As of: September 2025

JPMorganChase

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

Privacy Notice of Protected Health Information under the JPMorgan Chase Health Care Plans

This Privacy Notice describes how the JPMorgan Chase Health Care Plans [Medical Plans for active and retired employees (including prescription drug coverage, the Medical Reimbursement Account and Employee Assistance Program), Dental Plan, Health & Wellness Centers Plan (Columbus, Ohio Centers only), and Health Care Spending Account (collectively, the "Health Care Plans" or the "Plans")] may use and disclose protected health information about you and your covered family members, including your rights and certain obligations regarding the use and disclosure of this protected information. In regard to the JPMorgan Chase Medical Plan and Dental Plan, this notice only applies to the plan options that are funded by JPMorganChase instead of an insurance carrier. Please Note: Your personal doctor or health care provider may have different policies or notices regarding the provider's use and disclosure of your protected health care information created in the provider's office, clinic, or facility.

Under the federal Health Insurance Portability and Accountability Act and the Health Information Technology for Economic and Clinical Health Act (collectively referred to as "HIPAA"), the Health Care Plans are legally required to:

- Maintain the privacy of protected health information;
- Give you notice of the Health Care Plans' legal obligations and privacy practices with respect to protected health information; and
- Follow the terms of the notice that is currently in effect.

What is Protected Health Information?
Protected health information is considered to be individually identified health information as it relates to the:

- Past, present or future health of an individual; or
- Health care services or products provided to an individual; or
- Past, present or future payment for health care services or products.

How the JPMorgan Chase Health Care Plans May Use and Disclose Your Protected Health Information

In most cases, third-party claims administrators retained by the Health Care Plans create, maintain, and use protected health information. The following categories describe certain ways that the Health Care Plans and their third-party claims administrators may use and disclose protected health information for purposes of plan administration.

Without Your Authorization

For Coordination of Treatment

The Health Care Plans may use protected health information about you to facilitate health care treatment or services. For example, the Plans may disclose your protected health information to doctors, nurses, dentists,

technicians, medical/dental students, or other hospital personnel who are involved in your care. In addition, the Plans may disclose protected health information to wellness partners for the purposes of providing outreach programs in an effort to provide you with information that can help you make informed health care decisions.

To Make or Obtain Payment

The Health Care Plans may use and disclose your protected health information to determine eligibility for benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plans, and/or to coordinate Plan coverage. For example, the Health Care Plans may tell your health care provider about your health care history to determine whether a particular treatment is experimental, investigational, or medically necessary; or to determine whether the Plans will cover the treatment. The Plans may also share protected health information with a utilization review or pre-certification service provider. Likewise, the Plans may share protected health information with another entity to assist with the adjudication or subrogation or reimbursement of health claims or with another health plan to coordinate the payment of benefits.

For Health Care Operations

The Health Care Plans may use and disclose your protected health information for operational processes necessary to run the Plans. For example, the Plans may use your protected health information in connection with:

- Conducting quality assessment and health improvement activities and certain marketing activities;
- Underwriting and soliciting bids from potential carriers, premium rating and setting employee contributions, and other activities relating to Plan coverage;
- Conducting or arranging for health care review, legal services, audit services, and fraud and abuse detection programs;
- Business planning and development such as cost management; and
- Business management and general plan administrative activities.

To Business Associates

The Health Care Plans may contract with third parties, known as “Business Associates,” to perform various functions or provide various services on behalf of the Health Care Plans. To perform these functions or to provide these services, Business Associates may receive, create, maintain, transmit, use, and disclose protected health information, but only after they agree in writing to safeguard protected health information and respect your HIPAA rights. For example, the Health Care Plans may disclose protected health information to a third-party administrator to process benefit claims.

To Assist JPMorganChase as a Plan Sponsor

The Health Care Plans may disclose your protected health information to JPMorganChase, as the sponsor of the Health Care Plans, to assist in the performance of plan administrative functions. The Health Care Plans also may provide summary health information to JPMorganChase, as the sponsor of the company's Health Care Plans, so that the Health Care Plans can obtain premium bids or modify, amend, or terminate the Plans. Summary health information does not directly identify you, but summarizes claims history, claims expenses, or types of claims experienced. Finally, the Plans may disclose your enrollment and dis-enrollment information to JPMorganChase, as the sponsor of the Health Care Plans.

