# HIPAA Privacy Notice

## HIPAA PRIVACY NOTICE
## (Health Insurance Portability & Accountability Act)

**Updated Effective Date**: July 9, 2026

**THIS NOTICE OF PRIVACY PRACTICES ("NOTICE") DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY ZING HEALTH, INC. AND ITS AUTHORIZED AGENTS (COLLECTIVELY, "ZING", "WE," OR "US") AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE READ CAREFULLY.**

### Your Privacy is Important to Us

We value our relationship with you. We respect your right to privacy, and we do everything we can to protect the information provided to us on behalf of our members. We ask all employees to follow our policies and procedures about member privacy and information sharing.

*"Protected Health Information" or "PHI" includes any individually identifiable information that is transmitted or maintained in any form or medium, that relates to the past, present, or future physical or mental health condition of an individual, or the provision or payment of health care to an dindividual that is created or received by a health care provider, health plan, employer, or health care clearinghouse.*

### We Protect our Member's Privacy:

- We restrict access to electronic PHI by using protected passwords when using company information systems.
- We do not leave member PHI open or in view at workstations when our employees are not there. We lock up our member files before leaving the workplace.
- We share member PHI with employees only as needed to provide services to the member.

## Your Personal Health Information Rights Are Protected

The Health Insurance Portability Act ("HIPAA") is a set of federal regulations which safeguard the privacy and security of your Protected Health Information and establishes certain rights with respect to your Protected Health Information.

**Your Rights: When it comes to your health information, you have certain rights.**
*This section explains your rights and some of our responsibilities to help you.*

| | |
|---|---|
| **Get an electronic or paper copy of your medical record** | • You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.<br>• We will provide a copy or summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable cost-based fee. |
| **Ask us to correct your medical record** | • You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.<br>• We may say "no" to your request, but we will tell you why in writing within 60 days. |
| **Request confidential communications** | • You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.<br>• We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not. |
| **Ask us to limit what we use or share** | • You can ask us not to use or share certain health information for treatment, payment, or our operations.<br>• We are not required to agree to your request, and we may say "no" if it would affect your care. |
| **Get a list of those with whom we have shared information** | • You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.<br>• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. |
| **Get a copy of this Notice** | • You can ask for 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. |

| | |
|---|---|
| **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 health information.<br>• We will make sure the person has this authority and can act for you before we take any action. |
| **File a complaint if you feel your rights are violated** | • You can complain if you feel we have violated your rights by sending a letter to Zing Health Inc., Attn: Privacy Officer, 225 W. Washington Street, Suite 450, Chicago IL. 60606, calling **844-919-4458** or visiting MyComplianceReport.com Enter access ID: ZHC.<br>• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 877-696-6775, or visiting hhs.gov/ocr/ privacy/hipaa/complaints/.<br>• We will not retaliate against you for filing a complaint |

## 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, let us know. Tell us what you want us to do, and we will follow your instructions.

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
- Contact you for fundraising efforts

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## Our Uses and Disclosures of Your Protected Health Information

We typically use and share your PHI in the following ways:

- Treat you.
  - We can use your PHI and share it with other professionals who are treating you.
- Run our organization.
  - We can use and share your PHI to run our organization, improve your care and contact you when necessary.
  - We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.
- Pay for your health services
  - We can use and disclose your health information as we pay for your health services.

## How Else Can We Use and Disclose Your Protected Health Information?

We are allowed or required to share your information in other ways- usually in ways that can contribute to the public good, such as public health and research. These ways are listed below:

- Help with public health and safety issues
  We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety
- Do research
  - We can use or share your information for health research.
- Comply with the law
  We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
  - We can share health information about you with organ procurement organizations.
  - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- Address workers' compensation, law enforcement, and other government requests
  We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services.
- Respond to lawsuits and legal actions.
  We can share health information about you in response to a court or administrative order, or in response to a subpoena.

We will not use or disclose your Protected Health Information for any purpose not specified in this Notice without your written authorization. The written authorization we obtain will specifically identify the particular purpose of the use or disclosure, the information being used or disclosed, the person(s) receiving the information, and the time frame that the authorization is valid. If you give us your written authorization you may revoke it at any time, in which case we will no longer use or disclose your Protected Health Information for this purpose, except to the extent we have already relied on your authorization. You are not required to sign an authorization form and we will not deny you health services if you refuse to do so.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your Protected Health Information.
- We will let you know promptly if a breach occurs that compromised the privacy or security of your unsecured PHI.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your PHI other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: **hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**

## Changes to the Terms of This Notice

*We can change the terms of this Notice, and the changes will apply to all PHI we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.*

## Contact Information

If you have any questions about your rights regarding the privacy and confidentiality of your PHI, please contact the Zing Health Customer Service Department at **866-946-4458.**

For specific inquiries about this Zing HIPAA Privacy Notice, please contact:

**HIPAA Privacy Officer**
**Zing Health**
**225 W. Washington Street, Suite 450**
**Chicago, IL. 60606**

**Email:** privacy@myzinghealth.com