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.

Our Commitment to Your Privacy

We are committed to protecting the privacy and security of your health information. This Notice explains:

- How we may use and disclose your protected health information ("PHI")
- Your privacy rights
- Our legal responsibilities under:
  - The **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**, and
  - **Federal confidentiality regulations for Substance Use Disorder (SUD) treatment records at 42 C.F.R. Part 2**, when applicable
- This Notice also describes additional federal privacy protections that apply to certain substance use disorder treatment records under 42 C.F.R. Part 2.

What Information Is Covered by This Notice

This Notice applies to all health information that we create, receive, maintain, or transmit that identifies you and relates to your health, healthcare, or payment for healthcare.

Some information—particularly **substance use disorder treatment records**—may be subject to **additional federal privacy protections** beyond HIPAA.

Definitions

Affiliate

Means any legal entity in which MedBridge Acquisition Corp, directly or indirectly, controls or is under common control with that legal entity.

Control

Means the direct or indirect possession of the power to direct or cause the direction of the management and policies of an entity, whether through ownership, by contract or otherwise.

MedBridge, "We," "Us," or "Our"

Means MedBridge Acquisition Corp together with its Affiliates.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health company or an employer on behalf of a group health company that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

Our Uses and Disclosures

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information without your permission.

Treatment. We may use medical information about you to provide you with treatment or services. For example, your treatment team members will discuss your medical/ health information in order to develop and carry out a plan for your treatment/services. MedBridge personnel may also share medical/health information about you in order to coordinate the various things you need. We also may disclose medical or health information about you to people outside MedBridge who may be involved in your medical care, but only the minimum necessary amount of information will be used or disclosed for this purpose. Other treatment purposes may include:

Appointment Reminders: We may use and disclose medical information to contact you by mail or phone as a reminder that you have an appointment for treatment or services or that you must return a device provided to you by MedBridge. You have the right to opt out of receiving these communications.

Treatment Alternatives and Health-Related Benefits and Services: We may use and disclose medical information to tell you about or recommend possible health-related treatment options, benefits or services that may be of interest to you. You have the right to opt out of receiving these communications.

Payment. We may use and disclose medical/health information about you so that the treatment/services you receive through MedBridge may be billed and payment may be collected from you, an insurance company or a third party. For example, we may provide information about services you have received from MedBridge to your insurance plan so that your insurance plan pays us for these services. We may also tell your insurance plan or other payor about a service you are going to receive in order to obtain prior approval or to determine whether the service is covered. In addition, in order to correctly determine your ability to pay for services, we may disclose your information to the Social Security Administration or the Department of Social Services.

Health Care Operations. We may use your health information for healthcare operations, which are activities that help us run our organization and improve the quality and safety of our services, such as reviewing performance, training staff, and meeting legal and regulatory requirements.

As permitted or required by law. MedBridge may use or disclose your PHI for any purpose required by law. For example, MedBridge may be required by law to use or disclose your PHI to respond to a court order.

Help with public health and safety issues. MedBridge may disclose your PHI for public health activities, such as reporting of disease, injury, birth, and death, and for public health investigations.

Do research. MedBridge may use or disclose your PHI for research purposes, but only as permitted by law.

Respond to organ and tissue donation requests. MedBridge may use or disclose your PHI for cadaveric organ, eye, or tissue donation.

Work with a medical examiner or funeral director. MedBridge may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.

Address workers' compensation, law enforcement, and other government requests. MedBridge may disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination. MedBridge may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.

To Business Associates. We may disclose your health information to business associates who perform services on our behalf, such as billing, claims processing, data hosting, or quality improvement. These business associates are required by contract to safeguard your information and may use it only as permitted by law.

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Information disclosed in accordance with your consent may be redisclosed under HIPAA and may no longer be protected by Part 2.

Your Rights

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

Get an electronic or paper copy of your medical record.

- You can ask to see or get an electronic or paper copy of your medical and other health information we have about you. Ask us how to do this.
- We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Right to Amend.

- 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 in 60 days.

Right to an Accounting of Disclosures.

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

Right to Request Restrictions.

- 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.
- 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. We will say “yes” 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 (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Right to be Notified of a Breach.

- You have the right to be notified in the event that we (or one of our Business Associates) discover

a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

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. We will provide you with a paper copy promptly.

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.

Additional Rights Related to Substance Use Disorder Records

In addition to your HIPAA rights, you have the following rights related to SUD records:

- To **request restrictions** on certain uses or disclosures of your SUD records
- To receive an **accounting of disclosures**
- To **file a complaint** with the U.S. Department of Health and Human Services if you believe your SUD privacy rights have been violated
- To receive **breach notification** if your SUD records are accessed, used, or disclosed in a manner not permitted by law

File a complaint if you feel your rights are violated.

- You can complain if you feel we have violated your rights by contacting us:

  Jill Paiva, CPCO, CHPC
  Health Care Privacy & Compliance Manager
  600 Atlantis Road, Melbourne, FL 32904
  321-821-2032
  compliance@reactdx.com

- You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, D.C. 20201, calling 1-877-696-6775, or visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html.
- Filing a complaint will not affect your services or treatment. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

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 follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share your information in a disaster relief situation

- Include your information in a hospital directory

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.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.
- Sale of your information
- Most sharing of psychotherapy notes

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information, and notify affected individuals following a breach of unsecured protected health information. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you can change your mind at any time. Let us know in writing if your change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of 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 upon request, in our office, and on our website.

This notice applies to:

- MedBridge Acquisition Corp, a Delaware corporation
  - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- United Sleep Diagnostics, LLC, a Delaware limited liability company
  - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- American Institute for Sleep Performance, LLC a Florida limited liability company
  - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- MedBridge Healthcare, LLC a Delaware limited liability company
  - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- Preferred Diagnostic Centers, LLC a Georgia limited liability company
  - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- Sleepworks, LLC a Georgia limited liability company
  - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- PSC Sleep Centers, LLC a Delaware limited liability company

    - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- Southeast Sleep, LLC a Delaware limited liability company
    - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- Professional Sleep Diagnostics, Inc. a West Virginia Corporation
    - Covered Entity: Health Care Component of Hybrid Entity
- Precision Diagnostic Services, Inc a North Dakota Corporation
    - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- Sleep Service of America, LLC a Delaware limited liability company
    - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- BioSerenity LR Inc, a Delaware Corporation
    - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- Medicomp, Inc. a Delaware Corporation
    - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- Watermark Medical Inc, a Delaware Corporation
    - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- BioSerenity USA, Inc a Delaware Corporation
    - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- ApneaMed, LLC a Utah limited liability company
    - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- Sleep Center Services, LLC a Texas limited liability company
    - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- Rural Sleep Solutions, LLC a Missouri limited liability company
    - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- Integrated Sleep Care, LLC a Delaware limited liability company
    - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- Pivotal Health Logistics, LLC a Delaware limited liability company
    - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- SleepSafe Drivers, Inc a Delaware Corporation
    - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- Newport Health Network, LLC a California limited liability company
    - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- Integrated Sleep Care, PC a California professional corporation
    - HIPAA Covered Entity: Health Care Component of Hybrid Entity
- Haramandeep Singh, MD Inc. a California professional corporation
    - HIPAA Covered Entity: Health Care Component of Hybrid Entity