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.

Effective Date: August 20, 2026

This Notice of Privacy Practices ("Notice") describes how we safeguard and use your Protected Health Information and is intended to help you understand your rights and our responsibilities with respect to your Protected Health Information. "Protected Health Information," also known as "PHI," is health information about you, including health, biometric, or genetic information, images, videos and/or audio recordings that identifies (or someone may use to identify) you and that relates to your past, present, or future physical or mental health or medical conditions. This Notice applies to all the PHI that we generate, keep or transmit in electronic, oral, or written form.

We are required by law to provide you with this Notice to outline our legal duties and privacy practices with respect to your PHI and must abide by the terms of this Notice currently in effect. This Notice provides information about your rights and choices regarding, and our use and disclosure of and our responsibilities for, your PHI. Once you have reviewed this Notice of Privacy Practices, please sign and return the Patient Consent for the Disclosure of Information form to acknowledge your receipt of this Notice.

Our full name is MPOWERHealth Holdings, L.L.C., and we do business as MPOWERHealth. As used in this Notice, the terms "MPOWERHealth" or "we" are references to MPOWERHealth and its Participants (as defined in the "Notice Coverage" section below), collectively. "You" in this Notice refers to you as the patient and the privacy of your PHI. If you are a parent or legal guardian receiving this Notice because your child receives care from MPOWERHealth, "you" in this Notice refers to your child as the patient and the privacy of their PHI.

OUR USE AND DISCLOSURE OF YOUR PHI

We are legally required to maintain the privacy of your PHI under the Health Insurance Portability and Accountability Act ("HIPAA") and other federal and state privacy laws. We are also required to promptly notify you if a breach occurs that may have compromised the privacy or security of your PHI.

The law permits or requires us to use or disclose your PHI for various reasons, which we explain in this Notice. We have included some examples, but we have not listed every permissible use or disclosure. When using or disclosing PHI or requesting your PHI from another source, we will make reasonable efforts to limit our use, disclosure, or request about your PHI to the minimum we need to accomplish our intended purpose. In addition to our obligations under federal and state law, our internal policies govern the safe retention and destruction of PHI. A copy of our record retention policy is available upon request.

Treatment.
We may use or disclose your PHI and share it with other professionals who are treating you, including doctors, nurses, technicians, medical students, or hospital personnel involved in your care. To care for you, we may use or disclose your PHI to:

- Provide, coordinate, or manage health care and related services among other health care providers. For example, we may use and disclose your PHI to hospital personnel when you need an x-ray or other services.

- Communicate with clinicians who previously treated or referred you to MPOWERHealth, including your surgeon, and to clinicians who will treat you after your procedure.

In some cases, providers at other health care organizations may be able to electronically access your PHI created or maintained by MPOWERHealth, either through a secure connection to our systems or through a secure network for the transmission of health information. All of these providers are required to take steps to protect the confidentiality of your PHI.

Billing and Payment.
We may use and disclose your PHI to bill and get payment from health plans or other entities. For example, we may share your PHI with your health insurance plan so it will pay for the services you receive.

Run our Operations.
We may use and disclose your PHI to improve your care, run our operations, and contact you when necessary. For example, we may use or disclose your PHI to manage the services and treatment you receive, monitor the quality of our health care services or perform compliance reviews.

Required by Law.
We may use or share your PHI without your authorization when permitted or required by law, including:

- To health oversight agencies for activities authorized by law, including to the Department of Health and Human Services if required to prove our compliance with federal privacy law.
- For workers' compensation claims.
- For workplace compliance and school compliance requirements.
- For law enforcement purposes and activities (such as locating a suspect or averting a serious or imminent threat of harm).
- For special government functions such as military, prisons, national security and presidential protective services.
- In response to a court or administrative order or subpoena.

Other Uses and Disclosures.
We may share your PHI in other ways, usually for public health or research purposes or to contribute to the public good. For example, these other uses and disclosures may involve:

- **Our business associates**. We may use and disclose your PHI to outside persons or entities that perform services on our behalf, such as auditing, legal, or transcription. The law requires our business associates and their subcontractors to protect your PHI in the same way we do. We also contractually require these parties to use and disclose your PHI only as permitted and to appropriately safeguard your PHI.
- **Helping with public health and safety issues**. We may share your PHI for certain situations such as:
    - reporting injuries, births, and deaths;
    - preventing disease;
    - reporting adverse reactions to medications or medical device product defects;
    - reporting suspected child neglect or abuse, or domestic violence; or
    - averting a serious threat to public health or safety.
- **Conduct Research**. We may use or disclose your PHI for some types of health research that do not require your authorization, such as when the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your

PHI.

