



NOTICE OF HIPAA PRIVACY PRACTICES

THIS NOTICE OF HIPAA PRIVACY PRACTICES (THIS “NOTICE”) DESCRIBES HOW IDENTIFIABLE HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

PURPOSE

BankUnited, Inc. (the “Company”, “we”, “us” or “our”) sponsors a group health care plan (the “Plan”) that provides a wide array of benefits including medical, dental and vision benefits, a prescription drug plan, a health flexible spending account, and other benefits that provide medical care as part of a covered health plan. As the sponsor of the Plan, the Company is responsible for the administration of the Plan, and may, from time to time, have access to protected health information, or PHI, relating to a Plan participant.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)¹, as amended by the Health Information Technology for Economic and Clinical Health Act and associated regulations (collectively, the “Privacy Regulations”), we are required to safeguard and protect the privacy of PHI and to inform you of the safeguards we have implemented to protect PHI. The main regulations under HIPAA are: (a) the Privacy Rule, or *Standards for Privacy of Individually Identifiable Health Information*, which establishes national standards for the protection of certain health information; and (b) the Security Rule, or the *Security Standards for the Protection of Electronic Protected Health Information*, which establish a national set of security standards for protecting certain health information that is held or transferred in electronic form.

It is the Company's policy that the Plan complies with HIPAA’s requirements for the privacy and safeguarding of PHI. To that end, all employees of the Company who have access to PHI must comply with the provisions of this Notice.

If you have any questions about this Notice or about our privacy practices, please contact Candace Angulo, our Privacy Official, at (305) 817-8106.

Effective Date

This Notice is effective as of January 1, 2018.

¹ Subject to the requirements of HIPAA, the Secretary of the U.S. Department of Health and Human Services (HHS) has developed regulations protecting the privacy and security of PHI.

WHAT IS PROTECTED HEALTH INFORMATION

Protected health information (PHI) is information that is created or received by, on behalf of, the Plan, and (a) relates to the past, present or future physical or mental health or condition of a Plan participant, (b) relates to the provision of health care to a Plan participant or relates to the past, present or future payment for the provision of health care to a Plan participant; and (c) identifies the Plan participant or for which there is a reasonable basis to believe the information can be used to identify the Plan participant. PHI includes information of persons living or deceased.

Electronic PHI (ePHI) is PHI that is transmitted by or maintained in electronic media. The Company adheres to the safeguards set forth in the Security Rule. Our Security Official is Candace Angulo and can be reached at (305) 817-8106.

Health information collected by the Company pursuant to other laws such as the Family and Medical Leave Act, Americans with Disabilities Act, Occupational Safety and Health Act or workers' compensation laws is not protected under the Privacy Regulations. Additionally employment records held by the Company in its role as employer are not considered PHI.

OUR RESPONSIBILITIES

We are required by law to (1) maintain the privacy of your PHI; (2) safeguard your PHI; (3) provide you with certain rights with respect to your PHI; (4) provide you with a copy of this Notice of our legal duties and privacy practices with respect to your PHI; and (5) follow the terms of the Notice that is currently in effect.

USES AND DISCLOSURES OF PHI

The Company receives and maintains PHI only as needed for claims or as sponsor and administrator of the Plan. The primary source of your health information continues to be the healthcare provider (i.e. your doctor, dentist or hospital) that created the records. We will use and disclose PHI only as required or permitted by the Privacy Regulations. For purposes of this Notice, the term "use" means the sharing, employment, application, utilization, examination or analysis of information within the Plan and the term "disclosure" means any release, transfer, provision or access to, or divulging of information that is PHI to persons not employed by or working within the Company's Benefits Department. In the event that an applicable law, other than the Privacy Regulations, prohibits or materially limits our uses and disclosures of PHI, we will restrict our uses or disclosure of PHI in accordance with the more stringent standard.

The following categories describe different ways that we use and disclose PHI. For each category we explain what we mean and, where appropriate, provide examples for illustrative purposes. While not every use or disclosure in a category will be listed, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

USES AND DISCLOSURES PERMITTED WITHOUT YOUR AUTHORIZATION

We are permitted to use or disclose PHI without obtaining your authorization in the following instances:

