

JOINT NOTICE OF PRIVACY PRACTICES

This Joint Notice is effective as of August 28, 2024

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.

INTRODUCTION

Seoul Medical Group is a network of affiliated independent practitioner associations. Each SMG IPA is referred to in this notice as an “IPA” and collectively as the “IPAs.” The IPAs are located in California, Georgia, New Jersey, New York, Hawaii and other states, and work with local independent physicians and other practitioners to help deliver your health care. During the course of providing these services, an IPA may have access to information about you that has been deemed to be “protected health information” by the Health Insurance Portability and Accountability Act of 1996, commonly known as “HIPAA.” This Joint Notice describes the medical information privacy practices of the IPAs in compliance with HIPAA, including the IPAs’ obligations and your rights regarding the use and disclosure of your protected health information, and it applies to all IPA sites, nationwide. Also, from time to time, an IPA may contract with individuals or companies to perform various functions on its behalf which involve your protected health information. HIPAA refers to these persons as “business associates,” and this Joint Notice also applies to IPAs’ business associates.

The IPAs all participate in an Organized Health Care Arrangement (“OHCA”),¹ which allows them to share protected health information as necessary to carry out treatment, payment, and health care operations relating to the OHCA. The IPAs each agree to abide by the terms of this Joint Notice with respect to protected health information created or received by the IPA as part of its participation in the OHCA.

If you have any questions about this Joint Notice, please contact the SMG IPA Privacy Officer, using the contact information listed at the end of this Joint Notice.

OUR PLEDGE REGARDING HEALTH INFORMATION

The IPAs understand that medical information about you and your health is personal information, and are committed to protecting your medical information. Under HIPAA, your protected health information (“Health Information”) includes any individually identifiable information (such as your name, address, date of birth, and Social Security Number) that is linked to your past, present or future physical or mental health, the health care that you have received or payment for your health care. This Joint Notice covers any such Health Information that is maintained by or on behalf of an IPA.

¹ The IPAs participating in the OHCA include Swan Practice Holdings, P.C., Seoul Medical Group, Inc., Seoul Medical Group Texas, Inc., Seattle Medical Group, Inc., Seoul Medical Group Hawaii, Inc., New York Senior Medical Group IPA, Inc., Nevada Senior Medical Group, Inc., SMG New Jersey, LLC, and such other SMG IPAs as are designated by the SMG IPA Privacy Officer from time to time.

An IPA is required by law to:

- Make sure that your Health Information is kept private;
- Provide you with this Joint Notice of the IPAs' legal duties and privacy practices with respect to your Health Information;
- Notify affected individuals following a breach of unsecured Health Information; and
- Follow the terms of this Joint Notice (as currently in effect or subsequently amended).

HOW AN IPA MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

1. Uses and Disclosures for Treatment, Payment and Health Care Operations

An IPA may use or disclose your Health Information in connection with your treatment from the IPA or another health care provider, the IPA's submission of claims for reimbursement or otherwise seeking payment related to your treatment, and for the IPA's health care operations.

For Treatment: An IPA may use or disclose your Health Information to support the provision, coordination or management of your health care treatment. For example, an IPA may disclose your Health Information during a consultation with another health care provider relating to your care.

For Payment: An IPA may use or disclose your Health Information for the IPA's payment activities, or the payment activities of another health plan or provider. "Payment" includes all activities in connection with processing claims for your health care (including billing, claims management, eligibility, coordination of benefits, adjudication of claims, subrogation, reviews for medical necessity and appropriateness of care and utilization review and preauthorizations). For example, an IPA may disclose your Health Information to your health insurer to obtain payment for health care services.

For Health Care Operations: An IPA may use or disclose your Health Information as part of the general administrative or business functions of the IPA that the IPA must perform in order to function as a health care provider, and for certain health care operations of other health plans or health care providers. Additionally, an IPA may use your Health Information in connection with conducting quality assessment and improvement activities, or conducting or arranging for legal services, or audit services. For example, an IPA may need to review your Health Information as part of the IPA's efforts to uncover instances of health care fraud and abuse.

Business Associates: In any circumstance where an IPA discloses Health Information to a business associate, the IPA will have a written contract with that business associate that requires the business associate to also protect the privacy of your Health Information.

2. Disclosures to Your Representatives

Disclosure to Your Personal Representatives: An IPA may disclose your Health Information to your personal representative in accordance with applicable state law and HIPAA (e.g., to parents if you are an unemancipated child under 18, to those with unlimited powers of attorney, etc.). In addition, you may authorize a personal representative to receive your Health Information and act on your behalf. Contact the SMG IPA Privacy Officer to obtain a copy of the appropriate form to authorize the people who may receive this information, using the contact information listed at the end of this Joint Notice.

