DOCTOR2ME

Notice of Privacy Practices

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20350 Ventura Blvd, Suite 130, Woodland Hills, CA 91364

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 this notice covers. This notice covers Doctor2me and the independent, licensed Providers and practices that deliver care arranged through the Doctor2me platform. Doctor2me is a technology and administrative-services platform — it does not provide medical care. Doctor2me creates, receives, stores, and transmits your health information on behalf of, and at the direction of, the independent Providers who treat you, and each participating Provider has agreed to privacy practices consistent with this notice for care arranged through the platform. References to "we," "us," and "our" include Doctor2me and, as applicable, your treating Provider. Each Provider remains independently responsible for the records of his or her own practice and may maintain a separate notice.

Privacy Practices in Summary

Patient Rights. *You have the right to:*

Get a copy of your paper or electronic medical record.	Correct your paper or electronic medical record.
File a complaint if you believe your privacy rights have been violated.	Ask us to limit the information we share about you.
Get a list of those with whom we've shared your information.	Get a copy of this Notice of Privacy Practices.
Request that we use only confidential communication methods with you.	Choose someone to act on your behalf.

Patient Choices. *You have choices about how we use your information:*

If we tell your family or friends about your conditions.	If we provide disaster relief services.
If we sell your information.	If we market our services.

Our Uses and Disclosures of Your Information. *We may use your information when we conduct these activities:*

Help with public health and safety issues.	Bill you or a third party for our services.
Comply with the law.	Conduct research.
Respond to lawsuits and legal actions.	Address law enforcement or other government requests.
Treat you.	Perform privacy reviews and audits.

Privacy Practices in Detail

Detailed Patient Rights. *You have certain rights. This section explains some of your rights and some of our related responsibilities.*

You may: Obtain an electronic or paper copy of your medical record.	You may ask to see or obtain an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. Under most circumstances, we will provide you with a copy or a summary of your health information within 15 days of your request, or within such other period as applicable state law provides. You may also request that we send your medical record or other information to another person or entity. We may charge a reasonable, cost-based fee. Please note, you don't have the right to access information that does not directly relate to you. This may include, but is not limited to, business planning records, quality assessment records, or management records used for business decisions generally rather than to make decisions about you as an individual.
You may: Ask us to correct the information in your medical record.	You may ask us to correct health information in your record that you believe is incorrect or incomplete. Ask us how to do this. If we deny your request, we will provide you with a written explanation for that denial within 60 days.
You may: Request confidential communications from us.	You may ask us to contact you in a specific way (e.g., cell phone only) or to send mail to a different address (e.g., a family member's home). We will comply with all reasonable requests.
You may: Ask us to limit what information we use or share.	You may ask us to refrain from using or sharing certain health information for your treatment, in our operations, or to obtain payment for our services. We are not required to comply with your request, and we may decline it if we reasonably believe it would affect your care. If we do accept your request, then we must comply with all agreed restrictions, except for purposes of treating you in a medical emergency. If you pay for our services or a healthcare item in full out-of-pocket, you may ask that we not share that information for the purpose of securing payment or sharing our healthcare operations with your health insurer. We will agree to this request unless a law requires otherwise.

You may: Request a copy of this Notice of Privacy Practices.	You may request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
You may: Request a list of those with whom we have shared information about you.	You may request a list (called an accounting) of the times that we have shared your health information for the six years prior to the date of your request. The accounting will include the recipient and the reason your information was shared. We will include all disclosures except for those relating to treatment, payment, healthcare operations, and certain other disclosures (e.g., those you asked us to make). We will provide you with one accounting per year at no cost, but we will charge a reasonable, cost-based fee if you request another within 12 months.
You may: Choose someone to act on your behalf.	If you have given someone your medical power of attorney, or if someone is your legal guardian, that person may exercise your rights and make choices about your health information. We will verify that this person has this authority and can act for you before we take any action.
You may: File a complaint if you feel your privacy rights are violated.	You may complain to our Privacy Officer at compliance@doctor2me.com or by mail to Doctor2me, Attn: Privacy Officer, 20350 Ventura Blvd, Suite 130, Woodland Hills, CA 91364, if you believe we violated your rights. You may also file a complaint by sending a letter to: U.S. Dept. of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201. You may also call (877) 696-6675 or visit www.hhs.gov. We will not retaliate against you for filing a complaint.
You may: Ask us how we treat records relating to substance use disorders, reproductive health, and for use in any civil, criminal, administrative, or legislative proceeding.	Your records relating to substance use disorders and reproductive health are subject to heightened privacy standards. In order for us to disclose those records, we require your express consent on a form separate from our standard information disclosure form. Before we may disclose any of your records for use in a civil, criminal, administrative, or legislative proceeding, you must first consent to the disclosure on an information disclosure form separate and apart from other disclosure forms.