- For treatment. We may use or disclose your PHI to facilitate medical treatment or services by providers. We may disclose PHI about you to providers including doctors, nurses, technicians or other hospital personnel who are involved in taking care of you.
- For payment. We may use or disclose your PHI to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from healthcare providers, to determine benefit responsibility under the Plan or to coordinate Plan coverage. For example, we may disclose to your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your PHI with a utilization review or precertification service provider. We may also share your PHI with another entity to assist with the adjudication or subrogation of health claims or to another health Plan to coordinate benefit payments.
- For health care operations. We may also use or disclose your PHI for other Plan operations which are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities, underwriting, premium rating and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services and fraud and abuse detection programs, business planning and development such as cost management, business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.
- Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your PHI to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.
- To Business Associates. We may disclose PHI to our Business Associates, which are individuals and entities that perform various functions on our behalf or provide certain types of services (such as legal, accounting, actuarial, accreditation, etc.). The Business Associate must agree, pursuant to a contract, to properly safeguard the Plan participant's PHI before we would transmit or disclose any PHI to that entity.
- As required by Law. We will disclose your PHI when required to do so by federal, state or local law. For example, we may disclose your PHI when required by national security or public health disclosure laws.
- Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone involved

in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

- For law enforcement purposes. We may disclose PHI for any purpose required by law such as responding to a court ordered warrant, a subpoena or summons issued by a judicial officer, a grand jury subpoena or an administrative request authorized under applicable law. We may also disclose PHI to identify or locate a suspect, witness, material witness or missing person, to provide identifying data in connection with a criminal investigation and to the district attorney in furtherance of a criminal investigation of abuse.
- For public health activities. We may disclose PHI for public health reasons including, prevention and control of disease, injury or disability, reporting births and deaths, reporting child abuse or neglect, reporting reactions to medication or problems with medical devices, and to notify people who may have been exposed to a disease or who are at risk of spreading the disease.
- To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your 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.
- To Plan Sponsors. For the purposes of administering the Plan, we may disclose PHI to certain employees of the Company. However, these employees will only use or disclose that information as necessary to perform plan administration functions, or as otherwise required by HIPAA, unless you have authorized further disclosures. Your PHI cannot be used for employment purposes without your specific authorization.
- In the event of your death. We may disclose PHI to coroners, medical examiners for identification purposes or to determine cause of death, and to funeral directors to allow them to carry out their duties.
- Organ and tissue donation. In accordance with applicable law, if you are an organ donor we may disclose PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.
- For research purposes. We may disclose PHI to researchers when the individual identifiers have been removed or when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information and approves the research.
- To the armed force services. If you are a member of the armed forces, we may disclose PHI as required by military command authorities. We may also disclose PHI about foreign military personnel to the appropriate foreign military authority.
- National security and intelligence activities. We may disclose PHI to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

- Inmates. If you are an inmate of a correctional facility or are in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official if necessary 1) for the institution to provide you with healthcare, 2) to protect your health and safety or the health and safety of others; or 3) for the safety and security of the correctional institution.
- Workers' compensation. We may disclose PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.
- Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law. These activities include for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

REQUIRED DISCLOSURES

The following is a description of disclosures of your PHI we are required to make.

- Government Audits. We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the Privacy Regulations.
- Disclosures to You. Upon your request, we are required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for payment, treatment or health care operations, and if the PHI was not disclosed pursuant to your individual authorization.

OTHER DISCLOSURES

- Personal Representative. You may exercise your rights to your PHI individually, or by designating a personal representative. Your personal representative will be required to produce evidence of the authority to act on your behalf before the personal representative will be given access to your PHI or be allowed to take any action for you. Pursuant to the Privacy Regulations, we do not have to disclose information to a personal representative if we have a reasonable belief that: 1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person; or 2) treating such person as your personal representative could endanger you or 3) in the exercise of professional judgment, it is no in your best interest to treat the person as your personal representative.
- Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a

person covered under the Plan has requested Restrictions or Confidential Communications (see below under “Your Rights”), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

AUTHORIZATION REQUIRED FOR ALL OTHER USES AND DISCLOSURES

For all other types of uses and disclosures not described in this Notice, we will use or disclose your PHI only if you have authorized us in writing to use or disclose your PHI. For example, the following disclosures can only be made with your written authorization:

- Uses and disclosures of psychotherapy notes
- Uses and disclosures for marketing purposes
- Disclosures that constitute a sale of PHI.

You may revoke your written authorization in writing. Once we receive your written revocation, it will be effective only for future uses and disclosures. Disclosures that we made in reliance upon your authorization prior to your written revocation are not subject to, or affected by, the revocation. Your revocation will also not be effective if the authorization was obtained as a condition of obtaining coverage under the Plan or if we have the right, under applicable law, to contest a claim under the coverage or the coverage itself.

MARKETING ACTIVITIES

We may use your PHI to make a marketing communication to you that is in the form of (a) face to face communication or (b) a promotional gift of nominal value. Your authorization will be required for uses or disclosures of your PHI for any other marketing purposes.

