Notice of Privacy Practices for Eye On Genetics, LLC and its Laboratory

Effective Date: November 9, 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.

1. Who Follows This Notice

This notice describes the privacy practices of **Eye On Genetics, LLC** ("**EOG**"), also known as jmed, a medical practice, and its wholly owned clinical laboratory ("**EOG Laboratory**"), also known as jlab. EOG and EOG Laboratory have designated themselves as a single affiliated covered entity for purposes of the HIPAA Privacy Rule and follow this notice together. In this notice, "**we**," "**us**," and "**our**" refer to EOG, EOG Laboratory, and the physicians, genetic counselors, other health care professionals, employees, and volunteers who work with them, including when they provide services to you through telehealth.

We use business associates to help us operate, including **jscreen,** which provides administrative, technology, scheduling, billing, and patient support services to us and operates the online intake and patient portal at www.jscreen.org. Our business associates are required by contract and by law to protect your health information and to use and disclose it only as we (or you) permit.

2. Our Responsibilities

We are required by law to: maintain the privacy and security of your protected health information ("**health information**"); give you this notice of our legal duties and privacy practices; follow the terms of the notice currently in effect; and notify you promptly if a breach occurs that may have compromised the privacy or security of your unsecured health information. We will not use or share your health information other than as described in this notice unless you tell us we can in writing. If you give us written permission, you may change your mind at any time by letting us know in writing.

3. How We May Use and Share Your Health Information

The following describes the ways we typically use and share your health information. Not every use or disclosure in each category is listed, but all of the ways we are permitted to use and share information fall within one of these categories.

Treatment. We use and share your health information to provide, coordinate, and manage your care. For example, an EOG physician reviews the health and family history you submit to decide whether a genetic test is appropriate, EOG Laboratory (or another laboratory we select to perform all or part of your test) performs the test and reports results to the ordering physician, and a genetic counselor reviews your results with you. With your permission, we may send your results to your primary care physician, obstetrician, or another provider who treats you.

Payment. We use and share your health information to bill and get paid by health plans and others. For example, we give your health plan information about you and the test you received to verify your coverage, obtain prior authorization, and receive payment.

Health care operations. We use and share your health information to run our practice and laboratory, improve your care, and contact you when necessary. For example, we use health information for laboratory quality control and proficiency testing, to review the performance of our health care professionals, for accreditation and licensure, for training, and to manage our business, including through our business associates.

Communications with you. We may contact you by mail, telephone, email, text message, or secure message in our patient portal about your account, your sample collection kit, appointments, results, and billing. If you ask us to use unencrypted email or text messages, we will do so after telling you about the risks.

4. Other Ways We May Use or Share Your Health Information

We are allowed or required to share your health 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, including any more protective state law described in Section 6, before we can share your information for these purposes.

(a) **People involved in your care or payment.** We may share relevant information with a family member, close friend, or other person you identify who is involved in your care or in paying for it, if you agree, if you do not object when given the opportunity, or if we reasonably infer from the circumstances that you do not object. If you are not present or are unable to agree (for example, in an emergency), we may share information if we believe it is in your best interest. **We will not share your genetic test results with a reproductive partner or relative without your written authorization.**

(b) **Public health and safety.** We may share information for public health activities, such as reporting to a public health authority as required by law, preventing or controlling disease, reporting adverse events to the U.S. Food and Drug Administration, and as otherwise permitted or required by law. We may also share information to prevent or lessen a serious and imminent threat to anyone's health or safety.

(c) **Research.** We may use or share your information for research only with your written authorization, or when an institutional review board or privacy board has approved a waiver of authorization under the rules that protect your privacy, or when the information has been de-identified or is a limited data set used under a data use agreement. **We will not use your identifiable genetic information or biological sample for research without your consent.**

(d) **As required by law.** We will share information when federal, state, or local law requires it, including with the U.S. Department of Health and Human Services when it wants to see that we are complying with federal privacy law.

(e) **Health oversight activities.** We may share information with health oversight agencies for activities authorized by law, such as audits, investigations, inspections, and licensure, including inspections of our laboratory under the Clinical Laboratory Improvement Amendments (CLIA) and by state laboratory licensing agencies.

(f) **Lawsuits and legal actions.** We may share information in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process, subject to the conditions in the law, which may include efforts to tell you about the request or to obtain an order protecting the information.