- **Respond to organ and tissue donation requests**. We may share your PHI to arrange an authorized organ or tissue donation from you or a transplant for you.
- **Respond to coroners, medical examiners, or funeral directors**. We may share PHI with a coroner, medical examiner, or funeral director when an individual dies.

For more information on permitted uses and disclosures, see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

YOUR RIGHTS

You have certain rights when it comes to your PHI and this section explains these rights. You have the right to:

- **Access and understand this Notice of Privacy Practices.** You may ask for a paper copy of this Notice at any time. If you need help understanding this Notice, we will provide language and content support.

- **Get a copy of your PHI**. You may ask to see or receive an electronic or paper copy of your medical record and other health information.
    - To request a summary of your medical record, contact the Privacy and Compliance Office at the address noted in the "Questions and Concerns" section below. You will need to provide proper identification and a description of the information you are seeking.
    - We will provide a copy or a summary of your health information within the time required by applicable law, generally within thirty (30) days of your request. We may charge a reasonable, cost-based fee in accordance with applicable federal and state law.
    - We may deny your request as permitted by law. If we deny your request, we will explain the reason in writing and inform you of any right to have the denial reviewed.

- **Ask us to correct your medical record**. You may ask us to correct or amend PHI that we maintain about you that you think is incorrect or incomplete.
    - To request a correction, submit your request to the Privacy and Compliance Office, specifying the inaccurate or incorrect PHI and providing the reasons that support your request.
    - We will generally grant or deny your request within 60 days. If we deny your request, we will tell you why in writing.

- **Request confidential communications**. You have the right to request that we communicate with you about health matters in a certain way or location (for example, home or office phone) or to send mail, or encrypted email, to a different address. For these requests:
    - submit your written request to the Privacy and Compliance Office, or the MPOWERHealth representative assisting you when you complete the informed consent process, specifying how or where you wish to be contacted.
    - We will accommodate reasonable requests that we have the ability to fulfill.

- **Ask us to limit what we use or share**. You have the right to ask us to limit what we use or share about your PHI. You can contact us and request us not to use or share certain PHI for treatment, payment, or operations or with certain persons (for example, for use in a patient directory, or to your family members and others involved in your care). For these requests:
    - we are not required to agree;

- we may say “no” if it would affect your care; but
- we will agree not to disclose information to a health plan for purposes of payment or health care operations if the requested restriction concerns a health care item or service for which you, or another person on your behalf other than the health plan, paid in full out-of-pocket, unless it is otherwise required by law.

- **Get a list of those with whom we have shared your PHI**. You have the right to request an accounting of certain PHI disclosures we have made in the six years prior to the date of your request. For these requests:
  - contact the Privacy and Compliance Office;
  - we will provide all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures that we are allowed to make without your authorization or that you asked us to make; and
  - we will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- **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.
  - To let us know that another person may make medical choices for you, inform your health care provider.
  - We will verify the person’s authority to act for you before we take any action, as permitted by law.

- **Make a complaint**. You have the right to complain if you feel we have violated your rights. We will not retaliate against you for filing a complaint. You may either file a complaint:
  - directly with MPOWERHealth by contacting our Privacy and Compliance Office at the address at the bottom of this document; or
  - with the U.S. Department of Health and Human Services Office for Civil Rights. Send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, (877) 696-6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints/

YOUR CHOICES

In certain instances, you have a choice about what information we share and with whom. In these cases, you have the right to tell us whether to:

- Share information with your family, close friends, personal representatives, or others involved in your care or payment for your care
- Share information in a disaster relief situation
- Locate a family member, personal representative, or others involved in your care

If you have a clear preference for how we share your information in the situations described above, please contact us and we will make reasonable efforts to follow your instructions. If you are not able to tell us your preference (if, for example, you are unconscious), we may share your information if we believe it is in your best interest or if needed to lessen a serious and imminent threat to health or safety.

In other instances, we will not share your PHI without your valid written authorization. Such other instances include:

- Marketing purposes (with narrow exceptions).
- Sale of your PHI.
- Certain other uses and disclosures not described in this Notice.

In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

In addition, we will not share the following PHI without your valid written permission, except as permitted or required by law:

- Most psychotherapy notes maintained separately by a mental health professional. We will not use or disclose psychotherapy notes without your written authorization except as permitted by law, such as for certain uses by the professional who created the notes, to defend a legal action brought by you, to avoid a serious threat to health or safety, for certain health-oversight activities, or otherwise as required by law.
- Information concerning HIV/AIDS testing, diagnosis, or treatment, and information concerning reproductive health, will be used or disclosed only as permitted or required by applicable law or with your written authorization.