DISCLOSING ONLY THE MINIMUM NECESSARY PHI

We shall make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request. The minimum necessary requirement however will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment
- Uses or disclosures made to you
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services in accordance with their enforcement activities under the Privacy Regulations
- Uses or disclosures required by law
- Uses or disclosures otherwise required for compliance with the Privacy Regulations

SECURITY SAFEGUARDS

As sponsor of the Plan, the Company:

- has implemented administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the ePHI that the Company creates, receives, maintains, or transmits on behalf of the Plan;
- will ensure that any agents to whom the Plan Sponsor provides ePHI agree to implement reasonable and appropriate security measures to protect the ePHI; and
- report to the Security Official any security incident of which the Plan Sponsor becomes aware.

If the Company transmits any ePHI to a Business Associate, the Company will obtain satisfactory assurances from that Business Associate that it will appropriately safeguard the ePHI.

In the event of a security breach, the Company will comply with the requirements of the Security Rule and provide notification to affected individuals and other entities, as required.

YOUR RIGHTS

You have the following rights with respect to your PHI:

- Right to Inspect and Copy. You have the right to access to copy and/or inspect your PHI (except psychotherapy notes and information compiled in reasonable contemplation of an administrative action or proceeding) that we maintain in designated records sets. A designated record set includes your medical and billing records that are maintained by or for a covered health care provider. Records include enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan or other information used in whole or in part by or for the covered entity to make decisions about you. Information used for quality control or peer review analyses and not used to make decisions about you is not included in the designated record set. Requests must be submitted in writing. We may charge you a reasonable fee for the costs of copying and postage. Under certain circumstances we may deny your request to inspect and copy PHI. If you are denied access to your PHI you may request that the denial be reviewed by submitting a written request to the Payroll and Benefits Department.
- Right to Amend. If you believe that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for so long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Payroll and Benefits Department. Your request must specifically state the reason(s) to support a requested amendment.

- Right to an Accounting of Disclosures. You have the right to request an account of certain disclosures made by use of your PHI. We shall provide such an accounting except for the following disclosures: 1) disclosures for purposes of treatment, payment or health care operations; 2) disclosures made to you; 3) disclosures made pursuant to your authorization; 4) disclosures made to friends or family in your presence or because of any emergency; and 5) disclosures for national security purposes. Requests for an accounting must be submitted in writing and must indicate the time period for the requested accounting, which must be for disclosures made within the past six years or some shorter time period. We will provide you with one accounting in any 12 month period free of charge. A reasonable fee will be charged for subsequent accountings within the same 12 month period.
- Right to Request Additional Privacy Protection. You have the right to request that the Plan restrict or limit the use and disclosure of your PHI for treatment, payment or health care operations. You also have the right to request a limit on your PHI that is disclosed to someone who is involved in your care or the payment for your care, such as a family member or friend. Except as specifically stated herein, we are not required to agree to your request but will attempt to accommodate a reasonable request when appropriate. We retain the right to terminate an agreed-upon restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate an agreed-upon restriction by submitting a request in writing.
- Right for Confidential Communication. You have the right to request that communications to you regarding your PHI be made by alternative means or at alternative locations. We will accommodate the request if you clearly state that the disclosure of all or part of the PHI by customary means could endanger you. Requests for confidential communications must be submitted in writing.
- Right to a Copy of the Notice. You have the right to receive a copy of this Notice. You may obtain a copy of this Notice at our website on the BankUnited Intranet (under the Human Resources tab). You may obtain a paper copy of this Notice by contacting our Privacy Official at (305) 817-8106.
- Right to be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured PHI.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice. We further reserve the right to make new provisions regarding the PHI that we maintain, as allowed or required by law. If we make any material changes to this Notice, we will post the updated notice with the effective date on the BankUnited Intranet (under the Human Resources tab).

You may also obtain a paper copy by contacting our Privacy Official at (305) 817-8106.

NO THIRD PARTY RIGHTS.

No third-party rights (including but not limited to rights of Plan participants, beneficiaries, or covered dependents) are intended to be created by this Notice. This Notice does not address requirements under state law or federal laws other than HIPAA.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Plan by contacting Human Resources at 305.817.8106. You may also file a complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services by calling them at (877) 696-6775 or writing them at 200 Independence Avenue S.W., Washington D.C. 20201. You will not be penalized or in any other way retaliated against for filing a complaint.

APPENDIX A – DOCUMENT MANAGEMENT

Responsible Department: Human Resources

Business Contact: Human Resources Manager

Review/Revision History:

Date	Version	Author and Comments
December 2025	2025-1	Reviewed, no changes
November 2024	2024-1	Candace Angulo & Michael Wilcox