

WANDMD INC.

d/b/a "Wand Health"

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: July 1, 2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

WandMD Inc., a California Professional Medical Corporation doing business as "Wand Health" ("Wand Health," "we," "our," or "us"), is committed to protecting the privacy and confidentiality of your individually identifiable health information ("IIHI"), also known as protected health information ("PHI").

In the course of providing healthcare services, we create and maintain records regarding your medical care and treatment. Federal and California law require us to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices.

This Notice describes:

- How we may use and disclose your protected health information;
- Your rights regarding your protected health information; and
- Our obligations concerning the use and disclosure of your protected health information.

The terms of this Notice apply to all records containing your protected health information that are created or maintained by Wand Health. We reserve the right to revise this Notice at any time. Any revision will apply to all records maintained by our practice, whether created before or after the revision. The current version of this Notice will always be available on our website.

B. QUESTIONS ABOUT THIS NOTICE

If you have questions regarding this Notice or our privacy practices, please contact:

Wand Health

Attn: Privacy Officer

Phone: (619) 376-3648

Email: care@wandmd.com

Website: www.wandmd.com

C. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Unless you object, we may use and disclose your protected health information in the following ways:

1. Treatment

We may use and disclose your protected health information to provide, coordinate, and manage your healthcare and related services. For example:

- We may order laboratory tests or imaging studies;
- We may prescribe medications;
- We may consult with specialists or other healthcare providers involved in your care;
- We may disclose information to pharmacies, laboratories, or other healthcare professionals involved in your treatment.

Members of our practice team may use or disclose your information as necessary to provide treatment.

2. Payment

As a Direct Primary Care practice, most payments are made directly by patients through membership fees and other direct payments. We may use and disclose your health information to:

- Process payments;
- Maintain your membership account;
- Bill you directly for services and products;
- Manage financial transactions related to your care.

3. Healthcare Operations

We may use and disclose your protected health information to operate and improve our practice. Examples include:

- Quality assessment and improvement activities;
- Development of clinical protocols and guidelines;
- Professional education and training;
- Credentialing and peer review;
- Legal, accounting, insurance, and consulting services;
- Practice administration and business operations.

We may utilize HIPAA-compliant clinical documentation, transcription, and healthcare technology services to assist in the creation and maintenance of medical records.

4. Appointment Reminders

We may use and disclose your protected health information to contact you regarding appointments, follow-up visits, preventive services, and care reminders.

5. Treatment Alternatives

We may use and disclose your information to inform you of treatment options or alternatives that may be appropriate for you.

6. Health-Related Benefits and Services

We may provide information about health-related services, wellness programs, educational resources, or preventive services that may be of interest to you.

7. Electronic Communications and Telemedicine

We may communicate with you using secure electronic methods, including:

- Patient portals;

- Secure messaging platforms;
- Email;
- Telephone;
- Text messaging;
- Telemedicine platforms.

While we strive to use secure technologies, electronic communications may involve certain privacy risks.

8. Disclosure to Family Members or Others Involved in Your Care

We may disclose relevant health information to family members, friends, caregivers, or others involved in your care or payment for your care, unless you object.

9. Disclosures Required by Law

We will use and disclose your protected health information when required to do so by federal, state, or local law.

10. Business Associates

We may disclose protected health information to third parties that perform services on our behalf, including accounting, legal, consulting, technology, billing, and medical services. These business associates are required by law and contract to protect the confidentiality of your information.

D. SPECIAL CIRCUMSTANCES

We may use or disclose your protected health information in the following circumstances:

1. Public Health Activities

We may disclose information for public health purposes, including:

- Reporting communicable diseases;
- Reporting child abuse or neglect;
- Preventing or controlling disease, injury, or disability;

- Reporting adverse drug reactions;
- Product recalls;
- Certain reports related to domestic violence or elder abuse.

2. Health Oversight Activities

We may disclose information to government agencies authorized to conduct audits, inspections, investigations, licensing actions, and other oversight activities.

3. Legal Proceedings

We may disclose information in response to court orders, subpoenas, discovery requests, or other lawful processes.

4. Law Enforcement

We may disclose information to law enforcement officials as permitted or required by law.

5. Deceased Individuals

We may disclose information to medical examiners, coroners, and funeral directors as permitted by law.

6. Organ and Tissue Donation

We may disclose information to organizations involved in organ, eye, or tissue donation and transplantation.

7. Research

We may use or disclose protected health information for research purposes when authorized by law and subject to appropriate privacy protections.

8. Serious Threats to Health or Safety

We may disclose information when necessary to prevent or reduce a serious threat to the health or safety of you or others.

9. Military and National Security Activities

We may disclose information to military authorities and authorized federal officials when required by law.

10. Correctional Institutions

If you are incarcerated or in lawful custody, we may disclose information as permitted by law.

11. Workers' Compensation

We may disclose information as necessary to comply with workers' compensation laws and related programs.

E. USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

1. Sensitive Information

Certain categories of information receive additional protection under federal and California law, including:

- Mental health records;
- Substance use disorder treatment records;
- HIV-related information;
- Sexually transmitted infection information;
- Genetic information;
- Psychotherapy notes.

We will comply with all applicable federal and California laws governing these disclosures.

2. Other Uses and Disclosures

Any uses or disclosures not described in this Notice will be made only with your written authorization.

You may revoke an authorization at any time in writing, except to the extent that action has already been taken in reliance upon the authorization.

F. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

1. Request Confidential Communications

You may request that we communicate with you in a particular manner or at a particular location.

2. Request Restrictions

You may request restrictions on certain uses and disclosures of your protected health information. While we are not required to agree to every request, we will comply when required by law.

3. Inspect and Obtain Copies

You have the right to inspect and obtain copies of your protected health information, including electronic copies, subject to applicable law.

We may charge a reasonable, cost-based fee as permitted by law.

4. Request Amendments

You may request that we amend your health information if you believe it is incorrect or incomplete.

5. Receive an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures of your protected health information.

6. Receive Breach Notification

You have the right to receive written notification if a breach of your protected health information occurs.

7. Obtain a Copy of This Notice

You have the right to obtain a paper or electronic copy of this Notice at any time.

8. File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with:

- Wand Health; or
- The Secretary of the U.S. Department of Health and Human Services.

You will not be retaliated against or penalized for filing a complaint.

CONTACT INFORMATION

If you have questions regarding this Notice or wish to exercise any of your privacy rights, please contact:

Wand Health

Attn: Privacy Officer

Phone: (619) 376-3648

Email: care@wandmd.com

Website: www.wandmd.com

Wand Health reserves the right to revise this Notice of Privacy Practices at any time. The current version of this Notice will always be available at www.wandmd.com.