Individuals Involved in Your Care or Payment For Your Care: unless you object in writing, an IPA may disclose Health Information to a close friend or family member involved in or who helps pay for your health care, but only to the extent relevant to that friend or family member's involvement in your care or payment for your care. An IPA may also disclose your Health Information to any authorized public or private entities assisting in disaster relief efforts.

3. Other Permitted Uses and Disclosures of Your Health Information

An IPA may also use or disclose your Health Information for any of the following purposes:

Required By Law: An IPA may use or disclose your Health Information to the extent that the IPA is required to do so by applicable law. You will be notified, if required by law, of any such uses or disclosures.

Public Health: An IPA may disclose your Health Information for public health and safety purposes to a public health authority that is permitted by law to collect or receive the information. Your Health Information may be used or disclosed for the purpose of preventing or controlling disease (including communicable diseases), injury or disability. If directed by the public health authority, an IPA may also disclose your Health Information to a foreign government agency that is collaborating with the public health authority.

Health Oversight: An IPA may disclose your Health Information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and legal actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse Or Neglect: An IPA may disclose your Health Information to any public health authority authorized by law to receive information about abuse, neglect or domestic violence if the IPA reasonably believes that you have been a victim of abuse, neglect or domestic violence. In this case, the IPA will inform you that such a disclosure has been or will be made unless that notice will cause a risk of serious harm.

To Avert A Serious Threat to Health or Safety: An IPA may use or disclose your Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone

reasonably able to help prevent or lessen the threat.

Legal Proceedings: An IPA may disclose your Health Information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal. In addition, an IPA may disclose your Health Information under certain conditions in response to a subpoena, court-ordered discovery request or other lawful process, in which case reasonable efforts must be undertaken by the party seeking the Health Information to notify you and give you an opportunity to object to the disclosure.

Law Enforcement: An IPA may disclose your Health Information if requested by a law enforcement officer as part of certain law enforcement activities.

Coroners, Funeral Directors, and Organ Donation: An IPA may disclose your Health Information to a coroner or medical examiner for identification purposes, or other duties authorized by law. An IPA may also disclose your Health Information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. An IPA may disclose such information in reasonable anticipation of death. An IPA may also disclose Health Information for cadaveric organ, eye or tissue donation purposes.

Research: An IPA is permitted to disclose your Health Information to researchers when their research has been approved by an institutional review board or privacy board that has established protocols to ensure the privacy of your Health Information.

Military Activity and National Security: When the appropriate conditions apply, an IPA may use or disclose Health Information of individuals who are Armed Forces personnel: (1) for activities deemed necessary by military command authorities; or (2) to a foreign military authority if you are a member of that foreign military service. An IPA may also disclose your Health Information to authorized federal officers conducting national security and intelligence activities.

Workers' Compensation: An IPA may disclose your Health Information to comply with workers' compensation laws and other similar legally established programs.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement officer, an IPA may disclose your Health Information to the institution or officer if the Health Information is necessary for the institution to provide you with health care; to protect the health and safety of you or others; or for the security of the correctional institution.

Required Uses and Disclosures: An IPA must make disclosures of Health Information to the Secretary of the U.S. Department of Health and Human Services ("HHS") to investigate or determine the IPA's compliance with the federal regulations regarding privacy.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT REQUIRE YOUR WRITTEN AUTHORIZATION

IPAs will not use or disclose your Health Information for the following purposes without your prior written authorization:

Psychotherapy Notes: Except for certain narrow exceptions permitted by law (such as legal defense in a proceeding you bring against an IPA), an IPA will not use or disclose any mental health professional's psychotherapy notes (discrete notes that document the contents of conversations during counseling sessions) without your prior written authorization.

Marketing or Sales: Unless you give an IPA your prior written authorization, an IPA will not use or disclose your Health Information for any paid marketing activities or sell your Health Information.

Other Uses and Disclosures of Health Information: Other uses and disclosures of your Health Information not described in this Joint Notice will only be made with your prior written authorization. If you provide an IPA with written authorization to use or disclose your Health Information for purposes other than those set forth in this Joint Notice, you may revoke that authorization in writing at any time. If you revoke your authorization, the IPA will no longer use or disclose your Health Information for the reasons covered by your written authorization. However, you understand that an IPA is unable to take back any disclosures the IPA has already made with your authorization, and that the IPA is required to retain records of the services the IPA provides to you.

