

NOTICE OF PRIVACY PRACTICES

[Last Amended: March XX, 2024]

Securing your Personal Information is our priority. This Notice of Privacy Practice (“**Notice**”) provides supplemental disclosures to the [Privacy Policy](#). Defined terms herein shall have the same meaning as defined in the Privacy Policy.

This Notice describes how we, **Nano-X Imaging Ltd.** (collectively with our affiliated companies and subsidiaries shall be referred to herein as the “**Company**”, “**we**”, “**us**” or “**our**”) use and disclose our customers’ or end-users’ (separately and collectively shall be referred as “**you**” or “**your**”) Protected Health Information (“**PHI**”) covered and defined under the Health Insurance Portability and Accountability Act of 1996 (“**HIPAA**”), and your rights, including filing a complaint if you believe your privacy rights have been violated, and how you can get access to this information. Please review this Notice carefully.

Even though the Company operates as a service provider and not as a covered entity under HIPAA, we take the confidentiality and security of your PHI very seriously. Therefore, we choose to adopt the strict HIPAA Rules in maintaining the PHI as further detailed below in this Notice.

Note, to the extent an additional specific notice of privacy practices is provided to you by the Company, such other notice of privacy practice will prevail and govern the Company’s privacy practices regarding your PHI.

1. PERMISSIBLE USES AND DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

Treatment and related health care operations including payment	- We may use your PHI to facilitate the provision of the required services by your health facility and dedicated health care professional (“HCP”) including, where applicable, obtain and administer payments. - We may also use your PHI to tell you about the Company’s additional health-related services available to you, or to perform follow-up calls to monitor your care experience.
Practice operations	- We may use and disclose your PHI if it is necessary to improve the quality of Services we provide to our customers and end-users. - We may use your PHI to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example, we may look at your PHI to evaluate the medical services provided by the applicable HCP to the extent such HCP is our customer.
Imminent danger	We may share your PHI with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public, in consistency with applicable law.
Research	We may use or disclose your PHI for internal research purposes, provided such PHI will undergo de-identification process which will not allow anyone to identify you.
As required by law	Your PHI may be used and disclosed when required to do so by any other law not already referred to in the preceding categories; such as required by the FDA, to monitor the safety of a medical device.
Victims of abuse, neglect, or domestic violence	Your PHI may be disclosed to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence if there

	is a reasonable belief that you are a victim of abuse, neglect or domestic violence.
Public safety	- We may disclose your PHI for public safety purposes in limited circumstances. - We may disclose PHI to law enforcement officials in response to a search warrant or a grand jury subpoena. - We also may disclose PHI to assist law enforcement officials to prevent a serious threat to health or safety.

2. USES AND DISCLOSURES FOR WHICH YOUR AUTHORIZATION IS REQUIRED

Uses and disclosures other than those described in this Notice will require your written authorization.

Your written authorization is required for:

Conduct marketing activity	With your authorization, we may use or disclose your PHI for marketing purposes.
To Communicate with you about health-related products and services	We may use or disclose your PHI to communicate with you regarding health related products and services which we believe you might be interested in. We provide these services through text or email and solely subject to your authorization. You may withdraw your consent and opt-out of these communications at any time as guided in the communication you received.
Using information with additional protection	Certain types of PHI have additional protection under state or federal law. For those types of information, if and to the extent applicable, we are required to get your permission before disclosing that information to others in many circumstances.

You may revoke an authorization in writing at any time, except to the extent that we have already taken action in reliance on your authorization.

3. YOU HAVE THE FOLLOWING RIGHTS CONCERNING YOUR MEDICAL RECORDS

- **Access PHI and Receive a Copy:** You have the right to review or get copies of your PHI and health related information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. Please make such request in writing. You may obtain a paper copy at the site where you obtain health care services from us or by contacting us at: dpo@nanox.vision. You have the right to request a copy of your information in electronic format, and to direct us to transmit a copy of your information to a third party designated by you.
- **Confidential Communications:** You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. To do this, please contact us at: dpo@nanox.vision.
- **Restrict Uses and Disclosures of PHI:** You have the right to request additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional

restrictions except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, if applicable, or otherwise required by law.

- **Amendment of PHI:** If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. You may obtain a form to request an amendment to your health information by using the contact information listed at the end of this Notice.
- **Accounting of Disclosures of PHI:** You have the right to receive a list of instances in which we disclosed your PHI for purposes other than the categories listed above under Section 1, where you have provided an authorization and certain other activities, for the last 6 years (or a shorter period if our relationship with you has existed for less than 6 years). If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.
- **PHI Breach Notification:** If we become aware that your PHI has been breached and the privacy or security of the information has been compromised, you have the right to be notified of the breach without unreasonable delay and in no event later than 60 days following our discovery of the breach.

4. OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you authorize us to do so. If you provide such authorization, you may revoke your authorization at any time by contacting us at: dpo@nanox.vision.
- If a state or other law requires us to restrict the disclosure of your information beyond what is provided in this Notice, we will follow the applicable provisions of those laws.

5. COMPLAINTS AND CONTACT US

If you have questions, would like to exercise any right granted to you, would like further information about this Notice or if you feel we have violated your rights, you may file a complaint by contacting our privacy team us at: dpo@nanox.vision.

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. A complaint must be made in writing and will not in any way affect the quality of care we provide you with.

We will not retaliate against you for filing a complaint.

6. CHANGES TO THIS NOTICE

From time to time, we may change our practices concerning how we use or disclose PHI, or how we allow the exercise of PHI rights. We reserve the right to change this Notice and to make the provisions in our new Notice effective for all PHI we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices through our website available at: www.nanox.vision. You can get a copy of our current Notice of Privacy Practices at any time by contacting us directly as provided above.