STANFORD MEDICINE PARTNERS

NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 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.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

Stanford Medicine is committed to protecting the privacy of health information we create or receive about you. Health information that identifies you ("protected health information," or "health information") includes your medical record and other information relating to your care or payment for care.

We are required by law to:

• Make sure that your health information is kept private (with certain exceptions);

• Provide you with this Notice of our legal duties and privacy practices with respect to health information about you; and

• Follow the terms of the Notice currently in effect.

WHO DOES THIS NOTICE APPLY TO?

This Notice describes the privacy practices of the following entities of Stanford Medicine including: Stanford Health Care, Lucile Salter Packard Children's Hospital at Stanford, Stanford Health Care Tri-Valley, University Healthcare Alliance (Stanford Medicine Partners), Packard Children's Health Alliance, the Stanford Blood Center, and health care professionals, employees, volunteers, trainees, students, and workforce members of the entities listed above and any affiliated entities when they provide services to you at any site or location of such entities.

Within this Notice, a reference to "Stanford Medicine" and "we," "us" and "our" is defined to include all of the entities and their workforce members listed above.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following sections describe different ways that we typically use and disclose your health information:

FOR TREATMENT

We may use health information to provide you with medical treatment or services. We may use and share health information about you with physicians, residents, nurses, technicians, medical students, or other Stanford Medicine personnel involved in your care. For example, a provider treating you for a condition may need to know what medications you are taking to assess risks related to drug interactions. Different departments of Stanford Medicine may also share health information about you to coordinate the services you need, such as pharmacy, lab work and x-rays.

We may also disclose your health information to providers not affiliated with Stanford Medicine to facilitate care or treatment they provide you. For example, we may disclose your health information to your personal physician for care coordination purposes. In addition, we may provide access to your health information to affiliated entities and locations, such as affiliated provider groups for care coordination purposes.

FOR PAYMENT

We may use and disclose your health information to bill and receive payment for health care services that we or others provide to you. This includes uses and disclosures to submit health information and receive payment from your health insurer, HMO, or other party that pays for some or all of your health care (payor) or to verify that your payor will pay for your health care. We may also tell your payor about a treatment you are going to receive to determine whether your payor will cover the treatment. For certain services, if your permission is needed to release health information to obtain payment, you will be asked for permission.

FOR HEALTH CARE OPERATIONS

We may use and disclose health information for health care operations. This includes functions necessary to run Stanford Medicine or assure that all patients receive quality care and includes many support functions such as appointment or procedure scheduling. We may also share your information with affiliated health care providers so that they may jointly perform certain business operations along with Stanford Medicine. We may combine health information about many of our patients to decide, for example, what additional services Stanford Medicine should offer, what services are not needed, and whether certain new treatments are effective. We may share information with doctors, residents, nurses, technicians, medical students, clerks and other personnel for quality assurance and educational purposes. We may also compare the health information we have with information from other health care organizations to see where we can improve the care and services we offer.

OTHER WAYS WE SHARE YOUR HEALTH INFORMATION

We are permitted or required by law to share your health information in other ways – usually in ways that help the public, such as public health and research. We have to meet many conditions in the law before we share your information for these reasons.

BUSINESS ASSOCIATES

Stanford Medicine contracts with outside entities, called business associates, that perform business services for us, such as billing companies, management consultants, quality assurance reviewers, accountants, or attorneys. In certain circumstances, we may need to share your health information with a business associate so it can perform a service on our behalf. We will have a written contract in place with the business associate requiring protection of the privacy and security of your health information.

APPOINTMENT REMINDERS AND OTHER COMMUNICATION

We may use and disclose health information to contact you as a reminder that you have an appointment for care at Stanford Medicine or to provide other informational messaging for routine purposes (e.g., flu shot availability), which may include general information about your care such as appointment location,

department, date and time, unless you notify us otherwise. We will communicate with you using the information (such as telephone number and email address) that you provide.

HEALTH INFORMATION EXCHANGES

Electronic exchange of health information helps ensure better care and coordination of care. Stanford Medicine may participate in one or more health information exchanges (HIE) that allow outside providers who need information to treat you to access your health information through a secure health information exchange. We currently participate in the HIEs listed here: www.epic.com/CareEverywhere/.

