

Birdi, Inc. Notice of Privacy Practices

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.

At **Birdi** we're committed to keeping your health information confidential.

YOUR RIGHTS

You have the following rights with respect to health information about you:

Get a copy of this notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. To obtain a copy contact our Privacy Officer at the contact information at the end of this notice.

Get an electronic or paper copy of your health information. You can ask to see or obtain a copy of the health records we hold about you. This will usually include prescription and billing records. To obtain a copy of your health records, send a written request to our Privacy Officer at: Birdi, P.O Box 8004, Novi, Michigan 48376. We may charge you a reasonable cost-based fee to fulfill your request. We may deny your request in certain limited circumstances.

Restrictions on certain uses and disclosures of health information. You can ask us not to use or share your health information for treatment, payment, or our operations. We are not required to agree to your request unless you pay for a service or health care item out-of-pocket in full and ask us not to share that information for the purpose of payment or our operations with your health plan. In that case we will agree not to share your health information unless a law requires us to do so. To request a restriction, send a written request to our Privacy Officer at P.O Box 8004, Novi, Michigan 48376. Your request must include: (a) The information to be restricted, and (b) for what purposes you are asking that we not use or share the information.

Correct your health information. If you believe the health information we maintain about you is incomplete or incorrect, you can ask that we amend it. To request an amendment, send a written request to our Privacy Officer at: Birdi, P.O Box 8004, Novi, Michigan 48376. You must include a reason that supports your request. In certain cases, we may deny your request for amendment.

Accounting of disclosures. You can ask for an accounting or list of the times we've shared your health information for six years prior to the date you ask, with whom we shared it, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). To ask for an accounting, write to our Privacy Officer at: Birdi, P.O Box 8004, Novi, Michigan 48376 and state the period for which you want an accounting (up to six years). The first accounting you request within a 12- month period will be provided free of charge, but you may be charged a reasonable cost-based fee for accountings within the same 12-month period.

Confidential communications. You can ask that we contact you in a different way or at a different address. For instance, you may request that we contact you about in writing instead of by telephone or at a work address or post office box. To ask for confidential communications, send a written request to our Privacy Officer at: Birdi, P.O Box 8004, Novi, Michigan 48376. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests.

Make a Complaint. You have the right to make a complaint if you feel we have violated your privacy rights. You may make a complaint by contacting our Privacy Office using the information at the end of this notice. You can also 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 (855) 247-3479, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

HOW WE USE AND SHARE YOUR HEALTH INFORMATION

We typically use and share your health information for the following purposes:

Treatment. We use and share health information for treatment purposes. For example, our pharmacists use health information to dispense prescription medications to you and provide counseling on medication use.

Payment. We use and share health information to bill and get paid for our services. For example, if you have health insurance, we will contact your health plan to determine whether it will cover your prescription and the amount that you will be required to pay.

Health Care Operations. We use and share health information to run our pharmacy. For example, we use health information to monitor the performance of our pharmacists, provide customer service and to improve the quality and effectiveness of the health care and service we provide.

We may also use and disclose health information as follows:

Business Associates: We may share your health information with service providers, known as business associates, who perform certain functions or services for us as necessary to perform those services. We require business associates to protect your health information and to use and disclose it only as permitted by our contract with them.

Those Involved in Your Care or Payment for your Care. We may share information with your family, close friends, or others involved in your care or payment for your care if you agree or do not object in certain circumstances. If you 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.

For Notification. We may disclose your health information to disaster relief organizations so that your family or other persons responsible for your care can be notified about your condition, status, and location.

Required by Law. We may disclose your health information when required by law to do so.

Public Health Reporting. We may disclose your health information to public health agencies as authorized by law. For example, we may report certain communicable diseases to the state's public health department.

Reporting Victims of Abuse or Neglect . We may disclose health information to the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence. We only make this disclosure if you agree or when we are required or authorized by law to make the disclosure.

Health Care Oversight. We may disclose your health information to authorities and agencies for oversight activities allowed by law, including audits, investigations, inspections, licensure and disciplinary actions, or civil, administrative, and criminal proceedings, as necessary for oversight of the health care system, government programs, and civil rights laws.

Legal Proceedings. We may disclose your health information in the course of certain administrative or judicial proceedings. For example, we may disclose your health information in response to a court order.

Law Enforcement. We may disclose your health information to a law enforcement official for certain specific purposes, such as reporting certain types of injuries.

Deceased Persons. We may disclose your health information to coroners, medical examiners, or funeral directors so that they can carry out their duties.

Organ and Tissue Donation. We may use and disclose your health information to organizations that handle procurement, transplantation, or banking of organs, eyes, or tissues.

Research. Under certain circumstances, we may disclose your health information to researchers who are conducting a specific research project. For certain research activities, an Institutional Review Board (IRB) or Privacy Board may approve uses and disclosures of your health information.

To Avert a Serious Threat to Health or Safety If there is a serious threat to your health and safety or the health and safety of the public or another person, we may use and disclose your health information in a very limited manner to someone able to help lessen the threat.

Specialized Government Functions. In certain circumstances, we may use or disclose your health information to authorized federal officials for specialized government functions, such as to the military, for national security and protective services

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to assist in your care and to protect your health and safety or the health and safety of others.

Workers' Compensation We may disclose your health information as necessary to comply with laws related to workers' compensation or other similar programs.

OUR RESPONSIBILITIES

We will not make uses or disclosures of your health information for purposes other than those described above without your specific written authorization. We will always obtain your written authorization to use or disclose your health information for:

- Marketing purposes
- Sale of Your Health Information
- Sharing psychotherapy notes, if applicable.

If you change your mind after authorizing a use or disclosure of your health information, you may cancel or revoke your authorization. However, this cancellation will not affect or undo any use or disclosure of your health information made based on your authorization before we receive notice of your cancellation. To cancel an authorization, you may write to our Privacy Officer at: Birdi, P.O Box 8004, Novi, Michigan 48376.

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it.

CONTACT INFORMATION

If you have questions or concerns about your privacy rights, or the information contained in this Notice, please contact the Birdi Privacy Officer at Birdi, P.O Box 8004, Novi, Michigan 48376 or complianceprivacy@birdirx.com or call us at (855) 247-3479.

Changes to this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date: December 8, 2023