

NOTICE OF PRIVACY PRACTICES

THE APPLICABLE COMPONENT BENEFIT PROGRAMS WITHIN THE TECHSMITH CORPORATION WELFARE BENEFIT PLAN - AMENDED AND RESTATED

Notice of Privacy Practices

Revised [2/3/2022]

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.

This Notice of Privacy Practices (“Notice”) describes how the applicable component benefit programs within the TechSmith Corporation Welfare Benefit Plan (as amended) (“Plan” or “Plans”), specifically including (a) medical and prescription benefits, administered by a third-party administrator, (b) dental benefits, administered by a third-party administrator, and (c) health care flexible spending account benefits offered under the TechSmith Corporation Second Amended and Restated Cafeteria Plan (as amended), administered by a third-party administrator, may use and disclose your protected health information (“PHI”) to carry out treatment, payment, and health care operations, and for other purposes that are permitted or required by the Health Insurance Portability and Accountability Act of 1996, as amended by Subtitle D of the Health Information Technology for Economic and Clinical Health Act as Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (the “HITECH Act”), and as may otherwise be amended from time to time, and their implementing regulations (“HIPAA”). It also describes your rights to access and control your PHI. In general, “PHI” is information, including demographic information, collected from you or (1) created or received by a health care provider, a health clearinghouse, a health plan or your employer on behalf of a group health plan, (2) that relates to your past, present, or future physical or mental health or condition; the provision of health care to you; or the past, present, or future payment for the provision of health care to you; and (a) that identifies you, or (b) with respect to which there is a reasonable basis to believe the information can be used to identify you; and (3) that is transmitted or maintained in electronic media or other format.

The Plan is required by law to: (1) maintain the privacy of your PHI, (2) give you this Notice of the legal duties of the Plan and privacy practices with respect to your PHI, (3) notify you (if you are affected) following a breach of unsecured PHI, and (4) follow the terms of the Notice currently in effect. Specifically, the Plan is required to abide by the terms of this Notice. However, the Plan may change or modify the terms of this Notice, at any time. The new notice will be effective for all PHI that the Plan maintains at that time, and any received thereafter. Upon request, the Plan will provide you with any revised Notice of Privacy Practices by contacting the Privacy Official at the contact information listed at the end of this Notice and requesting that a revised copy be sent to you in the mail or picked up by you in person.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Under HIPAA, the Plan may use or disclose your PHI under certain circumstances without your permission. The Plan does not require your authorization to use or disclose your PHI for the following purposes listed within this section of the Notice, or incident to a use or disclosure listed within this section of the Notice. Except as otherwise noted, other uses and disclosures of PHI not listed or referenced within this section of the Notice will be made only with your written authorization and such authorization may be revoked by you pursuant to the rules under HIPAA. The following categories describe different ways that the Plan may use and disclose your PHI without your authorization. For each category of uses or disclosures, this Notice will explain and present some examples. These examples are not meant to be exhaustive, but are meant to illustrate the different types of uses and disclosures. Where multiple state or federal laws protect the privacy of your PHI, the Plan will follow the requirements that provide you with the greatest protection. For example, when you authorize the release of information to a third party, the third party shall not release that information unless you execute in writing another consent authorizing the additional release.

For Treatment. The Plan may use and disclose your PHI for certain treatment activities, including to assist your health care providers in your diagnosis and treatment. The Plan may disclose your PHI to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, the Plan may disclose PHI about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicated with prior prescriptions.

For Payment. The Plan may use and disclose your PHI for certain payment activities, generally including activities to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. The Plan may also share PHI with a utilization review or

precertification service provider. The Plan may share PHI with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments. For example, the Plan may tell your doctor 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.

For Health Care Operations. The Plan may use and disclose your PHI for certain health care operations such as uses and disclosures that are necessary to run the Plan or another covered entity. For example, the Plan may use your PHI for its own health care operations such as: (1) conducting quality assessment and improvement activities; (2) reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, and certain other similar activities; (3) underwriting (except genetic information), enrollment, premium rating, and other activities relating to Plan coverage and benefits such as submitting claims for stop-loss or excess loss coverage; (4) conducting or arranging for medical review, legal services, audit services, and auditing functions (including fraud and abuse detection programs); (5) business planning and development such as cost management; and (6) business management and general Plan administrative activities.