If you do not want Stanford Medicine to share your information in an HIE, you may opt out by completing the opt-out form located here and submitting it to the Health Information Management Services (HIMS) department listed on the form. For questions, please contact HIMS at the contact info located at the end of this Notice and in the form. Stanford Medicine will agree with your opt-out request as needed to comply with the laws that apply to us. Opting out stops Stanford Medicine from sharing your information with other health care providers through the HIE; it does not stop other health care providers from sharing your information with Stanford Medicine, and it does not stop a health care provider that already received your information from keeping it. To stop other health care providers from sharing your information with Stanford Medicine, you must contact those providers directly. If you opt out, you may choose to resume participation by submitting a written request to HIMS.

TREATMENT ALTERNATIVES

We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

HEALTH-RELATED BENEFITS AND SERVICES

We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

HOSPITAL DIRECTORY AND RELIGIOUS AFFILIATION

We may include your name and your location (but not specific health information) in the hospital Patient Directory while you are receiving inpatient care. We make this information available so that individuals who ask for you by name can contact or visit you. You have the right to opt out of the patient directory. We may also provide information about your religious affiliation to members of the clergy employed in our Spiritual Care Services Office, unless you specifically request that we not do so.

INDIVIDUALS INVOLVED IN YOUR CARE

We may release health information about you to a family member or friend who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request made to and agreed to by the Office of Compliance and Privacy from you, we may also notify a family member, personal representative or another person responsible for your care about your location and general condition. This does not apply to patients receiving treatment for certain conditions, such as substance/alcohol abuse.

DISASTER RELIEF EFFORTS

We may disclose health information about you to an organization assisting in a disaster relief effort (such as the Red Cross) so that others can be notified about your condition, status and location.

FUNDRAISING ACTIVITIES

Consistent with applicable state and federal laws, we may provide limited information such as your contact information, provider name, and dates of care to the Lucile Packard Foundation for Children's Health or the Stanford University Office of Medical Development to conduct fundraising activities for the advancement of care and research on behalf of the Medical Center. You may opt out of receiving fundraising information by contacting:

Lucile Packard Foundation for Children's Health

400 Hamilton Avenue, Suite 340

Palo Alto, CA 94301

(650) 461-9800

Stanford University Office of Medical Center Development

485 Broadway, 4th Floor, MC5470

Redwood City, CA 94063

(650) 725-2504

RESEARCH

As part of an academic medical center, Stanford Medicine has an active research program. For example, research is ongoing to advance care, to evaluate investigational procedures to treat conditions, to compare the health of patients who have received one medication with those who have received another medication for the same condition, and to learn from medical record studies. We generally ask for your written authorization before using your health information or sharing it with others to conduct research. Under limited circumstances, we may use and disclose your health information without your authorization. In most of these latter situations, we must comply with law and obtain approval through an independent review process to ensure that research conducted without your authorization poses minimal risk to your privacy. Researchers may also contact you to see if you are interested in or eligible to participate in a study. They may only contact you if they have approval to do so under a special review process.

TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY

We may use and disclose certain information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. However, any such disclosure will only be to someone able to prevent or respond to the threat, such as law enforcement, or a potential victim. For example, we may need to disclose information to law enforcement when a patient reveals participation in a violent crime.

WORKERS' COMPENSATION

We may release health information about you for workers' compensation or similar programs as allowed or required by law. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH ACTIVITIES

We may disclose health information about you for public health activities. These activities include, but are not limited to the following:

• To prevent or control disease (such as cancer and tuberculosis), injury or disability;

• To report births and deaths;

• To report suspected abuse, neglect, or domestic violence

• To report reactions or surveillance related to medications or problems with products;

• To notify you of the recall, repair, or replacement of products you may be using;

• To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

• To report all inpatient admissions, emergency department visits and same-day surgeries to California's Office of Statewide Health Planning and Development; and

- To notify appropriate state registries, such as the Northern California Cancer Center or the California Emergency Medical Services Authority, when you seek treatment at Stanford Medicine for certain diseases or conditions. To provide limited information to your employer for legally required reporting of an employee's serious injury or death that occurs in the workplace.

