

Fess

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Our Duties under HIPAA

It is our duty to maintain the privacy and confidentiality of your protected health information (PHI). In providing services to you, we will create records containing your identifiable health information, referred to as PHI. We are required by law to maintain the privacy of your PHI. We are also required to notify affected individuals in the event of an unsecured breach of protected health information.

We are required by law to provide you with this notice of our legal duties and privacy practices with respect to your PHI. This notice provides you with information on how we may use and disclose your PHI, your privacy rights in your PHI, and our obligations concerning the use and disclosure of your PHI. We may store, use and disclose health information in paper form or electronically.

We must comply with the provisions of this notice as currently in effect. We reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI we maintain, including records our pharmacy has created or maintained in the past and records we may create or maintain in the future. You can always request a written copy of our most current privacy notice from our Compliance Officer.

Your Rights with Respect to Your PHI

You have the following rights regarding the identifiable health information that we maintain about you. If you have given another individual a medical power of attorney, if another individual is appointed as your legal guardian, or if another individual is authorized by law to make healthcare decisions for you (known as a "personal representative"), that individual may exercise any of the rights listed below for you.

1. **Paper copy of this notice.** You have the right to receive a paper copy of this notice at any time, even if you agreed to receive this notice electronically.
2. **Request restrictions.** You have the right to request restrictions on our use and disclosure of your PHI for treatment, payment, and health care operations. However, we are not required to agree to your request unless the disclosure is to a health plan in order to receive payment, the PHI pertains solely to your health care items or services for which you have paid the bill in full, and the disclosure is not otherwise required by law. All requests for restrictions on the use and disclosure of your PHI must be submitted in writing, using a form that we will provide, to our Privacy Officer. The address and telephone number for our Privacy Officer are listed at the end of this notice.
3. **Inspection and copies.** You have the right to inspect and receive photocopies of our records that contain your PHI, subject to certain limited exceptions. We will be pleased to allow you to review such records at no charge during normal business hours. However, we may charge you \$0.10 per page for photocopies of the records, together with any expenses for mailing, special courier, faxing, and supplies necessary to fulfill your request for records. If we are unable to provide our records to you, we will provide you a written explanation of why we are not able to provide the records. Depending on the reason, you may submit a written request for us to reconsider. All requests to review or receive photocopies of our records that contain your PHI must be submitted in writing, using a form that we will provide, to our Privacy Officer. The address and telephone number for our Privacy Officer are listed at the end of this notice.
4. **Amendment.** You have the right to request an amendment to your PHI contained in our records where you believe the content is incomplete, inaccurate, or for some other reason needs to be changed. We may deny your request for amendment if we determine that the PHI or record that is the subject of the request was not created by us, unless you provide a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment; is not part of your medical or billing records or other records used to make decisions about you; is not available for inspection as set forth above; or is accurate and complete. If we deny your request, we will notify you in writing of the reason for the denial. You will then have the right to submit to us a written statement of disagreement, to which we may elect to further respond in writing to you. All requests for changes to your PHI in our records must be submitted in writing, using a form that we will provide, to our Privacy Officer. The address and telephone number for our Privacy Officer are listed at the end of this notice.
5. **Confidential communications.** You have the right to request confidential communications of your PHI at alternative locations (such as a post office box) or by alternatives means (such as personal cellular telephone) specified by you. All requests for confidential communications must be submitted in writing, using a form that we will provide, to the Pharmacy Manager of the pharmacy location which serves you.
6. **Accounting of disclosures.** You have the right to obtain an accounting of certain disclosures of your PHI made by us to individuals or entities other than you for the six years prior to your request. Some of our disclosures of your PHI are not required by HIPAA to be included in the accounting unless they are maintained in an electronic health record. Most notable

among these are disclosures for purposes of treatment, obtaining payment, and carrying out health care operations. Other disclosures of your PHI that are not required to be included in the accounting are disclosures made directly to you or that you have authorized, made to family, friends, and others who assist you or are involved with your care (caregivers) and made for other purposes allowed by HIPAA. Please consult with our Privacy Officer, at the addresses or telephone numbers indicated at the end of this Notice, for more information on the disclosures not required to be including in the accounting.. You may obtain from us, without charge, one accounting during a 12-month period. However, if you request additional accountings during the same 12-month period, we may charge you \$0.10 per page for printing or photocopying of the accounting, together with any expenses for mailing, special courier, faxing, and supplies necessary to fulfilling your request for the accounting. If it becomes necessary for us to charge you for an accounting, we will notify you in advance and allow you to withdraw or modify your request for the accounting. All requests for an accounting of our disclosures of your PHI must be submitted in writing, using a form that we will provide, to our Privacy Officer. The address and telephone number for our Privacy Officer are listed at the end of this notice.

