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## **Important Information About Your Rights and Our Responsibilities**

Protecting your personal health information is important. Each year, we're required to send you specific information about your rights and some of our duties to help keep your information safe.

This notice combines the following required yearly communications:

- State notice of privacy practices
- Health Insurance Portability and Accountability Act (HIPAA) notice of privacy practices.

## **State Notice of Privacy Practices**

When it comes to handling your health information, we follow relevant state laws, which are sometimes stricter than the federal HIPAA privacy law. This notice:

- Explains your rights and our duties under state law.
- Applies to any health, dental, vision and life insurance benefits and treatment by your preferred pharmacy/Infusion providers that you may have.

Your state may give you additional rights to limit sharing your health information. Please call your pharmacy at the phone number on your medication label or at 844-355-4191 for more details.

## **Your Personal Information**

Your nonpublic (private) personal information (PI) identifies you. You have the right to see and correct your PI. We may collect, use, and share your PI as described in this notice. Our goal is to protect your PI because your information can be used to make judgments about your health, finances, character, habits, hobbies, reputation, career, and credit.

We may receive your PI from others, such as hospitals, insurance companies, or other providers. We may also share your PI with others outside our company — without your approval, in some cases. But we take reasonable measures to protect your information. If an activity requires us to give you a chance to opt out, we'll let you know, and we'll let you know how to tell us you don't want your PI used or shared for an activity you can opt out of.

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.

## **HIPAA Notice of Privacy Practices**

We keep the health and financial information of our current and former patients private as required by law and our own internal rules. We're also required by federal law to give you this notice to explain your rights and our legal duties and privacy practices.

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## Your Protected Health Information

There are times we may collect, use, and share your Protected Health Information (PHI) as allowed or required by law, including the HIPAA Privacy Rule. Here are some of those times:

**Payment:** We collect, use, and share PHI to get payment for the medical care you receive from us or share information with the doctors, clinics, pharmacies, infusion centers, and others who bill for your care.

**Healthcare operations:** We collect, use, and share PHI for our healthcare operations.

**Treatment activities:** We collect, use, and share PHI to provide the care, medicine, and services you need or to help doctors, hospitals, pharmacies, infusion centers, and others get you the care you need. Examples of ways we use your information:

- We may share PHI with your other doctors or your hospital so that they may treat you.
- We may use PHI to review the quality of care and services you get.
- We may use PHI to help you with services for conditions like asthma, diabetes, or traumatic injury.
- We may collect and use publicly and/or commercially available data about you to support you and help you get available health services.
- We may use PHI with technology to support and enable services provided to you.
- We may use your PHI to create, use, or share de-identified data as allowed by HIPAA.
- We may also use and share PHI directly or indirectly with health information exchanges for payment, healthcare operations, and treatment. If you don't want your PHI to be shared in these situations, contact your pharmacy at the phone number on your medication label or at 844-355-4191 for more information.
- We may also send you reminders about routine medical checkups, medicine adherence, and tests.
- We may share your information in an emergency or disaster relief situation.

**Sharing your PHI with you:** We must give you access to your own PHI. You may get emails that have limited PHI, such as appointment reminders, refill reminders, or welcome materials. We'll ask your permission and preferences for how we contact you.

**Sharing your PHI with others:** In most cases, if we use or share your PHI outside of treatment, payment, operations, or research activities, we have to get your permission in writing first. We must also get your written permission before:

- Using your PHI for certain marketing activities.
- Selling your PHI.
- Sharing any psychotherapy notes from your doctor or therapist.

You have the right and choice to tell us to:

- Share information with your family, close friends, or others involved with your current treatment or payment for your care.
- Share information in an emergency or disaster relief situation.

If you can't tell us your preference, for example in an emergency or if you're unconscious, we may share your PHI if we believe it's in your best interest. We may also share your information when needed to lessen a serious and likely threat to your health or safety.

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**Other reasons we may use or share your information:** We are allowed, and in some cases required, to share your information in other ways — usually for the good of the public, such as public health and research. We can share your information for these specific purposes:

- Helping with public health and safety issues, such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medicines
  - Reporting suspected abuse
  - Neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone’s health or safety
- Doing health research.
- Obeying the law, if it requires sharing your information.
- Responding to organ donation groups for research and certain reasons.
- Addressing workers’ compensation, law enforcement and other government requests, and to alert proper authorities if we believe you may be a victim of abuse or other crimes.
- To work with a medical examiner or funeral director.
- Responding to lawsuits and legal actions.
- Responding to the Secretary of Human and Health Services for HIPAA rules compliance and enforcement purposes.

**Authorization:** We’ll get your written permission before we use or share your PHI for any purpose not stated in this notice. You may cancel your permission at any time, in writing. We will then stop using your PHI for that purpose. But if we’ve already used or shared your PHI with your permission, we cannot undo any actions we took before you told us to stop.

