Active Medical Solutions

Joint Notice of Privacy Practices

for the Participating Providers of Active Medical Solutions

NOTICE OF PRIVACY PRACTICES

Effective Date: July 8, 2026

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.

WHO WILL FOLLOW THIS NOTICE

This is a joint Notice of Privacy Practices. It is issued by, and applies to, the participating treating providers who deliver care to you under the Active Medical Solutions (AMS) brand. These participating providers are the treating providers contracted to deliver care under Active Medical Solutions (each a “Practice,” and together “we,” “us,” or “our”). The participating providers may change from time to time. A current list of participating providers is available at any time, free of charge, by contacting us using the information at the end of this Notice.

The participating providers have each agreed to abide by the terms of this joint Notice and operate together as an organized health care arrangement (“OHCA”) under the Health Insurance Portability and Accountability Act (“HIPAA”). As an organized health care arrangement, we hold ourselves out to you as a single, coordinated Active Medical Solutions care offering, we apply common clinical standards across our providers, and we share your medical information — also known as protected health information (“PHI”) — with one another as necessary to carry out the treatment, payment, and health care operations of the arrangement.

This sharing is what allows us to provide you with continuous, coordinated care across our providers. For example, if you begin care with one participating provider and later request a prescription refill, a follow-up, or further services, a different participating provider within the arrangement may access your information and provide that care without your having to start over. By receiving care through Active Medical Solutions, you understand that your PHI may be shared among the participating providers for these purposes.

Active Management Solutions, LLC is the management services organization (“MSO”) that operates the Active Medical Solutions platform and provides administrative, technology, and support services to the participating providers. The MSO is not a treating provider and does not practice medicine. It acts as a business associate under HIPAA and uses or discloses your PHI only on our behalf and under a written business

associate agreement that requires it to safeguard your information. Other vendors that support our operations may also act as business associates under similar agreements.

We may use and disclose your PHI for treatment, payment, health care operations, or research purposes as described in this Notice. All workforce members of the participating providers follow these privacy practices. The treating providers and other personnel involved in your care will also follow this Notice when providing services through Active Medical Solutions.

ABOUT THIS NOTICE

This Notice will tell you about the ways we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to your medical information;
- follow the terms of the Notice that is currently in effect; and
- notify individuals, either known or reasonably believed to be affected, following a breach of unsecured protected health information.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and give examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one or more of the categories.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to providers, nurses, technicians, or other personnel who are involved in your care, including the participating providers within our arrangement. Different participating providers and personnel also may share medical information about you to coordinate the different services you may need, such as prescriptions, lab work, and other services. We also may disclose medical information about you to people outside the arrangement who may be involved in your medical care.

For Payment. We may use and disclose medical information about you so that we may bill for treatment and services you receive and collect payment from you or another party. For example, because we are a cash-pay practice, we may use your information to process your payment for the services and products you receive. We may also disclose information about you to other health care providers or facilities for purposes of payment as permitted by law.

For Health Care Operations. We may use and disclose medical information about you for the operations of our arrangement. These uses and disclosures are necessary to run

Active Medical Solutions and make sure that all of our patients receive quality care. For example, we may use medical information to evaluate the performance of our providers and staff in caring for you or the outcome of your treatment, and to apply and improve our common clinical standards across participating providers. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain treatments are effective. We may disclose information to providers, nurses, technicians, and other personnel for educational purposes, and to other health care providers or facilities as permitted by law.

Appointment and Care Reminders. We may use and disclose medical information to contact you to remind you of an appointment, a refill, or other treatment or medical care.

Treatment Alternatives. We may use and disclose medical information to tell you about possible treatment options that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research. In certain circumstances, we may use and disclose PHI about a patient for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to an approval process. This process evaluates a proposed research project and its use of PHI to balance research needs with patients' needs for privacy. Before we use or disclose PHI for research, the project will be approved through this process. However, we may disclose medical information about a patient to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the PHI they review does not leave our premises or systems. When required by law, we will ask for specific written authorization if the researcher will: (i) have access to a patient's name, address, or other information that reveals who the patient is, or (ii) be involved in patient care.

As Required By Law. We will disclose medical information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

SPECIAL SITUATIONS

State Law. In certain states, special privacy protections apply to certain information, including genetic, sexually transmitted disease, or mental health information. Some parts of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, and if applicable state laws govern, such information will be further protected pursuant to applicable state law. For further information, please contact us using the contact information listed at the end of this Notice.

Drug and Alcohol Abuse Information. The confidentiality of alcohol and drug abuse patient records is protected by federal law and regulations. Generally, a health care provider may not say to a person outside a treatment program that a patient attends a program, or disclose any information identifying a patient as an alcohol or drug abuser, unless:

- the patient consents in writing;
- the disclosure is allowed by a court order; or
- the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Organ and Tissue Donation. If you are an organ or tissue donor, we may release medical information about you to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank.

