

# **HIPAA Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: 1/1/2026

## **INTRODUCTION**

This Notice of Privacy Practices (the “Notice”) describes how medical and personal information about you may be used and disclosed by the Group Health Plan sponsored by **Salad Collective, LLC** (the “Employer”) and how you can access this information. The Employer sponsors one or more self-funded group health plans (collectively, the “Plan”). The Plan is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

The Plan is required by law to:

- Maintain the privacy of your protected health information (“PHI”).
- Provide you with this Notice of its legal duties and privacy practices with respect to PHI.
- Abide by the terms of the Notice currently in effect.

This Notice applies to all medical information created, received, maintained, or transmitted by the Plan, whether in electronic, paper, or oral form. The Plan is required by law to follow the privacy practices described in this Notice while it is in effect.

The Plan reserves the right to change this Notice at any time, subject to applicable law. If the Plan makes a material change to this Notice, the revised Notice will apply to all PHI maintained by the Plan. The Plan will notify participants of the material change and how to obtain the revised Notice and will distribute or make the revised Notice available in accordance with HIPAA requirements. Nothing in this Notice creates a contract or benefit entitlement.

## **WHAT IS PROTECTED HEALTH INFORMATION**

Protected health information (“PHI”) is individually identifiable health information that relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or the past, present, or future payment for the provision of health care to you, and that identifies you or could reasonably be used to identify you.

## **HOW THE PLAN MAY USE AND DISCLOSE YOUR INFORMATION**

The Plan may use and disclose your PHI without your authorization for the following purposes:

### **FOR PAYMENT**

The Plan may use and disclose PHI to determine eligibility, process claims, coordinate benefits, conduct utilization review, determine medical necessity, administer appeals, and obtain reimbursement, including disclosures to stop-loss or excess loss carriers for underwriting and reimbursement purposes.

### **FOR HEALTH CARE OPERATIONS**

The Plan may use and disclose PHI for health care operations, including quality assessment and improvement activities, care management, disease management, cost analysis, auditing, fraud detection, underwriting activities related to stop-loss coverage, wellness initiatives, and general administrative activities necessary to operate the Plan.

**FOR TREATMENT**

The Plan may disclose PHI to health care providers involved in your treatment to support coordination of care. The Plan does not provide medical treatment but may disclose PHI as necessary for treatment activities conducted by providers.

**BUSINESS ASSOCIATES**

The Plan may disclose PHI to third parties that perform services on behalf of the Plan, such as third-party administrators, claims administrators, utilization management vendors, consultants, auditors, actuaries, legal advisors, and information technology providers (“Business Associates”). The Plan requires its Business Associates to protect the privacy and security of PHI in accordance with HIPAA.

**DISCLOSURES TO THE PLAN SPONSOR**

The Plan may disclose certain PHI to the Employer, as plan sponsor, for plan administration purposes only. The Employer may not use PHI for employment-related decisions or for any purpose unrelated to plan administration and must safeguard PHI in accordance with HIPAA.

**OTHER PERMITTED OR REQUIRED DISCLOSURES**

The Plan may use or disclose PHI as permitted or required by law, including disclosures:

- For public health activities.
- For health oversight activities.
- In response to a court order or lawful process.
- To law enforcement when permitted by law.
- To prevent a serious threat to health or safety.
- To comply with workers’ compensation laws.

**OTHER USES AND DISCLOSURES**

Any use or disclosure of PHI not described in this Notice will be made only with your written authorization. You may revoke an authorization at any time in writing, except to the extent the Plan has already relied on it.

**SPECIAL PROTECTIONS****REPRODUCTIVE HEALTH INFORMATION**

The Plan may not use or disclose PHI related to reproductive health care for the purpose of conducting a criminal, civil, or administrative investigation or proceeding against you or any other person in connection with the lawful seeking, obtaining, providing, or facilitating of reproductive health care.

Before using or disclosing PHI for certain purposes, including health oversight activities, judicial or administrative proceedings, law enforcement purposes, or disclosures to coroners or medical examiners, the Plan must obtain a signed attestation from the requestor confirming the PHI will not be used for a prohibited purpose.

**SUBSTANCE USE DISORDER INFORMATION**

Certain substance use disorder records may be subject to additional protections under federal law. The Plan will not use or disclose such records except as permitted by applicable law.

## **YOUR RIGHTS REGARDING YOUR INFORMATION**

You have the right to:

- Access and obtain copies of your PHI.
- Request an amendment to your PHI.
- Request restrictions on certain uses or disclosures of PHI.
- Request confidential communications.
- Receive an accounting of certain disclosures of PHI.
- Receive a paper copy of this Notice upon request.
- Be notified following a breach of unsecured PHI.
- To exercise any of these rights, contact the Plan's Privacy Officer using the information below.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Plan's Privacy Officer or with the U.S. Department of Health and Human Services. The Plan will not retaliate against you for filing a complaint.

## **PRIVACY OFFICER CONTACT INFORMATION**

**Privacy Officer:** Wendy Hull

**Title:** SVP of Human Resources

**Address:** 14143 Denver West Parkway, Suite 260, Golden, CO 80401

**Phone:** 303-880-4236

**Email:** [whull@saladcollective.com](mailto:whull@saladcollective.com)

**Benefits Website:** [www.saladbenefits.com](http://www.saladbenefits.com)

This Notice is effective as of the date listed above and supersedes all prior notices of privacy practices issued by the Plan.