NOTICE OF PRIVACY PRACTICES

Your care is personal. Let's keep it that way.

• YOUR INFORMATION • YOUR RIGHTS • OUR RESPONSIBILITIES •

THIS NOTICE DESCRIBES HOW YOUR PERSONAL HEALTH INFORMATION MAY BE USED AND DISCLOSED, AS WELL AS HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At DuPage Medical Group, Ltd. d/b/a Duly Health and Care of Northern Illinois ("Duly"), we understand that your privacy is vitally important. As your medical provider, we take proactive measures to safeguard your information. We understand that with each office visit, you are placing your trust in us. We will make every effort to ensure this trust is not breached, and that your privacy is protected.

This Notice was developed to provide you with information regarding your rights to privacy and confidentiality. It contains our policies regarding privacy according to the Health Insurance Portability and Accountability Act (HIPAA) rules and regulations. We encourage you to read this information thoroughly so that you are fully informed about our policies and procedures.

We welcome any questions you may have regarding this information.

HOW TO CONTACT US:

IN WRITING:
Duly Health and Care
Attn: Privacy Officer
1100 West 31st Street
Downers Grove, IL 60515

BY PHONE:
(630) 545-7600

BY EMAIL:
compliance@duly.com

YOUR RIGHTS AND HOW TO EXERCISE THEM

Inspect or obtain an electronic or paper copy of your medical record

- You may ask to view or receive electronic or paper copies of medical records to be provided within 30 days.
- We may charge a reasonable, cost-based fee for copies of your medical record.

Ask us to correct your medical record (Amendment)

- You may request a correction to your personal health information that you believe is incorrect or incomplete.
- We may deny your request, but we will explain why in writing within 60 days. You have the right to appeal.

Request confidential or alternative communications

- You can ask us to contact you via a specific method or to send mail to a different address.

Ask us to limit what we use or share (Restriction)

- You can ask us not to use or share certain health information for treatment, payment, or operational purposes. We are not required to agree to your request; we may deny your request if it affects your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose(s) of payment or our operations with your health insurer.
- We participate in secure health information exchange ("HIE") networks, which allow authorized, treating providers to access your health information. You may opt out of Care Everywhere at any time here.

Request a list of those with whom we've shared information (Accounting of Disclosures ("AOD"))

- You can ask for a list of times we shared your health information, who we have shared it with, and why we have shared it. You may request this information dating back six (6) years prior to the date of your request.
- We will include all disclosures except for those about treatment, payment, our operations, and certain other disclosures (such as any you asked us to make). You may request this list once per year at no cost to you, but any additional requests within the same 12-month period can incur a reasonable, cost-based fee.

Request a copy of this privacy notice

- You can ask for a paper copy of this Notice at any time, even if you agreed to receive the notice electronically.

Choose someone to act for you (Personal Representative)

- If you have given someone medical power of attorney ("POA"), or if someone is your legal guardian, that person can exercise your rights and make decisions regarding your health information.
- We require that a copy of the appropriate documentation supporting this authority be provided to us before we will allow this person to exercise your rights.

Substance Use Disorder ("SUD") Treatment Records

- You have the right to request an AOD of your SUD treatment information made with your written consent.
- You have the right to request restrictions on our use or disclosure of your SUD treatment information.
- We will not disclose SUD treatment records without written authorization unless permitted or required by law.
- Disclosure of SUD treatment records protected by 42 CFR Part 2 carries specific federal restrictions, such as prohibiting recipients from redisclosing it unless further disclosure is otherwise permitted by federal law.

File a complaint if you feel your rights are violated

- Protecting your privacy and rights under HIPAA is important to us. If you feel we have violated your privacy or rights under HIPAA, please contact our Privacy Officer. We will not retaliate against you for filing a complaint.
- You may file complaints regarding HIPAA or Part 2 with the United States Department of HHS OCR:

IN WRITING:
Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave. SW
Washington, D.C. 20201

BY PHONE:
(877) 696-6775
(800) 537-7697 (TDD)

ONLINE: www.hhs.gov/ocr/privacy/hipaa/complaints

YOUR CHOICES

For certain health information, you can tell us about your preference regarding what we share. If you have clear preferences for how we share your information in the situations described below, please reach out to us. PHI disclosed pursuant to the HIPAA Privacy Rule may be subject to redisclosure, and thus, no longer protected by the Privacy Rule.

In these cases, you have both the right and choice to tell us to

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- If you cannot tell us your preference (e.g., if you are unconscious), we may share your information if we have a good faith belief that it is in your best interest. We may also share your information when needed to lessen a serious and reasonably foreseeable threat to health or safety.
- If there is someone you do not want us to disclose your health information to, please contact us in writing.

In the case of fundraising

- We may contact you to fundraise on our behalf, but you have the right to opt-out of these communications.

In the case of patient experience surveys

- We partner with a vendor to contact patients regarding experience with us. As a business associate of ours, they will maintain the privacy and confidentiality of your information in compliance with HIPAA regulations.

Immunizations

- We participate in state immunization registries. Participation in these registries includes sharing demographic and immunization records with other participating providers. You may choose to opt-out of sharing immunization record information with other providers.
- Immunization records may be shared with schools when permitted by the patient or personal representative.