Military and Veterans. If you are a member of the armed forces of the United States or another country, we may release medical information about you as required by military command authorities.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs.

Public Health Risks. We may disclose medical information about you to authorized public health or government officials for public health activities. These activities generally include the following:

- to a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety, or effectiveness of an FDA-regulated product or service;
- to prevent or control disease, injury, or disability;
- to report disease or injury;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications and food or problems with products;
- to notify people of recalls or replacements of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify 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.

Health Oversight Activities. We may disclose medical information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other legal demand 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.

Law Enforcement. We may release medical information about you if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct by us or by health care providers affiliated with us;
- in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime; and
- to authorized federal officials so they may provide protection for the President and other authorized persons or conduct special investigations.

Coroners, Medical Examiners, and Funeral Directors. We may release medical information about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information to funeral directors so they can carry out their duties.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

To a School. We may disclose information to a school, about an individual who is a student or prospective student of the school, if:

- the protected health information that is disclosed is limited to proof of immunization;
- the school is required by state or other law to have such proof of immunization prior to admitting the individual; and
- we obtain and document the agreement to the disclosure from either a parent, guardian, or other person acting in loco parentis of the individual, if the individual is an unemancipated minor, or the individual, if the individual is an adult or emancipated minor.

Other Uses and Disclosures. Other uses and disclosures not described in this Notice will be made only with your written authorization, and you may revoke such

authorization at any time, provided that the revocation is in writing, except to the extent that we have taken action(s) in reliance upon your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. This right does not include psychotherapy notes, information compiled for use in a legal proceeding, or certain information maintained by laboratories. In order to inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer listed at the end of this Notice. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request in writing that the denial be reviewed. To request a review, contact the Privacy Officer. A licensed health care professional will conduct the review, and we will comply with the outcome of the review.

Right to Amend. If you think that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, your request must be made in writing and submitted to the Privacy Officer listed at the end of this Notice, and you must give a reason that supports your request. We 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, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the medical information kept by or for us;
- is not part of the information that you would be permitted to inspect and copy; or
- is accurate and complete.

We will provide you with written notice of action we take in response to your request for an amendment.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of medical information about you. We are not required to account for any disclosures you specifically requested or for disclosures related to treatment, payment, or health care operations, or made pursuant to an authorization signed by you. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer listed at the end of this Notice. Your request must state a time period, which may not be longer than six years. We will attempt to honor your request. If you request more than one accounting in any 12-month period, we may charge you for our reasonable retrieval, list preparation, and mailing costs for the second and subsequent requests. We will notify

you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. Additionally, you can request restrictions on medical information disclosed to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the information pertains solely to a health care item or service for which you, or a person other than the health plan on your behalf, has paid us in full. To request a restriction, you must contact the Privacy Officer listed at the end of this Notice.

We are not required to agree to your request. If we agree to your request, we will comply with your request unless the information is needed to provide you emergency treatment. You may terminate the restriction at any time. If we terminate the restriction, we will notify you of the termination. We are not able to terminate or refuse your request for restrictions to disclosures to health plans if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the information pertains solely to a health care item or service for which you, or a person other than the health plan on your behalf, has paid us in full.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must submit a written request to the Privacy Officer listed at the end of this Notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will attempt to accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice upon request, including at your first treatment encounter with us. You may get an additional copy of this Notice at any time by contacting us using the information listed at the end of this Notice.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information about you that we already have, as well as any information we receive in the future. The current Notice will contain its effective date. We will post the current Notice on our website, and each time you register for treatment or health care services, we will make available copies of the current Notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services, Office for

Civil Rights. To file a complaint with us, please contact the Privacy Officer using the information listed at the end of this Notice. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not described in this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. However, we may continue to use or disclose that information to the extent we have relied on your authorization. You also understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

FOR MORE INFORMATION OR FURTHER QUESTIONS, PLEASE CONTACT US

Practice: Active Medical Solutions - a joint arrangement of its contracted participating providers

Mailing Address: 1710 Keller Parkway #2126, Keller, TX 76248

Privacy Officer: support@amslm.com | (239) 427-1553

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ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

The Notice of Privacy Practices describes how Protected Health Information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We are required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this Notice, which describes the health information privacy practices of the participating providers and affiliated health care providers that jointly perform treatment, payment, and health care operations as the Active Medical Solutions organized health care arrangement. “Protected Health Information” is information about you, including demographic and genetic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

(By acknowledging this Notice as part of your intake consent, you confirm that you have received and reviewed a copy of this Notice of Privacy Practices.)

Your acknowledgment is retained with your intake and treatment record.