- To provide limited information to your employer for legally required reporting related to medical surveillance of the workplace or work-related illness or injury, including infections disease prevention and control.

HEALTH OVERSIGHT ACTIVITIES

We may disclose health information to a health oversight agency, such as the California Department of Public Health or the Center for Medicare and Medicaid Services, for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

LAWSUITS AND DISPUTES

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, legally enforceable discovery request, or other lawful process by someone else involved in the dispute.

LAW ENFORCEMENT

As allowed or required by law, when certain conditions are met, we may release your health information to law enforcement.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

We may release health information to a coroner, medical examiner, or funeral director when an individual dies. This may be necessary to identify a deceased person or determine the cause of death.

ORGAN AND TISSUE DONATION

If you are an organ donor, we may release health information to organizations that handle organ, eye, or tissue procurement or transplantation, as necessary to facilitate organ or tissue donation.

MILITARY AND VETERANS

If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES

Upon receipt of a request, we may release health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

INMATES

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the relevant correctional institution or law enforcement official. This release may be necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

AS REQUIRED BY LAW

We may also use or disclose health information about you when required to do so by federal, state or local laws not specifically mentioned in this Notice. For example, we may disclose health information as part of a lawful request in a government investigation.

SUBSTANCE USE DISORDER RECORDS

If we create, receive, or maintain any information about you from a substance use disorder (SUD) treatment program that is covered by 42 CFR Part 2 ("Part 2 program"), these records receive additional privacy protections, in addition to existing state and federal patient privacy protections.

We may use or share your Part 2 program records, (1) if the law requires us to do so (e.g., medical emergencies or court orders/subpoenas) or (2) when we receive your written consent (for purposes of treatment, payment, or health care operations, as described in this notice and as permitted by law).

We may only use or share your Part 2 Program records in a civil, administrative, criminal, or legislative proceeding against you with a court order, or similar legal mandate compelling the disclosure, or with your written consent.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Special laws apply to certain kinds of health information considered particularly private or sensitive to a patient. This sensitive information includes psychotherapy notes, sexually transmitted diseases, mental health records, and HIV/AIDS information. When required by law, we will not share this type of information without your written permission. In certain circumstances, a minor's health information may receive additional protection.

SITUATIONS THAT REQUIRE YOUR AUTHORIZATION

For uses and disclosures not generally described above, we must obtain your authorization. For example, the following uses and disclosures will be made only with your authorization:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute the sale of PHI;
- Most uses and disclosures of psychotherapy notes; and
- Other uses and disclosures not described in this Notice

If you provide us with authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the activities covered by the authorization, except if we have already acted in reliance on your permission. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain records of health information.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding health information we maintain about you:

RIGHT TO INSPECT AND COPY

You have the right to inspect and obtain a paper or electronic copy of health information that may be used to make decisions about your care, with certain exceptions. Usually, this includes medical and billing records, but may not include some mental health information. We reserve the right to charge a reasonable, cost-based fee to cover the cost of providing your health information records to you. You may also request that a copy of your health information be released to a third party of your choosing. Your request must be made in writing and submitted to the Health Information Management Services (HIMS) Department listed at the end of this section.

RIGHT TO ASK FOR A CORRECTION

If you believe that health information Stanford Medicine has on file about you is incorrect or incomplete, you may ask us to change or add more information to complete your record. Your request must be in writing to the HIMS Department listed at the end of this section. In addition, you must provide a reason that supports your request. Stanford Medicine can only amend information that we created or that was created on our behalf. If your health information is accurate and complete, or if the information was not created by Stanford Medicine, we may deny your request to amend. If we deny your request, we will reply to you in writing with our reasons for doing so.

