



## **STRIDE HEALTHCARE NOTICE OF PRIVACY PRACTICES**

This Notice is effective as of February 16, 2026

**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.**

### **INTRODUCTION**

Stride Healthcare (the "Practice") is a multi-specialty physician group providing comprehensive lower extremity care. During the course of providing these services, the Practice may have access to information about you that has been deemed to be "protected health information" by the Health Insurance Portability and Accountability Act of 1996, commonly known as "HIPAA." This Notice describes the medical information privacy practices of the Practice in compliance with HIPAA, including the Practice's obligations and your rights regarding the use and disclosure of your protected health information, and it applies to all Practice sites. Also, from time to time, the Practice may contract with individuals or companies to perform various functions on its behalf which involve your protected health information. HIPAA refers to these persons as "business associates," and this Notice also applies to Practice business associates.

If you have any questions about this Notice, please contact the Stride Healthcare Privacy Officer, using the contact information listed at the end of this Notice.

### **OUR PLEDGE REGARDING HEALTH INFORMATION**

The Practice understands that medical information about you and your health is personal information and is committed to protecting your medical information. Under HIPAA, your protected health information ("Health Information") includes any individually identifiable information (such as your name, address, date of birth, and Social Security Number) that is linked to your past, present or future physical or mental health, the health care that you have received or payment for your health care. This Notice covers any such Health Information that is maintained by or on behalf of the Practice.

The Practice is required by law to:

- Make sure that your Health Information is kept private;
- Provide you with this Notice of the Practice' legal duties and privacy practices with respect to your Health Information;

- Notify affected individuals following a breach of unsecured Health Information; and
- Follow the terms of this Notice (as currently in effect or subsequently amended).

## **HOW STRIDE HEALTHCARE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

### **1. Uses and Disclosures for Treatment, Payment and Health Care Operations**

The Practice may use or disclose your Health Information in connection with your treatment by the Practice or another health care provider, the Practice's submission of claims for reimbursement or otherwise seeking payment related to your treatment, and for the Practice's health care operations.

**For Treatment:** The Practice may use or disclose your Health Information to support the provision, coordination or management of your health care treatment. For example, the Practice may disclose your Health Information during a consultation with another health care provider relating to your care.

**For Payment:** The Practice may use or disclose your Health Information for the Practice's payment activities, or the payment activities of another health plan or provider. "Payment" includes all activities in connection with processing claims for your health care (including billing, claims management, eligibility, coordination of benefits, adjudication of claims, subrogation, reviews for medical necessity and appropriateness of care and utilization review and preauthorizations). For example, the Practice may disclose your Health Information to your health insurer to obtain payment for health care services.

**For Health Care Operations:** The Practice may use or disclose your Health Information as part of the general administrative or business functions of the Practice that the Practice must perform in order to function as a health care provider, and for certain health care operations of other health plans or health care providers. Additionally, the Practice may use your Health Information in connection with conducting quality assessment and improvement activities, or conducting or arranging for legal services, or audit services. For example, the Practice may need to review your Health Information as part of the Practice's efforts to uncover instances of health care fraud and abuse.

**Business Associates:** In any circumstance where the Practice discloses Health Information to a business associate, the Practice will have a written contract with that business associate that requires the business associate to also protect the privacy of your Health Information.

### **2. Disclosures to Your Representatives**

**Disclosure to Your Personal Representatives:** The Practice may disclose your Health Information to your personal representative in accordance with applicable state law and HIPAA (e.g., to parents if you are an unemancipated child under 18, to those with unlimited powers of

attorney, etc.). In addition, you may authorize a personal representative to receive your Health Information and act on your behalf. Contact the Stride Healthcare Privacy Officer to obtain a copy of the appropriate form to authorize the people who may receive this information, using the contact information listed at the end of this Notice.

**Individuals Involved in Your Care or Payment For Your Care:** Unless you object in writing, the Practice may disclose Health Information to a close friend or family member involved in or who helps pay for your health care, but only to the extent relevant to that friend or family member's involvement in your care or payment for your care. The Practice may also disclose your Health Information to any authorized public or private entities assisting in disaster relief efforts.

### **3. Other Permitted Uses and Disclosures of Your Health Information**

The Practice may also use or disclose your Health Information for any of the following purposes:

**Required By Law:** The Practice may use or disclose your Health Information to the extent that the Practice is required to do so by applicable law. You will be notified, if required by law, of any such uses or disclosures.

**Public Health:** The Practice may disclose your Health Information for public health and safety purposes to a public health authority that is permitted by law to collect or receive the information. Your Health Information may be used or disclosed for the purpose of preventing or controlling disease (including communicable diseases), injury or disability. If directed by the public health authority, the Practice may also disclose your Health Information to a foreign government agency that is collaborating with the public health authority.

