



HEALTHMAP SOLUTIONS, INC.

NOTICE OF PRIVACY PRACTICES

EFFECTIVE: November 21, 2021

LAST REVISED: February 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. Uses and disclosures of protected health information (“PHI”) are regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. This Notice of Privacy Practices (“Notice”) attempts to summarize these regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.

Introduction

In order to provide comprehensive medical management services, Healthmap Solutions, Inc., including all affiliates and subsidiaries (collectively the “Company”, “we”, “us” or “our”), obtains and maintains PHI. This Notice describes your rights regarding how the PHI we collect can be used. “You” and “your” refers to the individual member or business entity that shares information with the Company pursuant to this Notice.

PHI is individually identifiable health information that is created or received by your provider, your health plan or insurer, or a data clearinghouse. PHI can be maintained or transmitted in any form or medium (oral, written, or electronic). It relates to the past, present, or future:

1. condition of your physical or mental health,
2. health care provided to you, or
3. payment for the health care provided to you.

PHI does not include summary health information, publicly available information, or information that has been de-identified and/or aggregated according to the standards for de-identification provided for in the HIPAA Privacy Rule (“Privacy Rule”) and applicable state law. Substance use disorder treatment records are considered PHI.

Permitted/Required Uses and Disclosures of PHI

The Company will use and disclose your PHI for (1) the purpose of routine treatment, payment, and health care operations and (2) as otherwise permitted / required under the Privacy Rule. The Company will not use or disclose your PHI other than as permitted by HIPAA. For the avoidance of doubt, the Company will not disclose your phone number to any third parties or affiliates for commercial purposes.

Use and Disclosure for Treatment

Your PHI may be used by and disclosed to your health plan, insurer, or health care providers including, but not limited to, doctors, nurses, laboratory technicians, and other health care personnel involved in your treatment.

Use and Disclosure for Payment

Your PHI may be used by and disclosed to your health plan or insurer. This category of uses and disclosures also includes verification of participation or enrollment in the plan, eligibility for coverage and plan benefits.



Your PHI may be shared with persons involved in utilization review, including pre- certification, pre-authorization, and concurrent and retrospective review, to assist in reimbursement of health care claims or other claims payment.

Use and Disclosure for Health Care Operations

Your PHI may be used and disclosed for health care operations purposes, which include administrative, financial, legal and quality improvement activities that are necessary for the Company to run its business and to support the core functions of treatment and payment. Uses and disclosures for purposes of the Company's health care operations, which may involve data aggregation, de-identification of your PHI, or the use of artificial intelligence with your data include, but are not limited to:

- quality review assessments,
- audits, including fraud, waste and abuse detection and compliance programs,
- compliance, regulatory and other legal reviews,
- population-based activities relating to improving health or reducing health care costs, which may include the Company's use and disclosure of your PHI for the Company's research and development purposes,
- evaluating plan health performance,
- case management and care coordination,
- contacting health care providers and members with information about treatment, drug and disease management alternatives and other related functions that do not include treatment,
- business planning and development, including conducting cost-management and planning-related analysis related to managing and operating the Company
- business management and general administrative activities, which may include the Company's use and disclosure of your PHI to improve and enhance the performance of the Carium platform, and
- any other management or administrative purpose the Company deems appropriate to further the use and quality of its service offerings as appropriate under HIPAA.

We may share this information with our business associates for purposes of utilization reviews, appropriateness of care reviews, peer review for resolution of grievances, consultation with outside health care providers, consultants and attorneys, and other health related benefits and services that may be of interest to you. We require our business associates to sign an agreement specifying their compliance with our privacy policies and applicable state and federal laws and regulations, such as HIPAA.

All uses and disclosures of PHI by the Company for health care operations purposes shall comply with HIPAA and its implementing regulations. We have developed company policies and procedures in order to ensure the privacy of your PHI. These policies and procedures are based on appropriate administrative, technical, and physical safeguards necessary to maintain confidentiality. Access to your PHI is limited to those individuals that have a legitimate business need for that information. This protection extends to the use of your PHI by our business associates.

