

R. J. Rosenberg Orthopedic Lab, Inc.

NOTICE OF PRIVACY PRACTICES

Effective Date: **February 16, 2026**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. YOU HAVE THE RIGHT TO REQUEST AN AMENDMENT TO YOUR MEDICAL INFORMATION FOR AS LONG AS IT IS MAINTAINED BY OR FOR US. PLEASE REVIEW IT CAREFULLY.

PURPOSE OF THIS NOTICE

This Notice describes how we may use and disclose your health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. This Notice also outlines our legal duties for protecting the privacy of your health information and explains your rights to have your health information protected. We will create a record of the services we provide you, and this record will include your health information. We need to maintain this information to ensure that you receive quality care and to meet certain legal requirements related to providing you care. We understand that your health information is personal, and we are committed to protecting your privacy and ensuring that your health information is not used inappropriately.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your health information and to provide you notice of our legal duties and privacy practices with respect to your health information. We are also required to notify you of a breach of your unsecured health information. We will abide by the terms of this Notice.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

The following categories describe examples of the way we use and disclose health information without your written authorization:

For Treatment: We may use and disclose your health information to provide you with medical treatment or services. For example, we may disclose Protected Health Information to doctors, nurses, technicians, or other personnel, including people outside our office (for example, your pharmacy) who are involved in your medical care and need the information to provide you with medical care.

For Payment: We may use and disclose your health information as needed to bill or obtain payment for the treatment and services provided. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations: We may use and disclose your health information in order to support our business activities. These uses and disclosures are necessary to run the Practice and make sure our patients receive quality care. For example, health care operations may include quality improvement activities and business management and administrative activities. We may also disclose your health information to third party "business associates" that perform various services on our behalf, such as transcription, billing and collection services. In these cases, we will enter

into a written agreement with the business associate to ensure they protect the privacy of your health information.

Individuals Involved in Your Care or Payment for Your Care and Notification: We will make the following uses and disclosures of your health information but will generally give you an opportunity to object before making these disclosures. We may disclose to your family, friends, and anyone else whom you identify who is involved in your medical care or who helps pay for your care, health information relevant to that person's involvement in your care or paying for your care. We may also make these disclosures after your death.

We may use or disclose your information to notify or assist in notifying a family member, personal representative or any other person responsible for your care regarding your physical location within the Practice, general condition or death. We may also use or disclose your health information to disaster-relief organizations so that your family or other persons responsible for your care can be notified about your condition, status and location.

We are also allowed to the extent permitted by applicable law to use and disclose your health information without your authorization for the following purposes:

As Required by Law: We may use and disclose your health information when required to do so by federal, state or local law.

Judicial and Administrative Proceedings: If you are involved in a legal proceeding, we may disclose your health information in response to a court or administrative order. We may also release your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Health Oversight Activities: We may use and disclose your health information to health oversight agencies for activities authorized by law. These oversight activities are necessary for the government to monitor the health care system, government benefit programs, compliance with government regulatory programs, and compliance with civil rights laws.

Law Enforcement: We may disclose your health information, within limitations, to law enforcement officials in limited circumstances such as: to identify or locate suspects, fugitives, witnesses or victims of a crime, to report deaths from a crime, and to report crimes that occur on our premises.

Public Health Activities: We may use and disclose your health information for public health activities, including the following:

- To prevent or control disease, injury, or disability;
- To report births or deaths;
- To report child abuse or neglect;
- Activities related to the quality, safety or effectiveness of FDA-regulated products;
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition as authorized by law; and
- To notify an employer of findings concerning work-related illness or injury or general medical surveillance that the employer needs to comply with the law if you are provided notice of such disclosure.

Serious Threat to Health or Safety: We may use or disclose your health information when necessary to prevent a serious and imminent threat to your health or safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat of harm.

Organ/Tissue Donation: If you are an organ donor, we may use and disclose your health information to organizations that handle procurement, transplantation or banking of organs, eyes, or tissues.

Coroners, Medical Examiners, and Funeral Directors: We may use and disclose health information to a coroner or medical examiner. This disclosure may be necessary to identify a deceased person or determine the cause of death. We may also disclose health information, as necessary, to funeral directors to assist them in performing their duties.

