

NOTICE OF PRIVACY PRACTICES

for Sony Pictures Entertainment Inc.

[Para recibir esta notificación en español por favor llamar al número provisto en este documento.]

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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Under privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996, as amended (the “HIPAA Privacy Rule”), Sony Pictures Entertainment Inc.’s self-insured group health plans (the “HIPAA Plans”) are required by law to maintain the privacy of protected health information maintained by the HIPAA Plans. The term “Plan Sponsor” refers to Sony Pictures Entertainment Inc. (the “Company”). The term “PHI” refers to “protected health information” and means the information created or received by the HIPAA Plans that identifies you and relates to your past, present or future mental or physical health, condition, treatment or created in connection with the payment for health care services. The HIPAA Plans must provide participants with notice of its legal duties and privacy practices with respect to PHI.

This Notice is effective as of the revised effective date indicated below. The HIPAA Plans are required to abide by the terms of this Notice, as currently in effect.

Purpose of This Notice

The HIPAA Plans must provide participants with notice of their legal duties and privacy practices with respect to PHI. This Notice describes the HIPAA Plans’ privacy practices regarding PHI. The insurers or HMOs that provide or fund your benefits under any fully insured group health plan sponsored by Company, will provide you with a separate description of their own privacy practices. Similarly, your personal doctor or any other health care provider may have different policies or notices regarding the use and disclosure of the PHI they create or receive.

This Notice also describes how the HIPAA Plans may use and disclose PHI about you in administering your benefits. This Notice explains your legal rights regarding the information and the person to contact for further information about the HIPAA Plans’ privacy practices.

This Notice is effective as of February 1, 2026.

How the HIPAA Plans May Use and Disclose PHI

In order to provide you with health coverage, the HIPAA Plans need PHI about you, and the HIPAA Plans obtain that information from many different sources – including your benefits plan sponsor or third-party administrators (TPAs) and health care providers. In administering your health benefits, by law, the HIPAA Plans may use and disclose this information in various ways, without your consent, including:

Health Care Operations: The HIPAA Plans may use and disclose protected health information during the course of plan administration – that is, during operational activities such as quality assessment and improvement; performance measurement and outcomes assessment; and preventive health, disease management, case management and care coordination. For example, the HIPAA Plans may use the information in the administration of reinsurance and stop loss; enrollment and dis-enrollment; underwriting and rating; detection and investigation of fraud; administration of pharmaceutical programs and payments; and other general administrative activities, including data and information systems management and customer service. The HIPAA Plans are prohibited from using or disclosing genetic information of an individual for underwriting purposes.

Payment: To help pay for your covered services, the HIPAA Plans may use and disclose PHI in a number of ways – including conducting utilization and medical necessity reviews; coordinating care and responsibility for plan coverage and benefits; determining eligibility; collecting premiums; calculating cost sharing amounts; and responding to complaints, appeals and requests for external review. For example, the HIPAA Plans may use your medical history and other health information about you to decide whether a particular treatment is medically necessary and what the payment should be – and during the process, the HIPAA Plans may disclose PHI to your provider. The HIPAA Plans also may mail Explanation of Benefits forms and other information to the address it has on record for the participant (*i.e.*, the primary insured).

Treatment: The HIPAA Plans may disclose PHI to doctors, dentists, pharmacies, hospitals and other health care providers who take care of you. For example, doctors may request medical information from the HIPAA Plans to supplement their own records. Additionally, so that your treatment and care are appropriate, your doctor may use your PHI to consult with a specialist regarding your condition. The HIPAA Plans also may send certain information to health care providers for patient safety or other treatment-related reasons.

Substance Abuse Disorder (“SUD”) Treatment Information. If the HIPAA 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 HIPAA 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 HIPAA Plans receive or maintain your Part 2 Program record through specific consent you provide to the HIPAA Plans or another third party, the HIPAA Plans will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to the HIPAA Plans.

In no event will the HIPAA 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 a court order after the relevant HIPAA Plan provides you notice of the court order. If the use or disclosure is appropriately authorized by a court order, the HIPAA Plans will not use or disclose the Part

2 Program record, or testimony about such record, unless the court order authorizing use or disclosure is accompanied by a subpoena or other legal requirement compelling disclosure. You can provide a single consent for all future uses and disclosures of Part 2 Program records for purposes of treatment, payment, and health care operations that do not permit use for civil, criminal, administrative, or legislative proceedings.

Although the Plan does not anticipate using any Part 2 Program records for fundraising purposes, you will be given an opportunity to opt out of receiving any fundraising communications from the Plan before the Plan will use your Part 2 Program records for fundraising purposes.

