

SEMINOLE TRIBE OF FLORIDA SELF-FUNDED HEALTH PLAN

NOTICE OF PRIVACY PRACTICES

This notice describes how individually identifiable health/medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Legal Duty

We are required by law to maintain the privacy of your health information that we use or receive in administering the Seminole Tribe of Florida ("STOF") Self-Funded Health Plan (the "Plan"). We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. This Notice was effective as of January 1, 2015, and has been amended from time to time, most recently with an effective date of February 16, 2026. We will follow the privacy practices described in this Notice while they are in effect.

This Notice provides you with the following information:

- How we may use and disclose your health information;
- Your privacy rights in your health information; and
- Our obligations concerning the use and disclosure of medical information.

We reserve the right to change our privacy practices and the terms of this Notice at any time. Any revision or amendment will be effective for all information held by us, whether obtained prior to or after the amendment. A copy of this Notice will be posted on <https://www.semtribe.com/services/health-and-human-services/health-plan> and you may request a hard copy of this Notice at any time Seminole Tribe of Florida Health Plan Administration Department.

Use and Disclosure of Health Information

We may receive or maintain health information about you for your treatment and Plan payment and operations purposes. This Notice applies to all of the health records we maintain. We also may share your PHI with other companies that we contract with ("business associates") to help the Plan provide these benefits to you.

Uses for Treatment. We may use or disclose your protected health information ("PHI") to provide, coordinate, or manage your health care and any related services, including coordinating or managing your care with health care providers. For example, we may disclose your PHI to treating physicians if a doctor sends us information about your diagnosis and treatment plan so that we can arrange additional services.

Uses for Payment. We may use and disclose your health information to review and to pay claims under the terms of the Plan. We may gather information from other covered entities or business

associates for purposes of determining whether services or supplies you have received are covered as benefits under the Plan. This includes determinations of eligibility or coverage, adjudication of claims, and subrogation or reimbursement of health care claims from responsible third parties.

We may also use your health information to resolve claim appeals under the Plan. Under the Plan's formal claims appeals procedures, claims personnel may gather information about you, your diagnosis and your treatment or supplies provided in the course of treatment to make an appropriate determination regarding your appeal of a claim for benefits. If your claim requires external medical review by an independent medical authority, we may provide your health information to an outside medical reviewer. Any information gathered in the course of this external review will be used solely for the payment purposes described in this Notice.

Uses for Healthcare Operations. We may use and disclose health information about you for operational purposes, including to contact you when necessary. For example, your health information may be disclosed to appropriate employees in our Plan administration department to:

- Evaluate the performance of our business associates;
- To develop better services for you;
- Assess the quality of care or services provided by our business associates or other third parties;
- Determine Plan design and to make underwriting decisions regarding covered benefits;
- Solicit bids from third parties for claims administration or other services to be provided to the Plan, including annual contract renewals with existing claims administrators or other business associates.

We do not use or disclose PHI ("protected health information") that is genetic information for underwriting purposes.

Disclosures to the Plan Sponsor. The Plan may disclose PHI to the Seminole Tribe of Florida, the sponsor of the Plan. For example, employees within the Health Plan Administration department may share enrollment information with the STOF Finance Department, and Health and Human Services, the Treasurer of the Tribal Council of the Seminole Tribe of Florida, or other departments with a need to know such information.

To You or Your Authorized Representative. We must provide your health information to you upon request, as more fully described in the "Your Rights to Health Information" section of this Notice. We will disclose your health information to an individual designated as your personal representative, attorney-in-fact, guardian, etc., so long as we receive documentation of that person's authority to act on your behalf. We can refuse to disclose information to your personal representative if we have a reasonable belief that:

- You have been, or may be, subjected to domestic violence, abuse, or neglect by such person;
- Treating such person as your personal representative could endanger you; or
- In our professional judgment, it is not in your best interest to treat the person as your personal representative.

Individuals Involved in Your Care or Payment for Your Care. We may share your health information with a friend, family member, or another person you identify who is involved in your care or payment for your care if you do not object to the disclosure or you agree to share your information with them. If, for some reason such as a medical emergency, you are not able to agree or disagree, we may use our professional judgment to decide whether sharing your information is in your best interest. This includes sharing information about your location and general condition. We may also share information about you to an organization assisting in disaster relief efforts so it can notify your family about your condition, status, and location.

Permitted or Required by Law. Except as described in "Your Authorization," we may use or disclose your health information where permitted or required by law. We have to meet many conditions before we can share your information for these purposes. For example, we may disclose information for the following purposes:

- **Assist with public health and safety issues:** We can share health information about you to a public health authority that is permitted by law to collect or receive the information for certain situations such as:
 - preventing or controlling disease, injury, or disability;
 - helping with product recalls;
 - reporting suspected abuse, neglect or domestic violence; or
 - assisting public health officials to avert a serious threat to your health or safety, or the public health and safety. Any such disclosure would only be to someone able to help prevent the threat.
- **Respond to lawsuits and legal actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- **Research:** We may share your health information for health research purposes; however, usually we will first need to get your written authorization.
- **Comply with the law:** We will share information about you if laws require it, including sharing your health information with the U.S. Department of Health and Human Services if it wants to see that we are complying with federal privacy laws.
- **Workers' compensation:** We may disclose PHI for workers' compensation similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries.
- **Law enforcement and other government requests:** We may share health information about you if asked to do so by a law enforcement official in certain limited circumstances.

