

# NOTICE OF PRIVACY PRACTICES

Employer Sponsored ICHRA Plan

Effective Date: February 15, 2026

This Notice describes how medical information about you may be used and disclosed by the Employer Sponsored ICHRA Plan (the “Plan”) and how you can access this information. Please review it carefully.

## Privacy Contact

If you have questions, would like to exercise your rights, or would like a paper copy of this Notice, please contact our customer care department:

Customer Care Team

Email: [care@remodelhealth.com](mailto:care@remodelhealth.com)

Phone: (844) 748-3240

Mail: 601 S Meridian St, Floor 5, Indianapolis, IN 46225

## Your Rights

You have certain rights regarding your protected health information (“PHI”). PHI is information that identifies you and relates to your health, health care, or payment for health care.

### 1) Right to Access and Obtain a Copy

You have the right to inspect or obtain an electronic or paper copy of certain PHI the Plan maintains about you (for example, records related to eligibility, reimbursements, substantiation documentation, and appeals, if applicable).

We will provide a copy or summary within 30 days of your request. The Plan may charge a reasonable, cost-based fee for copies, as permitted by law.

## 2) Right to Request Correction

You have the right to request correction of PHI you believe is incorrect or incomplete.

We may deny your request in certain circumstances (for example, if we did not create the information or determine that it is accurate and complete). If we deny your request, we will provide a written explanation.

## 3) Right to Request Restrictions

You may request that we limit how we use or disclose certain PHI for treatment, payment, or health care operations.

The Plan is not required to agree to your request. If we agree, we will comply with the agreed-upon restrictions unless disclosure is required by law.

## 4) Right to an Accounting of Disclosures

You may request an accounting (a list) of certain disclosures of your PHI made during the six (6) years prior to your request, excluding disclosures for treatment, payment, health care operations, and other disclosures not required to be included by law.

One accounting in a 12-month period is provided at no charge. We may charge a reasonable fee for additional requests within the same 12-month period.

## 5) Right to a Copy of This Notice

You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

## 6) Right to Designate a Personal Representative

If you have granted someone medical power of attorney, or if someone is your legal guardian, that person may exercise your rights and make decisions about your PHI. We will verify the person's authority before acting on their behalf.

## 7) Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with the Plan using the contact information above.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

The Plan will not retaliate against you for filing a complaint.

## Your Choices

In certain situations, you may tell us your preferences about how we share your PHI.

You may choose whether we share information with:

- Family members
- Close friends
- Others involved in your care or payment for your care
- Individuals assisting in emergency or disaster relief efforts

If you are unable to communicate your preference (for example, if you are unconscious), we may share your PHI if we believe it is in your best interest.

## Our Uses and Disclosures

The Plan may use or disclose your PHI for the following purposes. Not every possible use or disclosure is listed.

### 1) Plan Administration (Payment and Health Care Operations)

We may use and disclose PHI to administer the Plan, including to:

- Determine eligibility and coverage
- Process reimbursements
- Perform substantiation activities
- Handle appeals
- Conduct audits

- Coordinate plan administration
- Manage business operations related to the Plan

Example: We may review documentation you submit to determine whether an expense is eligible for reimbursement under the Plan.

## 2) Treatment-Related Activities (Limited Circumstances)

The Plan does not provide medical treatment. However, in limited circumstances, the Plan may disclose PHI to health care providers to coordinate benefits or assist with treatment-related matters, as permitted by law.

## 3) Communications With You

We may use your PHI to:

- Communicate about benefits
- Provide reimbursement status updates
- Respond to claims or appeal inquiries
- Answer your questions

## 4) Public Health and Safety

We may disclose PHI for public health or safety purposes, including:

- Preventing or controlling disease
- Reporting suspected abuse or neglect
- Responding to public health investigations
- Complying with health oversight activities

## 5) Health Oversight Activities

We may disclose PHI to government agencies authorized by law to conduct audits, inspections, investigations, or licensure activities.

## 6) Law Enforcement and Legal Proceedings

We may disclose PHI in response to:

- Court orders
- Subpoenas
- Discovery requests
- Other lawful processes

Such disclosures will be made in accordance with applicable law.

## 7) Serious Threat to Health or Safety

We may disclose PHI if we believe it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

## 8) Workers' Compensation

We may disclose PHI for workers' compensation claims or similar programs as authorized by law.

# Business Associates

The Plan uses third-party vendors (called "business associates") to help administer the Plan. These vendors may have access to PHI to perform services on the Plan's behalf. Business associates are required by law and contract to safeguard PHI and may use or disclose it only as permitted.

# Disclosures to the Employer / Plan Sponsor

The Plan is sponsored by your employer. The Plan may disclose certain PHI to your Employer for plan administration purposes as permitted by law and the Plan documents.

Your Employer must safeguard PHI received from the Plan and may use it only for permitted plan administration functions.

# Uses and Disclosures Requiring Authorization

Except as described in this Notice, the Plan will obtain your written authorization before using or disclosing your PHI.

You may revoke an authorization in writing at any time. Revocation will not apply to disclosures already made in reliance on your authorization.

## Special Protections for Substance Use Disorder Records

Certain substance use disorder (SUD) treatment records may be subject to additional protections under federal law, including regulations at 42 CFR Part 2. When applicable, those records may have stricter limitations on use and disclosure than HIPAA.

## Our Responsibilities

The Plan is required by law to:

- Maintain the privacy and security of your PHI
- Provide you with this Notice of legal duties and privacy practices
- Notify you following a breach of unsecured PHI as required by law
- Follow the terms of this Notice currently in effect

## Changes to This Notice

We may change the terms of this Notice at any time. The revised Notice will apply to all PHI maintained by the Plan.

The updated Notice will be made available in the same manner as the current Notice (for example, through the member portal and/or upon request). You may request the current Notice at any time using the contact

information above.

## Electronic Access

This Notice is available electronically at:

<https://app.remodelhealth.com/login>

To request a paper copy, contact the Privacy Contact listed above.