NOTICE OF PRIVACY PRACTICES
Neurology Diagnostics, Inc.
Effective Date: 1/1/2026

This Notice of Privacy Practices ("Notice") describes how **Neurology Diagnostics, Inc.** ("Practice," "we," "us," or "our") may use and disclose your protected health information ("PHI") and how you can access that information. Please review it carefully.

CONTACT INFORMATION

Lauren McClure- Practice Manager
Neurology Diagnostics, Inc.
240 W. Elmwood Drive, Suite 1000, Dayton, OH 45459
Phone: 937-224-8200
Email: lauren.mcclure@neurologydiagnostics.com

OUR LEGAL DUTIES

We are required by law to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice describing our legal duties and privacy practices
- Abide by the terms of the Notice currently in effect

We reserve the right to change this Notice and to make the revised Notice effective for all PHI we maintain. The current version of this Notice will be available at our office and upon request.

WHAT IS PROTECTED HEALTH INFORMATION?

"Protected Health Information" ("PHI") is information that identifies you and relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or payment for that care.

HOW WE MAY USE AND DISCLOSE YOUR PHI *(Authorization Not Required)*

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your health care. This includes sharing information with other health care providers involved in your care.

Payment

We may use and disclose your PHI to bill and collect payment for services and to obtain coverage determinations from health plans.

Health Care Operations
We may use and disclose your PHI for operations necessary to run the Practice, including quality improvement, training, credentialing, audits, compliance activities, and general business management.

Appointment Reminders and Health-Related Communications
We may contact you to remind you of appointments or to provide information about treatment alternatives or health-related services that may be of interest to you.

AFFILIATED RESEARCH ACTIVITIES

Neurology Diagnostics, Inc. is affiliated with a separately organized research entity, NDx Clinical Research, under common ownership and control.

Research Prescreening and Contact
As part of our health care operations, we may use and disclose limited PHI to NDx Clinical Research to:

- review medical records to identify patients who may be eligible for clinical research studies; and
- contact patients to inform them about potential research opportunities.

These activities are permitted as part of our health care operations and preparatory-to-research activities as allowed by law. Participation in research is voluntary, and your decision whether to participate will not affect your medical care.

Research Participation
If you choose to participate in a research study:

- you will be asked to sign a study-specific informed consent form and HIPAA authorization; and
- use and disclosure of your PHI for that study will be governed by those documents.

We may also use or disclose PHI for research purposes as permitted by law, including:

- preparatory-to-research activities, such as reviewing PHI to develop research protocols or identify potential participants;
- research approved by an Institutional Review Board or Privacy Board; and
- disclosure of a limited data set under a data use agreement.

BUSINESS ASSOCIATES

We may disclose PHI to third parties (“business associates”) that perform services on our behalf, such as billing, information technology, or consulting services. Business associates are required by contract to protect the privacy and security of your PHI.

USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW

We may use or disclose PHI without your authorization as permitted or required by law, including for:

- public health activities
- health oversight activities
- reporting abuse, neglect, or domestic violence
- FDA-regulated product monitoring
- legal proceedings and law enforcement
- coroners, medical examiners, and funeral directors
- organ and tissue donation
- serious threats to health or safety
- military, national security, and workers' compensation purposes
- correctional institutions

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

We will obtain your written authorization before:

- using or disclosing psychotherapy notes (except as permitted by law);
- using or disclosing PHI for marketing purposes; or
- selling your PHI.

You may revoke an authorization in writing, except to the extent we have already relied on it.

YOUR RIGHTS REGARDING YOUR PHI

State law may provide additional privacy protections for certain types of health information, including information related to particularly sensitive medical conditions or situations in which a minor may consent to their own care; when such laws apply, we follow the more protective standard.

You have the right to:

- inspect and obtain a copy of your PHI;
- receive an electronic copy of electronic health records;
- request an amendment to your PHI;
- request restrictions on certain uses or disclosures (including restrictions for services paid out-of-pocket in full);
- request confidential communications;
- receive an accounting of certain disclosures; and
- receive a paper copy of this Notice upon request.

To exercise these rights, contact the Privacy Officer listed above.

BREACH NOTIFICATION
You have the right to be notified if there is a breach of your unsecured PHI as required by law.

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

- Neurology Diagnostics, Inc. by contacting the Privacy Officer; or
- the Secretary of the U.S. Department of Health and Human Services.

We will not retaliate against you for filing a complaint.

SALE OR TRANSFER OF PRACTICE
If Neurology Diagnostics, Inc. is sold, merged, or otherwise reorganized, your PHI may be transferred to a successor entity as permitted by law. Any successor will be required to continue protecting your PHI in accordance with applicable privacy requirements.

ACKNOWLEDGMENT OF RECEIPT
You may be asked to sign an acknowledgment confirming receipt of this Notice. Your care will not be conditioned on signing the acknowledgment.

Privacy Officer / Practice Manager
Lauren McClure
Neurology Diagnostics, Inc.