To Business Associates. The Plan may contract with individuals or entities known as “business associates” to perform various functions on the Plan’s behalf or to provide certain types of services. In order to perform these functions or to provide these services, the Plan may disclose your PHI to the Plan’s business associates and allow the business associate to create, receive, transmit, or maintain PHI on the Plan’s behalf, but only after the business associate provides satisfactory assurances to the Plan by agreeing in writing with the Plan to implement appropriate safeguards regarding your PHI. For example, the Plan may disclose your PHI to a business associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management, disease management, or subrogation, but only after the business associate enters into a business associate agreement with the Plan. For example, the Plan may use or disclose PHI in connection with obtaining legal advice from the attorneys of the Plan after a business associate agreement has been entered into.

As Required By Law. The Plan may use or disclose your PHI to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. For example, uses and disclosures of your PHI may be required by law when related to victims of abuse, neglect or domestic violence, judicial and administrative proceedings, or law enforcement purposes.

To Avert a Serious Threat to Health or Safety. The Plan may, consistent with applicable laws and standards of ethical conduct, use and disclose your PHI when it, in good faith, believes the use or disclosure (1) is necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person and is to someone able to prevent or lessen the threat; or (2) is necessary for law enforcement authorities to identify or apprehend an individual.

Disclosure to Health Plan Sponsor. The Plan may disclose your PHI to the plan sponsor for certain limited purposes and in compliance with the applicable plan document. For example, for the purpose of administering the Plan, the Plan may disclose to certain employees of the employer your PHI. However, those 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. However, the Plan may disclose summary health information to the plan sponsor (except for genetic information for underwriting purposes) if the plan sponsor requests the summary health information for the purpose of (1) obtaining premium bids from health plans for providing health insurance coverage under the Plan; or (2) modifying, amending, or terminating the Plan. Additionally, the Plan may disclose to the plan sponsor information on whether you are participating in the Plan, or are enrolled in or have disenrolled from a health insurance issuer or HMO offered by the Plan.

Release of Information to Family and Friends. Under limited circumstances, the Plan may disclose, to a family member, other relative, close personal friend, or other individuals identified by you, the PHI directly relevant to such person's involvement with your health care or payment related to your health care. The Plan may also use or disclose your PHI to notify or assist in notifying a family member, personal representative, or other person responsible for your care of your location, general condition, or death. Among other things, the Plan may describe your PHI to a disaster relief agency to assist in notifying family members. You have the right to agree or object to these uses and disclosures.

Organ and Tissue Donation. The Plan may use or disclose your PHI 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.

Specialized Government Functions. If you are personnel of the armed forces, the Plan may use or disclose your PHI as required by military command authorities to assure the proper execution of the military mission if certain requirements are met. The Plan may also use or disclose PHI about foreign military personnel to the appropriate foreign military authority if certain requirements are met. The Plan may also use and disclose PHI to authorized federal officials for the conduct of certain national security, intelligence, and

counter-intelligence activities; protective services to the President of the United States, other officials and foreign heads of state; and correctional institutional and other law enforcement custodial situations under limited circumstances.

Workers' Compensation. The Plan may disclose your PHI, as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness without regard to fault.

Public Health Risks. The Plan may use or disclose your PHI for public health activities for certain purposes to certain public health and governmental authorities, and other entities. These activities generally include the following:

- To prevent or control disease, injury, or disability, such as through the reporting of disease, injury, vital events (such as birth or death), and conducting public health surveillance and public health investigations and interventions;
- To report child abuse or neglect;
- To report reactions to medications, problems with products or other adverse events related to products;
- To track products, conduct post marketing surveillance, and notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition if the Plan or a public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation;
- To notify a school about an individual who is a student or prospective student of the school to a school if: (1) the PHI that is disclosed is limited to proof of immunization; (2) the school is required by state or other law to have such proof of immunization prior to admitting the individual; and (3) the Plan obtains and documents the agreement to the disclosure from either you (if you are an adult or emancipated minor), or your parent, guardian, or other person acting in loco parentis of you (if you are an unemancipated minor); and
- To notify the appropriate government authority if the Plan reasonably believes you have been the victim of abuse, neglect, or domestic violence. Except for reports of child abuse or neglect, the Plan will only make this disclosure (1) if you agree to the disclosure; (2) to the extent the disclosure is required by law and the disclosure complies with and is limited to relevant requirements of such law; or (3) to the extent the disclosure is expressly authorized by statute or regulation when certain conditions are met.

Health Oversight Activities. The Plan may disclose your PHI to a health oversight agency for certain oversight activities authorized by law. These oversight activities include, for example, audits; civil, administrative, or criminal investigations; inspections; licensure, or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for the government to monitor the health care system, government benefit programs, government regulation programs, and compliance with civil rights laws. For example, the Plan is required to disclose your PHI to the Secretary of the United States Department of Human Services when the Secretary is investigating or determining the Plan's compliance with the HIPAA privacy rules.

Lawsuits and Disputes. The Plan may disclose your PHI in the course of any judicial or administrative proceeding in response to (1) a court or administrative order, but only to the extent expressly authorized by such order; or (2) a subpoena, discovery request, or other lawful process not accompanied by a court or administrative order, but only if the Plan receives satisfactory assurance from the party seeking the information that reasonable efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. The Plan may disclose your PHI if asked to do so by a law enforcement official under certain circumstances and subject to certain limitations, generally including, for example:

- Pursuant to a process and as otherwise required by law, but only in compliance with, and as limited by the relevant requirements of, a court order, subpoena, warrant, summons or similar process meeting certain requirements, or as otherwise required by law;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, you agree to the disclosure, or under certain limited circumstances if the Plan is unable to obtain your agreement;
- About a death the Plan believes may be the result of criminal conduct; and
- About criminal conduct that occurred on the premises of the covered entity.

Coroners, Medical Examiners and Funeral Directors. The Plan may disclose your PHI to a coroner or medical examiner to identify a deceased person, to determine the cause of death, or other duties as authorized by law. The Plan may also disclose PHI to funeral directors, consistent with applicable law, as necessary to carry out their duties. If necessary for funeral directors to carry out their duties, the Plan may disclose the PHI prior to, and in reasonable anticipation of, your death.

Research. The Plan may use or disclose your PHI for research when: (1) a waiver with certain authorization requirements and containing certain information has been approved by an appropriate institutional review board or privacy board; and (2) the Plan receives certain representations and information required by HIPAA from the researcher.

Fundraising. While the Plan does not currently do this, under limited circumstances, it may use or disclose certain PHI to a business associate or an institutionally related foundation for the purpose of raising funds for its own benefit. For example, the Plan may use your PHI to raise funds for itself under limited circumstances. In this regard, the Plan may contact you to raise funds for the Plan. However, you have the right to opt out of reviewing such communications.

Underwriting Purposes. To the extent the Plan received your PHI for the purpose of underwriting, premium rating, or other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and if such health insurance or health benefits are not placed with the health plan, the Plan may only use or disclose your PHI for such purpose or as may be required by law. However, the Plan shall not use or disclose your PHI that is genetic information for underwriting purposes. For example, the Plan may use your PHI (other than genetic information) for its underwriting purposes.

De-identified PHI. The Plan may use your PHI to create information that is not individually identifiable health information or disclose your PHI only to a business associate for such purpose. Health information that has been properly de-identified (and not re-identified) may be freely used or disclosed by the Plan in accordance with the HIPAA privacy rules.

