversight Activities.** We may disclose your PHI to a healthcare oversight agency for activities that are authorized by law, such as audits, investigations, inspections and licensure activities. For example, we may disclose your PHI to agencies responsible for ensuring compliance with the rules of government health programs, such as Medicare or Medicaid.
- **Research.** Under certain circumstances, we may use or disclose your PHI for health research purposes.
- **Judicial and Administrative Proceedings.** Unless relevant to reproductive health care (see below), under certain circumstances, we may disclose your PHI as required to comply with a judicial or administrative order or in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement.** We may disclose your PHI to the police or other law enforcement officials as required by law or in compliance with a court order, warrant, subpoena, summons or other legal process for locating a suspect, fugitive, witness, missing person or victim of a crime.
- **Threats to Health and Safety.** We may disclose your PHI to prevent or reduce the risk of a serious and imminent threat to the health and safety of an individual or the general public.
- **Victims of Abuse, Neglect, or Violence.** Except for reports of child abuse or neglect described above, if we reasonably believe that you have been a victim of abuse, neglect or domestic violence, we may disclose your PHI to a government agency, such as a social services or protective services agency, such as Child Protective Services, if required or authorized by law or if you otherwise agree to the report.
- **Reproductive Health Care.** To the extent applicable, we will not use or disclose your PHI to (i) conduct a criminal, civil or administrative investigation into any person for the mere act of seeking, obtaining, providing or facilitating reproductive health care; (ii) impose criminal, civil or administrative liability on any person for the mere act of seeking, obtaining, providing or facilitating reproductive health care; or (iii) identify any person for the purpose of conducting such investigation or imposing such liability, but only if (a) the reproductive health care is lawful under the state in which such health care is provided under the circumstances in which it was provided; or (b) the reproductive health care is protected, required or authorized by federal law, including the U.S. Constitution, under the circumstances in which such health care is provided, regardless of the state in which it is provided, and (c) the reproductive health care was provided by a person other than Marble, unless (x) Marble has actual knowledge that the reproductive health care was not lawful under the circumstances in which it was provided; or (y) Marble receives factual information from the person making the request for the use or disclosure of PHI that demonstrates a substantial factual basis that the reproductive health care was not lawful under the circumstances in which it was provided. For example, we will not use or disclose your PHI in connection with a civil suit brought by a person exercising a private right of action provided for under state law against you or your health care provider who obtained, provided or facilitated a lawful abortion.
- **Data Breach Notification.** We may use your PHI to provide legally required notices of unauthorized access, acquisition or disclosure of your PHI.
- **De-identification and Partial De-identification of PHI.** We may de-identify your PHI by removing identifying features as determined by law to make it extremely unlikely that the information could identify you, and may use and disclose such de-identified information. We may also use and disclose "partially de-identified" health information about you for research, public health or health care operations purposes if the person or entity who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will not contain

any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number).

- **Additional Uses and Disclosures.** We may also use or disclose your PHI in other ways as permitted by law, including, but not limited to or for:
 - Specialized Government Functions, including, but not limited to, military command authorities, national security and intelligence organizations and correctional institutions
 - Workers' Compensation Programs
 - Coroners, Medical Examiners and Funeral Directors
 - The U.S. Food and Drug Administration ("FDA")
 - Organ and Tissue Donation Organizations
- **Redisclosure.** Once your PHI has been disclosed in accordance with this Notice, it may be subject to redisclosure by the recipient and no longer protected by HIPAA.

IV. Your Choices

For certain PHI, you can choose how we share that information. 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 follow your instructions.

- **Uses and Disclosures Requiring an Opportunity to Agree or Object.** You have both the right and choice to tell us to:
 - Share your information with your family, close friends or others involved in your care or payment for your care;
 - Share your information to notify, or assist in the notification of, your family, personal representative or others involved in your care, of your location, general condition or death; and
 - Share information in a disaster relief situation.
- **Uses and Disclosures for Which an Authorization is Required.** Uses and disclosures of PHI for purposes other than those described in this Notice (or as otherwise permitted or required by law) will not be made without a written authorization signed by you or your personal representative. For example, the following uses and disclosures of PHI will be made only with a signed, written authorization:
 - Most uses and disclosures of psychotherapy notes;
 - Recurring disclosures of PHI to school counseling staff, including, without limitation, guidance counselors, social workers and related support staff;
 - Uses and disclosures of PHI for marketing purposes; and
 - Disclosures that constitute a sale of PHI.

