



## HIPAA DATA PRIVACY NOTICE

*Rivian's data practices for health information  
processed for self-funded group health plans*

**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.**

Effective Date: [February 16, 2026]

Rivian, LLC and its affiliates (“**Rivian**” or “**Company**”) respect your privacy, and Rivian is committed to protecting it. The purpose of this HIPAA Data Privacy Notice (“**Notice**”) is to describe the legal obligations of the group health plans maintained by Rivian, LLC under the Rivian, LLC Welfare Benefit Plan (the “**Plan**”) imposed by the Health Insurance Portability and Accountability Act of 1996 (“**HIPAA**”), the American Recovery and Reinvestment Act of 2009 and accompanying regulations (collectively, the “**Privacy Rules**”) regarding your health information. The Privacy Rules require that the Plan use and disclose your health information only as described in this Notice. This Notice applies only to health-related information received by or on behalf of the group health plans under the Plan listed below.

This Notice contains the following sections:

- 1. SCOPE OF THIS NOTICE**
- 2. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**
- 3. HOW THE PLAN MAY SHARE YOUR HEALTH INFORMATION WITH RIVIAN**
- 4. OTHER ALLOWABLE USES OR DISCLOSURES OF YOUR HEALTH INFORMATION**
- 5. YOUR INDIVIDUAL RIGHTS**
- 6. CHANGES TO THIS NOTICE**
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### **1. SCOPE OF THIS NOTICE**

This Notice uses the terms “we,” “us,” or “our,” which refer to the group health plans listed below, all of Rivian's employees involved in the administration of those group health plans, and all third parties who perform services for the group health plans under the Plan. Actions by or obligations of the Plan include these Rivian employees and third parties. However, Rivian employees perform only limited Plan functions – most Plan administrative functions are performed by third party service providers. HIPAA imposes numerous requirements on the use and disclosure of individual health information by group health plans under the Plan. This information, known as protected health information (“**PHI**”), includes almost all individually identifiable health information held by a plan – whether received in writing, in an electronic medium, or as an oral communication.

This Notice applies only to US-based and ex-pat employees or other workers for whom Rivian provides the following types of group health plans under the Plan:

- Medical and Prescription Drug
- Employee Assistance Program

- Vision
- Dental
- Health Flexible Spending Account

The Plan may share health information across the above group health plans to carry out treatment, payment, or health care operations.

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices. If you participate in an insured plan option, you will receive a notice directly from the Insurer. The legal requirements to protect the privacy of your health information apply to, and dictate the permissible activities of, the Plan, rather than Rivian as a company or employer.

For additional information on Rivian's processing of your personal information as a workforce member, please view Rivian's [Workforce Data Privacy Notice](#).

## 2. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

The Privacy Rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.
- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing, as well as "behind the scenes" plan functions such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan in order to coordinate payment of benefits.
- **Health care operations** include activities by this Plan (and in limited circumstances, other plans or providers) such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities, and business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

## 3. HOW THE PLAN MAY SHARE YOUR HEALTH INFORMATION WITH RIVIAN

The Plan may disclose your health information without your written authorization to Rivian for plan administration purposes. Rivian may need your health information to administer benefits under the Plan. Rivian agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Designated Rivian employees, such as those members of the People team that administer employee benefits and IT professionals that maintain systems where such information may be stored or processed, are the only Rivian employees who will have access to your health information for plan administration functions.

Here’s how additional information may be shared between the Plan and Rivian, as allowed under the HIPAA rules:

- The Plan, or its insurer or HMO, may disclose “summary health information” to Rivian if requested, for purposes of obtaining premium bids to provide coverage under the Plan, or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes Participants’ claims information, from which names and other identifying information have been removed.
- The Plan, or its insurer or HMO, may disclose to Rivian information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, Rivian cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by Rivian from other sources, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

#### 4. OTHER ALLOWABLE USES OR DISCLOSURES OF YOUR HEALTH INFORMATION

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You’ll generally be given the chance to agree or object to these disclosures (although exceptions may be made – for example, if you’re not present or if you’re incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

<b>Workers’ compensation</b>	Disclosures to workers’ compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
<b>Necessary to prevent serious threat to health or safety</b>	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
<b>Public health activities</b>	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
<b>Victims of abuse, neglect, or domestic violence</b>	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you’ll be notified of the Plan’s disclosure if informing you won’t put you at further risk)