**Race, ethnicity, language, sexual orientation, and gender identity:** We may collect, infer, receive and/or maintain race, ethnicity, language, sexual orientation, and gender identity information about you and protect this information as described in this notice. We may use this information to help you, including identifying your specific needs, developing programs and educational materials, and offering interpretation services. We don’t share this information with unauthorized persons.

## Your Rights

Under federal law, you have the right to:

- Send us a written request to see or get a copy of your PHI, including a request for a copy of your PHI through email. Remember, there’s a risk your PHI could be read by a third party when it’s sent unencrypted, meaning regular email. So, we will first confirm that you want to get your PHI by unencrypted email before sending it to you. We will provide you a copy of your PHI usually within 30 days of your request, unless a more stringent state requirement applies. If we need more time, we will let you know.
  - Ask that we correct your PHI that you believe is wrong or incomplete. If someone else, such as another doctor, gave us the PHI, we’ll let you know so you can ask him or her to correct it. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
  - Send us a written request not to use your PHI for treatment, payment, or healthcare operations activities. We may say “no” to your request, but we’ll tell you why in writing.
  - Request confidential communications. You can ask us to send your PHI or contact you using other ways that are reasonable. Also, let us know if you want us to send your mail to a different address if sending it to your home could put you in danger.
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- Send us a written request to ask us for a list of those with whom we've shared your PHI. We will provide you a list usually within 60 days of your request. If we need more time, we will let you know.
  - Ask for a restriction for services you pay for out of your own pocket: If you pay in full for any medical services out of your own pocket, you have the right to ask for a restriction. The restriction would prevent the use or sharing of that PHI for treatment, payment, or operations reasons. If a law requires sharing your information, we don't have to agree to your restriction.
  - Call your pharmacy at the phone number on your medication label or at 844-355-4191 to use any of these rights. A representative can give you the address to send the request. They can also give you any forms we have that may help you with this process.

## **How We Protect Information**

We keep the health and financial information of our current and former patients. We're dedicated to protecting your PHI, and we've set up a number of policies and information practices to help keep your PHI secure and private. If we believe your PHI has been breached, we must let you know.

We keep your oral, written and electronic PHI safe using the right procedures, and through physical and electronic ways. These safety measures follow federal and state laws. Some of the ways we keep your PHI safe include securing offices that hold PHI, password-protecting computers, and locking storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. These policies limit access to PHI to only those employees who need the data to do their jobs. Employees are also required to wear ID badges to help keep unauthorized people out of areas where your PHI is kept. Also, where required by law, our business partners must protect the privacy of data we share with them as they work with us. They're not allowed to give your PHI to others without your written permission, unless the law allows it and it's stated in this notice.

## **Potential Impact of Other Applicable Laws**

HIPAA, the federal privacy law, generally doesn't cancel other laws that give people greater privacy protections. As a result, if any state or federal privacy law requires us to give you more privacy protections, then we must follow that law in addition to HIPAA. One example is with Substance Use Disorder (SUD) Information we may receive from Providers or programs regulated by federal law (42 CFR Part 2). All disclosures of such SUD information must comply with applicable federal and state privacy laws, including 42 CFR Part 2. We are allowed to use and disclose SUD information for certain treatment, payment, and healthcare operations activities. You have the right to consent to the disclosure of SUD information in certain circumstances. You can revoke this consent in writing at any time.

## **To See More Information**

To read more information about how we collect and use your information, your privacy rights, and details about other state and federal privacy laws, please visit the Axiom Healthcare privacy webpage at <https://axiumpr.com/documents/privacy-notice.pdf>.

## **Calling or Texting You**

We, including our affiliates and/or vendors, may call or text you by using an automatic telephone dialing system and/or an artificial voice. But we only do this in accordance with the Telephone Consumer Protection Act (TCPA). The calls may be about treatment options or other health-related benefits and services for you. If you don't want to be contacted by phone, just let the caller know or contact the pharmacy to add your phone number to our Do Not Call list. We will then no longer call or text you.

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## **Complaints**

If you think we haven't protected your privacy, you can file a complaint with us by calling the pharmacy at the phone number on your medication label or at 844-355-4191. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. We will not take action against you for filing a complaint.

## **Contact Information**

You may call us at the phone number on your medication label or at 844-355-4191 to apply your rights, file a complaint, or talk with you about privacy issues.

## **Copies and Changes**

You have the right to get a new copy of this notice at any time. Even if you have agreed to get this notice by electronic means, you still have the right to ask for a paper copy. We reserve the right to change this notice. A revised notice will apply to PHI we already have about you, as well as any PHI we may get in the future. We're required by law to follow the privacy notice that's in effect at this time. We may tell you about any changes to our notice through a newsletter, our website, or a letter.

