NOTICE OF PRIVACY PRACTICES FOR ADVANCED RADIOLOGY SERVICES, P.C.

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.

Advanced Radiology Services, P.C. is committed to protecting your privacy and understands the importance of safeguarding your medical information. We are required by federal law to maintain the privacy of health information that identifies you or that could be used to identify you (known as "Protected Health Information" or "PHI"). We also are required to provide you with this Notice of Privacy Practices ("Notice"), which explains our legal duties and privacy practices, as well as your rights, with respect to PHI that we collect and maintain. We are required by federal law to abide by the terms of this Notice currently in effect. However, we reserve the right to change the privacy practices described in this Notice and make the new practices effective for all PHI that we maintain. Should we make such a change, you may obtain a revised Notice by calling our office and requesting a revised copy be sent in the mail, or accessing our website at http://www.advancedrad.com/.

HOW WE ROUTINELY USE AND DISCLOSE YOUR PHI

We are permitted under federal law to use and disclose PHI, without your written authorization, for certain routine uses and disclosures, such as those made for treatment, payment, and the operation of our business. The following are examples of the types of routine uses and disclosures of PHI that we are permitted to make.

For Treatment: We will use and disclose your PHI to provide, coordinate, or manage your treatment. We may disclose medical information about you to referring doctors, nurses, technicians, medical students, or other personnel who are involved in your care. For example, the radiologist's interpretation of your films will be sent to the doctor who ordered the test for you.

For Payment: Your PHI will be used, as needed, to obtain payment for the health care services we provide you. We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information before it approves or pays for the health care services we recommend for you. The insurance company may use that information in connection with making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

For Health Care Operations: We may use or disclose your PHI in order to support our business activities. These activities may include, but are not limited to quality assessment activities, practice accreditation, employee review activities, billing, and licensing, marketing, legal advice, accounting support and conducting or arranging for other business activities. For example, we may also call you by name in the waiting room when the doctor is ready to see you. We may use or disclose your protected health information, as necessary, to contact you by mail to remind you of your appointment by reminder cards.

HOW WE CAN USE AND DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION AND WITHOUT GIVING YOU AN OPPORTUNITY TO OBJECT

We may use or disclose your PHI in the following situations without your authorization or providing you the opportunity to object.

As Required by the Secretary of the Department of Health and Human Services: We may be required to disclose your PHI to the Secretary of the Department of Health and Human Services ("Secretary") to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.

As Required By Law: We may use or disclose your PHI to the extent that the use or disclosure is otherwise required by federal, state or local law.

For Public Health Purposes: We may disclose your PHI for public health activities, such as disclosures to a public health authority or other government agency that is permitted by law to collect or receive the information (e.g., the Food and Drug Administration).

For Health Oversight Purposes: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

To Report Abuse or Neglect: If you have been a victim of abuse, neglect, or domestic violence, we may disclose your PHI to a government agency authorized to receive such information. In addition, we may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect.

For Judicial and Administrative Proceedings: We may disclose your PHI in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and, in certain circumstances, in response to a subpoena, discovery request or other lawful process.

For Law Enforcement Purposes: We may disclose your PHI, so long as applicable legal requirements are met, for law enforcement purposes, such as providing information to the police about the victim of a crime.

To Coroners and Funeral Directors: We may disclose your PHI to a coroner, medical examiner, or funeral director if it is needed to perform their legally authorized duties.

For Organ Donation Purposes: If you are an organ donor, we may disclose your PHI to organ procurement organizations as necessary to facilitate organ donation or transplantation.

For Research Purposes: Under certain circumstances, we may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

To Avert a Serious Threat to Health or Safety: We may disclose your PHI if we believe it is necessary to prevent a serious and imminent threat to the public health or safety and the disclosure is made to someone we reasonably believe is able to prevent or lessen the threat.

For Specialized Government Functions: When the appropriate conditions apply, we may disclose PHI for purposes related to military or national security concerns, such as for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits.

For Workers' Compensation Purposes: We may disclose your PHI as necessary to comply with workers' compensation laws and other similar programs.

Uses and Disclosure Involving an Inmate's PHI: We may use or disclose your PHI if you are an inmate of a correctional facility and we created or received your PHI in the course of providing care to you.

