

WELLSPECT, INC.'S 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 THIS INFORMATION CAREFULLY.

EFFECTIVE DATE: January 3, 2025

How to Contact Us: Jennifer Lattimore, Data Protection Officer
privacy@dentsplysirona.com
1-833-224-4528

PURPOSE

Wellspect, Inc. (**Wellspect** or **we**) respects your privacy. This is a summary of how we may use and disclose your protected health information, and your rights and choices when it comes to your protected health information.

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Protected health information (**PHI**) is health information about you which someone may use to identify you, and which we maintain or transmit in electronic, oral or written form. PHI includes information such as your name, contact information, physical or mental health or medical conditions (past, present or future), payment for health care products or services, prescriptions and other identifying information.

OUR LEGAL OBLIGATIONS

We are legally required to maintain the privacy of your PHI under the Health Insurance Portability and Accountability Act (HIPAA) and other state laws. As part of our commitment and legal compliance, we are providing you with this Notice of Privacy Practices (Notice). This Notice describes:

- Our legal duties and privacy practices regarding your PHI, including our duty to notify you following a data breach of your unsecured PHI;
- Our permitted uses and disclosures of your PHI; and
- Your rights regarding your PHI

DATA BREACH NOTIFICATION

We will promptly notify you if a data breach occurs that may have compromised the privacy or security of your PHI. We will either notify you in writing, by first class mail, or we may email you if you have provided us with your current email address and you have previously agreed to receive notices electronically. In some circumstances, our business associates may provide the notification. In limited circumstances when we have insufficient or out-of-data contact information, we may provide notice in a legally acceptable alternative form.

USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

The law permits or requires us to use and disclose your PHI for various reasons including treatment, payment, and healthcare operations. We have included some examples in this Notice, but we have not listed every possible 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. PHI that the law permits or requires us to disclose may be further shared by recipients and is no longer protected by law or the safeguards and restrictions in place when it is in our possession.

Treatment. We may use and disclose your PHI and share it with other professionals, including to a physician or other healthcare provider that is providing treatment or other health services to you. For example, a physician treating you for an injury may ask us about your current care to provide a treatment plan.

Payment. We may use and disclose your PHI to obtain payment for services that we provide you. For example, we may contact your insurer to verify the benefits for which you are eligible, obtain prior authorization, and give details they may need about your treatment so that they will pay for the services you receive.

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

OTHER USES AND DISCLOSURES

We may share your information in other ways, such as for public health, for your care, or if required by law. These other uses and disclosures may involve:

Sharing PHI with 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 services. 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.

Sharing PHI with family or friends. We may disclose your PHI to a family member, relative or a friend that has been identified by you while you are present. If you are not present, professional judgment will be utilized to determine whether a disclosure is required or in your best interest. We will only disclose information that is believed to be relevant to the person's involvement with your health care or payment related to your health care. We may also disclose your health information to notify such persons of your location, general condition or death. You have choices to limit these disclosures, see "Your Choices" in this Notice.

Complying with the law. We may use and disclose your PHI when we are required to do so by law. For example, we will share your PHI if the U.S. Department of Health and Human Services requests it when investigating our compliance with privacy laws.

Helping with public health and safety issues. We may disclose your PHI to assist with public health and safety. For example, we may share your PHI to report injuries, births, and deaths; prevent or control disease; prevent injury; report adverse reactions to medications or medical device product defects; report suspected neglect or abuse or domestic violence; avert a serious threat to public health or safety; report information to a health oversight agency that is responsible for ensuring compliance with governmental rules and regulations such as Medicare and Medicaid; or other purposes related to public health and safety.

Appointment reminders. We may contact you to provide you with appointment reminders, such as by leaving a voice message which includes essential information such as time, location and the name of the company/provider.

Addressing workers' compensation, law enforcement, or other government requests. We may use and disclose your PHI to the extent necessary for: workers' compensation claims; health oversight activities by federal or state agencies; law enforcement purposes or as required by a law enforcement official; and/or specialized government functions, such as military and veterans' activities, national security and intelligence, presidential protective services, or medical suitability.

Research. We may share your PHI for some types of health research that do not require your authorization, such as, for example, if an institutional review board has waived the written authorization requirement because the disclosure involves only minimal privacy risk.

Responding to legal actions. For example, we may share your PHI to respond to a court or administrative subpoena, discovery request, or another lawful process. However, in many situations we are prohibited from sharing, and will not share, your PHI for investigations or legal actions concerning reproductive health care access and services where that care is lawful as provided. For example, the law prohibits us from using or disclosing your reproductive health care-related PHI in many instances to:

- respond to investigation requests, court orders, or subpoenas seeking information about or imposing liability on any person for seeking, obtaining, providing or facilitating lawfully provided reproductive health care; or
- identify any person that is subject to criminal, civil, or administrative investigation or legal action, including any law enforcement investigations, criminal prosecutions, family law proceedings, or state licensure proceedings, for seeking, obtaining, providing or facilitating lawfully provided reproductive health care.