Detailed Patient Choices. *You have some choices about how we use and disclose your information. If you have a clear preference for how we share your information in the situations described below, please discuss that with us so we may respect your wishes.*

In these situations, you have a right and a choice to instruct us as to how you'd like us to:

- Share information with your family or others involved in your care.
- Share information as we respond to a disaster relief situation.

If you cannot tell us your preference (e.g., if you are incapacitated), we may share your information as we believe is in your best interest. We may share your information when it is necessary to lessen a serious and imminent threat to health or safety. You may also designate someone to tell us your preference on your behalf.

In other situations, however, we will never share your information unless you provide us with your written permission:

- When we seek to use your information for our marketing purposes.
- When we seek to sell your information.
- When we seek to share any psychotherapy or patient notes, HIV-related information, or other specially protected information from your record.

Detailed Uses and Disclosures. *The most common ways we use or share your health information include when we:*

Treat you.	Your Provider can use your health information and share it with other professionals who are treating you — including covering Providers, ancillary providers (such as mobile x-ray, laboratory, nursing, or therapy services), and other covered entities that are not part of your direct treatment team — to coordinate and deliver your care.
Operate the platform and Provider practices.	We can use and share your health information to run the platform and the Providers' practices, improve your care, and contact you.
Bill for services.	We can use and share your health information to bill and obtain payment from you, health plans, or other entities, including where Doctor2me processes payment as billing agent on behalf of your Provider.

The less common ways we use or share your health information include when we:

Report suspected abuse, neglect, or domestic violence.	Report adverse medication reactions.
Assist with public health and safety issues.	Prevent or reduce a serious threat to anyone's health or safety.
Conduct research.	Prevent disease.
Support government functions such as military, national security, and presidential protective services.	Contribute to the public good or assist with public health and research.
Respond to workers' compensation claims.	Support health oversight agencies' activities as authorized by law.
Comply with state or federal laws.	Respond to law enforcement requests.
Assist with product recalls.	Respond to lawsuits and legal actions.
Respond to court or administrative agency orders or subpoenas.	Demonstrate to HHS that we are compliant with federal privacy laws.

We must comply with several conditions in the law before we can share your information for these purposes. For more information, see: hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers.

Detailed Responsibilities.

The law requires us to maintain the privacy and security of your protected health information. This includes maintaining reasonable and appropriate administrative, technical, and physical safeguards to protect against the unauthorized use or disclosure of your protected information. We will alert you promptly if a breach occurs that may have compromised the privacy or security of your information. Additionally, we will mitigate, to the extent practicable, any harmful effect we learn was caused by a breach of privacy. We must comply with the duties and privacy practices described in this notice, and we must offer you a copy of this document. We will not use or share your information, other than as described here, without your express written permission. If you authorize the use or disclosure of your information, you may revoke that authorization in writing at any time. For more information, visit HHS' website at hhs.gov/hipaa/for-individuals/notice-privacy-practices.

State Law Requirements.

Care arranged through the platform is currently provided in California. In addition to the federal laws indicated above, California sets forth specific requirements concerning the privacy and security of your health information, including the Confidentiality of Medical Information Act ("CMIA"). California law provides more stringent rules than the federal HIPAA laws in some areas, and state law prevails over federal privacy law when it is more stringent.

Complaints: If you believe your privacy has been violated, you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

About This Notice.

- This notice is adopted as of August 2026.
- You can contact the Doctor2me Privacy Officer at compliance@doctor2me.com, by phone at (818) 350-7676, or by mail at 20350 Ventura Blvd, Suite 130, Woodland Hills, CA 91364, to file a complaint if you feel your rights have been violated or to ask further questions about your privacy rights.
- Each independent Provider remains responsible for privacy compliance within his or her own practice.
- 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 upon request.

I, the undersigned, have received, read, and understand this Notice of Privacy Practices concerning the use and disclosure of my protected medical information. I understand you have the right to amend this notice.

Patient Name or Legal Guardian

Signature **Date**