## **Effective Date of This Notice**

The original effective date of this Notice was April 14, 2003. The most recent revision is June 10, 2025.

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## It's Important We Treat You Fairly

We follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently based on race, color, national origin, sex, age, or disability. If you have disabilities, we offer free aids and services. If your main language isn't English, we offer help for free through interpreters and other written languages. Call your pharmacy at the phone number on your medication label or at 844-355-4191 for help (TTY/TDD: 711).

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a civil rights complaint through one of these ways:

- Write to:

**Section 1557 Coordinator**

233 S. Wacker Dr, Suite 3700, Chicago, IL 60606

**Email:** section1557coordinator@carelon.com

- File a civil rights complaint with:

**U.S. Department of Health and Human Services, Office for Civil Rights**

200 Independence Ave, SW, Room 509F, HHH Building, Washington, D.C. 20201

- Call 800-368-1019 (TDD: 800-537-7697)
- Go online at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or <http://www.hhs.gov/ocr/office/file/index.html>

## Get Help in Your Language

Aside from helping you understand your privacy rights in another language; we also offer this notice in a different format for members with visual impairments. If you need a different format, please call your pharmacy at the phone number on your medication label or at 844-355-4191 for help.

The pharmacy offers free translation and interpretation in your language for prescription use. This includes help talking with a pharmacist, understanding the prescription label, and understanding other written info. We also provide free aids like braille or large print. Contact the pharmacy to get these services quickly.

### Arabic

تقدم الصيدلية الترجمة التحريرية والترجمة الشفهية الفورية مجاناً بلغتك لاستخدام الوصفة الطبية. يتضمن ذلك المساعدة في التحدث مع الصيدلي وفهم ملصق الوصفة الطبية وفهم المعلومات المكتوبة الأخرى. كما نقدم مساعدات مجانية مثل طريقة برايل أو الطباعة بالأحرف الكبيرة. بادر بالاتصال بالصيدلية للحصول على هذه الخدمات سريعاً.

### Chinese

药房提供您语言的免费翻译和口译供处方使用。这包括帮助与药剂师交谈、了解处方标签以及了解其他书面信息。我们还提供免费辅助工具，如盲文或大字版。请联系药房以快速获得这些服务。

### Farsi

داروخانه به شما خدمات ترجمه کتبی و شفاهی رایگان برای نحوه مصرف دارو ارائه می دهد. این خدمات عبارتند از کمک در صحبت با داروساز، درک برچسب دارو و فهمیدن سایر اطلاعات مکتوب. ما همچنین کمک های رایگانی مانند خط بریل یا چاپ درشت ارائه می دهیم. برای دریافت سریع این خدمات با داروخانه تماس بگیرید.

### Armenian

Դեղատոմսն առաջարկում է անվճար բանավոր և գրավոր թարգմանություններ ձեր լեզվով՝ դեղատոմսով դեղերի մասին տեղեկությունների համար: Սա ներառում է օգնություն դեղագործի հետ խոսելու, դեղատոմսի պիտակը հասկանալու և գրավոր այլ տեղեկություններ ստանալու հարցում: Մենք տրամադրում ենք նաև անվճար օժանդակ նյութեր, ինչպիսիք են բրայլը կամ մեծատառ տպագրությունը: Այս ծառայություններն արագ ստանալու համար կապ հաստատեք դեղատան հետ:

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## French

La pharmacie propose une traduction et une interprétation gratuites dans votre langue pour l'utilisation des ordonnances. Cela comprend une l'aide pour discuter avec un pharmacien, comprendre l'étiquette de prescription et d'autres informations écrites. Nous fournissons également des aides gratuites comme le braille ou les gros caractères. Contactez la pharmacie pour disposer rapidement de ces services.

## Haitian Creole

Famasi a ofri tradiksyon ak entèpretasyon gratis nan lang ou pou itilizasyon preskripsyon. Sa enkli èd pou pale ak yon famasyon, konprann etikèt preskripsyon an, ak konprann lòt enfòmasyon ekri. Nou bay èd gratis tankou bray oswa gwo lèt. Kontakte famasi a pou w jwenn sèvis sa yo byen vit.

## Italian

Per i farmaci soggetti a prescrizione, la farmacia offre servizi gratuiti di traduzione e interpretariato nella tua lingua. Ciò include la comunicazione con un farmacista, la comprensione dell'etichetta dei farmaci prescritti e la comprensione di altre informazioni scritte. Forniamo inoltre supporti gratuiti come il braille o la stampa in caratteri grandi. Contatta subito la farmacia per ottenere questi servizi.