Additional Reasons for Disclosure

The HIPAA Plans may use or disclose PHI in providing you with treatment alternatives, treatment reminders, or other health-related benefits and services. The HIPAA Plans also may disclose such information for several additional purposes, in accordance with law without your authorization, including:

- **Plan Administration** – to the Plan Sponsor as specified in the applicable plan documents.
- **Research** – to researchers, provided measures are taken to protect your privacy.
- **Business Associates** – to persons who provide services to the HIPAA Plans which have agreed to maintain the privacy of your PHI under, and in accordance with, the HIPAA Privacy Rule and the HIPAA Plans’ privacy practices (they are referred to as “Business Associates”).
- **Industry Regulation** – to state insurance departments, U.S. Department of Labor and other government agencies.
- **Law Enforcement** – to federal, state and local law enforcement officials.
- **Coroner or Medical Examiner**- for purposes of identification or determining cause of death.
- **Legal Proceedings** – in response to a court order, subpoena or other lawful process.
- **Public Welfare** – to address matters of public interest as required or permitted by law (*e.g.*, child abuse and neglect, threats to public health and safety, and national security).
- **Workers’ Compensation** – To the extent required or permitted by law, the HIPAA Plans may release PHI about you for workers’ compensation or similar programs.
- **As otherwise required or permitted by applicable law.**

Disclosures to the Plan Sponsor

Plan Sponsor. The HIPAA Plans may share PHI about you with the Plan Sponsor. In the vast majority of circumstances, the HIPAA Plans share only summary information with the Plan Sponsor about the types and frequency of claims, the total cost for those claims, and other related information that does not identify any particular beneficiary. The HIPAA Plans do not need your permission to share this information with the Plan Sponsor.

The HIPAA Plans may retain an administrator to assist them in administering the claims processing, claim review, and claim payment functions conducted by the HIPAA Plans. As a result, the administrator will receive the majority of health information involving you and your health benefit claims, and it has agreed to be bound by the same restrictions as the HIPAA Plans in its use and disclosure of your PHI.

In some cases, however, the Plan Sponsor may receive specific information about particular participants in the HIPAA Plans. For example, reinsurers and other benefit providers may need information on certain chronic or catastrophic illnesses and injuries in order to quote premiums or to continue coverage under

some or all of the Plan Sponsor's insurance policies, including those that insure a portion of the Plan. The Plan Sponsor will not use this information in a way that violates the HIPAA Privacy Rule. The Plan Sponsor will not use or disclose this information for employment related actions against you or for decisions regarding your eligibility for or participation in any other benefit or benefit plan of the Plan Sponsor.

You may also request that Plan Sponsor employees intervene on your behalf in addressing claims payment issues or to resolve coverage questions under the Plan (such as, for example, whether a particular requested service is experimental or medically necessary). Should you make such a request, you will be deemed to have consented to the HIPAA Plans sharing all of the information about your medical condition or your claim with the Plan Sponsor. The Plan Sponsor will use and disclose this PHI only in accordance with the applicable law.

Disclosure to Others Involved in Your Health Care

The HIPAA Plans may disclose PHI about you to a relative, a friend, the participant under the HIPAA Plans or any person you identify, provided the information is directly relevant to that person's involvement with your health care and either (i) you are present and do not object to the disclosure, or (ii) you are not present and the HIPAA Plans determine that the disclosure would be in your best interest. For example, if a family member or a caregiver calls the HIPAA Plans with prior knowledge of a claim and you are on the phone with that person, the HIPAA Plans may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by contacting the HIPAA Plans' Privacy Officer.

If you are a minor, you also may have the right to block parental access to your PHI in certain circumstances, if permitted by state law. You can make such a request by contacting (or having your provider contact) the HIPAA Plans' Privacy Officer.

Uses and Disclosures Requiring Your Written Authorization

The HIPAA Plans will ask for your written authorization before using or disclosing your PHI for the following uses or disclosures: (i) psychotherapy notes; (ii) marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI and (iv) all situations other than those described in this Notice. If you have given the HIPAA Plans an authorization, you may revoke it at any time. The HIPAA Plans are unable to take back any disclosures already made with your authorization. If you have questions regarding authorizations, please contact the HIPAA Plans' Privacy Officer.

Your Legal Rights

The HIPAA Privacy Rule gives you the right to make certain requests regarding your PHI.

- You have the right to request to receive communications from the HIPAA Plans on a confidential basis by using alternative means for receipt of information or by receiving the information at alternative locations. For example, you may ask that the HIPAA Plans only contact you at work or by mail, or at a mailing address other than your home address. The HIPAA Plans are not required to accommodate your request unless you would be endangered by the usual method of communication. You are not required to provide the HIPAA Plans with an explanation as to the

reason for your request.