Limited Data Sets. Under limited circumstances and solely for purposes of research, public health, or health care operations, the Plan may use or disclose a limited data set (PHI that excludes several of your direct identifiers), but only if the Plan enters into a data use agreement with the limited data set recipient.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING AUTHORIZATION

Other uses and disclosures of PHI not described in this Notice will be made only with your written authorization. For example, the Plan must obtain your authorization for any use or disclosure of your PHI for marketing, except if the communication is in the form of (1) a face-to-face communication made by the Plan to you; or (2) a promotional gift of nominal value provided by the Plan. Additionally, the Plan must obtain your authorization for any disclosure of your PHI which is a sale of PHI. Further, although the Plan generally does not have access to any psychotherapy notes, it must obtain your authorization for any use or disclosure of psychotherapy notes, except under certain limited circumstances.

If you provide the Plan authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time, except if the Plan has already taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or policy itself. If you revoke your authorization, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that the Plan is unable to take back any disclosures that the Plan has already made with your permission, and that the Plan is required to retain records of the services that are provided to you.

Generally, the Plan will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative so long as you provide the Plan with a written notice/authorization and any supporting documents (i.e., power of attorney). Please note that under the HIPAA privacy rules, the Plan does not have to disclose PHI to a personal representative if (1) the Plan has a reasonable belief that (a) you have been, or may be, subjected to domestic violence, abuse or neglect by such person; or (b) treating such person as your personal representative could endanger you; and (2) in the exercise of professional judgment, the Plan determines that it is not in your best interest to treat the person as your personal representative.

YOUR RIGHTS

You have the following rights regarding PHI the Plan maintains about you:

Right to Inspect and Copy. Except for in limited circumstances, you have the right to inspect and copy your PHI maintained in a designated record set. If the PHI that is the subject of a request for access is maintained in one or more designated record sets electronically, you have the right to request an electronic copy of such information. If you request an electronic copy of such information, the Plan must provide you with access to the PHI in the electronic form and format you requested, if it is readily producible in such form and format; or, if not, in a readable electronic form or format agreed to by you and the Plan. To inspect and copy PHI (or to request a summary of your PHI), you must submit your request in writing to the Privacy Official contact information listed at the end of this Notice. If you request a copy of the information, the Plan may charge a fee for the costs of (1) labor for copying the PHI you requested, whether in paper or electronic form, (2) supplies for creating the paper copy or electronic media if you request that the electronic copy be provided on portable media, (3) postage, when you have requested that the copy or summary be mailed, and (4) preparing a summary of PHI if you agree. The Plan may deny your request to inspect and copy (or for a summary) in certain limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed under certain circumstances.

Right to Amend. If you feel that PHI the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have the right to request an amendment for as long as the information is maintained in the designated record set. To

request an amendment, your request must be made in writing and submitted to the Privacy Official contact information listed at the end of this Notice. In addition, you must provide a reason that supports your request. The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask the Plan to amend information that:

- Is not part of the PHI kept by or for the Plan (i.e., not part of the designated record set);
- Was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Any denial of a request to amend shall be provided to you in writing. If the Plan denies your request, you have the right to file a statement of disagreement with the Plan and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures” of your PHI where such disclosure was made for any purpose other than (1) to carry out treatment, payment, or health care operations; (2) to you about your own PHI; (3) incident to an otherwise permitted use or disclosure under HIPAA; (4) pursuant to your authorization; (5) to persons involved in your care or payment for your care or for certain other notification purposes; (6) for national security or intelligence purposes; (7) to correctional institutions or law enforcement officials, (8) as part of a limited data set; or (9) that occurred prior to the HIPAA privacy rules compliance date for the Plan. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Official contact information listed at the end of this Notice. Your request must state a time period which may not be longer than six years prior to the date on which the accounting is requested and may not include dates before the Plan was required to be in compliance with the HIPAA privacy rules. Your request should indicate whether you would like the list in paper or electronic form, and the Plan will attempt to furnish you that format, if possible. The Plan may charge you for the reasonable costs of providing the list. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI the Plan uses or discloses about you to carry out treatment, payment, or health care operations. You also have the right to request a limit on the PHI the Plan may disclose about you to someone who is involved in your care or the payment of your care, like a family member or close personal friend, or to certain entities assisting with disaster relief efforts. Except as provided in the next paragraph, the Plan is not required to agree to your request. If the Plan agrees to your request, the Plan will comply with your request until the Plan receives written notice from you that you no longer want the restriction to apply (except as required by law or in emergency situations). A restriction agreed to by the Plan is not effective to prevent uses or disclosures related to an investigation by the Department of Health and Human Services to determine the Plan’s compliance with HIPAA; required by law; for public health activities; victims of abuse, neglect or domestic violence; health oversight activities; judicial and administrative proceedings; law enforcement purposes; about decedents; for organ donations; for research purposes; to avert a serious threat to health or safety; for specialized government functions; and for workers compensation.