<b>Judicial and administrative proceedings</b>	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
<b>Law enforcement purposes</b>	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosure about a death that may have resulted from criminal conduct; and disclosure to provide evidence of criminal conduct on the Plan's premises
<b>Decedents</b>	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
<b>Organ, eye, or tissue donation</b>	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
<b>Research purposes</b>	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
<b>Health oversight activities</b>	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
<b>Specialized government functions</b>	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
<b>HHS investigations</b>	Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA Privacy Rule
<b>Business Associates</b>	Disclosures of your health information to entities or individuals to provide services (for example, claims processing services) to the Plan under an agreement. These service providers, called "business associates," may create, receive, have access to, use, and/or disclose (including to other business associates) PHI in conjunction with the services they provide to the Plan, provided that the Plan have obtained satisfactory written assurances that the business associates will comply with all applicable HIPAA privacy rules with respect to the Plan

Except as described in this Notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, in some cases we will obtain your authorization before we release those records. The Plan will never sell your health information unless you have authorized us to do so. You may revoke this authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

## 5. YOUR INDIVIDUAL RIGHTS

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the Notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

- **Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse**

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death – or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

- **Right to receive confidential communications of your health information**

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

- **Right to inspect and copy your health information**

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "designated record set." This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request, the Plan will provide you with:

- the access or copies you requested;
- a written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint; or
- a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed of where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information if in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. Any charge that is assessed to you for these copies, if any, must be reasonable and based on the Plan's cost.

- **Right to amend your health information that is inaccurate or incomplete**

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will:

- make the amendment as requested;
- provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint; or
- provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

- **Right to receive an accounting of disclosures of your health information**

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an "accounting of disclosures." You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made:

- for treatment, payment, or health care operations;
- to you about your own health information;
- incidental to other permitted or required disclosures;
- where authorization was provided;
- to family members or friends involved in your care (where disclosure is permitted without authorization);
- for national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances; or
- as part of a "limited data set" (health information that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

- **Right to obtain a paper copy of this notice from the Plan upon request**

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

- **Right to receive notification of breaches**

The Plan must notify you within 60 days of discovery of a breach. A breach occurs if unsecured PHI is acquired, used or disclosed in a manner that is impermissible under the Privacy Rules, unless there is a low probability that the PHI has been compromised.

- **Right to submit a complaint**

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may file a complaint by contacting the Benefits team. The Plan will take steps to remedy any violations of the Plan's privacy policies or of this Notice.

You may also submit your complaint to the Secretary of Health and Human Services at <https://www.hhs.gov/regulations/complaints-and-appeals/index.html>. You won't be retaliated against for filing a complaint.

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To exercise the above rights, please submit a Guidepost ticket to the Benefits team [here](#). If you cannot access the web form, you may contact us using the information in Section 7 ("Contact Us") below. We will not discriminate against you for exercising any of your rights.

## **6. CHANGES TO THIS NOTICE**

It is our policy to post this Notice on Rivian's benefits website, [www.rivianbenefits.com](http://www.rivianbenefits.com). The Plan must abide by the terms of the data privacy notice currently in effect. However, the Plan reserves the right to change the terms of its privacy policies, as described in this Notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this Notice, an updated version of the Notice will be posted. For any material changes, you will be provided with a revised data privacy notice by email.

Last Updated: June 1, 2023

## **7. ADDITIONAL INFORMATION ABOUT THIS NOTICE**

This Notice does not create any right to employment for any individual, nor does it change Rivian's right to discharge any of its employees at any time, with or without cause.

This Notice explains your privacy rights as a current or former participant in the Plan. The Plan is bound by the terms of this Notice as they relate to the privacy of your PHI. However, this Notice does not change any other rights or obligations you may have under the Plan. You should refer to the Plan documents for additional information regarding your Plan benefits.

## **8. CONTACT US**

If you have any questions or concerns about our processing of your health information or this Notice, please contact us by email at [privacy@rivian.com](mailto:privacy@rivian.com), by telephone at (888) RIVIAN1 (748-4261), or by mail at Attn: Privacy Officer, 14600 Myford Road, Irvine, CA 92606. Additional contacts for Rivian benefits providers can be found at <https://rivianbenefits.com/resources/contacts/us>.