To Avert a Serious Threat to Health or Safety

The Health Care Plans may use and disclose your protected health information when necessary to prevent a serious threat to your personal health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

In Connection with Judicial and Legal Administrative Proceedings

The Health Care Plans may disclose your protected health information in the course of any judicial or administrative proceeding in response to a legal order of a court or administrative tribunal. The Plans may also disclose your protected health information during the course of any judicial or administrative proceeding in response to a legal subpoena, discovery request, or other lawful process. However, the Plans may only disclose this information if they receive satisfactory assurance from the party seeking the information that this

party made reasonable efforts to either notify you about the request or to obtain an order protecting your health care information.

For Law Enforcement Purposes

The Health Care Plans may disclose your protected health information to a law enforcement official for certain law enforcement purposes. For example, the Plans may disclose your protected health information in response to a law requiring the reporting of certain types of wounds or other physical injuries.

For Legal Health Oversight Activities

The Health Care Plans may disclose your protected health information to a legal health oversight agency for activities authorized by law, including:

- Audits;
- Civil, administrative, or criminal investigations;
- Inspections;
- Licensure or disciplinary actions;
- Civil, administrative, or criminal proceedings or actions; and/or
- Other activities necessary for appropriate oversight of the public health care system, certain government benefits programs, certain entities subject to government regulatory programs, or certain entities subject to civil rights laws.

The Plans may not disclose your protected health information if you are the subject of an investigation and the investigation does not arise out of, and is not directly related to, your receipt of health care or public benefits.

For Specified Government Functions

Under certain circumstances, the Health Care Plans may use or disclose your protected health information to facilitate specified government functions related to the U.S. military and veterans; U.S. national security and intelligence activities; protective services for the President of the United States and others; and/or correctional institutions and inmates.

For Public Health Activities

The Health Care Plans may disclose your protected health information for public health activities, such as to assist public health authorities or other legal authorities to prevent or control disease, injury, or disability.

For Disaster Relief Purposes

Under certain circumstances, the Health Care Plans may use or disclose your protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

In Connection with Decedents

The Health Care Plans may disclose your protected health information to licensed funeral directors or coroners to enable them to carry out their lawful duties.

For Workers' Compensation Purposes

The Health Care Plans may disclose your protected health information to the extent necessary to comply with laws related to workers' compensation or similar programs that provide benefits for work-related injuries or illnesses without regard to fault.

To Individuals Involved in Your Care or the Payment of Your Care

The Health Care Plans may use or disclose your protected health information to your family members or others involved in your care specifically to ensure quality care, or to notify family members or others of your condition or location. In these situations, when you are present and capacitated, you will have the opportunity to agree or disagree to the use or disclosure of your protected health information. (If agreement is obtained, your written authorization will not be required. Please see "With an Authorization" below for more information.)

To Assist Victims of Abuse, Neglect, or Domestic Violence

The Health Care Plans may, under certain circumstance, disclose your protected health information to a government authority, including a social services or protective services agency, authorized by law to receive such reports, if it is reasonably believed that you may be a victim of abuse, neglect, or domestic violence.

For Cadaveric Organ, Eye, or Tissue Donation

The Health Care Plans may use or disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye, or tissue donation and transplantation.

For Certain Government-Approved Research Activities

The Health Care Plans may use or disclose your protected health information for legally approved government research initiatives under certain circumstances.

With an Authorization

Your authorization is required for any use or disclosure of psychotherapy notes except as permitted by law, which would include for the purposes of carrying out the following treatment, payment or health care operations: i) use by the originator of the psychotherapy notes for treatment; ii) use or disclosure by the Health Care Plans for their own training programs; or iii) use or disclosure by the Health Care Plans to defend themselves in a legal action or other proceeding brought by the individual.

The Health Care Plans will obtain an authorization for any use or disclosure of protected health information for marketing, or that is a sale of the protected health information as defined under applicable law.

Other than as described in this Privacy Notice, the Health Care Plans will not use or disclose your protected health information without your written authorization, and your authorization is not required to obtain coverage under the Health Care Plans. If you authorize the use or disclosure of your protected health information, you may revoke that authorization in writing at any time. If you revoke the authorization, the Health Care Plans will no longer use or disclose your protected health information for the reasons covered by your written authorization. Please Note: Your revocation will not affect any uses or disclosures already made prior to the date written notice of the revocation is received. The authorization form is available on My Health. In addition, you can request a copy of the form by contacting 1-844-ASK-JPMC (1-844-275-5762). or 1-212-552-5100 (GDP 352-5100) if calling from outside the United States. Service Representatives are available Monday through Friday, from 8 a.m. to 7 p.m. Eastern Time, except certain U.S. holidays.

Substance Abuse Disorder

If the Health Care Plans receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a “Part 2 Program”) through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, the Health Care Plans may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. If the Health Care Plans receive or maintain your Part 2 Program record through specific consent you provide to the plans or another third party, the Health Care Plans will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to the plans.