- **National security and intelligence activities:** We may disclose your PHI to authorized federal officials for national security and intelligence activities authorized by law.
- **Military:** We may disclose health information as required by military and veterans authorities if you are or were a member of the uniformed services.
- **Organ and tissue donation:** If you are an organ donor, we can share information about you for organ, eye or tissue donation purposes, provided that we follow applicable laws.
- **Coroners, Medical Examiners, Funeral Directors:** We can share information about you to coroners, medical examiners or funeral directors to carry out their duties.
- **Inmates:** We can share health information about you to a correctional institution having custody of you that is necessary for your health and the health and safety of other individuals.

Sale of Your Health Information. We will never sell your health information without your prior authorization.

Marketing of Products or Services. "Marketing" means to make a communication to you that encourages you to buy or use a product or service. We will not use or disclose your health information for marketing communications without your prior authorization.

We may communicate with you about health related products or services (including who participates in our provider network), treatment, case management or care coordination (including recommending alternative treatment, providers or settings for care). We do not receive any payment for making these communications.

Your Authorization. Except in the situations described above, we will use and share your PHI only with your written authorization. We are not permitted to sell or rent your PHI and may not use or share your PHI for marketing or fundraising purposes without your authorization.

In some situations, applicable law may provide special protections for sharing specific kinds of PHI and require authorization from you before we can share that specially protected medical information. For example, information about treatment for alcohol or drug abuse, HIV/AIDS and sexually transmitted disease, and mental health may be specially protected. In these situations, and for any other purpose, we will contact you for the necessary authorization. If you give us an authorization, you may later revoke it in writing at any time.

Although we are not a substance use disorder treatment program (a "SUD Program"), we may receive information from a SUD Program about your treatment. We may not disclose this information so that it can be used in a civil, criminal, administrative, or legislative proceeding against you unless (i) we have your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after we and you were given notice and an opportunity to be heard. In addition, if we use this information to raise funds for our benefit, we must first provide you with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

Once PHI is disclosed, it may no longer be protected by HIPAA and may be subject to re-disclosure.

Your Rights to Your Health Information

We may maintain records containing your health information. In some cases, our business associates will possess the information that is responsive to any of the individualized requests detailed in this section. Those business associates maintain certain designated record sets and you may contact the business associate to review that information. The business associate is obligated to provide you with the same rights as those described in this Notice. You have the following rights regarding health information that we maintain about you:

- **Access.** With very limited exceptions, you have the right to review or obtain copies of your health information in electronic or paper format. We will provide a copy or summary of your health information, usually within 30 days. You also have the right to request that we send your health information to another person. Your request must be in writing and include the name and address of the person who is to receive the records. If we do not maintain the health information that you request, but we know where the information is maintained, we will let you know where to send your request. We may charge you a reasonable, cost-based fee for providing you with a copy of your information.
- **Disclosure Accounting.** You have the right to receive a list of instances in which we, or our business associates, have disclosed your health information for purposes other than treatment, payment, healthcare operations, or where you have provided us with an authorization for disclosure. You may request this list for any disclosures made in the previous 6 years.
- **Request Restrictions.** You have the right to request that we place additional restrictions on our use or disclosure of your health information, including restricting uses and disclosures to family members, relatives, friends, and other persons you have identified. We are not required to agree to these additional restrictions and may not do so in instances where, in our judgment, the restrictions would materially impair our ability to perform necessary functions of administering the Plan.
- **Confidential Communications.** You have the right to request in writing that we communicate with you about your health information in a specific way (for example, home or office phone) or send mail to a different address. Your request must specify your preferred method of contact. For example, you can ask that we only contact you at work or by mail. We will consider all reasonable requests. We must approve requests if you tell us you would be in danger if we do not.
- **Amendments.** You have the right to request that we amend your health information contained in our records. Your written request must explain why the information should be amended. We may deny your request under certain circumstances.
- **Electronic Notice.** If you receive this Notice in electronic form, you have the right to request a paper copy of this Notice at any time. We will promptly provide you with a paper copy.

- **Privacy Breach Notice.** You have the right to receive a notice if we or a business associate discover a breach of your unsecured PHI and determine through an investigation that notice is required.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact the Privacy Officer at (954) 981-7410 ext. 10200. The Privacy Officer is responsible for handling any grievances associated with our uses and disclosures of your health information. The Privacy Officer's address and phone number is:

Privacy Officer
Seminole Tribe of Florida Health Plan Administration
111 West Coral Way, Room 107
Hollywood, Florida 33021
(954) 981-7410 ext. 10200

If you are concerned that we may have violated your privacy rights, or you disagree with a decision made about access to your health information, or in response to a request you made related to the "Your Rights to Health Information" section of this Notice, you should contact the Privacy Officer. You may also submit a written complaint to Centralized Case Management Operations, U.S. Department of Health and Human Services, by sending a letter to 200 Independence Ave. S.W., Room 509F HHH Building, Washington, D.C., 20201; or you may file a complaint online at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> . You may also visit <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

We support your right to the privacy of your health information. We will not retaliate in any way if you file a complaint with us or with the Office for Civil Rights of the U.S. Department of Health and Human Services.

Effective Date: February 16, 2026