## Japanese

当薬局では、処方箋の使用に際して、お客様の言語への翻訳・通訳サービスを無料で提供しています。このサービスには、薬剤師との会話、処方箋ラベルの理解、その他の書面に於ける情報の理解に関する支援が含まれます。また、点字や拡大文字などの補助資料も無料で提供しております。薬局にご連絡いただければ、迅速にサービスをご提供いたします。

## Korean

처방전 사용을 위해 귀하의 언어로 무료 번역 및 통역 서비스를 약국에서 제공합니다. 여기에는 약사와의 상담, 처방전 라벨 이해, 기타 서면 정보 이해에 대한 지원이 포함됩니다. 점자나 대형 인쇄본과 같은 무료 보조 도구도 제공합니다. 해당 서비스를 신속하게 받으시려면 약국에 연락하시기 바랍니다.

## Polish

Jeśli chcesz zrealizować receptę w swoim języku, apteka może zapewnić Ci bezpłatne tłumaczenia pisemne i ustne. Oferowana pomoc dotyczy komunikowania się z farmaceutą i zrozumienia etykiety leku oraz innych zapisanych informacji. Udostępniamy również bezpłatne pomoce, takie jak informacje zapisane alfabetem Braille'a lub dużym drukiem. Aby szybko skorzystać z tych usług, skontaktuj się z apteką.

## Portuguese

A farmácia oferece tradução e interpretação gratuitas no seu idioma para uso de receitas. Isso inclui ajuda para falar com um farmacêutico, entender o rótulo da receita e entender outras informações escritas. Também fornecemos recursos gratuitos, como braille ou letras grandes. Entre em contacto com a farmácia para obter esses serviços rapidamente.

## Punjabi

ਫਾਰਮੇਸੀ ਨੁਸਖੇ ਦੀ ਵਰਤੋਂ ਲਈ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਅਨੁਵਾਦ ਅਤੇ ਵਿਆਖਿਆ ਦੀ ਪੇਸ਼ਕਸ਼ ਕਰਦੀ ਹੈ। ਇਸ ਵਿੱਚ ਇੱਕ ਫਾਰਮਾਸਿਸਟ ਨਾਲ ਗੱਲ ਕਰਨ ਵਿੱਚ ਮਦਦ, ਨੁਸਖੇ ਦੇ ਲੇਬਲ ਨੂੰ ਸਮਝਣਾ, ਅਤੇ ਹੋਰ ਲਿਖਤੀ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣਾ ਸ਼ਾਮਲ ਹੈ। ਅਸੀਂ ਬ੍ਰੇਲ ਜਾਂ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਰਗੀਆਂ ਮੁਫਤ ਸਹਾਇਤਾ ਵੀ ਪ੍ਰਦਾਨ ਕਰਦੇ ਹਾਂ। ਇਹ ਸੇਵਾਵਾਂ ਜਲਦੀ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਫਾਰਮੇਸੀ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

## Russian

Аптека предлагает бесплатный письменный и устный перевод на ваш язык для информации о рецептурных препаратах. Это включает в себя помощь в общении с фармацевтом, понимание этикетки рецепта и другую письменную информацию. Мы также предоставляем бесплатные вспомогательные материалы, такие как шрифт Брайля или крупный шрифт. Обратитесь в аптеку, чтобы получить эти услуги быстро.

## Spanish

La farmacia ofrece servicios de traducción e interpretación gratuitos en su idioma para su uso con medicamentos recetados. Esto incluye ayuda para hablar con un farmacéutico, comprender la etiqueta de los medicamentos recetados y comprender otra información escrita. También ofrecemos ayuda gratuita, como braille o letra grande. Comuníquese con la farmacia para obtener estos servicios rápidamente.

## Tagalog

Nag-aalok ang botika ng libreng pagsasalin at interpretasyon sa iyong lengguwahe para sa paggamit ng reseta. Kabilang dito ang tulong sa pakikipag-usap sa isang parmasyutiko, pag-unawa sa tatak ng reseta, at pag-unawa sa iba pang nakasulat na impormasyon. Nagbibigay din kami ng mga libreng tulong tulad ng braille o malaking print. Makipag-ugnayan sa parmasya upang mabilis na makuha ang mga serbisyong ito.

## Vietnamese

Nhà thuốc cung cấp bản dịch và thông dịch miễn phí bằng ngôn ngữ của quý vị cho sử dụng toa thuốc. Điều này bao gồm trợ giúp nói chuyện với dược sĩ, hiểu toa thuốc và hiểu các thông tin bằng văn bản khác. Chúng tôi cũng cung cấp các hỗ trợ miễn phí như chữ nổi braille hoặc bản in chữ lớn. Vui lòng liên hệ với nhà thuốc để nhận được những dịch vụ này một cách nhanh chóng.

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