

ProHealth Pharmacy

PROMoting a HEALTHier YOU

NOTICE OF PRIVACY PRACTICES

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 (the "Notice") describes the privacy practices of ProHealth Pharmacy, located at 4709 Golf Road, Suite 110, Skokie, IL 60076 ("ProHealth Pharmacy," "we," "us," or "our"). ProHealth Pharmacy is a Covered Entity under the Health Insurance Portability and Accountability Act ("HIPAA").

By law, we must protect your Protected Health Information (PHI) and provide you with this Notice explaining our legal duties and privacy practices. This Notice describes how we may use and disclose your PHI. We provide examples, but do not spell out every allowable use or disclosure. PHI disclosed as permitted by HIPAA may be subject to redisclosure by the recipient and no longer protected by HIPAA. We and our employees and workforce members must follow the terms of this Notice and any changes we make to it.

Explaining Protected Health Information (PHI)

PHI is information about you that we need to provide our services to you and that may be used to identify you. It includes your name and contact information, as well as information about your health, medical conditions, and prescriptions. It may also relate to your:

- Past, present, or future physical or mental health or condition
- Provision of health care products and services to you
- Payment for such products or services

How We May Use and Share Your PHI

We may use and share your PHI for varied reasons without your approval. For instance:

Treatment

We may use and share your PHI to provide and help you get the treatment, medication, and services you receive. For example, we may:

- Share your PHI with other parties (such as pharmacies, doctors, hospitals, or other health care providers) to help them provide care to you or coordinate your care. In some cases, uses and disclosures of your PHI may be made through a Health Information Exchange or other shared system.
- Contact you to offer services related to your treatment. These may include:
 - Reminders to refill your medicine
 - Suggestions for other treatment options (such as generic medicines)
 - Messages that urge you to take your medicine and follow your doctor's advice

Payment

We may use and share your PHI to obtain payment for the services we provide to you and for other payment activities related to the services we provide. For example, we may:

- Share your PHI with your insurer, pharmacy benefit manager, or other health care payor to determine whether it will pay for your health care products and services. This may also tell us how much you may owe.
- Contact you about a payment or balance due for prescriptions you receive from us.
- Share your PHI with other health care providers, health plans, or other HIPAA Covered Entities who may need it for their payment purposes.

Health Care Operations

We may use and share your PHI for our health care operations — activities we need to carry out our health care business. For example, we may:

- Use and share your PHI to monitor the quality of our health care services, provide customer services to you, resolve complaints, and coordinate your care.
- Transfer or receive your PHI if we buy or sell pharmacy locations.
- Use and share your PHI to contact you about health-related products and programs, or to tell you about things we think may interest you.
- Share your PHI with other HIPAA Covered Entities that have provided services to you, so they can improve the quality and value of their health care services or for their health care operations.
- Use your PHI to create de-identified data — data that no longer identifies you — for analytics, business planning, or other purposes.

Other Uses and Disclosures of Your PHI That Do Not Require Your Approval

We are also allowed or required to use or share your PHI without your authorization in the following situations:

Business Associates

We may allow access to those who provide services to us and who assure us they will protect the information (e.g., third parties performing billing or consulting services). They are required by law and by their agreements with us to protect your PHI in the same way we do.

People Involved in Your Care or Payment

We may share your PHI with certain people involved in your care or the payment of it, including a friend, personal representative, family member, or any other person you identify as a caregiver. For example, we may provide prescriptions and related information to your caregiver on your behalf. We may also make these disclosures after your death unless you have expressly told us not to do so. Upon your death, we may share your PHI with a person allowed by law to act for your estate. If you are a minor, we may release your PHI to your parents or legal guardians when permitted or required by law.

Workers' Compensation

We may share your PHI to comply with workers' compensation laws or similar programs.

Law Enforcement

We may share your PHI with law enforcement officials as permitted or required by law — for example, to report certain injuries or criminal conduct on our premises, or in response to a court order, subpoena, warrant, or similar written request from law enforcement.

Required by Law

We will share your PHI to comply with applicable federal, state, or local law.

Judicial and Administrative Proceedings

We may share your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Public Health and Safety Purposes

We may share your PHI in certain situations to help with public health and safety issues. For example, to:

- Prevent disease
- Report adverse reactions to medicine
- Report suspected abuse, neglect, or domestic violence
- Prevent or reduce a threat to a person's health or safety

Health Oversight Activities

We may share your PHI to an oversight agency for activities including:

- Audits, investigations, inspections, licensure, or disciplinary actions
- Civil, administrative, and criminal proceedings
- Oversight of the health care system, government programs, or compliance with civil rights laws

Research

Under certain circumstances, we may use or share your PHI for research purposes, such as when the research has been approved by an institutional review board and there is an established protocol to ensure the privacy of your information.

Coroners, Medical Examiners, and Funeral Directors

We may share your PHI to these entities so they may carry out their duties.