- You have the right to request a restriction or limitation on the PHI the HIPAA Plans use or disclose about you for purposes of treatment, payment or operations. To request restrictions, you must make your request in writing to the HIPAA Plans' Privacy Officer. In your request, you must tell the relevant HIPAA Plan (1) what information you want to limit; (2) whether you want to limit the HIPAA Plan's use, disclosure, or both; and (3) to whom you want the limits to apply. ***The HIPAA Plans are not required to agree to your request.***
- You have the right to inspect and obtain a copy of PHI that is contained in a "designated record set" – enrollment records, payment records, claims adjudication records, case or medical management records, and other records used by the HIPAA Plans to make decisions about you. The HIPAA Plans may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies and, in certain cases, may deny the request.
- You have the right to request the HIPAA Plans to amend PHI that is in a "designated record set." Your request must be in writing and must include the reason for the request. The Plan will respond to the request no later than 60 days after the request, unless it extends this timeframe as permitted under the HIPAA Privacy Rule. If the HIPAA Plans deny the request, you may file a written statement of disagreement. If the request is denied in whole or part, the Plan must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.
- You have the right to request an "accounting of disclosures." This is a list of some of the disclosures the HIPAA Plans made of medical information about you that were not specifically authorized by you in advance. Such accounting does not have to include PHI disclosures made to you about your own PHI. Your request must be in writing. If you request such an accounting more than once in a 12-month period, the HIPAA Plans may charge a reasonable fee. Your written request must be for a stated time period not longer than six (6) years prior to the date of the request. If the accounting cannot be provided to you within 60 days, the HIPAA Plans have the right to a 30-day extension provided you are given a written statement of the reasons for the delay and the date by which the accounting is anticipated to be provided.
- You have the right to choose someone to act on your behalf (*i.e.*, designation of a healthcare power of attorney or personal representative) by exercising your rights and making decisions about your health information.
- You have the right to be notified in the event that the Plan Sponsor or a Business Associate discovers a breach of unsecured PHI.
- You have the right to receive a paper copy of this notice at any time upon written request.

You may make any of the requests described above, by contacting the HIPAA Plans' Privacy Officer as indicated in the "Complaints" section below. You may also exercise your rights through a personal representative. Your representative will be required to provide evidence of his or her authorization by you to act on your behalf before access will be given to your PHI.

Complaints

You also have the right to file a complaint if you think your privacy rights have been violated. Employees and retirees should contact HIPAA Plans' Privacy Officer, Sony Pictures Entertainment Inc., People & Organization Benefits Department, 10202 W. Washington Blvd., Culver City, CA 90232. You may also submit your complaints by e-mail to HIPAA_Privacy@sonyusa.com. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services by submitting a detailed written description of the issue via mail to 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201 (telephone number: 1-877-696-6775); via email to OCRComplaint@hhs.gov; or through the OCR Complaint portal at ocrportal.hhs.gov/ocr/smartscreen/main.jsf. Your written description must name the covered entity (the Plan) and what action (or lack of action) you believe has violated HIPAA. Your complaint must be submitted within 180 days of when you knew or should have known of the issue, unless this deadline is waived by the Office for Civil Rights.. You will not be retaliated against for filing a complaint.

The HIPAA Plans' Legal Obligations

The HIPAA Privacy Rule requires the HIPAA Plans to keep PHI about you private, to give you notice of its legal duties and privacy practices; to notify individuals should any breach of unsecured PHI occur, and to follow the terms of the Notice currently in effect.

The information provided in this Notice is a summary and, therefore, general in nature. The actual terms of the HIPAA Plans and their HIPAA privacy practices and procedures must be consulted with regard to privacy in any particular circumstance. If you have any questions about the HIPAA Privacy Rule or the privacy practices maintained by the HIPAA Plans, please contact the Privacy Officer.

This Notice is Subject to Change

The HIPAA Plans reserve the right to change the terms of this Notice and their privacy policies at any time. If the HIPAA Plans do make such changes, the new terms and policies will then apply to all PHI maintained by the HIPAA Plans (including information in the HIPAA Plans' possession at the time of the change as well as information created or received in the future). If the HIPAA Plans make any material changes regarding their practices, the HIPAA Plans will distribute a new notice to the participant.

Contact Information

If you have questions, requests or complaints regarding this Notice, please contact the HIPAA Plans' Privacy Officer at the address noted above in the "Complaints" section. Include your name, phone number and e-mail address.