



NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, AND HOW YOU CAN FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY.

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE PRIVACY OFFICER AT 858-499-3138 OR PRIVACY@SHARP.COM IF YOU HAVE ANY QUESTIONS.

Our Pledge Regarding Your Health Information

We understand that information about you and your health is confidential. We are committed to protecting the privacy of this information. This Notice explains your privacy rights regarding Protected Health Information (“Health Information”) and outlines Sharp HealthCare’s (“Sharp’s”) responsibilities for using and disclosing it. This Notice applies to all Health Information maintained by current or future covered entity affiliates of Sharp that are designated by Sharp as part of its Affiliated Covered Entity (ACE) and each Organized Health Care Arrangement (OHCA). A current list of these entities is available on our website at sharp.com/policies-procedures/joint-notice.

Our Responsibilities

Federal and California laws make us responsible for protecting the privacy of your Health Information. We must provide you with this Notice of Privacy Practices and follow the terms of the Notice currently in effect. We will notify you if a breach of your Health Information occurs, and we will not share your Health Information without your written permission, except as described below.

Changes to This Notice: We may change this Notice at any time. The new Notice may apply to your current Health Information and to any information we receive later. We will post the most current Notice throughout our organization and on our website at sharp.com. You can also get a copy of the current Notice at the registration area of each Sharp facility.

How We May Use and Disclose Your Health Information

Federal and California law permits disclosures of your Health Information without any verbal or written permission from you. The following categories describe different ways that we typically use or share your Health Information at Sharp.

How We Use Your Contact Information

We use your contact information to help manage your care. This may include:

- Sending appointment reminders
- Updating you about your care or care options
- Working with you on payment arrangements

We may use automated calls or prerecorded messages when contacting you.

Treatment: We may use and disclose your Health Information to provide or coordinate your medical treatment and services. For example, we may share your Health Information with doctors, nurses, technicians, medical students, interns and others who are involved in your care.

Payment: We may use and disclose your Health Information to bill and get payment from health plans or other payors. This may include using collection agencies when needed. For example, we may share your information with your health insurance plan so it will pay for the services you receive.

Health Care Operations: We may use and disclose Health Information about you for health care operations. These are the activities we need to run our health care facilities and ensure that all of our patients receive quality care. For example, we may call you after you leave the hospital to check on your health. We may also use your Health Information for certain communications such as offering treatment or services we think may benefit you. In addition, we may remove information that identifies you from your Health Information so that it may be used to study and improve health care and health care delivery.

Fundraising Activities: We may use demographic information and your dates of service for our own fundraising purposes. If you would prefer not to receive fundraising material, you may opt out of these communications by contacting the Sharp HealthCare Foundation at 858-499-4800.

Business Associates: We may disclose your Health Information to our contractors so that they can assist us in providing care and services. To protect your Health Information, we require these business associates to sign a written agreement to safeguard your Health Information.

Telecommunications Relay Services (TRS): TRS may be used to facilitate phone calls for individuals who are deaf, hard of hearing, deaf-blind or have a speech disability. TRS facilitates such calls by using a communications assistant who interprets conversations.

Health Information Exchanges: We participate in one or more electronic Health Information exchanges, which permit us to exchange Health Information about you with others who are permitted to access your Health Information. If you do not wish to have your Sharp medical records made available through Health Information exchanges, send your request to HIMQualityTeam@sharp.com.

Interoperability: We may send electronic event notifications when a patient is admitted, discharged or transferred, if the law allows or requires it. We may also share your information through application programming interface (API) technology with third parties who are permitted or required by law to access it. This can include third parties you choose to share your information with, such as applications on your smartphone.

Use of Artificial Intelligence: We may use artificial intelligence (AI) tools to help with various health care and operational tasks to the extent permitted by law. These tools may be provided by our business associates and are typically used to help us analyze health data, support clinical decision making, and streamline administrative tasks. For example, we may use AI tools to assist with routine tasks like medical transcription and summarization to help caregivers spend more time with their patients.

Improving Our Services: We may use information about you, if the law allows it, to help us improve our services or develop new ones. For example, we may use patterns in health records to give clinicians better tools to support their decisions.

How Else Can We Use or Share Your Health Information?

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Organ and Tissue Donation: We may release Health Information to organizations that handle organ, eye or tissue procurement or transplantation.

Research: We may use or share your Health Information for research purposes. For example, we may share your Health Information with researchers when an Institutional Review Board (IRB) has determined your express consent is not required. We will otherwise obtain your written consent to use or share your Health Information for research purposes to the extent required or permitted by law.

Public Health and Safety Activities: We may disclose Health Information about you for public health and safety activities, including, for example, activities such as the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child and adult abuse or neglect
- To report reactions to medications, problems with products or other adverse events
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To prevent or reduce a serious threat to anyone's health or safety

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may share your Health Information in response to a court or an order from an administrative agency. We may also share your Health Information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

Substance use disorder (SUD) records have extra protections. They can only be used or shared for these purposes after you are given notice and a chance to be heard. A court order that allows the use or sharing of SUD records must also include a subpoena or similar legal mandate that requires the records to be disclosed before they can be used or shared.