To Business Associates: We may disclose your PHI to persons who perform functions, activities or services to us or on our behalf that require the use or disclosure of PHI. To protect your health information, we require the business associate to appropriately safeguard your information.

HOW WE CAN USE AND DISCLOSURE YOUR PHI WITH YOUR AGREEMENT OR AFTER GIVING YOU AN OPPORTUNITY TO OBJECT

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, orally or in writing, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or general condition.

HOW WE CAN USE AND DISCLOSE YOUR PHI BASED UPON YOUR WRITTEN AUTHORIZATION

Marketing. We must obtain your written authorization to use and disclose your PHI for most marketing purposes.

Sale of PHI. We must obtain your written authorization for any disclosure of your PHI which constitutes a sale of PHI.

Other Uses. Other uses and disclosures of your PHI, not described above, will be made only with your written authorization. You may revoke your authorization, at any time, in writing, except to the extent that we have taken action in reliance on the authorization. If you wish to revoke your authorization, please do so by contacting the Compliance Officer, in writing, using the contact information provided at the end of this Notice.

YOUR RIGHTS REGARDING YOUR PHI

You have certain rights regarding your PHI, which are explained below. You may exercise these rights by submitting a request in writing to our Compliance Officer using the contact information provided at the end of this Notice.

You have the right to inspect and copy your PHI. If you would like to see or obtain an electronic or paper copy your PHI that is contained in a designated record set (e.g., medical and billing records), we are required to provide you access to such PHI for inspection and copying within 30 days after receipt of your request (with up to a 30-day extension if needed). We may charge you a reasonable fee to cover duplication, mailing and other costs incurred by us in complying with your request. In addition, there are situations where we may deny your request for access to your PHI. For example, we may deny your request if we believe the disclosure will endanger your life or that of another person. Depending on the circumstances of the denial, you may have a right to have this decision reviewed.

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for purposes of treatment, payment or health care operations. You may

also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, except we must agree not to disclose your PHI to your health plan if the disclosure(1) is for payment or health care operations and is not otherwise required by law, and (2) relates to a health care item or service which you paid for in full out of pocket. If we agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

You have the right to amend your PHI. This means you may request an amendment of your PHI in our records that is contained in a designated record set (e.g., medical and billing records) for as long as we maintain the PHI. We will respond to your request within 60 days (with up to a 30-day extension if needed). We may deny your request if, for example, we determine that your PHI is accurate and complete. If we deny your request, we will send you a written explanation and allow you to submit a written statement of disagreement.

You have the right to receive an accounting of certain disclosures that we have made of your PHI. You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right only applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice. It also excludes disclosures we may have made to you, your family members or friends involved in your care. The right to receive this information is subject to certain exceptions, restrictions and limitations. You must specify a time period for the accounting, which may not be longer than 6 years and cannot include any date before April 14, 2003. You may request a shorter timeframe. You have the right to one free request within any 12-month period, but we may charge you for any additional requests in the same 12-month period. We will notify you about any such charges, and you are free to withdraw or modify your request in writing before any charges are incurred. We will respond to your request within 60 days (with up to a 30-day extension if needed).

You have the right to obtain a paper copy of this Notice from us. You have the right to receive a paper copy of this Notice upon request. You may ask us to give you a copy of this Notice at any time.

You have the right to be notified if you are affected by a breach of unsecured PHI. Notification will be provided without reasonable delay and no later than 60 days after discovery, in accordance with applicable federal, state laws and regulations.

You have the right to opt out of receiving fundraising communications from us. We may contact you for fundraising purposes. You have the right to opt out of receiving these communications.

COMPLAINTS

If you believe that we have violated your privacy rights, you may file a complaint by emailing us at compliance@advancedrad.com or in writing at the following address:

Advanced Radiology Services, P.C.
ATTN: Compliance Department
3264 N. Evergreen Drive N.E.
Grand Rapids, MI 48846

We will not retaliate against you in any way for filing a complaint. You may also submit your complaint to the Secretary of the Department of Health and Human Services. Instructions on how to submit a complaint to the Secretary of the Department of Health and Human Services can be found at https://www.hhs.gov/hipaa/filing-a-complaint/.

This notice is effective on July 15, 2026.