ADDITIONAL SPECIAL PROTECTIONS

Additional special privacy protections, under federal or state law, may apply to certain sensitive information, such as genetic information, HIV-related information, alcohol and substance abuse treatment information, and mental health information. If you have questions, please contact the SMG IPA Privacy Officer, using the contact information listed at the end of this Joint Notice.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding the Health Information that IPAs maintain:

Right to Request a Restriction on the Use and Disclosure of Your Health Information: You may ask an IPA to restrict the uses and disclosures of your Health Information to carry out treatment, payment or health care operations. You may also request that an IPA restrict uses and disclosures of your Health Information to family members, relatives, friends or other persons identified by you who are involved in your care. However, an IPA is not required to agree to a restriction that you request. If the IPA does agree to the request, the IPA will not use or disclose your Health Information in violation of that restriction unless it is needed to provide emergency treatment or the IPA terminates the restriction with or without your agreement. If you do not agree to the termination, the restriction will continue to apply to Health Information created or received prior to the IPA's notice to you of the IPA's termination of the restriction. To request a restriction, you must write to the SMG IPA Privacy Officer at the address listed at the end of this

Joint Notice indicating (1) what information you want to restrict, (2) whether you want to restrict use, disclosure or both, and (3) to whom you want the restriction to apply.

Right to Request to Receive Confidential Communications by Alternative Means or at an Alternative Location: An IPA will accommodate your reasonable request to receive communications of Health Information from the IPA by alternative means or at alternative locations if the request includes a statement that disclosure using the IPA's regular communications procedures could endanger you. Please direct your written request to the SMG IPA Privacy Officer at the address listed at the end of this Joint Notice.

Right to Inspect and Copy: As long as an IPA maintains it, you may inspect and obtain a copy of your Health Information that is contained in a "designated record set" – which are records used in making enrollment, payment, claims adjudication, medical management and other decisions. To request access to inspect and/or obtain a copy of any of your Health Information, you must submit your request in writing to the SMG IPA Privacy Officer at the address listed at the end of this Joint Notice, indicating the specific information requested, and you may also direct the IPA to transmit the copy of Health Information directly to another person that you designate in writing. If you request a copy of Health Information, please indicate in which form you want to receive it (i.e., paper or electronic). An IPA may impose a fee to cover the costs of producing, copying and mailing the requested Health Information. An IPA may deny your request to inspect and copy your Health Information in certain limited circumstances. For example, under federal law, you may not inspect or copy psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise your review rights and a description of how you may complain to the IPA and/or to HHS.

Right to Amend Your Health Information: If you believe that Health Information that an IPA has about you is incorrect or incomplete, you may request that it be amended. Your request must be made in writing and submitted to the SMG IPA Privacy Officer at the address listed at the end of this Joint Notice. In addition, you must provide a reason that supports your request. The IPA may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, an IPA may deny your request if you ask the IPA to amend information that did not originate with the IPA (unless the person or entity that originated the Health Information is no longer available to make the amendment), is not contained in the records maintained by the IPA, is not part of the information that you would legally be permitted to inspect and copy, or is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an accounting (i.e., a list) of certain non-routine disclosures of your Health Information. In general, the list will not include disclosures that were made: (1) in connection with your receiving treatment, payment for such treatment and for certain health care operations; (2) to you regarding your own Health Information; (3) pursuant to your written authorization; (4) to a person involved in your care or for other permitted notification purposes; (5) for national security or intelligence purposes; or (6) to correctional institutions or law enforcement officers. To request a list of disclosures, contact the SMG IPA Privacy Officer using the contact information listed at the end of this Joint Notice.

You have the right to receive an accounting of disclosures of Health Information made within six years (or less) of the date on which the accounting is requested. Your request should indicate the form in which you want the list (*e.g.*, paper or electronic). The first accounting you request within a 12-month period will be free of charge. For additional requests within the 12-month period, the IPA will charge you for the costs of providing the accounting. The IPA will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any cost is incurred.

Right to Obtain a Paper Copy of this Joint Notice: You may request a paper copy of this Joint Notice at any time, even if you have previously agreed to accept the Joint Notice electronically. Requests should be made to the SMG IPA Privacy Officer, using the contact information listed at the end of this Joint Notice.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with the SMG IPA by notifying the SMG IPA Privacy Officer, using the contact information listed at the end of this Joint Notice, or by filing a complaint with the Secretary of the U.S. Department of Health and Human Services, at 877-696-6775, or hhs.gov/ocr/privacy/hipaa/complaints/ or sending a letter to 200 Independence Avenue S.W., Washington, D.C. 20201. The IPAs will not retaliate against you for filing a complaint.

CHANGES TO THIS JOINT NOTICE

The IPAs reserve the right to change the terms of this or any subsequent Joint Notice at any time. If the IPAs elect to make a change, the revised Joint Notice will be effective for all Health Information that the IPAs maintain at that time. If the IPAs make a material change to this Joint Notice, each IPA will post the revised Joint Notice to its website by the effective date of the material change.

FOR QUESTIONS OR REQUESTS

If you have any questions regarding this Joint Notice or the subjects addressed in it, or would like to submit a request as described above, please contact the SMG IPA Privacy Officer through one of the following ways:

Mail:

SMG Companies
ATTN: Chief Compliance Officer
5000 Airport Plaza Dr., Ste.150
Long Beach, CA 90815

Email: CorporateCompliance@AMM.CC

Phone: 562-512-3752