(g) **Law enforcement.** We may share information with law enforcement officials for purposes permitted by law, such as in response to a court order, warrant, or summons. Our policy is to require valid legal process before disclosing genetic information to law enforcement and, where permitted, to notify you.

(h) **Coroners, medical examiners, funeral directors, and organ donation.** We may share information with these persons and organizations as necessary for them to carry out their duties, and with organ procurement organizations.

(i) **Workers' compensation.** We may share information as authorized by workers' compensation laws.

(j) **Specialized government functions.** We may share information for military and veterans activities, national security and intelligence activities, and protective services for the President and others, as authorized by law.

(k) **Business associates.** We may share information with business associates, such as jscreen, LLC, that perform services on our behalf and have agreed in writing to protect it.

(l) **De-identified information.** We may create and use information that has been de-identified in accordance with HIPAA so that it no longer identifies you.

5. Substance Use Disorder Treatment Records

If we receive or maintain records about you that are protected by the federal confidentiality rules for substance use disorder patient records (42 C.F.R. Part 2), we will not use or disclose those records, or testimony describing their contents, in any civil, criminal, administrative, or legislative proceeding against you unless you give written consent or a court issues an order and a subpoena as required by Part 2. We will not use Part 2 records for fundraising.

6. State Laws That Give You More Protection

Some state laws give certain health information more protection than federal law, and we follow those laws when they apply. These include laws governing genetic testing and genetic information, which in some states require your written informed consent before a genetic test is performed and before your genetic test results are shared with anyone other than you and your ordering provider; laws governing HIV/AIDS, sexually transmitted infection, mental health, and substance use information; and laws governing the health information of minors.

7. Uses and Disclosures That Require Your Written Authorization

We will not do the following without your written authorization: use or share your health information for marketing purposes; sell your health information; share psychotherapy notes (we do not expect to maintain them); or use or share your health information for any other purpose not described in this notice. You may revoke an authorization at any time in writing, except to the extent we have already acted in reliance on it.

8. Your Rights

When it comes to your health information, you have certain rights. To exercise any of them, contact the EOG Privacy Officer using the information in Section 10, or use the patient portal where available.

(a) **Get a copy of your health and laboratory records.** You can ask to see or get an electronic or paper copy of your medical record, test reports, and other health information we have about you, and you can direct us to send a copy to another person. We will provide a copy or a summary, usually within 30 days of your request, and may charge a reasonable, cost-based fee. You may also access your test reports directly from the laboratory that performed your test.

(b) **Ask us to correct your record.** You can ask us to correct health information that you think is incorrect or incomplete. We may say "no," but we will tell you why in writing within 60 days.

(c) **Request confidential communications.** You can ask us to contact you in a specific way (for example, a different phone number or address) or to send mail to a different address. We will say "yes" to all reasonable requests.

(d) **Ask us to limit what we use or share.** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree, and we may say "no" if it would affect your care. If you pay for a service or health care item out of pocket in full, you can ask us not to share that information with your health plan for payment or operations purposes, and we will say "yes" unless a law requires us to share it.

(e) **Get a list of those with whom we have shared information.** You can ask for a list (accounting) of the times we have shared your health information for six years before the date you ask, who we shared it with, and why. The list will include all disclosures except those for treatment, payment, and health care operations, and certain other disclosures (such as those you asked us to make). We will provide one accounting a year for free but may charge a reasonable, cost-based fee for additional requests within 12 months.

(f) **Get a copy of this notice.** You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically.

(g) **Choose someone to act for you.** If you have given someone medical power of attorney or someone is your legal guardian, that person can exercise your rights and make choices about your health information. We may decline to treat a person as your representative if we

reasonably believe that doing so could endanger you. We will confirm that a person has authority to act for you before we take any action.

(h) **File a complaint if you feel your rights are violated.** You can complain to us by contacting the EOG Privacy Officer, or to 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 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. **We will not retaliate against you for filing a complaint.**

9. 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 patient portal, and on www.jscreen.org, and we will provide it to you at your next service after the change.

10. Contact Us

EOG Privacy Officer

Eye On Genetics, LLC

3225 Cumberland Boulevard SE, Suite 540, Atlanta, GA 30339

(404) 835-4372

Privacy@EyeOnGenetics.com

For general questions, you may also contact EOG at Info@EyeOnGenetics.com.

Acknowledgment of Receipt of Notice of Privacy Practices

I have electronically acknowledged that I have received, or have been given the opportunity to review, the Notice of Privacy Practices of Eye On Genetics, LLC and its Laboratory.