

Notice of Privacy Practices for TidalHealth, Inc.

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.

TidalHealth, Inc. and its affiliated entities are separate legal entities. However, they are under common ownership and control and have organized themselves as a single Affiliated Covered Entity (ACE) for the purposes of the Privacy Rule, which permits TidalHealth, its affiliated entities and subsidiaries to maintain a single Notice of Privacy Practices (Notice). A list of entities within the TidalHealth ACE can be found at the end of this Notice. This Notice describes the health information practices of TidalHealth.

Use and disclosure of your medical information

TidalHealth is required by law to maintain the privacy of its patients' personal health information. This Notice explains how your medical information may be used and disclosed. This Notice explains our legal duties, our privacy practices and your rights with respect to your personal health information. TidalHealth may share personal health information of patients, without written authorization, as necessary to carry out treatment, payment, and health care operations, as permitted by law.

Who will follow this notice

All TidalHealth entities, sites, and locations will follow the privacy practices described in this Notice. Additionally, all healthcare professionals, employees, independent contractors, medical staff, trainees, business associates, students and volunteers of TidalHealth, or those providing services at a TidalHealth location, will follow the privacy practices described in this Notice, including as part of an organized health care arrangement. All entities, sites and locations, as well as all of the persons described above, may share information with one another as permitted by law.

Uses and disclosures for treatment. We may use or disclosure your personal health information to provide treatment or services or to coordinate and manage your health care within the TidalHealth facilities or with persons outside our facilities. We may use or share information about you in order to coordinate the different services or items you need, such as prescriptions, lab work, diagnostic testing or X-rays. We also may disclose health information about you to people who may be involved in your medical care, such as family members, clergy, rehabilitation centers, home health care coordinators or agencies, or nursing homes. We also may disclose health information about you to your health plan or other practitioners to arrange a referral or consultation. For example, we may use and disclose your medical information for treatment purposes if we need to ask another practitioner, such as your primary care practitioner, about your overall health condition before treating you for an injury.

Uses and Disclosures for Payment: We may use and disclose your health information for payment purposes with respect to the services you receive from TidalHealth or from others, such as an ambulance company. For example, we may need to contact your insurance company to verify benefits or to receive prior authorization for medical procedures or treatment. We also may contact your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for payment.

Uses and Disclosures for Health Care Operations: We may use and disclose your health information for TidalHealth operations. For example, we may use health information to enhance quality of care and for medical staff activities, such as privileging and peer review. We also may disclose information to doctors, nurses, technicians, nursing and medical students, and other personnel for performance improvement review and educational purposes. We may also combine the health information we have with health information from other similar organizations to compare how we are doing and see where we may make improvements in the care and services we offer.

Business associates. Business associates contract with TidalHealth to provide certain services. Examples of these independent companies and individuals include attorneys, accountants, consultants and third-party billing companies. We may disclose your health information to one or more of these business associates that assist us with our health care operations. We require these business associates to appropriately safeguard the privacy of your information.

Health information exchange. We may share information that we obtain or create about you with other health care practitioners or other health care entities, such as your health plan or health insurer, as permitted by law, through Health Information Exchanges (HIEs) in which we participate. For example, information about your past medical care and current medical conditions and medications can be available to us or to your non-TidalHealth practitioner or hospital, if they participate in the HIE as well. Exchange of health information can provide faster access, better coordination of care and assist practitioners and public health officials in making more informed decisions.

TidalHealth participates in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a Maryland regional Internet-based HIE, and in the Delaware Health Information Network (DHIN), a Delaware regional Internet-based HIE. As a participant of CRISP and DHIN, we share information that we obtain or create about you with health care practitioners for treatment, payment, health care operations, or public health purposes, as permitted by law. The HIEs follow all state and federal privacy and security laws to protect patient health information. You may opt-out of CRISP and/or DHIN to prevent practitioners from being able to search for your information through the statewide exchanges by completing and submitting an Opt-Out Form by mail, fax or online by visiting their websites at www.crisphealth.org and www.DHIN.org/consumer. If you opt-out of CRISP, your practitioner may still be able to access

certain information as permitted by law. For example, your practitioner may still select the HIE as a way to receive information regarding prescription medications, the results of diagnostic procedures and other data sent directly to him or her. Additionally, in accordance with the law, public health reporting, such as the reporting of infectious diseases to public health officials, will still occur through the HIE after you have opted-out.

Your hospital or health care practitioner also may participate in other HIEs, including HIEs that allow your practitioner to share your information directly through our electronic medical system. We use MyChart, the TidalHealth sponsored exchange and patient portal. For additional information regarding MyChart visit www.mychart.tidalhealth.org, or please contact TidalHealth regarding HIEs and how to opt out.