- 7. Complaints.** You have the right to file a complaint if you believe that we have violated your rights as described above, and to not fear retaliation or adverse action by us against you for exercising your right. You can file the complaint with us directly, or with the United States Department of Health and Human Services (“HHS”). Please be assured that we will work with you to resolve any complaint that you contact us to discuss. IF YOU HAVE QUESTIONS ABOUT ANY OF YOUR RIGHTS AS DESCRIBED ABOVE, PLEASE CONTACT THE ADDRESS OR TELEPHONE NUMBER INDICATED AT THE END OF THIS NOTICE. You also may visit the following website for information on filing a complaint with the United States Department of Health and Human Services: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

Permitted Uses and Disclosures Without Your Authorization

The following categories describe the different ways in which we may use and disclose your protected health information without your authorization. For each of these categories of uses and disclosures, we have provided a description and/or an example below. However, not every particular use or disclosure in every category will be listed. If you would like more information about any of these, please contact our Privacy Officer at the address or telephone number indicated at the end of this Notice.

- 1. Treatment.** We may use or disclose your information to treat you, including providing services as ordered by your physician; consultation and coordination between health care providers relating to your care; or the referral for health care from one health care provider to another. As a pharmacy, we may use and disclose your PHI as necessary to maintain a patient profile on you, which may include information about you; your medical condition, medications, and prescription devices that you use; any allergies that you have; and other information, such as any health insurance that you have. We may use and disclose your PHI in dispensing prescription medicines and related products and services, including counseling you and your caregivers about proper use of your medications. We may also use and disclose your PHI to you and your caregivers in our discussions about your treatment.
- 2. Payment.** We may use and disclose your PHI to obtain reimbursement for the health care provided to you, including billing, collections, claims management, prior approval, determinations of eligibility and coverage, and other utilization review activities. Federal or state law may require us to obtain a written release from you prior to disclosing certain specially protected PHI for payment purposes, and we will ask you to sign a release when necessary, under applicable law.
- 3. Health care operations.** We use and disclose your PHI to perform those activities necessary and related to our providing of health care products and services to you. These activities include, but are not limited to, the following:
 - a. Conducting quality assessment and improvement activities, case management and care coordination, and contacting health care providers with information about treatment alternatives and related functions that do not include treatment.
 - b. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs.
 - c. Pharmacy management and general administrative activities, including, but not limited to, activities relating to implementation of and compliance with the requirements of HIPAA.

We will use and disclose your PHI to carry out the above activities as necessary or required, and especially to monitor and improve the quality of the health care products and services that are provided to you by us and other health care professionals.

Note: incidental uses and disclosures of PHI sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

- 4. Business associates.** We may share your PHI with business associates that carry out various activities on our behalf. These contractors are required by law and their agreements with us to protect the privacy of your PHI.