Other Permitted/Required Uses and Disclosures of PHI

We, or our business associates, may use and disclose your PHI for reasons permitted or required by the Privacy Rule, including but not limited to the following:

- those required by law,
- in response to a court order or other legal proceeding,
- judicial and administrative proceedings,
- law enforcement purposes,
- to comply with worker's compensation or other similar laws,



- public health activities,
- health oversight activities,
- reporting abuse, neglect, or domestic violence,
- the military if you are a member of the armed services,
- correctional institutions if you are an inmate,
- disclosures of decedent's information to coroners, medical examiners, and funeral directors,
- organ, eye, or tissue donation purposes, and
- national security and intelligence agencies as authorized by law.

We will only use or disclose the minimum amount necessary to perform these functions. We may disclose PHI to the sponsor of your health plan for any purpose described in this section.

Other Uses and Disclosures of PHI

Uses and disclosures of PHI for purposes other than those described above will only be made with your written authorization, or the written authorization of an individual with the authority to act in your capacity, if applicable. If you provide the Company authorization to use or disclose your PHI other than as described in this Notice, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information following the specific purpose contained in the authorization. However, the Company cannot retract any disclosures already made with your authorization, and the Company is required to retain any records we may have containing your PHI. If you revoke your authorization for payment or health care operations, you may jeopardize the administration of the benefits under your health plan.

Substance Use Disorder Treatment Records

We may receive or maintain records that are protected by 42 C.F.R. Part 2, a federal law that applies to certain substance use disorder ("SUD") treatment records. This law give extra privacy protections to SUD treatment records.

If we receive SUD treatment records from a Part 2 Program, we will not use or disclose those records unless:

- You provide written consent for a specific disclosure;
- The disclosure is permitted by 42 C.F.R. Part 2;
- The disclosure is to a HIPAA covered entity or business associate for treatment, payment or healthcare operations purposes as permitted under HIPAA;
- The disclosure is required by law; or
- The disclosure is needed to address a medical emergency.

We will not use or disclose SUD treatment records received from a Part 2 Program, or testimony relaying the content of such records, in any civil, criminal, administrative, or legislative proceedings against you, unless 1) you have provided written consent for such use or disclose, or 2) we are required to make such use or disclosure pursuant to a court order and you have received notice and an opportunity to be heard, as provided in 42 CFR part 2.

We will not use or disclose your SUD treatment records for fundraising purposes for the benefit of the Company.

Your Individual Rights with Respect to PHI

Upon written request, you have the right to:

- request restrictions on certain uses and disclosures of your PHI,
- receive confidential communication of PHI,
- access our records containing descriptions of your PHI,



- request an amendment to your PHI, and
- receive an accounting of PHI disclosures and disclosures made in compliance with the Privacy Rule for which an accounting is required.

Unless specifically requested otherwise, we will communicate PHI in connection with treatment, payment, or health care operations, with any family member covered under your plan. Should any family member want a restriction on such disclosure of PHI, they must request such restriction in writing. Although we are not required to agree to a requested restriction or amendment to your PHI, we will consider all factors explained in the request.

Our Duties Regarding the Use and Disclosure of PHI

We are committed to maintaining your privacy and are required by law to maintain the privacy of PHI, to provide you with notice of our legal duties and privacy practices with respect to PHI, and to abide by the terms of the Notice of Privacy Practices currently in effect.

We reserve the right to change the terms of this Notice, and have such change be effective for all PHI that is maintained. The current version of the Notice will be posted to Healthmap Solutions, Inc.'s website at the URL <https://healthmapsolutions.com/>.