Organ or Tissue Donation

We may share your PHI to organ procurement organizations.

Notification

We may use or share your PHI to notify, or help notify, a family member or any other person responsible for your care about your location, general condition, or death. We may also share your PHI with disaster relief groups so that your family or others responsible for your care can learn of your location, general condition, or death.

Correctional Institution

We may share your PHI to a correctional institution or its agents if you are or become an inmate, to help them provide your health care and protect your health and safety, and that of others.

Specialized Government Functions and Military

We may share your PHI to authorized federal officials for the conduct of military, national security activities, and other specialized government functions. If you are a member of the U.S. armed forces or the foreign

military, we may share your PHI for activities deemed necessary by appropriate command authorities or under the law.

Uses or Disclosures That Require Your Approval

In some situations, we may only use and share your PHI when you provide written authorization. For example, without your approval we will not:

- Use or share your PHI for marketing purposes.
- Sell your PHI to third parties (except as permitted if we transfer our business to another health care provider that must comply with HIPAA).
- Share psychotherapy notes (if we have any).

We will need your written approval before using or disclosing your PHI for purposes other than those described in this Notice or permitted by law. You may revoke your approval at any time by sending a written notice to the ProHealth Pharmacy Privacy Contact. Your revocation will be effective upon receipt but will not undo any use or sharing of your PHI that has already occurred based on your prior permission.

Additional Restrictions on Use and Disclosure

Some state or federal laws may require special privacy protections — including requirements to obtain attestations from requestors — that limit the use and disclosure of certain sensitive health information. Such laws may protect information related to:

- Alcohol or substance use disorder
- Biometric information
- Child or adult abuse or neglect, including sexual assault
- Communicable diseases
- Genetic information
- HIV/AIDS
- Mental health
- Minors
- Reproductive health
- Sexually transmitted diseases

We will follow the law that is stricter (or more protective of your PHI) where it applies to us. For additional information about use or disclosure restrictions that may apply to your sensitive PHI, please contact our Privacy Contact below.

Your Health Information Rights

Contact Our Privacy Contact

You may ask for more information about our privacy practices or obtain forms for submitting written requests by contacting:

Name	ProHealth Pharmacy Privacy Contact
Address	4709 Golf Road, Suite 110, Skokie, IL 60076
Phone	(847) 423-2242

Fax	(847) 423-2249
Website	prohealthrx.net

Obtain a Copy of This Notice

You have the right to a paper copy of our current Notice at any time. You may obtain one by visiting our pharmacy or contacting our Privacy Contact.

Inspect and Obtain a Copy of Your PHI

With a few exceptions, you have the right to see and get a copy of the PHI we have about you. To inspect or get a copy of your PHI, send a written request to the ProHealth Pharmacy Privacy Contact. You may also ask us to provide a copy of your PHI to someone else. We may charge a reasonable fee as allowed by HIPAA and/or state law. If we deny your request, we will notify you in writing and let you know if you may request a review of the denial.

Request a Change

If you feel the PHI we have about you is wrong or incomplete, you may ask us to fix it. Send a written request, with a reason, to our Privacy Contact. If we deny your request, we will explain in writing why we did so.

Receive a Report of Disclosures (Accounting)

You have the right to ask for a list of certain disclosures we make of your PHI for purposes other than treatment, payment, or health care operations. To get this list, send a written request to our Privacy Contact. We will provide one report every 12 months free of charge. We may charge a fee for additional reports and will notify you in advance of any cost.

Request a Restriction on Certain Uses and Disclosures

You have the right to ask for limits on the way we use or share your PHI. Send a written request to our Privacy Contact. We are not required to agree to your request, except where the disclosure:

- Is to a health plan or insurer for purposes of carrying out payment or health care operations,
- Is not otherwise required by law, and
- Is PHI related to a health care item or service for which you, or a person on your behalf, has paid in full out of pocket.

If you do not want a claim sent to your health plan, speak to your pharmacist before your prescription is processed.

Request Confidential Communications

You have the right to request that we communicate with you in a certain way or at a certain location (for example, only in writing at a specific address). Send a written request to our Privacy Contact stating how, where, or when you would like us to contact you. We will accommodate all reasonable requests.

Notification of Breach

You have the right to be notified if there is a breach of your unsecured PHI, as defined by HIPAA.

To Report a Problem

If you believe your privacy rights were violated, you may file a complaint with:

- ProHealth Pharmacy Privacy Contact (see contact information above)
- Secretary of the U.S. Department of Health and Human Services

All complaints must be submitted in writing. We will not penalize or retaliate against you in any way for filing a complaint.

Changes to This Notice

We may change the terms of this Notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all the information we now have about you and any information we may get or hold in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice.

You can ask for a copy of the revised Notice by contacting our Privacy Contact. We will also post the revised Notice in our pharmacy and on our website at prohealthrx.net.

Effective Date: January 2, 2026