

The Home Depot Health Benefits Notice of Privacy Practices

Your Information. Your Rights. The Plan's Responsibilities.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

You and your eligible dependents receive group health benefits, that include, medical, wellness, dental, prescription drug, vision and health care spending account benefits through a group health plan (the "Plan") offered by Home Depot U.S.A., Inc. and its participating subsidiaries (the "Plan Sponsor"). This Notice of Privacy Practices ("Notice") describes the legal obligations of the Plan and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). The Plan is required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as protected health information ("PHI"). Generally, PHI is information including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan.

Among other things, this Notice describes how your PHI may be used or disclosed to carry out treatment, payment or health care operations, or for any other purposes that are permitted or required by law, your privacy rights, your right to file a complaint and whom to contact for additional information. This Notice does not address medical information for your disability, workers' compensation or life insurance programs, or any other health information not created or received by the Plan. These privacy practices may not be the same as those adopted by your health care providers or insurers. Please check with your providers or insurers if you would like to understand their privacy practices.

Your Rights

When it comes to your PHI, you have certain rights. This section explains your rights and some of the Plan's responsibilities to help you.

Get a copy of health and claims records

- You may ask to see or get a copy of your health and claims records and other health information the Plan maintains. Ask the Plan how to do this.
- The Plan will provide a copy or a summary of your health and claims records, usually within 30 days of your request. The Plan may charge a reasonable, cost-based fee.

Ask the Plan to correct health and claims records

- You may ask the Plan to correct your health and claims records if you think they are incorrect or incomplete. Ask the Plan how to do this.
- The Plan may say “no” to your request, but the Plan will tell you why in writing within 60 days.

Request confidential communications

- You may ask the Plan to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- The Plan will consider all reasonable requests, and must say “yes” if you tell the Plan you would be in danger if the Plan did not.

Ask the Plan to limit what it uses or shares

- You may ask the Plan not to use or share certain health information for treatment, payment, or health care operations.
- The Plan is not required to agree to your request, and the Plan may say “no” if it would affect your care.

Get a list of those with whom the Plan shared information

- You may ask the Plan for a list (accounting) of the times the Plan shared your PHI for six (6) years prior to the date you ask, who it was shared with, and why.
- The Plan will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked the Plan to make). The Plan will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within twelve (12) months.

Get a copy of this Notice

You may ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. The Plan 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 PHI.
- The Plan will make sure the person has this authority and can act for you before the Plan takes any action.

File a complaint if you feel your rights are violated

- You may complain if you feel the Plan has violated your rights by contacting the Plan using the contact information at the end of this Notice.

- 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 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- The Plan will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell the Plan your choices about what the Plan will share. If you have a clear preference for how the Plan shares your information in the situations described below, let the Plan know. Tell the Plan what you want the Plan to do, and your instructions will be followed.

In these cases, you have both the right and choice to tell the Plan to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

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

In these cases, the Plan will never share your information unless you give the Plan written permission:

- Marketing purposes
- Sale of your PHI

Our Uses and Disclosures

How does the Plan typically use or share your PHI?

The Plan typically uses or shares your PHI in the following ways.

Help manage the health care treatment you receive

The Plan may use your PHI and share it with professionals who are treating you.

Example: A doctor sends the Plan information about your diagnosis and treatment plan so the Plan can arrange additional services for you.

Health Care Operations

- The Plan may use and disclose your PHI as part of its general business operations as a group health plan.
- The Plan is not allowed to use genetic information to decide whether to provide you coverage and the price of that coverage. This does not apply to long-term care plans.
- The Plan may disclose your PHI to the Plan Sponsor for plan administration.

Example: The Plan may use your PHI to develop better services for you.

Pay for your health services

The Plan may use and disclose your PHI as part of the activities related to the Plan's payment of your health services.

Example: The Plan may disclose your PHI to a doctor or hospital that calls to find out if you are eligible for coverage under the Plan. The Plan also will disclose your PHI to third parties, including third-party administrator and insurers hired by the Plan to make health benefit coverage determinations, to pay health care providers, to determine subrogation rights and coordinate benefits.

How else can the Plan use or share your PHI?

The Plan is allowed or required to share your PHI in other ways – usually in ways that contribute to the public good, such as public health and research. The Plan has to meet many conditions in the law before it can share your PHI for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

The Plan can share your PHI 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

The Plan may use or share your PHI for health research.

Comply with the law

The Plan will share your PHI if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that the Plan is complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- The Plan may share your PHI with organ procurement organizations.
- The Plan may share PHI with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

The Plan may use or share your PHI:

- 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

- The Plan may share your PHI in response to a court or administrative order, or in response to a subpoena.
- With respect to disclosures of substance use disorder ("SUD") treatment records the Plan receives from programs subject to 42 CFR Part 2, or testimony relaying the content of such records, the Plan shall comply with 45 CFR 164.520(b)(1)(iii)(D). Use or disclosure of such records in civil, criminal, administrative, or legislative proceedings against you shall not be made without your written consent, or without a court order accompanied by a subpoena or other legal requirement compelling disclosure, after notice and an opportunity to be heard is provided to you or the holder of the record.

The Plan's Responsibilities

The Plan is required by law to:

- maintain the privacy and security of your PHI;
- provide you with certain rights with respect to your PHI;
- let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI;
- follow the duties and privacy practices described in this Notice and give you a copy of it;
- not use or share your PHI other than as described in this Notice unless you tell the Plan in writing that it may. If you tell the Plan it may, you may change your mind at any time. Let the Plan know in writing if you change your mind; and
- provide you with a clear and conspicuous opportunity to elect not to receive any fundraising communications, to the extent the Plan intends, for fundraising purposes, to use or disclose your substance use disorder treatment records it receives from programs subject to 42 CFR part 2.

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

Changes to the Terms of this Notice

The Plan reserves the right to change the terms of this Notice and its privacy policies, and to make the new terms applicable to all of the PHI it maintains. The Plan will revise this Notice and post a new Notice promptly at livetheorangelife.com after making any material change to this Notice or its privacy policies. A paper copy of this Notice is also available upon request.

Contact Information

Complaints, submissions required to be in writing, inquiries, and questions with respect to your privacy rights or this Notice should be directed to:

HIPAA Privacy Officer

The Home Depot

2455 Paces Ferry Road

Atlanta, Georgia 30339-4024

privacy@homedepot.com

770-433-8211 ext. 18440

Effective: February 16, 2026