Some examples of seeking, obtaining, providing, or facilitating reproductive health care include: using reproductive health care; performing, furnishing or paying for reproductive health care; providing information about reproductive health care; arranging, insuring, administering, providing coverage for, approving, or counseling about reproductive health care; or attempting any of these activities.

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, please contact us and we will make reasonable efforts to follow your instructions. In these cases, you have both the right and choice to tell us whether to:

- share information with your family, close friends, or others involved in your care; and
- share information in a disaster relief situation.

DISCLOSURES WHICH REQUIRE YOUR WRITTEN AUTHORIZATION

We will only use or disclose your PHI with your written authorization in the following scenarios:

- the sale of, or otherwise receiving compensation for, disclosure of your PHI;
- marketing purposes;
- research purposes; and
- any other use and/or disclosure of your PHI not otherwise permitted under HIPAA

If you authorize us to use or disclose your PHI, you may revoke that authorization at any time in writing. If you revoke your authorization, we will no longer use or disclose your PHI for the purposes covered by your written authorization. However, we cannot take back any disclosure made pursuant to a valid authorization.

REPRODUCTIVE HEALTH CARE PHI USES AND DISCLOSURES REQUIRING AN ATTESTATION

By law, if we collect, receive or maintain PHI that is potentially related to your reproductive health care, in some cases we must obtain an attestation from PHI recipients that they will not use or share that PHI for a purpose prohibited by law. For example, these situations may involve:

- Health oversight activities. For example, we may share your reproductive health care-related PHI in some situations for health oversight agency audits or inspections, civil or criminal investigations or proceedings, or licensure actions.
- Judicial and administrative proceedings. For example, we may share your reproductive health care-related PHI in some situations in response to a court or administrative order, subpoena or discovery request.
- Law enforcement purposes. For example, we may share your reproductive health care-related PHI in some situations for law enforcement purposes, including in response to a court-ordered warrant or a law enforcement official's request for information about a victim of a crime.
- Coroners or medical examiners. For example, we may share your reproductive health care-related PHI in some situations to a coroner or medical examiner to identify a deceased person, determine cause of death, or other duties as authorized by law.

YOUR RIGHTS

When it comes to your PHI, you have certain rights. This section explains your rights and some of our responsibilities to help you. You have the right to:

Access your PHI. You may ask to see or obtain an electronic or paper copy of the PHI that we maintain about you, with limited exceptions. Requests must be made in writing. We may charge a reasonable fee to compensate for

time and materials. We may deny your request in certain limited circumstances; however, if we deny your access request, we will provide a written denial with the basis of our decision and explain your rights to appeal or file a complaint.

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 inaccurate. You must make your request in writing by sending us a letter that explains why the information should be amended. Requests should be sent directly to the address listed in this Notice. We will generally decide to grant or deny your request within 60 days. If we cannot act within 60 days, we will give you a reason for the delay in writing and include when you can expect us to complete our decision. We will comply with your request unless the PHI is not part of our record, is not part of a designated record set, was not created by us, or if we believe that the information to be amended is accurate and complete. If we deny your request, we will tell you why in writing.

As 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 must make your request in writing by sending a letter that specifies the type of information to be restricted and to whom the information is to be restricted from. Requests should be sent directly to the address in this Notice. We will consider all requests; however, we are not required to agree to the request. We will respond to all such requests in writing.

Get a list of those with whom we've shared your PHI. You have the right to request an accounting of certain PHI disclosures that we have made. For these requests, we will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures, such as any you asked us to make. You must make your request in writing by sending us a letter that specifies the type of information and the time period involved. Requests should be sent directly to the address listed on this Notice. We will respond no later than 60 days after receiving the request. We may ask for an additional 30 days during this 60-day period, but if we do, we will provide a written statement of why and indicate the date by which we intend to send the response. We will provide one accounting within in a 12-month period for free, we may charge you a reasonable fee to compensate for our time and materials for additional requests for an accounting of disclosures within that same 12-month period.

Alternative or confidential communication. You may request that we communicate with you about your PHI by alternative means or to an alternative location. For example, you can request that we only contact your mobile phone or send mail to a certain address. You must make your request in writing by sending a letter that specifies the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you have requested. Requests should be sent directly to the address listed on this Notice. We will accommodate reasonable requests.

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 file a complaint directly with us by contacting privacy@denstsplysirona.com or by sending a letter to the address in this Notice. You also have a right to file a complaint with the Office of Civil Rights at the U.S. Department of Health and Human Services.

Right to receive a paper copy of this Notice. Upon request, you may obtain a paper copy of this notice.

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 confirm the person has this authority and can act for you before we take any action.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time in the future, and the changes will apply to PHI we maintain, regardless of when it was created or received. We will keep a copy of the current Notice posted on our website at www.wellspect.us, and a copy will be available to you upon request to privacy@dentsplysirona.com.

CONTACT

If you have any questions about this Notice, please contact:

Jennifer Lattimore

VP, Global Privacy Counsel & Data Protection Officer

1-833-224-4528

privacy@dentsplysirona.com

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QUESTIONS OR COMPLAINTS

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we have made about a request you have made, you may complain to us using the contact information above. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to the U.S. Department of Health and Human Services upon request.