REVOKING YOUR AUTHORIZATION

If you have given us a written authorization to use or disclose your PHI, you may revoke that authorization in writing at any time. Your revocation will not affect uses or disclosures that we already made in reliance on the authorization, and it may not apply if the authorization was obtained as a condition of obtaining insurance coverage. Please submit any revocation in writing to the Privacy and Compliance Office.

Your separate right to request restrictions on uses or disclosures for treatment, payment, and health care operations is described under “Ask us to limit what we use or share” above.

NOTICE COVERAGE

This Notice applies to MPOWERHealth and the other Participants identified below and to the physicians, technicians, surgical assistants, physician assistants, and other personnel who provide services for or on behalf of those entities. It applies to PHI created, received, maintained, or transmitted by MPOWERHealth in connection with the services we provide. MPOWERHealth and the entities listed below (collectively, the “Participants”) participate together in an organized health care arrangement, also known as an “OHCA,” for purposes of HIPAA. The Participants may share PHI with one another as necessary to carry out treatment, payment, and healthcare operations relating to the OHCA:

- National Neuromonitoring Services, LLC, d/b/a MPOWERHealth Surgical Services
- Precision First Assist of Dallas, LLC, d/b/a Precision Assist of Dallas
- Neurodiagnostics and Neuromonitoring Institute, Inc.
- Granite Anesthesia, d/b/a Granite Clinical Services
- MPower Clinical TX

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that we maintain. The revised Notice of Privacy Practices will be available upon request, at all

MPOWERHealth sites and on our website.

QUESTIONS OR CONCERNS

If you have any questions or concerns regarding your privacy rights, please contact:

Privacy and Compliance Office
MPOWERHealth
5080 Spectrum Drive, Ste 1100E
Addison, TX 75001
privacyandcompliance@mpowerhealth.com
(405) 996-2699 (ext. 6691)

STATE-SPECIFIC PATIENT RIGHTS

FLORIDA RESIDENTS

You have a state constitutional right to access records of adverse medical incidents under Article X, Section 25 of the Florida Constitution. In response to a subpoena for your PHI, we will comply with the additional notice and court-order requirements of Florida law.

We will handle information about HIV testing, status, or treatment in accordance with Fla. Stat. § 381.004, including its informed consent and confidentiality requirements, with the understanding that a person who has signed a general consent form for medical care is not required to sign a separate consent for an HIV test in a health care setting.

MINNESOTA RESIDENTS

Under the Minnesota Health Records Act, Minn. Stat. §§ 144.291–.298, we generally may not release your health records without your written consent, specific authorization in Minnesota or federal law, or a permitted provider-to-provider disclosure. Your written consent will be requested at intake for applicable disclosures; certain other disclosures may be made without your consent where specifically authorized by law.

NEW YORK RESIDENTS

You have additional access and appeal rights with respect to your medical records under New York law, including the right to request review of an access denial, without cost, by the appropriate medical record access review committee. We will not disclose confidential HIV related information (including whether you have been the subject of an HIV related test or have HIV infection, HIV related illness, or AIDS) without a written release that meets the specific requirements of New York law, except as specifically permitted by Article 27-F of the New York Public Health Law.

PUERTO RICO RESIDENTS

You have the right to:

- receive true, reliable, timely, sufficient, and easily understood information about MPOWERHealth's services and personnel, including the education, licensing, certification, experience, and technical resources available to provide your care.
- participate fully in decisions concerning your medical care, including receiving sufficient and appropriate information about treatment options, alternatives, costs, advantages, disadvantages, risks, and chances of success of each option (or of no treatment at all), in a manner you can understand.
- have your medical and health information kept in strict confidentiality. We will not disclose your information without your written consent except for medical or treatment purposes, payment for medical and hospital services, prevention or quality control purposes, by court order, or by specific authorization under law.
- speedy access to your medical records and to receive a copy of your medical record.

Upon termination of your physician-patient relationship with MPOWERHealth, we will provide your medical record to you free of charge within five (5) working days. The existence of any outstanding debt between you and MPOWERHealth shall not prevent you from obtaining your medical record.

TEXAS RESIDENTS

We will not sell your PHI. Before disclosing your PHI electronically, we will obtain your written or electronic authorization when required by Texas law. Authorization is not required for disclosures to another covered entity for purposes of treatment, payment, health care operations, or insurance or HMO functions, or as otherwise authorized

or required by state or federal law. We will not disclose information confirming HIV test results without your written consent, except as specifically permitted by Texas law. We will provide you access to your records within fifteen (15) business days of your request, as required by Texas law.