In these cases, we never share your information <u>unless you give us written permission</u>

- We obtain authorization for the following purposes and all uses & disclosures not described in this Notice:
    - Marketing and sale of your information
    - Most sharing of psychotherapy notes and SUD records, unless otherwise required by law.
    - Federal law prohibits us from using or disclosing your reproductive health information ("RHI") for the purpose of investigating or imposing liability on any person for seeking, obtaining, providing, or facilitating reproductive health care that is lawful under the circumstances in which such health care is provided, or to identify any person for these purposes.
        - RHI includes services such as contraception, pregnancy-related care, fertility services, miscarriage management, and abortion (when permitted by law).

OUR USES & DISCLOSURES

We typically use or share your health information in the following ways: Treatment, Payment, and Healthcare Operations ("TPO"). Certain types of sensitive health information ("SHI"), such as SUD treatment records or RHI, may be specially protected or electronically segmented in our systems to comply with federal laws. These protections may limit how such information is used or disclosed, including to other treatment providers or HIEs.

To treat you (Treatment)

- We may use your information and share it with other providers with whom you have a treatment relationship.
- We may use and disclose medical information about you to contact you about health-related benefits and services that may be of interest to you, including:
    - To describe a health-related product or service that is provided by us.
    - For case management or care coordination.
    - To direct or recommend alternative treatments, therapies, health care providers, or settings of care.
- We may use technology-assisted tools, including artificial intelligence (AI)-supported documentation or transcription tools, to assist with documenting and coordinating your care. These tools help support operational efficiency, and your healthcare provider(s) remain responsible for reviewing and finalizing your medical record. *You may request that AI transcription tools are not used during your visit(s) at any time.*

To Bill for Services (Payment)

- We can use and share your health information to bill and receive payment from health plans and other entities responsible for the payment of your care.

Operate our Organization (Operations)

- We can use or share your health information to operate our practice, improve your care, and contact you, when necessary, such as for appointment reminders, staff training, and case coordination and management.
- We can share your health information with "business associates". Business Associates are individuals or companies that provide services to Duly. This may include a survey vendor, a software vendor, a billing vendor, or a collection agency. We require our business associates to protect your information

OTHER PERMITTED DISCLOSURES

In certain instances, we are permitted or required to share your information for public health, research, and other legal purposes. We must meet certain legal conditions before we can share your information for these purposes.

Help with public health and safety issues

- When certain requirements are met, we can share your health information for purposes such as:
  - Preventing disease
  - Helping with product recalls and adverse events to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious and reasonably foreseeable threat to health or safety

Do research

- We can use your information for research or to contact you about research projects for which you may qualify.

Comply with the law

- We will share information about you if state or federal laws require that we do so, including when HHS requests your information, to confirm that we are compliant with HIPAA.

Respond to organ and tissue donation requests

- We can share information to facilitate organ or tissue donations with entities engaged in those procurements.

Work with medical examiners, coroners, or funeral directors

- We may share health information with coroners, medical examiners, or funeral directors to allow them to carry out their duties for deceased individuals.

Respond to lawsuits and legal actions

- We can share health information in response to court or administrative orders or in response to subpoenas.

Workers' compensation, law enforcement, and other government requests

- We can use or share your health information:
  - For workers' compensation claims
  - For law enforcement purposes when certain requirements are met
  - With health oversight agencies for activities that are authorized by law
  - To correctional institutions or law enforcement officials who have custody of you
  - For certain government functions such as military & uniformed services, national security, and presidential protective services

Minor children under 18

- We may share a minor's health information with parent(s) and/or legal guardian(s) unless state or federal law gives the minor the right to consent to specific services or prohibits us from sharing the information. These laws vary by state and may apply to services such as STD/STI testing or treatment, substance use disorder treatment, contraception, pregnancy-related care, pre- and post-natal care, and/or mental health services.
- When applicable law allows a minor to consent to a service, or restricts parental access to related records, we will follow those requirements for the specific service provided.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy and/or security of your information.
- We must follow the duties and privacy practices described in this Notice, and we must provide you with a copy.
- We will not use or share your information (other than as described here) unless you specify that we can by notifying us in writing. You may change your mind (i.e., "revoke") about it at any time by notifying us of the change in writing.

WHO IS BOUND BY THIS NOTICE

This Notice of Privacy Practices ("Notice") describes the privacy practices of DuPage Medical Group, Ltd. d/b/a Duly Health and Care of Northern Illinois ("Duly"), The South Bend Clinic, LLC ("SBC"), Quincy Physicians & Surgeons Clinic, PLLC d/b/a Quincy Medical Group ("QMG"), DMG Pain Management Surgery Center, LLC ("DMG PMSC"), and Alliance Clinical Associates, PLLC ("ACA") (collectively, the "Duly Affiliated Covered Entity" or "Duly ACE"). Each of these legally separate covered entities is under common ownership or control and has designated itself as a member of the Duly ACE for purposes of compliance with HIPAA. The Duly ACE, its workforce members, and members of the ACE who are involved in providing and coordinating health care are all bound to follow the terms of this Notice. Members of the Duly ACE may share Protected Health Information ("PHI") with one another as permitted by law for treatment, payment, and health care operations ("TPO") of the Duly ACE.

CHANGES TO THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new Notice will be available in our clinics, on our website, and upon request. This notice is effective as of **September 15, 2026.**