

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

HIPAA PRIVACY NOTICE

This notice describes how your protected health information or PHI may be used or disclosed under the privacy and security rules of the Health Insurance Portability and Accountability Act (HIPAA).

Uses & Disclosures of Your Information

The Disney *Signature* Benefits Plan, The *Signature* Benefits Plan (TFCF) and the BAMTECH Media Benefit Plan (herein each, the “Plan”) may use or disclose your PHI for the purposes of routine treatment, payment, or health care operations related to the Plan. For example, the Plan may use your PHI for management activities related to the Plan, including auditing, fraud and abuse detection, and customer service. The Plan also may use or disclose your PHI in order to pay your claims for benefits. For example, the Plan may use your information to make eligibility determinations and for billing and claims management purposes. If you provide consent for the use and disclosure of your substance use disorder treatment records for treatment, payment and health care operations, the Plan may rely on such consent for all future uses and disclosures for TPO until you revoke your consent in writing.

Note that the Genetic Information Nondiscrimination ACT (GINA) prohibits using PHI that is genetic information for underwriting purposes.

In addition, the Plan may disclose your PHI to the Walt Disney Company Enterprises 18 Corporation so that it can perform administrative functions on behalf of the Plan, such as facilitating claims or appeals.

The Plan also may use or disclose your PHI where required or permitted by law. Federal law, under the Health Insurance Portability and Accountability Act of 1996 generally permits health plans to use or disclose PHI for the following purposes:

- where required by law;
- for public health activities;
- to report child or domestic abuse;
- for governmental oversight activities;
- pursuant to judicial or administrative proceedings;
- for certain law enforcement purposes;
- for a coroner, medical examiner, or funeral director to obtain information about a deceased individual;
- for organ, eye, or tissue donation purposes;
- for certain government-approved research activities;
- to avert a serious threat to an individual's or the public's health or safety;
- for certain government functions, such as related to military service or national security; or
- to comply with Workers' Compensation laws;

- to a family member or close friend that you have identified and who is directly involved in your care or payment for your care; or
- to notify a family member of other individual involved in your care of your location, general condition, or death or to a public or private entity authorized by law or its charter to assist in disaster relief efforts to make such notifications.

For any other uses and disclosures of your PHI, the Plan will obtain your written authorization.

The Plan will obtain your written authorization to use or disclose PHI for marketing purposes where the Plan receives financial remuneration, for the sale of PHI, or with respect to psychotherapy notes, except for limited health care operations purposes. You may revoke this authorization in writing at any time, provided the Plan has not yet taken action in reliance on your authorization.

Substance use disorder treatment records received from programs subject to 42 CFR part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent or the Plan receives a court order accompanied by a subpoena or other legal requirement compelling disclosure and you are provided notice and an opportunity to be heard.

Under the HIPAA privacy and security rules, the Plan is required to comply with any other applicable laws, including 42 CFR Part 2 and State laws that also are applicable and are not contrary to HIPAA (for example, where state laws or substance use disorder privacy laws may be stricter).

Your Rights With Respect To Your Health Information

You have several rights with respect to your PHI, which are described below. Please call the privacy contact listed below if you have questions about your rights.

- ❑ You have the right to request restrictions on how your PHI may be used or disclosed. The Plan generally is not required to agree to your requested restriction, except in limited circumstances.
- ❑ You have the right to receive your PHI confidentially, such as at a location other than your home, if you state in writing that disclosing the information through normal means could endanger you.
- ❑ You have the right to inspect and copy your PHI that is maintained by the Plan in a designated record set or to request an electronic copy. The Plan may charge a reasonable, cost-based fee for such copies.
- ❑ You have the right to request an amendment to your PHI that the Plan maintains in a designated record set. The Plan may deny your request for an amendment if it believes your information is accurate and complete, or if the information was created by a party other than the Plan.
- ❑ You have a right to request an accounting of disclosures the Plan has made of your PHI for the six years prior to your request, except for disclosures you have authorized or disclosures for routine treatment, payment, or health care operations of the Plan.
- ❑ You have a right to request a paper copy of this notice, even if you have agreed to receive this notice electronically.

Our Duties With Respect to Your Individually Identifiable Health Information

The Plan is required by law to maintain the privacy of your PHI and to provide you with a notice of its legal duties and privacy practices. The Plan is required to abide by the terms of this notice. The Plan is required to

notify you if there is a breach of your unsecured PHI. The Plan reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains. If there is a material change to any provisions of this notice, the Plan will distribute a revised privacy notice.

Questions?

If you have questions or would like more information about the Plan's privacy policies, you may contact the **Disney Benefits Center** at **1-800-354-3970**. To view toll-free numbers by country for calls outside the U.S., visit **Benefits.Disney.com** and select "Contacts." Fidelity Representatives are available to assist you Monday through Friday between 8:30 a.m.–8:30 p.m. ET (5:30 a.m.–5:30 p.m. PT).

If you believe your privacy rights have been violated, you may file a complaint with the Plan or the Secretary of the U.S. Department of Health and Human Services. You cannot be retaliated against for filing such a complaint.

Effective Date of Notice: July 21, 2026

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