

# Notice of Privacy Practices

Effective Date: June 1, 2026 · Last Updated: June 1, 2026

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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.

This Notice of Privacy Practices ("Notice") is provided by Reactides LLC and Tyme Regenerative Wellness LLC, Inc. (collectively, "Practice") and applies to all Protected Health Information ("PHI") created, received, maintained, or transmitted by the Practice and by independent licensed healthcare providers ("Providers") who access the Platform as members of the Practice's organized health care arrangement, to the extent they are subject to HIPAA. This Notice is issued pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its implementing regulations at 45 C.F.R. Parts 160 and 164.

## OUR LEGAL DUTIES

We are required by law to:

- Maintain the privacy of your PHI
- Provide you with this Notice of our legal duties and privacy practices with respect to PHI
- Abide by the terms of the Notice currently in effect
- Notify you following a breach of your unsecured PHI, as required by 45 C.F.R. § 164.400 et seq.

We reserve the right to change this Notice at any time and to make the revised Notice effective for PHI already received and maintained by us, as well as for PHI we receive in the future. A copy of the current Notice will be posted on our Platform and provided to you upon request.

## PERMITTED USES & DISCLOSURES WITHOUT YOUR AUTHORIZATION

Federal law permits or requires us to use and disclose your PHI — without your written authorization — for the following purposes:

**TREATMENT — 45 C.F.R. § 164.506(C)(2)**

We may use and disclose your PHI to provide, coordinate, and manage your health care and related services. This includes sharing information with Providers, specialists, pharmacies, laboratories, or other health care professionals involved in your care.

**PAYMENT — 45 C.F.R. § 164.506(C)(3)**

We may use and disclose your PHI to facilitate billing and collection for services rendered. Because the Platform operates on a cash-pay basis, we do not submit claims to health plans or government payors; however, we may use PHI to process payment transactions and maintain financial records.

**HEALTH CARE OPERATIONS — 45 C.F.R. § 164.506(C)(4)**

We may use and disclose your PHI for operational purposes including quality assessment, competency evaluation, training, accreditation, and legal and compliance functions, consistent with the minimum necessary standard.

Additional permitted or required disclosures without authorization include:

- **As Required by Law (45 C.F.R. § 164.512(a)):** Disclosures required by federal, state, or local law, including valid court orders and subpoenas
- **Public Health Activities (45 C.F.R. § 164.512(b)):** Reporting to public health authorities to prevent or control disease, injury, or disability; reporting adverse events to the FDA
- **Abuse, Neglect & Domestic Violence (45 C.F.R. § 164.512(c)):** Reporting to government authorities authorized to receive reports of abuse, neglect, or domestic violence
- **Health Oversight Activities (45 C.F.R. § 164.512(d)):** Disclosures to health oversight agencies for audits, investigations, inspections, and licensure proceedings
- **Judicial & Administrative Proceedings (45 C.F.R. § 164.512(e)):** In response to a court order, subpoena, discovery request, or other lawful process
- **Law Enforcement (45 C.F.R. § 164.512(f)):** To law enforcement officials for limited purposes, including identifying or locating a suspect or reporting a crime on our premises
- **Serious Threat to Health or Safety (45 C.F.R. § 164.512(j)):** To prevent or lessen a serious and imminent threat to the health or safety of a person or the public

- **Decedents (45 C.F.R. § 164.512(g)):** To coroners, medical examiners, and funeral directors as necessary
- **Business Associates (45 C.F.R. § 164.502(e)):** To vendors and contractors who perform services on our behalf, under executed Business Associate Agreements requiring equivalent PHI protections

#### **USES & DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION**

Except as described above, we will not use or disclose your PHI without your written authorization, which must comply with 45 C.F.R. § 164.508. Specific uses requiring authorization include:

- Most marketing communications (45 C.F.R. § 164.508(a)(3))
- Sale of PHI (45 C.F.R. § 164.508(a)(4))
- Psychotherapy notes, if maintained (45 C.F.R. § 164.508(a)(2))
- Any other use or disclosure not permitted by the Privacy Rule

You may revoke a written authorization at any time by submitting a written revocation to [privacy@reactides.com](mailto:privacy@reactides.com), except to the extent that we have already taken action in reliance on the authorization.

