NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

This notice applies to the medical (including the health reimbursement account and certain wellness benefits), dental and vision benefit options under the DICK'S Sporting Goods, Inc. Health and Welfare Plan (the "Plan"), as well as to the health care flexible spending account and health savings account.

THIS NOTICE IS REQUIRED BY FEDERAL LAW — PLEASE REVIEW IT CAREFULLY! THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. Your Plan is permitted by federal privacy laws to use and disclose your personal health information for purposes of treatment, payment and health care operations under certain circumstances. The Plan may also use or disclosure protected health information for other reasons permitted under federal law. Protected health information is the information the Plan creates and obtains in providing benefits to you. Such information may include information regarding your health status, including diagnosis, treatment and claims payment. The Plan may make these uses and disclosures without your written authorization or consent. This notice became effective on April 14, 2003, and has been updated from time to time to reflect changes in the law. This current version is effective on February 16, 2026.

Example of use of your health information for treatment purposes: During the course of your treatment, the physician determines he/she will need to confirm information about your health benefits. The Plan or its business associate will share the information with your physician.

Example of use of your health information for payment purposes: Your physician submits requests for payment to the Plan or its business associate. The Plan or business associate requests and uses information from the physician regarding your medical care given in order to make payment. The Plan will provide information to them about you or your Plan benefits.

Example of use of your information for health care operations: The Plan may obtain services from business associates such as its third party administrator or for legal services for Plan administration and/or benefit claim adjudication. The Plan will share information about you with such business associates as necessary to obtain these services.

Substance Use Disorder (SUD) Treatment Records: If the Plan receives or maintains any information about you from a 42 CFR Part 2 covered SUD treatment program through a consent you provide to the Part 2 Program to use and disclose your records for purposes of treatment, payment or health care operations, the Plan may use and disclose your Part 2 records for treatment, payment or health care operations, as described in this Notice. If the Plan receives or maintains your Part 2 Program records through a specific consent provided to us by you, a Part 2 Program or another third party, we will use and disclose your Part 2 Program records only as expressly permitted by the consent provided to us. The Plan will never use or disclose your Part 2 Program records, or testimony that describes the information contained in those records in any civil, criminal, administrative, or legislative proceedings against you, unless authorized by your consent or by court order following any required notices and an opportunity to be heard. You have the right to revoke this consent in writing at any time, except to the extent that the Plan has acted in reliance upon it.

To business associates: The Plan may disclose protected health information to business associates the Plan hires to assist the Plan. Each business associate of the Plan must agree to ensure the continuing confidentiality and security of protected health information.

To the Plan sponsor: The Plan may disclose protected health information to the Plan sponsor for Plan administration functions that the Plan sponsor provides to the Plan. The Plan sponsor will not use or disclose protected health information it receives from the Plan for employment-related activities.

Following Is a List of Other Uses and Disclosures Allowed by the Privacy Rule

- As required by law, the Plan may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.
- The Plan may disclose protected health information to public authorities as allowed by law to report child abuse or neglect or domestic violence.
- The Plan may disclose to the proper government authorities your protected health information relating to adverse events with respect to food, supplements, products and product defects or post-marketing surveillance information to enable product recalls, repairs or replacements.
- Under certain conditions, the Plan can disclose protected health information to governmental authorities to the extent the disclosure is required by law.
- Federal law allows the Plan to release your protected health information to appropriate health oversight agencies or for health oversight activities to include audits, civil, administrative or criminal investigations, inspections, licensures or disciplinary actions, and for similar reasons related to the administration of healthcare.
- The Plan may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order or administrative tribunal, provided that only the protected health information released is expressly authorized by such order, or in response to a subpoena, discovery request or other lawful process, and certain other conditions are met.
- The Plan may disclose your protected health information for law enforcement purposes as required by law, such as when required by court order, including laws that require reporting of certain types of wounds or other physical injury.
- The Plan may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.
- Consistent with applicable law, the Plan may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of donation and transport.
- To avert a serious threat to health or safety, the Plan may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.
- The Plan may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes or to public assistance program personnel.
- If you are an inmate of a correctional institution, the Plan may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.
- The Plan may disclose your protected health information to the extent necessary to comply with laws relating to worker's compensation.
- Under certain conditions, the Plan may disclose protected health information for research purposes.
- Under certain conditions, the Plan may disclose protected health information to one of your family members, to a close personal friend, or any other person by you, if the protected health information is directly relevant to the person's involvement with your care or payment related to your care.