Once you sign an authorization, you may revoke it at any time by contacting Marble, unless we have already relied upon it to use or disclose PHI. A revocation of authorization must be submitted to the Privacy Officer at the address provided at the end of this Notice.

V. Your Rights

You have the following rights with respect to your PHI. To exercise any of these rights, please contact our Privacy Officer using the contact information provided at the end of this Notice.

- **Access to PHI.** You, or your authorized representative, have the right to inspect and copy your PHI maintained by us. You may retrieve your PHI by requesting a copy of your information, in which case we may charge you a reasonable fee for the costs of copying, mailing or other supplies that are necessary to fulfill your request. If we maintain an electronic health record containing your information, you have the right to request that we send a copy of your PHI in electronic format to you or a third party that you

identify. We may deny access to certain information for specific reasons, for example, if the access requested is reasonably likely to endanger the life or safety of you or another person. If your request for information is denied, you may request that the denial be reviewed by filing a request for review with the Privacy Officer.

For divorced or separated parents: each parent has equal access to health information about their unemancipated child(ren), unless there is a court order to the contrary that is known to us or unless it is a type of treatment or service where parental rights are restricted.

- **Restrictions on Uses and Disclosures.** You have the right to request restrictions on our uses and disclosures of your PHI. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction except for restrictions on uses or disclosures for the purpose of carrying out payment or health care operations, where you have made payment to Marble “out-of-pocket” and in full. If we do agree to a requested restriction, we will not disclose your PHI in accordance with the agreed-upon restriction.
- **Alternative Confidential Communications.** You may request that we communicate with you about your PHI in a specific means or to an alternative postal mail or email address. Your request must be in writing and must specify the alternative means or location. We will accommodate reasonable requests for confidential communications. We reserve the right to verify your identity to confirm the alternative contact and address information.
- **Correct or Update Your Information.** If you believe the PHI we maintain about you contains an error, you may request that we correct or update your information. Your request must be in writing and must explain why the information should be corrected or updated. We may deny your request under certain circumstances and provide a written explanation.
- **Accounting of Disclosures.** You may request a list, or accounting, of certain disclosures of your PHI made by us or our Business Associates for purposes other than treatment, payment, healthcare operations and certain other activities. The accounting will exclude disclosures we have made directly to you, disclosures to friends or family members involved in your care, disclosures made pursuant to a valid authorization and disclosures for notification purposes. The request must be in writing, and the accounting will include disclosures made within the prior six (6) years. The first accounting you request within a twelve (12) month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time.
- **Copy of Notice.** You have the right to obtain a paper or electronic copy of this Notice upon request.
- **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 PHI. We will make sure that person has this authority and can act for you before we take any action.
- **File a Complaint.** If you believe that we may have violated your privacy rights, you may submit a complaint to our Privacy Officer. You also may submit a written complaint to HHS. We will provide you with the address to file your complaint with HHS upon request. Marble will not take retaliatory action against you, and you will not be penalized in any way, if you choose to file a complaint with us or with HHS.

VI. Breach Notification

We are required by law to notify you following the discovery that there has been a breach of your unsecured PHI, unless we reasonably determine, after investigating the situation and assessing the risks presented, that there is a low probability that the privacy or security of your PHI has been compromised. You will be notified in a timely manner, no later than sixty (60) days after discovery of the breach, unless state law requires notification sooner.

VII. Changes to Our Notice of Privacy Practices

We reserve the right to amend our privacy practices and the terms of this Notice from time to time, provided such changes are permitted by applicable law. When changes are made, we will promptly post the updated Notice on Marble's website at www.marblehealth.com. Please review this website periodically to ensure that you are aware of any updates.

VIII. Compliance with Laws

If more than one law applies to this Notice, such as a more stringent state law, we will follow the more stringent law.

IX. Questions

If you have any questions or comments about our privacy practices or this Notice, or if you would like a more detailed explanation about your privacy rights, please contact our Privacy Officer using the contact information provided at the end of this Notice.

X. Contact Information

When communicating with us regarding this Notice, our privacy practices or your privacy rights, please contact the Privacy Officer using the following contact information: Privacy@marblehealth.com

This Notice is effective as of December 15, 2025.