How to File a Complaint Regarding the Use and Disclosure of PHI

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

1. The Company
 - . Email: by contacting the Privacy Officer via email at compliance@healthmapsolutions.com
 - . In Writing: to Healthmap Solutions, Inc. Attn: Privacy Officer, 4631 Woodland Corporate Blvd., Unit 201, Tampa, FL 33614
 - . By Phone: 1-800-441-4259 or 939-303-2143 (Puerto Rico)
2. The U. S. Department Secretary of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, Washington, D. C. 20201. All complaints must be in writing.

You will not be retaliated against nor receive remuneration for filing a complaint.

How to Contact Us

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the following:

Privacy Officer
Healthmap Solutions
4631 Woodland Corporate Blvd., Unit 201
Tampa, FL 33614

1-800-441-4259 or 939-303-2143 (Puerto Rico)

compliance@healthmapsolutions.com



Healthmap Nondiscrimination and Language Assistance Services Policy

Healthmap Solutions Inc. (“Healthmap”) complies with applicable Federal Civil Rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, sex, sexual orientation, gender identity, or religion. Healthmap does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion.

Healthmap provides reasonable modifications and appropriate auxiliary aids and services, including qualified interpreters, braille or large print written materials, and access to TTY services to individuals with disabilities. Auxiliary aids and services are available free of charge and will be provided in a timely manner when necessary to ensure accessibility and provide equal opportunity to participate for individuals with disabilities.

Healthmap provides language assistance services, including electronic and written translated documents and oral interpretation, free of charge in a timely manner, when such services are a reasonable step to provide meaningful access to an individual with limited English proficiency.

If you need these reasonable modifications, auxiliary aids and services, or language assistance services, call 1-800-398-9319 or if you use a **TTY**, call **711**. If you need to contact Healthmap’s Section 1557 Coordinator, call 800-441-4259 or email compliance@healthmapsolutions.com.

If you believe that Healthmap has failed to provide these services or discriminated in another way on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, sex, sexual orientation, gender identity, or religion, you can file a grievance with: Complaints, Healthmap Solutions Inc., 4631 Woodland Corporate Blvd, Suite 201, Tampa, FL 33614 or via email to complaints@healthmapsolutions.com. If you need help filing a grievance, call 1-800-398-9319 or if you use a **TTY**, call **711**.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

Healthmap’s website, containing an electric copy of Healthmap’s Discrimination Policy, is available at <https://healthmapsolutions.com/>.

Tampa, FL | 877-546-7004
www.healthmapsolutions.com

4631 Woodland Corporate Blvd., Suite 201
Tampa, FL 33614



Guaynabo, PR | 787-476-9251
www.healthmapsolutions.com

City View Plaza, Building I, Suite 401
#48 PR State Road 165, Guaynabo, PR 00968-8000

For Washington plan members: the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/online-services/cc/pub/complaintinformation.aspx>.

Multi-Language Interpreter Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-398-9319 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-398-9319 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-398-9319 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-398-9319 (TTY: 711)번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-398-9319 (TTY: 711).

اتصل برقم 9319-398-800 (رقم هاتف الصم والبكم (TTY:711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-398-9319 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-398-9319 (ATS : 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-398-9319 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-398-9319 (TTY: 711).

ध्यान दें: यदद आप दहिंदी बोलते हैं तो आपके ललए मुफ्त में भाषा सहायता सेवाएि उपलब्ध हैं। 1-800-398-9319 (TTY: 711) पर कॉल करें।





City View Plaza, Building I, Suite 401
#48 PR State Road 165, Guaynabo, PR 00968-8000

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-398-9319 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-800-398-9319 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-398-9319 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-398-9319 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-398-9319 (TTY: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-398-9319 (TTY: 711).