Other uses and disclosures besides those identified in this notice will be made only as otherwise authorized by law or with your written authorization which you may revoke except to the extent information or action has already been taken. For example, your authorization is required for the use or disclosure of most psychotherapy notes (to the extent the plan records such notes), for uses and disclosures for marketing purposes, including subsidized treatment communications, for the sale of your protected health information, or for other reasons that may not be described in this Notice.

Your Heath Information Rights – The records the Plan maintains are the physical property of the Plan. You have the following rights with respect to your protected health information:

1. Right to request a restriction on certain uses and disclosures of your health information by delivering the request in writing to the Plan. The Plan is not required to grant the request. However, you have the right to request that your provider restrict disclosure of your health information to the Plan if you pay your provider out of pocket in full for the relevant services.

2. Right to obtain a paper copy of this notice by making a request to the Plan.

3. Right to inspect and copy your health record and billing record or any other document containing your personal health information in a "designated record set." You may exercise this right by delivering the request in writing to the Plan using the form provided to you upon request. The request may be denied by the Plan for certain reasons. You may request access to electronic health records in electronic format, or direct transmission of electronic health records to an entity or person you designate.

4. Right to appeal a denial of access to your protected health information except in certain circumstances.

5. Right to request that your health care record be amended to be correct incomplete or incorrect information by delivering a written request to the Plan using the form provided to you upon request. Your request may be denied

by the Plan. You may file a statement of disagreement if your amendment is denied and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.

6. Right to receive an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to the Plan using the form provided to you upon request. An accounting will not include uses or disclosures of information for treatment, payment or health care operations, or disclosures made to you, your representative or individuals involved in your care, or made at your request or with your authorization, or made for national security or intelligence purposes or to law enforcement.

The Plan's Responsibilities – The Plan is required to:

1. **Maintain the privacy of your health information as required by law.**
2. **Provide you with this notice as to the Plan's duties and privacy practices regarding the information the Plan collects and maintains about you.**
3. **Abide by the terms of this notice.**
4. **Notify you if the Plan cannot accommodate a requested restriction or request.**
5. **Notify you in the event of a breach of the security of unsecured personal health information.**
6. **To the extent prohibited by the Genetic Information Nondiscrimination Act of 2008, the Plan will not use or disclose genetic information, including family medical history or results of genetic tests, for Plan underwriting purposes.**

To Request Information or File a Complaint: If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact the person listed at the end of this notice. Additionally, if you believe your privacy rights have been violated, you may file a written complaint with the Plan by delivering the written complaint to the person listed at the end of this notice. You may also file a complaint by mailing it or e-mailing it to the Secretary of the U.S. Department of Health and Human Services (also referred to as "HHS"). The Plan cannot, and will not, require you to waive the right to file a complaint with the Secretary of HHS as a condition of receiving treatment. The Plan cannot, and will not, retaliate against you for filing a complaint with the Secretary of HHS.

Changes to This Notice: The Plan reserves the right to change its privacy practices and to adopt new practices regarding the protected health information the Plan maintains. If the Plan's privacy practices change, the Plan will amend this notice and will issue a revised notice. You are entitled to receive a revised copy of the notice by calling the person listed at the end of this notice.

Conclusion: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulates use and disclosure of protected health information by the Plan. You may find these rules at 45 Code of Federal Regulations Parts 160 and 164 (the "privacy rule"). This notice attempts to summarize the salient portions of the privacy rule that are applicable to the Plan. The privacy rule will supersede any discrepancy between the information in this notice and in the privacy rule.

The Plan also will comply with any state laws that are applicable to you that may provide greater protections than HIPAA. For questions about this notice, please contact the Benefits Department at 1.800.690.7655, x3012 (option 5) or at Benefits@dcsg.com.