In no event will the Health Care Plans use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

Genetic Information

The Health Care Plans will not use or disclose protected health information that is genetic information for underwriting purposes.

Separation of JPMorganChase and the Health Care Plans

By adopting the information outlined in this Privacy Notice as an amendment to the Health Care Plans, JPMorganChase—as the sponsor of the Health Care Plans–agrees that it will comply with these privacy procedures. JPMorganChase may not use or disclose your personal health information other than as described in this notice. Any agents or subcontractors who are provided access to your personal health information also must agree to be bound by these restrictions and conditions.

Your protected health information will not be disclosed by the Health Care Plans, insurers, health maintenance organizations (HMOs), or claims administrators to employees of JPMorganChase except in very limited circumstances. Your protected health information will be available to those employees of JPMorganChase involved in Plan administration or working within the Human Resources and Corporate Benefits Departments, Expatriate Benefits, Ask JPMC, Morgan Health Data Science Team or the Legal Department who are responsible for Plan administrative functions, for processing a claim for benefits, and/or for responding to a request for assistance. In these cases, your protected health information will only be available to the extent necessary to process your claim and/or assist you. In all cases, these employees may only use your protected health information for the functions as described above and will keep such information confidential. Any employee who violates the rules for handling protected health information will be subject to disciplinary action.

When any protected health information disclosed to JPMorganChase is no longer needed, the company—if feasible—will return or destroy the information that is no longer needed. If it is not feasible to return or destroy the protected health information, JPMorganChase will limit further uses and disclosures of the information specifically to purposes that make the return or destruction of the information not feasible.

Your protected health information will not be used by JPMorganChase for any employment-related actions or decisions or in connection with any other benefits or employee/retiree benefit plan of JPMorganChase. JPMorganChase must report to the third-party claims administrators of the Health Care Plans any uses or disclosures of your protected health information that are inconsistent with the provisions described in this Privacy Notice. In addition, as required by law, JPMorganChase will make its internal practices, books, and records related to the use and disclosure of protected health information available to the U.S. Secretary of Health and Human Services for purposes of ensuring compliance with the terms of this Privacy Notice and HIPAA.

Your Rights Regarding Your Protected Health Information

You have the following rights regarding your protected health information maintained by the Health Care Plans subject to certain conditions and exceptions.

Right to Have Personal Representative Act on Your Behalf

You have the right to designate one or more persons to act on your behalf as your personal representative. A personal representative is someone who, under applicable law, is authorized to make decisions related to your health care. The Health Care Plans may require the personal representative(s) to provide documentation of their authority to make health care decisions on your behalf. For example, the Health Care Plans may ask to see a health care power of attorney.

Right to Inspect and Copy

You have the right to inspect and copy your protected health information that may be used to make decisions about your plan benefits by contacting in writing the third-party claims administrator of the applicable Health Care Plan or, if applicable, the company's Privacy Officer (please see below for contact information). A nominal fee may be charged by the third-party claims administrator to cover the costs of copying and mailing related to your request.

A request to inspect and copy your protected health information may be denied under certain limited circumstances. For example, you will not be permitted to access information compiled in anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. In addition, you will not be allowed to access your protected health information if these or any of the exceptions permitted under HIPAA apply. If you are denied access to your protected health information, you may request that the denial be reviewed.

Right to Amend

If you feel that the protected health information that the Health Care Plans have about you is incorrect or incomplete, you may ask for the information to be amended. You have the right to request an amendment for as long as the information is kept by or for the Plans. To request an amendment, contact in writing the third-party claims administrator of the applicable Health Care Plan or, if applicable, the company's Privacy Officer (please see below for contact information). In addition, you must provide a reason that supports your request. The Health Care Plans may deny your request for an amendment if the request is not in writing and/or does not include a reason to support the request. In addition, the Plans may deny your request if you ask to amend information that:

- Is not part of the protected health information kept by or for the applicable Plan;
- Was not created by the applicable Plan (unless the person or entity that created the information is no longer available to make the amendment);
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

The Health Care Plans must act on your request for an amendment of your protected health information no later than 60 days after receipt of your written request. The Plans may extend the time for making a decision for no more than 30 days. However, the Plans must provide you with a written explanation for the delay. If the Health Care Plans deny your request, you must be provided with a written explanation for the denial and an explanation of your right to submit a written statement disagreeing with the denial.

Right to an Accounting of Disclosures

You have the right to request an accounting of any disclosures of your protected health information subject to certain exceptions described below.