Coroners, Medical Examiners and Funeral Directors: We may share Health Information with a coroner, funeral director or medical examiner when an individual dies.

Inmates: If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose Health Information about you to the correctional institution or the law enforcement official.

Legal Requirements: We will disclose Health Information about you without your permission when required to do so by law. 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

Emergency Situations: We will disclose information about you (including substance use disorder information) as needed to respond to declared emergencies, natural disasters, serious disruptions to treatment facilities and services, and medical emergencies.

In the Following Cases, You Have Both the Right and Choice to Request:

- That we share information with your family, close friends or others involved in your care (including payment for your care).
- That we exclude your information, such as your name, room number or general condition, from our hospital directories.

If you have not told us or are not able to tell us your preference (for example, if you are unconscious), we may 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.

Situations Requiring Your Written Authorization

If we ever need to use and disclose your Health Information for any reason not covered by this Notice, we will first get your written permission. If you give us this permission, you may take it back at any time by telling us in writing. Please understand that we are unable to take back any disclosures we have already made with your permission. Examples of disclosures that require your authorization include:

Substance Use Disorder Records: We maintain additional protections for records related to substance use disorder (SUD) treatment as required by law. These records are kept confidential and cannot be disclosed without your written consent, except in limited situations allowed by law, such as for coordinating your care or during a medical emergency. You can give one consent for all future uses or disclosures of your records for treatment, payment and health care operations. This means that once you provide the consent, your SUD records can be used and disclosed without asking you again as permitted by law.

Marketing Use, Disclosure or Sale of Information: We will require your written permission before using or sharing your Health Information for marketing purposes that are not part of our normal health care operations, or for any situation where your Health Information would be sold.

Special Categories of Treatment Information: Except where required or permitted by law, we will only release the following types of information with your written permission:

- Psychotherapy notes and other records related to mental health treatment
- Records related to SUD treatment
- Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) test results

Potential for Redisclosure: Information shared under this Notice or your authorization might be further disclosed by the recipient and may lose protection under privacy laws.

Your Rights Regarding Your Health Information

You have the following rights regarding Health Information we maintain about you, and this section explains your rights. You may contact a Health Information representative at 858-541-5400 or HIMQualityTeam@sharp.com to obtain additional information and instructions for exercising the following rights:

Right to Inspect and Copy: You can request an electronic or paper copy or a summary/explanation of your medical records. We will provide a copy or a summary of your Health Information within 15 business days of your request. We may charge a reasonable, cost-based fee.

Right to Request Restrictions: You can ask us not to use or share certain Health Information for treatment, payment or our operations. We are not required to agree. In addition, if you pay for services out-of-pocket and in full, you can ask us not to share that information with your health insurer. We will say “yes” unless the law requires us to share the information. You may also need to make this request directly to physicians providing care for you, as we may not be involved with their billing practices.

Right to Amend: You can ask us to correct Health Information about you that you think is incorrect or incomplete. Your request must be made in writing, and it must include a reason that supports the request. We may deny your request, but we'll tell you why in writing within 60 days. Note: We are not allowed to delete any information from your medical records, so even a corrected record will still retain the prior information.

Right to an Accounting of Disclosures: You can ask for a list (accounting) of the times we've shared your Health Information, who we shared it with, and why. The accounting will be provided for three (3) years prior to the date of the request for electronic records, and six (6) years prior to the date of request for non-electronic records. We will not include disclosures for treatment, payment, health care operations, and certain other permitted disclosures. We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Disclosures of substance use disorder (SUD) records made for treatment, payment and health care operations will be included in an accounting of disclosures for electronic records only.

Right to 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. We will say “yes” to all reasonable requests. We will not ask you the reason for your request, but all requests must be in writing.

Right to a Personal Representative: If you have authorized someone to make medical decisions for you (for example, through an Advance Health Care Directive), or if you are unable to do so and someone is legally authorized to make decisions for you (for example, next of kin or a court-appointed conservator), that person can exercise your rights and make choices about your Health Information. We will confirm that the person has authority and can act on your behalf.

Right to a Copy of This Notice: The Notice of Privacy Practices can be obtained electronically at sharp.com/policies-procedures/privacy-practices. You may also request a paper copy at any Sharp facility patient registration area.

Complaints Regarding Your Privacy Rights

If you believe your privacy rights have been violated, you may file a complaint with Sharp or with the U.S. Department of Health and Human Services without fear of retaliation.

- **To file a complaint with Sharp:**

Please submit your complaint in writing to:

Attn: Privacy Officer

8695 Spectrum Center Blvd., San Diego, CA 92123

privacy@sharp.com

858-499-3138

- **To file a complaint with the U.S. Department of Health and Human Services:**

Office for Civil Rights

200 Independence Ave. SW, Washington, D.C., 20201

Visit the department's website at hhs.gov/hipaa/filing-a-complaint for instructions.