**Health Oversight:** The Practice may disclose your Health Information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and legal actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse Or Neglect:** The Practice may disclose your Health Information to any public health authority authorized by law to receive information about abuse, neglect or domestic violence if the Practice reasonably believes that you have been a victim of abuse, neglect or domestic violence. In this case, the Practice will inform you that such a disclosure has been or will be made unless that notice will cause a risk of serious harm.

**To Avert A Serious Threat to Health or Safety:** The Practice may use or disclose your Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone

reasonably able to help prevent or lessen the threat.

**Legal Proceedings:** The Practice may disclose your Health Information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal. In addition, the Practice may disclose your Health Information under certain conditions in response to a subpoena, court-ordered discovery request or other lawful process, in which case reasonable efforts must be undertaken by the party seeking the Health Information to notify you and give you an opportunity to object to the disclosure.

**Law Enforcement:** The Practice may disclose your Health Information if requested by a law enforcement officer as part of certain law enforcement activities.

**Coroners, Funeral Directors, and Organ Donation:** The Practice may disclose your Health Information to a coroner or medical examiner for identification purposes, or other duties authorized by law. The Practice may also disclose your Health Information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. The Practice may disclose such information in reasonable anticipation of death. The Practice may also disclose Health Information for cadaveric organ, eye or tissue donation purposes.

**Research:** The Practice is permitted to disclose your Health Information to researchers when their research has been approved by an institutional review board or privacy board that has established protocols to ensure the privacy of your Health Information.

**Military Activity and National Security:** When the appropriate conditions apply, the Practice may use or disclose Health Information of individuals who are Armed Forces personnel: (1) for activities deemed necessary by military command authorities; or (2) to a foreign military authority if you are a member of that foreign military service. The Practice may also disclose your Health Information to authorized federal officers conducting national security and intelligence activities.

**Workers' Compensation:** The Practice may disclose your Health Information to comply with workers' compensation laws and other similar legally established programs.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement officer, the Practice may disclose your Health Information to the institution or officer if the Health Information is necessary for the institution to provide you with health care; to protect the health and safety of you or others; or for the security of the correctional institution.

**Required Uses and Disclosures:** The Practice must make disclosures of Health Information to the Secretary of the U.S. Department of Health and Human Services ("HHS") to investigate or determine the Practice's compliance with the federal regulations regarding privacy.

## **USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT REQUIRE YOUR WRITTEN AUTHORIZATION**

Practice will not use or disclosure your Health Information for the following purposes without your prior written authorization:

**Psychotherapy Notes:** Except for certain narrow exceptions permitted by law (such as legal defense in a proceeding you bring against the Practice), the Practice will not use or disclose any mental health professional's psychotherapy notes (discrete notes that document the contents of conversations during counseling sessions) without your prior written authorization.

**Substance Use Disorder:** Records related to substance use disorder (SUD) diagnosis, treatment or referral for treatment are protected by special federal confidentiality rules under 42 CFR Part 2 ("Part 2"). These records receive greater privacy protection than other Health Information protected under HIPAA. If we have substance use disorder patient records about you, we cannot use or share them in civil, criminal, administrative, or legislative investigations or proceedings against you without your consent or a court order or subpoena.

**Marketing or Sales:** The Practice will not use or disclose your Health Information for any paid marketing activities or sell your Health Information unless you provide prior written authorization.

**Other Uses and Disclosures of Health Information:** Other uses and disclosures of your Health Information not described in this Notice will only be made with your prior written authorization. If you provide the Practice with written authorization to use or disclose your Health Information for purposes other than those set forth in this Notice, you may revoke that authorization in writing at any time. If you revoke your authorization, the Practice will no longer use or disclose your Health Information for the reasons covered by your written authorization. However, you understand that the Practice is unable to take back any disclosures the Practice has already made with your authorization, and that the Practice is required to retain records of the services the Practice provides to you.

### **ADDITIONAL SPECIAL PROTECTIONS**

Additional special privacy protections, under federal or state law, may apply to certain sensitive information, such as genetic information, HIV-related information, alcohol and substance abuse treatment information, and mental health information. If you have questions, please contact the Stride Healthcare Privacy Officer, using the contact information listed at the end of this Notice.

### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding the Health Information that Practice maintain:

**Right to Request a Restriction on the Use and Disclosure of Your Health Information:** You may ask the Practice to restrict the uses and disclosures of your Health Information to carry out treatment, payment or health care operations. You may also request that the Practice restrict uses and disclosures of your Health Information to family members, relatives, friends or other persons identified by you who are involved in your care. However, the Practice is not required to agree to a restriction that you request. If the Practice does agree to the request, the Practice will not use or disclose your Health Information in violation of that restriction unless it is needed to provide emergency treatment or the Practice terminates the restriction with or without your agreement. If you do not agree to the termination, the restriction will continue to apply to Health Information created or received prior to the Practice's notice to you of the Practice's termination of the restriction. To request a restriction, you must write to the Stride Healthcare Privacy Officer at the address listed at the end of this Notice indicating (1) what information you want to restrict, (2) whether you want to restrict use, disclosure or both, and (3) to whom you want the restriction to apply.