To request an accounting of any disclosures of your protected health information, contact the third-party claims administrator of the applicable Health Care Plan in writing (please see the Plan Administration section of Your Guide to Benefits at JPMorganChase for contact information). Your written request must state a time period of disclosures (but cannot include dates more than six years prior to the date of your request) and must indicate how you wish to receive the disclosures (for example, on paper, electronically via e-mail, etc.). There will be no charge for your first request within a 12-month period. However, for additional requests within the same 12-month period, the third-party claims administrators may charge you for the cost of providing the disclosures. The applicable third-party claims administrator will notify you of this cost. At that time, you may choose to withdraw or modify your request before any costs are incurred. You may also make a similar request of JPMorganChase's protected health information disclosures, if any, by writing to the company's Privacy Officer (please see below for contact information).

Please Note: Neither the Health Care Plans nor the third-party claims administrators retained by these Plans will include in their accounting of any disclosures of your protected health information any exceptions defined under HIPAA. (Please see "Exceptions to Your Right for an Accounting of Disclosures" below for more information.)

The Health Care Plans must respond to your request for an accounting of any disclosures of your protected health information no later than 60 days after receipt of your written request. The Plans may extend the time for making a decision for no more than 30 days. However, the Plans must provide you with a written explanation for the delay. If your request is denied, you must be provided with a written explanation for the denial and an explanation of your right to submit a written statement disagreeing with the denial.

Exceptions to Your Right for an Accounting of Disclosures

HIPAA provides several important exceptions to your right to an accounting of the disclosures of your protected health information. These exceptions include:

- Disclosures to you of your own protected health information;
- Disclosures for purposes of treatment, payment, and health care operations;
- Disclosures you authorize;
- Disclosures to persons involved in your care or for disaster relief or other notification purposes;
- Disclosures for national security, intelligence, or law enforcement purposes;
- Disclosures that are part of a limited data set and which do not disclose your information by name or an individual identification number; and/or
- Disclosures that are incident to a use or disclosure otherwise permitted or required.

Right to Request Restrictions

You have the right to request a restriction or limitation on the protected health information that the Health Care Plans use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the protected health information that the Plans disclose about you to someone who is involved in your care or the payment for your care (i.e., a family member or friend). For example, you could ask that the Plans not use or disclose protected health information about a surgery that you had. To request a restriction, you must contact the applicable third-party claims administrator in writing or, if applicable, the company's Privacy Officer (please see below for contact information). Please Note: Despite your right to request restrictions, the Health Care Plans are not required by law to agree to your request.

Right to Request Confidential Communications

You have the right to request that the Health Care Plans communicate with you about your protected health information in a certain way or at a certain location to ensure that your communications remain confidential. Request for confidential communications will be accommodated provided they are reasonable. To request confidential communications, you must contact the applicable third-party claims administrator in writing or, if applicable, the company's Privacy Officer (please see below for contact information). You will not be asked for the reason of your request for confidential communications.

Right to be Notified of a Breach

You have the right to be notified the event that a breach of your unsecured protected health information is discovered.

Right to a Paper Copy of This Notice

You have the right to receive a paper copy of this Privacy Notice at any time. The notice is available on My Health. In addition, you can request a copy of this notice by contacting the JPMorganChase Benefits Department at 1-844-ASK-JPMC (1-844-275-5762) or 1-212-552-5100 if calling from outside the United States. Service Representatives are available Monday through Friday, from 8 a.m. to 7 p.m. Eastern Time, except certain U.S. holidays.

Changes to This Privacy Notice

JPMorganChase reserves the right to change this Privacy Notice at any time and to make the revised or changed notice effective for protected health information already available, as well as any future information. A current Privacy Notice will be available to employees on My Health. The Privacy Notice will contain the effective date on the first page, in the top left-hand corner.

Privacy Officer

The Privacy Officer for the Health Care Plans is your contact person for all issues regarding privacy and protected health information. The contact information for the Privacy Officer is:

HIPAA Privacy Officer for the Health Care Plans
JPMorganChase
Corporate Benefits
500 Stanton Christiana Rd
Newark, DE 19713-3159

Complaints

If you believe your privacy rights regarding your protected health information have been violated, you may file a complaint with the Privacy Officer for the Health Care Plans and/or with the U.S. Secretary of the Department of Health and Human Services. To file a complaint, submit your complaint in writing to the Privacy Officer at the address shown above. You will not be penalized for filing a complaint.

Other Uses and Disclosures of Health Information

Other uses and disclosures of health information not covered by this Privacy Notice or applicable laws will be made only with your written authorization. If you provide written authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, your health information will no longer be used or disclosed for the reasons covered by your written authorization. Please Note: The Health Care Plans and the third-party claims administrators are unable to take back any disclosures already made with your authorization and are required to retain records of the health care provided to you.