ប្រយ័ត្ន: បរិស្ថានអ្នកនិយាយ ភាសាខ្មែរ, បណ្តាជនយុទ្ធភាសា បោយមិនគិតថ្លៃ គឺអាចមានសំណុំបរិក្ខារ។ ចូរ ទូរស័ព្ទ 1-800-398-9319 (TTY: 711)។

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-398-9319 (መስማት ለተሳናቸው: 711)፡

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਿੰਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਧਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿਧ ਹੈ। 1-800-398-9319 (TTY: 711) ‘ਤੇ ਕਾਲ ਕਰੋ।

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-398-9319 (TTY: 711).

ANOMPA PA PISAH: [Chahta] makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya pipilla hosh chi tosholahinla. Atoko, hattak yvmma im anompoli chi bvnnakmvt, holhtina pa payah: 1-800-398-9319 (TTY: 711)

^ 6 inm gbo kpáa. Ọ́ 1-800-398-9319 (TTY: 711)

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-800-398-9319 (TTY: 711)

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-398-9319 (TTY: 711)



ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-800-398-9319 (TTY: 711) (հեռախոս):

ATENCIÓ: Si parlem Català, teniu disponible un servei d'ajuda lingüística sense cap càrrec. Truqueu al 1-800-398-9319 (TTY o teletip: 711)

LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jerbal in jipañ ilo kajin ñe am ejjelōk wōñān. Kaalōk 1-800-398-9319 (TTY: 711)

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AusdmtCd<AerRM>Ausdmtw>rRpXRvXAwwXmbl.vXmphRAeDwrHRb.ohM. vDRIAud; 1-800-398-9319 (TTY: 711)

نَاگداری: نِهگهر به زمانی کوردی قهسه دهکهیت، خزمهنگوزاریهکاتی یارمهتی زمان، بهخواری، بو تو
یکه (TTY: 711) بهردهسته. پهپوهندی به 1-800-398-9319

PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 1-800-398-9319 (TTY: 711)

သတိပြု ပီရန - အကယုၣ် သ္တုၣ် မန္တစကား ကိုိ ချေၣ် ဟပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊
သင့်ဲ့ချအတတက စီစဉ်ချဆင်ၣ်ကူချေးပါမည့်။ ဖိုနုၣ်တးနံပါတ် 1-800-398-9319 (TTY:
711) သိုၣ်ပါ။
ချေၣ်ခင့်ဆိုပါ။

ಪ್ರಪೆಟಂಡಿ: ಒಕವೆಳ ಮಿರು ತೆಲುಗು ಭಾಷೆ ಮಾ ಟ್ಪಾ ಡುತುನ್ನಟಿಯತೆ, ಮಿ ಕೊರಕು ತೆಲುಗು ಭಾಷೆ ಸಹಾಯಕ
ಸೆವಲು ಡೆವಿಲಂಗಾ ಲಭಿಸ್ತಾಯಿ. 1-800-398-9319 (TTY: 711) ಕು ಕಾ ಲೆ ವೆಯಂಡಿ.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.
Rele 1-800-398-9319 (TTY: 711)

ध्यान ददनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको ननम्तत भाषा सहायता सेवाहरू ननिःशुल्क
रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-398-9319 दिदिवाई: (TTY: 711)

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku
buntu. Woterefona 1-800-398-9319 (TTY: 711)

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-
800-398-9319 (TTY: 711)





লক্ষ্য করুনঃ যদি আপদন বাংলা, কথা বলতে পাতেন, োহতল দনঃখেচায় ভাষা সহায়ো
পদেতষবা উপলব্ধ আতে। ফ ান করুন ১-১-৮০০-৩৯৮-৯৩১৯ (TTY: ১ ৭১১)

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں۔ 1-398-800-1

9319 (TTY: 711)

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus
Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call
1-800-398-9319 (TTY: 711)

Tampa, FL | 877-546-7004
www.healthmapsolutions.com

4631 Woodland Corporate Blvd., Suite 201
Tampa, FL 33614



Guaynabo, PR | 787-476-9251
www.healthmapsolutions.com

City View Plaza, Building I, Suite 401
#48 PR State Road 165, Guaynabo, PR 00968-8000