**Right to Request to Receive Confidential Communications by Alternative Means or at an Alternative Location:** The Practice will accommodate your reasonable request to receive communications of Health Information from the Practice by alternative means or at alternative locations if the request includes a statement that disclosure using the Practice's regular communications procedures could endanger you. Please direct your written request to the Stride Healthcare Privacy Officer at the address listed at the end of this Notice.

**Right to Inspect and Copy:** As long as the Practice maintains it, you may inspect and obtain a copy of your Health Information that is contained in a "designated record set" – which are records used in making enrollment, payment, claims adjudication, medical management and other decisions. To request access to inspect and/or obtain a copy of any of your Health Information, you must submit your request in writing to the Stride Healthcare Privacy Officer at the address listed at the end of this Notice, indicating the specific information requested, and you may also direct the Practice to transmit the copy of Health Information directly to another person that you designate in writing. If you request a copy of Health Information, please indicate in which form you want to receive it (i.e., paper or electronic). The Practice may impose a fee to cover the costs of producing, copying and mailing the requested Health Information. The Practice may deny your request to inspect and copy your Health Information in certain limited circumstances. For example, under federal law, you may not inspect or copy psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise your review rights and a description of how you may complain to the Practice and/or to HHS.

**Right to Amend Your Health Information:** If you believe that Health Information that the Practice has about you is incorrect or incomplete, you may request that it be amended. Your request must be made in writing and submitted to the Stride Healthcare Privacy Officer at the address listed at the end of this Notice. In addition, you must provide a reason that supports

your request. The Practice may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Practice may deny your request if you ask the Practice to amend information that did not originate with the Practice (unless the person or entity that originated the Health Information is no longer available to make the amendment), is not contained in the records maintained by the Practice, is not part of the information that you would legally be permitted to inspect and copy, or is accurate and complete.

**Right to an Accounting of Disclosures:** You have the right to request an accounting (*i.e.*, a list) of certain non-routine disclosures of your Health Information. In general, the list will not include disclosures that were made: (1) in connection with your receiving treatment, payment for such treatment and for certain health care operations; (2) to you regarding your own Health Information; (3) pursuant to your written authorization; (4) to a person involved in your care or for other permitted notification purposes; (5) for national security or intelligence purposes; or (6) to correctional institutions or law enforcement officers. To request a list of disclosures, contact the Stride Healthcare Privacy Officer using the contact information listed at the end of this Notice. You have the right to receive an accounting of disclosures of Health Information made within six years (or less) of the date on which the accounting is requested. Your request should indicate the form in which you want the list (*e.g.*, paper or electronic). The first accounting you request within a 12-month period will be free of charge. For additional requests within the 12-month period, the Practice will charge you the costs of providing the accounting. The Practice will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any cost is incurred.

**Right to Obtain a Paper Copy of this Notice:** You may request a paper copy of this Notice at any time, even if you have previously agreed to accept the Notice electronically. Requests should be made to the Stride Healthcare Privacy Officer, using the contact information listed at the end of this Notice.

## COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with the Stride Healthcare by notifying the Stride Healthcare Privacy Officer, using the contact information listed at the end of this Notice, or by filing a complaint with the Secretary of the U.S. Department of Health and Human Services, at 877-696-6775, or <https://www.hhs.gov/hipaa/filing-a-complaint/index.html> or sending a letter to 200 Independence Avenue S.W., Room 509F HHH Bldg., Washington, D.C. 20201. The Practice will not retaliate against you for filing a complaint.

## CHANGES TO THIS NOTICE

The Practice reserves the right to change the terms of this or any subsequent Notice at any time. If the Practice elects to make a change, the revised Notice will be effective for all Health Information that the Practice maintains at that time. If the Practice makes a material change to

this Notice, the revised Notice will be available upon request, at our locations, or on our website by the effective date of the material change.

### **FOR QUESTIONS OR REQUESTS**

If you have any questions regarding this Notice or the subjects addressed in it, or would like to submit a request as described above, please contact the Stride Healthcare Privacy Officer through one of the following ways:

**Mail:**

Stride Healthcare

ATTN: Chief Compliance Officer

15301 Dallas Pkwy, Ste. 800

Addison, TX 75001

**Email:** [Compliance@stridecare.com](mailto:Compliance@stridecare.com)

**Phone:** 866-552-4866