Even if we deny your request to amend, you have the right to submit a written addendum to HIMS Department. Addendums may not exceed 250 words for each item or statement in your record you believe is incomplete or incorrect.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an "accounting of disclosures" which is a list describing how we have shared your health information with outside parties. This accounting is a list of the disclosures we made of your health information for purposes other than treatment, payment, health care operations, and certain other purposes consistent with law. You may request an accounting of disclosures for up to six years before the date of your request. If you request an accounting more than once during a twelve-month period, we may charge you a reasonable fee. Your request must be in writing to the HIMS Department listed at the end of this section.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request restrictions on certain uses or disclosures of your health information. For example, you may request that your name not appear in the hospital Patient Directory while you are here as an inpatient. Requests for restrictions must be in writing to the HIMS Department listed at the end of this section. In most cases, we are not required to agree to your requested restriction. However, if we do agree, we will comply with your request unless the information is needed to provide you with emergency

treatment or comply with the law. If we do not agree to your request, we will reply to you in writing with the reason.

We are legally required to accept certain requests not to disclose health information to your health plan for payment or health care operations purposes as long as you have paid out- of-pocket and in full in advance of the particular service included in your request. If the service or item is part of a set of related services, and you wish to restrict disclosures for the set of services, then you must pay in full for the related services. It is important to make the request and pay before receiving the care so that we can work to fully accommodate your request. We will comply with your request unless otherwise required by law.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about your health information or medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, rather than at your home. We will not ask you the reason for your request. We will work to accommodate all reasonable requests. Your request must be in writing to the HIMS Department listed at the end of this section and specify how and where you wish to be contacted.

RIGHT TO BE NOTIFIED OF A BREACH

Stanford Medicine is committed to safeguarding your health information and proactively works to prevent health information breaches from occurring. If a breach of unsecured health information occurs, we will notify you in accordance with applicable state and federal laws.

RIGHT TO A COPY OF THIS NOTICE

You have the right to a copy of this Notice. It is available in registration areas and by clicking the link "Patient Privacy" on the bottom of our internet home page.

HEALTH INFORMATION MANAGEMENT SERVICES (HIMS) DEPARTMENT CONTACT INFORMATION:

To obtain more information about how to request a copy of your health information or to exercise your rights as contained in this notice, please contact:

Stanford Health Care

In Person Location and Mailing Address:

Health Information Management Services

450 Broadway, PAV-C, Room C14, MC5200

Redwood City, CA 94063

Phone: (650) 723-5721; Fax: (650) 725-9821

Stanford Medicine Partners

Health Information Management Services

Stanford Medicine Partners

7999 Gateway Blvd., Suite 200

Newark, CA 94560

Telephone #: 510-974-8224 Fax: 510-974-8222

Lucile Salter Packard Children's Hospital at Stanford / Packard Children's Health Alliance

In-Person Location & Mailing Address:

Health Information Management Services

Stanford Medicine Children's Health

4700 Bohannon Drive, MC5900

Menlo Park, CA 94025

Phone: (650) 497-8334; Fax: (650) 725-8496

Stanford Health Care Tri-Valley

In-Person Location and Mailing Address:

Health Information Management Services

1111 E. Stanley Blvd, Building D

Livermore, CA 94550

Phone: (925) 373-8019; Fax: (925) 373-4126

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with our Compliance Department via email at SMP_Privacy@stanfordhealthcare.org, by telephone at 1-855-454-9246, or by mail at SMP Compliance Department, 7999 Gateway Blvd. Suite #200 Newark, CA 94560.

You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, our Office of Compliance and Privacy will provide you with the current address for the Director. We will not retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and update this Notice accordingly. The changes will apply to all health information we already have about you as well as any information we receive in the future. We post copies of the current Notice in our facilities and on our Internet sites, and copies are available at registration areas. If the Notice is significantly changed, we will post the new Notice in our registration areas and provide it to you upon request. The Notice contains the effective date on the first page.

QUESTIONS ABOUT OUR PRIVACY PRACTICES

Stanford Medicine values the privacy of your health information as an important part of the care we provide to you. If you have questions about this Notice or our privacy practices, please contact the SMP Compliance Department via email at SMP_Privacy@stanfordhealthcare.org, by telephone at 1-855-454-9246, or by mail at SMP Compliance Department, 7999 Gateway Blvd. Suite #200 Newark, CA 94560.