Fundraising. We may contact you to provide information about TidalHealth fundraising efforts or activities. If we contact you for fundraising purposes, we will also include instructions for how to “opt-out” of any such future communications.

Appointments and services, treatment alternatives, and health related benefits and services. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you, such as information about new programs, products, or services.

Research. TidalHealth conducts research, which is subject to a special approval process to protect patient safety, welfare and confidentiality. We may use and disclose health information about our patients for research purposes as permitted under specific rules and applicable laws. Research proposals are reviewed and approved by the appropriate research review boards. Established standards are used in research to protect health information.

Hospital Directory. If you are hospitalized, we will include certain limited information about you in the hospital directory. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. This is so your family, friends, and clergy can visit you in the hospital and generally know how you are doing. If you do not want anyone to know this information about you, you must notify the hospital at the time of registration.

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 or who has provided a power of attorney or a similar document to us. 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.

Other uses and disclosures. We may use or disclose your personal health information without your consent or authorization as permitted or required by law, including:

Public health activities

- Reporting of disease, injury, birth and death, and for public health investigations/records.
- Reporting to the Food and Drug Administration for adverse events, product defects, or to participate in product recalls.
- To coroners and/or funeral directors consistent with the law.

Government functions

- As required by the armed forces services for members of the military.
- As required for national security or intelligence activities.

Law, law enforcement, legal proceedings, health oversight activities

- Reporting suspected child abuse or neglect or if we believe you to be a victim of abuse, neglect, or domestic violence.
- As required to a government oversight agency conducting audits, investigations, or civil or criminal proceedings.
- As required by a court or administrative ordered subpoena or discovery request.
- As required by law to law enforcement officials to report wounds, injuries and crimes.

Miscellaneous

- To arrange a potential organ or tissue donation or procurement transplant from you or for you.
- To workers' compensation agencies for your workers' compensation benefit determination.
- To your employer when we have provided healthcare to you at the request of your employer.
- To a correctional institution or law enforcement official if you are an inmate in certain circumstances where we are informed that the disclosure is necessary, such as to protect your safety or to protect the safety of other inmates or employees at a correctional institution.
- To a listening technology, including AI dictation technology which converts spoken words into text format, during care to record, transcribe, or analyze the conversation with the practitioner and assist with documenting the note in the medical record. Patients may opt out if they do not want the practitioner to use the technology by informing the practitioner at the time of the visit.

Uses and disclosures and written authorization. Other uses and disclosures of your health information not covered by this Notice require your written authorization. For example, we must obtain your authorization for most uses and disclosures of psychotherapy notes, for certain uses and disclosures of your health information for marketing purposes, or for any sale of your protected health information. If you agree to provide a written authorization for the use or disclosure of your medical information, you can later revoke that authorization at any time, except to the extent that it has already been relied on or was a condition of obtaining insurance coverage.

Your rights regarding your health information

The records of your medical information are the property of TidalHealth. However, you have the following rights regarding your health information:

Right to inspect and copy. You have the right to review and/or to copy your medical and billing records. If we maintain your medical record information electronically, you may obtain a copy in an electronic format or in paper form. You have the right to request that we send your medical or billing records to a third party. All requests for access must be made in writing and signed by you or your legal representative. You may be charged a reasonable fee, as permitted by law, for providing you or a third party a copy of your medical record. You may obtain an access authorization from the Health Information Management Department. We may deny your request under certain circumstances, and will explain the reason for the denial in writing. You may request that the denial is reviewed by a licensed health care practitioner chosen by us.

Right to request an amendment. You have the right to request that personal health information that we maintain about you be amended or corrected if you believe it is incorrect or incomplete. All amendment requests must be in writing, signed by you or your legal representative, state the reasons for the amendment/correction request and be submitted to the TidalHealth Privacy Office, whose contact information is provided at the end of this Notice. You may obtain an amendment request form from the TidalHealth Health Information Management. If we agree with your request, we will confirm with you and amend your records by supplementing the current record with an addendum. We cannot change what is in the record. We may also notify others who have the incorrect or incomplete medical information.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the medical information kept by or for us;
3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

If we deny your request for amendment, we will provide a written explanation of why we did not make the amendment and explain your rights. You may submit a written statement of disagreement if we decide not to amend your record. We will keep your statement on file and distribute it with all future disclosures of the information to which it relates.

Right to an accounting of disclosures. You have the right to receive an accounting of certain disclosures made by us of your personal health information for six years prior to the date you ask. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from the TidalHealth Privacy Office. The first accounting in any 12-month period is free; we may charge you for any additional accounting requests within the same 12-month period.