Workers' Compensation: We may disclose your health information as authorized by and to the extent necessary to comply with laws related to workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose health information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Military, Veterans, National Security and Other Government Purposes: If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose your medical information to authorized federal officials for intelligence and national security purposes to the extent authorized by law.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official to assist them in providing you health care, protecting your health and safety or the health and safety of others, or for the safety of the correctional institution.

Research: We may use and disclose your health information for certain research activities without your written authorization. For example, we might use some of your health information to decide if we have enough patients to conduct a cancer research study. For certain research activities, an Institutional Review Board (IRB) or Privacy Board may approve uses and disclosures of your health information without your authorization.

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

Other uses and disclosures of your health information not covered by this Notice will be made only with your written authorization. Some examples include:

- Psychotherapy Notes: We usually do not maintain psychotherapy notes about you. If we do, we will only use and disclose them with your written authorization except in limited situations.
- Marketing: We may only use and disclose your health information for marketing purposes with your written authorization. This would include making treatment communications to you when we receive a financial benefit for doing so.

- Sale of Your Health Information: We may sell your health information only with your written authorization.

If you authorize us to use or disclose your health information, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information as specified by your revocation, except to the extent that we have taken action in reliance on your authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding the health information we maintain about you:

Right to Request Restrictions: You have the right to request restrictions on how we use and disclose your health information for treatment, payment or health care operations. ***In most circumstances, we are not required to agree to your request.*** If we agree to a restriction, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing and submit it to the Practice's HIPAA Compliance Officer. We are required to agree to a request that we restrict a disclosure made to a health plan for payment or health care operations purposes if the information applies solely to a healthcare item or service for which we have been paid out of pocket in full and such disclosure is not otherwise required by law.

Right to Request Confidential Communications: You have the right to request that we communicate with you in a certain manner or at a certain location regarding the services you receive from us. For example, you may ask that we only contact you at work or only by mail. To request confidential communications, you must make your request in writing and submit it to the Practice's HIPAA Compliance Officer. We will not ask you the reason for your request. We will attempt to accommodate all reasonable requests.

Right to Inspect and Copy:

You have the right to inspect and/or obtain a copy of your health information maintained in a designated record set. If we maintain your health information electronically, you may obtain an electronic copy of the information or ask us to send it to a person or organization that you identify. To request to inspect and/or obtain a copy of your health information, you must submit a written request to the Practice's HIPAA Compliance Officer. If you request a copy (paper or electronic) of your health information, we may charge you a reasonable, cost-based fee.

Right to Amend: If you feel that your health information is incorrect or incomplete, you may request that we amend your information. To request an amendment, you must make your request in writing by filling out the appropriate form provided by us and submitting it to the Practice's HIPAA Compliance Officer.

Right to an Accounting of Disclosures: You have the right to request an accounting of disclosures we have made of your health information in the past six (6) years. Please note that certain disclosures need not be included in the accounting we provide to you.

To request an accounting of disclosures, you must make your request in writing by filling out the appropriate form provided by us and submitting it to the Practice's HIPAA Compliance Officer. The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the costs

involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact the Practice's HIPAA Compliance Officer. You may also obtain a paper copy of this Notice at our website, www.rjrosenberg.com.

COMMUNICATIONS

We may reach out to you regarding your healthcare via the phone numbers and email addresses you've provided. This could include calls, texts, or emails, possibly through automated systems or pre-recorded messages. Some communications sent via text message may request an additional confirmation from you that you would like to receive the message. You'll always have the option to opt out of future communications like these.

Our messages might cover topics such as appointment reminders, your experience as a patient, billing, prescription updates, research opportunities, our products and services, treatment options, general health information, and regulatory notices. Please be aware that texts and emails are not encrypted, so there's a risk they could be accessed by others. To protect your privacy, we limit the sensitive health information in these messages. If you prefer not to receive texts or emails, please contact us, and we will remove you from such lists.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time. We reserve the right to make the new Notice provisions effective for all health information we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. We will post a copy of the current Notice in our office locations and on our website. Each version of the Notice will have an effective date listed on the first page.

QUESTIONS & COMPLAINTS

If you have any questions about this Notice or would like to file a complaint about our privacy practices, please direct your inquiries to: Ryan Spill, President, 3366 Central Parkway, Cincinnati OH 45225 at 513-221-7200. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be retaliated against or penalized for filing a complaint.