#### **YOUR INDIVIDUAL RIGHTS UNDER HIPAA**

You have the following rights with respect to your PHI. To exercise any right, submit a written request to our Privacy Officer at [privacy@reactides.com](mailto:privacy@reactides.com). We will respond within 30 days (or 60 days if an extension is necessary, with notice).

##### **RIGHT OF ACCESS — 45 C.F.R. § 164.524**

You have the right to inspect and obtain a copy of your PHI maintained in a designated record set, including medical records and billing records. We will provide access in the form you request (electronic or paper) where readily producible. We may charge a reasonable, cost-based fee for copies. We may deny access in limited circumstances defined by law and will provide a written explanation of any denial.

**RIGHT TO AMEND — 45 C.F.R. § 164.526**

You may request that we amend PHI in a designated record set that you believe is inaccurate or incomplete. We have 60 days to act on your request (extendable by 30 days with notice). We may deny the request if the PHI was not created by us, is not part of a designated record set, or is accurate and complete; we will provide a written denial and explanation.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES — 45 C.F.R. § 164.528**

You may request an accounting of disclosures of your PHI made by us in the six (6) years prior to your request, except for disclosures for treatment, payment, health care operations, disclosures authorized by you, and certain other disclosures listed in 45 C.F.R. § 164.528(a)(1). We may charge a reasonable fee for accountings beyond one per 12-month period.

**RIGHT TO REQUEST RESTRICTIONS — 45 C.F.R. § 164.522(A)**

You may request that we restrict certain uses or disclosures of your PHI for treatment, payment, or health care operations, or to persons involved in your care. We are not generally required to agree to restrictions. However, we must agree to restrict disclosure to a health plan where you have paid for a service out-of-pocket in full and request such restriction, pursuant to 45 C.F.R. § 164.522(a)(1)(vi).

**RIGHT TO CONFIDENTIAL COMMUNICATIONS — 45 C.F.R. § 164.522(B)**

You may request that we communicate with you about PHI by alternative means or at an alternative location (e.g., a different email address or phone number). We will accommodate all reasonable requests without requiring you to provide a reason.

**RIGHT TO A PAPER COPY OF THIS NOTICE — 45 C.F.R. § 164.520(C)(2)**

You have the right to receive a paper copy of this Notice upon request at any time, even if you have previously agreed to receive it electronically. Contact our Privacy Officer to request a copy.

**MINIMUM NECESSARY STANDARD**

When using or disclosing PHI or requesting PHI from another covered entity, we make reasonable efforts to limit the PHI used, disclosed, or requested to the minimum necessary to accomplish the intended purpose, consistent with 45 C.F.R. § 164.502(b).

#### **DE-IDENTIFICATION**

We may de-identify your PHI in accordance with 45 C.F.R. § 164.514(b) (Expert Determination) or § 164.514(b) (Safe Harbor). De-identified information is no longer PHI and is not subject to this Notice.

#### **COMPLAINTS**

If you believe we have violated your privacy rights under HIPAA, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights ("OCR"):

- OCR Online: [hhs.gov/ocr/privacy/hipaa/complaints](https://hhs.gov/ocr/privacy/hipaa/complaints)
- OCR Phone: 1-800-368-1019 (TDD: 1-800-537-7697)
- OCR Mail: 200 Independence Avenue, S.W., Washington, D.C. 20201

We will not retaliate against you in any way for filing a complaint with us or with the OCR. Filing a complaint will not affect the care or services you receive from us.

#### **Contact**

Reactides LLC / Tyme Regenerative Wellness LLC — HIPAA Privacy Officer

Email: [privacy@reactides.com](mailto:privacy@reactides.com)

Phone: [Direct Phone Number]

Mail: [Street Address], Irvine, CA [ZIP]