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Notice of Privacy Practices
Integra Heart, LLC
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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.

Effective date: 8/9/2026

Our commitment to your privacy. Integra Heart, LLC ("Integra Heart," "we," "us," or "our") is required by law to maintain the privacy of your protected health information ("PHI"), to provide you with this Notice describing our legal duties and privacy practices with respect to your PHI, and to notify you following a breach of your unsecured PHI. We are required to follow the terms of the Notice currently in effect.

How we may use and disclose your health information without your authorization. The sections below describe how we may use and disclose your PHI without your written authorization.

For treatment. We may use and disclose your PHI to provide, coordinate, or manage your cardiovascular care. This includes sharing information with other physicians, nurses, technicians, hospitals, laboratories, imaging centers, and other providers involved in your care.

Example: If you undergo a cardiac catheterization, we may share the results with your primary care physician and any specialist co-managing your care.

For payment. We may use and disclose your PHI to obtain payment for the services we provide. This includes verifying insurance eligibility, obtaining prior authorization, submitting claims, and pursuing collection activity.

Example: We may send your insurance carrier information about a stress test in order to obtain authorization or reimbursement.

For health care operations. We may use and disclose your PHI to operate our practice and ensure that our patients receive quality care. This includes quality assessment and improvement, credentialing and peer review, training, business planning, accreditation, licensing, and general administrative activities.

Example: We may review records to evaluate the performance of our clinical staff.

Health information exchange. We participate in the Chesapeake Regional Information System for our Patients (“CRISP”), Maryland’s health information exchange. As permitted by law, your health information may be shared through CRISP to support your care and coordination among your health care providers. You may opt out of having your information available through CRISP by calling 1-877-952-7477 or submitting an opt-out request through CRISP. Certain information required by law, including public health reporting and Maryland Prescription Drug Monitoring Program

information, may remain available even if you opt out.

Other permitted or required uses and disclosures. We may use or disclose your PHI without your written authorization in the following circumstances:

- Appointment reminders, treatment alternatives, and health-related benefits and services -- to contact you about appointments, treatment options, or services that may be of interest to you
- Individuals involved in your care -- to a family member, friend, or other person you identify, information relevant to that person's involvement in your care or payment for your care; and in an emergency or when you are unable to agree or object, where we determine disclosure is in your best interest
- As required by law -- including federal, state, or local law, and in response to court orders, subpoenas, warrants, or other lawful process
- Public health activities -- including reporting disease, injury, and vital events, and reporting adverse events or product defects to the U.S. Food and Drug Administration
- Victims of abuse, neglect, or domestic violence -- as authorized or required by law
- Health oversight activities -- audits, investigations, inspections, and licensure actions by agencies overseeing the health care system
- Law enforcement purposes -- under the specific circumstances permitted by law
- Coroners, medical examiners, and funeral directors
- Organ and tissue donation -- to organizations that handle procurement or transplantation
- Research -- where an Institutional Review Board or privacy board has approved a waiver of authorization, or in limited circumstances preparatory to research
- To avert a serious threat to health or safety
- Workers' compensation -- as authorized by and to the extent necessary to comply with workers' compensation laws
- Specialized government functions -- including military, national security, and protective services
- Correctional institutions -- if you are an inmate of a correctional institution or in the custody of a law enforcement official

Uses and disclosures that require your written authorization. We will obtain your written authorization before:

- Most uses and disclosures of psychotherapy notes, if we maintain them
- Uses and disclosures for marketing purposes where we receive financial remuneration from a third party
- Any sale of your PHI
- Any other use or disclosure not described in this Notice

You may revoke a written authorization at any time, in writing, except to the extent we have already acted in reliance on it.

Substance use disorder records -- special protections. Certain records relating to substance use disorder treatment receive additional federal protection under 42 CFR Part 2, which is more restrictive than HIPAA. If we receive, maintain, or use

records covered by Part 2:

- We will not use or disclose those records in any civil, criminal, administrative, or legislative proceeding against you without your written consent or a court order meeting Part 2 requirements
- Your written consent for use and disclosure for treatment, payment, and health care operations may be given a single time for all such future uses and disclosures, and you may revoke that consent in writing at any time
- You have the right to obtain an accounting of certain disclosures of these records
- You have the right to request restrictions on the use and disclosure of these records
- We are required to notify you of a breach of these records in the same manner as a breach of other PHI

Your rights regarding your health information. You have the following rights regarding the health information we maintain about you.

Right to access and obtain a copy. You have the right to inspect and obtain a copy of the PHI we maintain about you in our designated record set, including an electronic copy if we maintain it electronically. Submit your request in writing to the contact listed below. We may charge a reasonable, cost-based fee. We may deny your request in limited circumstances, and in certain cases you may have a right to have that denial reviewed.

Right to request an amendment. If you believe the PHI we maintain about you is incorrect or incomplete, you may request an amendment in writing, including the reason supporting your request. We may deny your request in certain circumstances and will provide a written explanation if we do. You may submit a statement of disagreement, which will be included with your record.

Right to an accounting of disclosures. You have the right to request a list of certain disclosures we have made of your PHI. This does not include disclosures for treatment, payment, or health care operations, disclosures made to you, or disclosures you authorized. The first accounting requested in any twelve-month period is provided free of charge.

Right to request restrictions. You may request that we restrict how we use or disclose your PHI for treatment, payment, or health care operations, or to individuals involved in your care. We are not required to agree to most requested restrictions. However, we must agree to a request to restrict disclosure to a health plan if the disclosure is for the purpose of carrying out payment or health care operations, is not otherwise required by law, and the item or service has been paid for in full, out of pocket, by you or by someone other than the health plan on your behalf.

Right to request confidential communications. You may request that we communicate with you about medical matters in a certain way or at a certain location -- for example, only by mail to a specific address, or only to a particular telephone number. We will accommodate reasonable requests and will not ask you the reason for your request.

Right to a paper copy of this Notice. You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

Right to be notified of a breach. You have the right to be notified if a breach of your unsecured PHI occurs.

Right to choose someone to act for you. If you have given someone 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 the person has this authority before acting.

Our responsibilities. We have the following responsibilities:

- We are required by law to maintain the privacy and security of your PHI
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this Notice and provide you with a copy of it
- We will not use or share your information other than as described in this Notice unless you tell us in writing that we may. If you tell us we may, you may change your mind at any time by notifying us in writing

Changes to this Notice. We reserve the right to change this Notice and to make the revised Notice effective for the PHI we already maintain as well as any information we receive in the future. The current Notice will be posted in our office and on our website at www.integraheart.com, will contain its effective date, and is available upon request.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with us using the contact information below, or with the U.S. Department of Health and Human Services, Office for Civil Rights:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201
1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints/

We will not retaliate against you in any way for filing a complaint.

Contact us. For questions about this Notice or your health information, contact our Privacy Officer:

Integra Heart, LLC
2021B Emmorton Road, Suite 110, Bel Air, MD 21015
Phone: 410-314-3278
Email: privacy@integraheart.com

This Notice is effective as of 8/9/2026.