CAIRO DIAGNOSTICS

Notice of Privacy Practices

For Protected Health Information

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.

Overview

You have the right to:

- Obtain a copy of your paper or electronic health record.
- Ask us to limit the information we share.
- Request confidential communication.
- Amend your health record.
- Obtain a list of those with whom we've shared your information.
- Obtain a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.
- Notification by Cairo Diagnostics of any changes to our health information practices.

We may use and share your information to:

- Assist in treating you.
- Bill for services provided.
- Manage our organization.
- Comply with the law.
- Help with public health and safety issues.
- Conduct research.
- Respond to organ and tissue donation requests.

We are required to:

- Maintain the privacy and security of your health information.
- Inform you if a breach occurs that may have compromised the privacy or security of your information.
- Provide you with a notice of our legal duties and privacy practices regarding the information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you by mail, upon your request, if Cairo Diagnostics' health information practices change.
- Obtain your written authorization for any uses or disclosures of your health information not described in this notice. You may revoke the authorization at any time, except to the extent that action has already been taken.

How to exercise your rights:

Obtain a copy of your paper or electronic health record

- You can ask to see or obtain an electronic or paper copy of your laboratory record. To obtain your record, please complete and submit the Record Request Form along with proper identification, or please contact **support@cairodiagnostics.com.**
- Please contact the laboratory where your tests were performed for access to your medical records.
- We will provide a copy of your laboratory record in the timeframe required by applicable federal or state law. You will be informed in writing if the delivery of your record will be delayed.

Ask us to limit the information we share

- We are allowed to use your health information for treatment, payment, and healthcare operations without your consent. You can ask us to limit or not use your information for these purposes, but we are not required by law to agree to your request.
- If you pay for laboratory services out of pocket in full, you can ask us not to share that information with your health insurer. We will say yes to your request unless a law requires us to share that information.

Request confidential communication

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address than we have on record for you. We will accommodate reasonable requests, when appropriate. We are not required to agree to your request.

Amend your health record

You can ask us to amend health information about you that you think is incorrect or incomplete, but we are not required to agree to your request. You will be notified in writing within 60 days of your request if we do not agree to your request.

Obtain a list of those with whom we've shared your information

- You can ask us to prepare a list for you of the people with whom we have shared your health information within the past six years of your request.
- We will provide you with a description of the information that we shared, who we shared it with, and why we shared it.
- Under the law, we are not required to include in the list the occasions that we shared your health information for the purposes of treatment, payment, or healthcare operations.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action. No services will be provided until we validate medical power of attorney or legal guardianship.

Obtain a copy of this privacy notice

You may obtain a copy of this privacy notice by accessing Cairo Diagnostics' website at **www.cairodiagnostics.com.**

How to contact us, file a complaint, and exercise your rights

If you have questions or comments regarding the Sonic Healthcare USA Cairo Laboratory's Notice of Privacy Practices, or have a complaint about our use or disclosure of your Protected Health Information or our privacy practices, or if you choose to exercise any of the rights described above, please contact the Sonic Healthcare USA Cairo Compliance Department by:

Mail: **Sonic Healthcare USA**
Attn: Compliance Department
2626 Cole Avenue, Suite 900, Dallas, TX 75204

Email: **compliancedepartment@sonichealthcareusa.com**

- We will not discriminate against you if you choose to exercise any of these rights.
- You may file a complaint directly with the Secretary of Health and Human Services. There will be no retaliation by the Sonic Healthcare USA Cairo Diagnostics Laboratory for filing acomplaint.

How we may use and share your information:

- Assist in your treatment: for example, we will report the results of your laboratory test(s) to the healthcare practitioner who requested the test(s).
- Bill for services rendered to you: for example, a bill may be sent to you or a third party payer. The bill may include information that identifies you and the tests that were performed.
- Manage our organization: for example, we may use information about you to assess the timely reporting of the results of your test(s); this information will then be used in an effort to continually improve the quality and effectiveness of the service we provide.
- We may provide your protected health information to other companies or individuals that need the information to provide services to us. These other entities, known as "business associates," are required to maintain the privacy and security of protected health information. For example, we may provide information to companies that assist us with billing of our services. We may also use an outside collection agency to obtain payment when necessary.
- Comply with the law: for example, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, or to avert a serious threat to the health or safety of a person or the public.
- To comply with laws relating to workers' compensation or other similar programs established by law.
- We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena.
- To help with public health and safety issues: for example, preventing disease, preventing or reducing a serious threat to anyone's health or safety, and reporting suspected abuse, neglect, or domestic violence.
- Respond to organ and tissue donation requests: for example, we can share health information about you with organ procurement organizations.

We are required to:

Maintain the privacy and security of your health information

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Cairo Diagnostics is required by law to maintain the privacy of health information that identifies you, called protected health information (PHI). Cairo Diagnostics will make reasonable efforts to ensure the confidentiality of your PHI, as required by statute and regulation.

Inform you if a breach occurs that may have compromised the privacy or security of your information

Cairo Diagnostics is required to provide patient notification if it discovers a breach of unsecured PHI unless there is a demonstration, based on a risk assessment, that there is a low probability that the PHI has been compromised. You will be notified without unreasonable delay and promptly after discovery of the breach.

Provide you with a notice of our legal duties and privacy practices regarding the information we collect and maintain about you

Cairo Diagnostics is required to provide you with this notice of our legal duties and privacy practices. A copy of our privacy practices is available on our website, www.cairodiagnostics.com. You may also request that a printed copy be mailed to you.

Abide by the terms of this notice

Cairo Diagnostics is required by law to maintain the privacy of your PHI and to abide by all of the terms of this notice.

Notify you by mail, upon your request, if Cairo Diagnostics' health information practices change

Cairo Diagnostics may change the terms and content of this notice at any time because of operational or regulatory requirements, and the changes will apply to all the information Cairo Diagnostics has about you. Whenever changes are made to this notice, the new notice will be available upon request, posted in our facilities, and on Cairo Diagnostics' website.

Obtain your written authorization for any uses or disclosures of your health information not described in this notice. You may revoke the authorization at any time, except to the extent that action has already been taken

For purposes not described above, Cairo Diagnostics will ask for your authorization before using or disclosing your PHI. If you signed an authorization form, you may revoke it, in writing, at any time, except to the extent that Cairo Diagnostics has already acted on any prior uses or disclosures previously authorized by you.

Effective Date 8/4/2026

CAIRO DIAGNOSTICS
A ProPath Services, LLC Laboratory

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