Right to restrictions on use and disclosure of your personal health information. You have the right to request restrictions on certain uses and disclosures of your personal health information for treatment, payment, or healthcare operations. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate, and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate any agreed-to restriction by contacting the TidalHealth Privacy Office.

We are required to agree to your request to restrict the disclosure of information for payment or healthcare operations to a health plan regarding healthcare items or services for which you or someone other than the health plan have paid in full or on an out-of-pocket basis.

Right to be notified in the event of a breach. We will notify you at our last known address for you if your medical information has been "breached," which means that your medical information has been used or disclosed in a way that is inconsistent with law and results in it being compromised.

Right to choose a representative. You have the right to choose someone who may act on your behalf. If you have given someone legal authority to exercise your rights and choices about your health information, we will honor such a request once we verify its authority. This Notice also applies to minors and some disabled adults. There are some situations where minors can make independent healthcare decisions without parent or guardian knowledge or permission. Under these circumstances, the minor may be the only one permitted to use and release medical information.

Right to receive confidential communications. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your personal health information from us by alternative means

or at alternative locations. For instance, if you want us to refrain from leaving appointment reminders on voice mail or if you would like appointment reminders sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication in writing by providing a written request to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must tell us how or where you wish to be contacted. If you do not tell us how or where you wish to be contacted or we are unable to contact you, we do not have to follow your request.

Right to a paper copy of this Notice: You have the right to a paper copy of this Notice and may ask us to provide a copy of this Notice at any time. Copies of this Notice will be available at all TidalHealth locations, or you may contact the TidalHealth Privacy Officer as explained at the end of this Notice, or you may obtain an electronic copy at the TidalHealth website, <https://www.tidalhealth.org>.

Special Privacy Protections for Substance Use Disorder Records

Certain records related to substance use disorder diagnosis, treatment, or referral for treatment are protected by 42 CFR Part 2, a federal law that provides additional privacy protections beyond HIPAA. Federal law prohibits unauthorized disclosure of substance use disorder records. Disclosure of these records is permitted only with your written consent or as otherwise permitted by 42 CFR Part 2. Recipients of this information may not re-disclose it unless permitted by federal law. Substance use disorder records protected by 42 CFR Part 2 will not be disclosed for treatment, payment, or health care operations without your written consent, except as permitted by federal law. Disclosures of substance use disorder records generally require your specific written consent. You may revoke your consent at any time, except to the extent that action has already been taken in reliance on it. You have the right to the confidentiality of your substance use disorder records under federal law. You may file a complaint if you believe your Part 2 rights have been violated, and you will not be retaliated against for doing so. Federal law permits limited disclosures of substance use disorder records without your consent in specific circumstances, including medical emergencies, research, audits or evaluations, and court orders that meet federal requirements. You may file a complaint with this organization or with the U.S. Department of Health and Human Services if you believe your rights under HIPAA or 42 CFR Part 2 have been violated. When substance use disorder records are involved, 42 CFR Part 2 controls even if HIPAA would otherwise permit disclosure.

We are required by Federal law to maintain the privacy of our patients' personal health information and to provide patients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new Notice effective for all personal health information maintained by us.

Complaints. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer, in writing at TidalHealth, 100 East Carroll Street, Salisbury, MD 21801, by telephone at 410-543-7490 or by email at healthinformation@tidalhealth.org. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services by sending a letter to 200 Independence Ave., S.W., Washington D.C., 20201. **We will not retaliate against you for filing a complaint.**

Questions. If you have questions or need further assistance regarding this Notice, or would like to exercise your privacy rights, you may contact the Privacy Officer in writing at TidalHealth, 100 East Carroll Street, Salisbury, MD 21801, by telephone at 410- 543-7490, or by email to healthinformation@tidalhealth.org.

Effective date: This Notice of Privacy Practices is effective. February 16, 2026.

List of Covered Entities within the TidalHealth Affiliated Covered Entity

Entities that will follow this Notice include all TidalHealth health care practitioners providing health care to the public at all of their delivery sites, including, but not limited to:

- TidalHealth Peninsula Regional, Inc.
- TidalHealth Nanticoke, Inc.
- TidalHealth Atlantic, Inc.
- TidalHealth Medical Partners, LLC
- TidalHealth Specialty Care, LLC
- TidalHealth Primary Care, LLC
- TidalHealth Physician Network, Inc.
- TidalHealth Surgery Center, LLC
- TidalHealth Pediatric Development & Therapy
- Delmarva Endoscopy Center, LLC
- TidalHealth Peninsula Orthopaedic Institute
- McCready Health Pavilion
- Alice B. Tawes Nursing & Rehabilitation Center
- Chesapeake Cove Assisted Living on the Bay
- TidalHealth Community Pharmacy