MOBILE THERAPEUTICS LLC

Notice of Privacy Practices

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Effective date: September 5, 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.

Who we are

Mobile Therapeutics LLC is a mobile orthopaedic practice. All care is provided by Eric Goddeyne, a licensed physician assistant, in your own home or in your assisted living apartment. We have no clinic and no office you visit. This notice tells you how we protect your health information.

Our legal duties

We are required by law to maintain the privacy of your protected health information, to give you this notice of our legal duties and privacy practices, and to notify you following a breach of your unsecured protected health information. We are required to abide by the terms of the notice that is currently in effect.

How we may use and disclose your health information without your written authorization

For treatment. We use your health information to provide your care, and we share it with other people involved in your care. Example: before injecting your knee, we review the operative note from your knee replacement, and afterwards we send your surgeon a note describing the injection and how you responded. We may also share information with the collaborating physician we work with, your primary care clinician, a home health agency, a physical therapist, an imaging center, or the nursing staff at your assisted living facility who care for you.

For payment. We use and disclose your information to bill and be paid for your care. Example: we send a claim to Medicare or to your Medicare Advantage plan that includes your name, the date of the visit, your diagnosis and the procedure performed.

For health care operations. We use your information to run the practice — reviewing our own quality of care, training, arranging outside review of our records by a coder or a reviewing clinician, and managing our business. Example: an outside certified coder reviews a sample of our records once a year to confirm our documentation and billing are accurate.

To people involved in your care or payment. Unless you object, we may share information relevant to their involvement with a family member, another relative, a close personal friend, or any other person you identify. Where you are not able to tell us your wishes, we may use our professional judgment about what is in your best interest.

We also use or disclose your health information in the following circumstances, as the law permits or requires:

- **When required by law.** We disclose information when the law requires it.
- **To report abuse or neglect.** Wisconsin law makes physician assistants mandatory reporters of suspected abuse, neglect, self-neglect or financial exploitation of an elder adult at risk. If we believe you or another older adult is at risk, we are required to report it.
- **For public health activities**, such as reporting a disease or a problem with a medication or a medical device.
- **For health oversight activities**, including audits, investigations and licensure actions.

- **For judicial and administrative proceedings**, in response to a court order or, in some circumstances, a subpoena.
- **To law enforcement**, in the limited circumstances the law permits.
- **To avert a serious and imminent threat** to your health or safety or that of another person.
- **For workers' compensation**, as authorized by law.
- **To coroners, medical examiners and funeral directors**, and for organ or tissue donation.
- **For research**, only where the law permits it or where you have authorized it.
- **For specialized government functions**, such as military and national security purposes as the law permits.

Uses and disclosures that require your written authorization

Any use or disclosure not described in this notice will be made only with your written authorization, and you may revoke that authorization at any time in writing, except to the extent we have already acted in reliance on it. Your written authorization is specifically required for:

- **Marketing.** This includes using anything you say about us — a review, a testimonial, a comment, a photograph, or your story — in our advertising, on our website, or in any promotional material. If you have posted a public review about us, that does not give us permission to republish it. We will not use it without your signed authorization.
- **Any sale of your health information.** We do not sell health information.
- **Psychotherapy notes**, in the limited circumstances they exist.

We will never require you to sign an authorization as a condition of receiving treatment.

Your rights

To inspect and get a copy of your records

You have the right to inspect and obtain a copy of the health information we keep about you, including your clinical records, your ultrasound images, and your billing records. We will act on your request within 30 days. If we need more time, we may take one extension of up to 30 more days, and we will tell you in writing why and when we will be finished. We will give you the copy in the form and format you ask for if we can readily produce it that way. If you ask us to email your records to you without encryption, we will do so after telling you about the risk. You may also ask us to send a copy to another person you name, in a signed written request that identifies that person and where to send it. We may charge a reasonable, cost-based fee, and we will tell you the amount before we charge it. In limited circumstances we may deny access, and if we do we will tell you in writing why, and how to have the decision reviewed if review is available.

To ask us to amend your records

If you believe information in your record is incorrect or incomplete, you may ask us in writing, with a reason, to amend it. We will act within 60 days, with one possible 30-day extension. We may deny the request in certain circumstances — for example if we did not create the record, or if we determine the information is accurate and complete. If we deny it, you have the right to submit a written statement of disagreement, which we will include with the record.

To an accounting of disclosures

You have the right to a list of certain disclosures we have made of your health information in the six years before your request. The list does not include disclosures for treatment, payment or health care operations, disclosures to you, disclosures you authorized, and certain others. The first accounting in any 12-month period is free; we may charge a reasonable, cost-based fee for additional requests in the same 12 months, and we will tell you in advance so you can withdraw or change your request. We will act within 60 days, with one possible 30-day extension.

To request restrictions

You may ask us to restrict how we use or disclose your information for treatment, payment or health care operations, or to family members and others. We are not required to agree, and we will tell you if we do not. There is one restriction we must agree to: if you pay for a service in full yourself, and you ask us not to disclose information about that service to your health plan for payment or health care operations, we must agree, unless the law requires the disclosure. **This applies to our iovera° treatment, which is paid for in full by the patient.**

To request confidential communications

You may ask us to communicate with you by a different means or at a different location — for example, to call a particular number, not to leave clinical details on a voicemail, not to mail anything to your assisted living facility, or not to discuss your care in front of a particular person. We will accommodate reasonable requests. We will not ask you why. We may ask you to put the request in writing and to tell us how payment will be handled and where to reach you.

To a paper copy of this notice

You may ask for a paper copy at any time, even if you received this notice electronically. This notice is also posted on our website at mobile-therapeutics.com.

To be notified of a breach

You have the right to be notified if there is a breach of your unsecured health information.

To have a personal representative act for you

If someone has legal authority to make health care decisions for you — a guardian appointed by a court, or an agent under an activated power of attorney for health care — we will generally treat that person as we would treat you, with respect to the information relevant to that authority. We will ask to see the document. In limited circumstances the law permits us not to treat a person as your personal representative, for example where we reasonably believe that doing so could endanger you.

Complaints

If you believe your privacy rights have been violated, you may complain to us and you may complain to the Secretary of the U.S. Department of Health and Human Services.

To complain to us, contact Eric Goddeyne, PA-C, Privacy Officer, Mobile Therapeutics LLC — (920) 777-9876 or info@mobile-therapeutics.com. Please do not include medical details in an email; send a name and a callback number and we will phone you.

To complain to the federal government, contact the Office for Civil Rights, U.S. Department of Health and Human Services. Information on filing a complaint is available at hhs.gov/hipaa/filing-a-complaint.

You will not be retaliated against in any way for filing a complaint, for exercising any of your rights, for participating in an investigation, or for opposing a practice you believe in good faith to be unlawful. We will never ask you to waive your right to complain as a condition of receiving treatment or payment.

Changes to this notice

We reserve the right to change this notice and to make the new notice apply to health information we already have about you as well as to information we receive in the future. If we make a material change, we will make the revised notice available to you on request on or after its effective date, and we will post the revised notice on our website. Because we deliver care in your home and have no waiting room, we will also offer you a copy of the revised notice at your next visit.

This notice is effective on the date shown above and remains in effect until replaced.

Published under 45 CFR 164.520. A paper copy of this notice is provided to every patient at or before the first visit and is available at any time on request by calling (920) 777-9876. This notice is also posted at mobile-therapeutics.com/privacy/.