The Plan must comply with any restriction request if: (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the PHI pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full.

To request restrictions, you must make your request in writing to the Privacy Official contact information listed at the end of this Notice. In your request, you must tell the Plan: (1) what information you want to limit; (2) whether you want to limit the use, disclosure, or both, of the Plan; and (3) to whom you want the limits to apply.

The Plan reserves the right to terminate its agreement to a restriction (except as prohibited by law), however it will not do so prior to giving you notice in writing and such termination will only be effective with respect to your PHI which is created or received after you have been informed.

Right to Request Confidential Communications. You have the right to request that the Plan communicate with you about your PHI in a certain way or at a certain location. For example, you can ask that the Plan only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Official contact information listed at the end of this Notice. The Plan will not ask you the reason for your request. The Plan will accommodate all reasonable requests if you clearly state that the disclosure of all or part of your PHI could endanger you. Your request must specify how or where you wish to be contacted.

Right to be Notified of a Breach. You have the right to be notified in the event that the Plan (or a business associate) discovers a breach of unsecured PHI.

Rights to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask the Plan to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this Notice, please submit a written request to the Privacy Official contact information listed at the end of this Notice.

CHANGES TO THIS NOTICE

The Plan expressly reserves the right to amend, change or terminate this Notice and/or its terms at any time, either prospectively or retroactively, without notice. The Plan expressly reserves the right to make the revised or changed Notice effective for PHI the Plan already has about you as well as any PHI the Plan receives in the future. This Notice will also change should it become necessary and appropriate to comply with changes in the law, including the standards, requirements, and implementation specifications of HIPAA. If the Plan makes a material change to the Notice, a revised Notice will be promptly provided to you either by mail to your last known address or, if you have agreed, by electronic delivery. Except when required by law, a material change to any term of this Notice may not be implemented prior to the effective date of the notice in which such material change is reflected.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, please file a written request to the Privacy Official contact information listed at the end of this Notice. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

MISCELLANEOUS ITEMS

Under no circumstances does this Notice extend the rights and obligations of HIPAA to benefits that would otherwise be outside the scope of HIPAA. This Notice does not create any contractual rights or obligations between the Plan and other parties to Plan benefits that would otherwise be outside the scope of HIPAA. To the extent that anything stated within this Notice is inconsistent with the applicable contracts, plan documents or other legal documentation, those other documents and contracts control. This Notice does not in any way alter or change the written terms of the Plan. No third party rights, including but not limited to rights of Plan participants, beneficiaries, covered dependents or business associates, are intended to be created by this Notice. To the extent this Notice attempts to establish requirements and obligations above and beyond those required by HIPAA, the Notice shall be aspirational and shall not be binding upon the Plan. This Notice does not address requirements under other federal laws or under state laws. Nothing within this Notice should be construed as a contract and no vested rights are created by this Notice. This Notice is designed to be implemented in conjunction with a comprehensive privacy policy and procedures which are contained within a separate document, and any ambiguities between this Notice and those documents should be harmonized consistent with the requirements of HIPAA. Any ambiguity within this Notice should be construed in a manner that permits the Plan to comply with the requirements of HIPAA.

HOW TO CONTACT US

If you have any complaints or questions about this Notice or you want to submit a written request to the Plan as required in any of the previous sections of this Notice, please write to the Plan at the address given below:

**TechSmith Corporation
Attn: Privacy Official
14 Crescent Rd
East Lansing, MI 48842
(517) 381-2300**