5. **Release of information to family/friends.** In providing health care products and services to you, we may disclose your identifiable health information to your family or friends or any other individual identified by you in writing to the extent directly related to such person's involvement in your care or the payment for your care. We may use or disclose your PHI to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care, of your location, general condition, or death. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon our professional judgment. We will allow your family and friends to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, and similar forms of PHI, when we determine, in our professional judgment that it is in your best interest to make such disclosures.
6. **SMS Conditions.** We do not share mobile contact information with third parties or affiliates for marketing or promotional purposes. Information may be shared with subcontractors in support services, such as customer service. All other categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.
7. **Public health activities.** We may disclose your PHI to federal and state government agencies for a variety of purposes, most of which are directed at monitoring health care quality and safety. For example, the United States Drug Enforcement Administration ("DEA") monitors the distribution and usage of controlled substances, and the United States Food and Drug Administration ("FDA") monitors adverse drug events. We may disclose your PHI to these agencies where required by the agency so that the agency can carry out its required activities. Similar, some private businesses, such as the manufacturers of medications and medical devices, are legally required to conduct post-marketing surveillance in order to ensure the safety of their products. Disclosing your PHI for such surveillance may be necessary.
8. **Worker's compensation.** If you are employed by a business that is required to carry workers-compensation insurance, and you are injured in such a way that the workers-compensation plan covers your health care, it may be necessary to disclose your PHI to the workers-compensation plan. Such plans have a right to conduct audits, inspections, and investigations of our activities, and where required, we will disclose your PHI for these activities.
9. **Required by law.** We will use or disclose PHI about you when required to do so by federal, state, or local law. For example, we may disclose your protected health information to the U.S. Department of Health and Human Services if it requests such information to determine that we are complying with federal privacy law. We may also disclose your PHI to government agencies in other situations where we are required by law to submit reports, such as suspected domestic, child or elder abuse, or neglect or breaches of unsecured PHI. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
10. **Organ and Tissue Donation.** If you are an organ donor, we may release PHI to organizations that handle organ procurement or transplantation as necessary to facilitate organ or tissue donation and transplantation.
11. **Coroners, medical examiners and funeral directors.** We may release PHI to a coroner or medical examiner. We may also release PHI about patients to funeral directors as necessary to carry out their duties.
12. **Health oversight activities.** We may disclose PHI to federal, state, and local government agencies charged with enforcing health care and drug laws, and other laws related to the health care products and services that we provide. These agencies may engage in a number of activities designed to monitor and improve federal and state health care programs and systems, government benefit programs, and government regulatory programs, including inspections, audits and investigations of our activities and the health care products and services that we provide to our patients. At any time that we are required by federal or state laws, or by court order, subpoena or other legal mandate, to disclose your PHI, we will do so as necessary.
13. **Legal disputes.** Lawsuits and other legal disputes may involve your PHI. We will disclose your PHI when required to comply with a court order, subpoena, discovery proceeding, such as a deposition, or other legal mandate served upon us.
14. **Abuse, neglect or domestic violence.** If we reasonably believe you have been a victim of abuse, neglect, or domestic violence, we may use or disclose your PHI to notify the appropriate government authority.
15. **Law enforcement.** We may release PHI if asked to do so by a law enforcement official for law enforcement purposes, such as to identify or locate a suspect, fugitive, material witness, or missing person or to report criminal conduct on our premises.
16. **Disclosures for national security and intelligence.** We are legally required to disclose your PHI where necessary for national security activities and intelligence and counterintelligence activities. Any disclosure for these purposes would be made only to authorized government officials.
17. **Disclosures if you are in the military or a veteran.** We may use or disclose PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; or (2) for the purpose of a determination by the Department of Veteran Affairs of eligibility for benefits. This includes any branch of the Armed Forces and whether on active or reserve status as required by the U.S. Military. If you are a veteran, we may release your PHI, particularly if you are receiving health care products and services from Veterans Services or the Veterans Administration. Any disclosure for these purposes would be made only to authorized government officials.

18. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
19. **Threats to health or safety.** As permitted by applicable law and standards of ethical conduct, we may use and disclose PHI if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or is necessary for law enforcement authorities to identify or apprehend an individual. Under these circumstances, we will only make disclosures to a person or organization reasonably able to help prevent or lessen the threat.
20. **Health Information Exchanges.** We may participate in one or more health information exchanges (“HIEs”) and may electronically share your protected health information for treatment, payment or healthcare operations and other permitted purposes with other participants of the HIE. HIEs allow your healthcare providers to efficiently access and use your identifiable health information as necessary for treatment and other lawful purposes.
21. **Research.** We may use or disclose your PHI for research purposes, subject to the requirements of applicable law. For example, a research project may involve comparisons of the health and recovery of all patients who received a particular medication. All research projects are subject to a special approval process which balances research needs with a patient's need for privacy. When required, we will obtain a written authorization from you prior to using your health information for research.

Specially protected health information. HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information may enjoy certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.

Additional restrictions on information related to reproductive healthcare: When we disclose protected health information potentially related to reproductive healthcare for health oversight activities, judicial and administrative proceedings, law enforcement purposes, and to coroners or medical examiners, we must obtain an attestation from the recipient verifying that the information will not be further used or disclosed for a prohibited purpose. HIPAA prohibits the use and disclosure of protected health information to: (1) conduct criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive healthcare; (2) impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive healthcare; or (3) identify any person for one of these purposes.

Right to Provide an Authorization for Other Uses and Disclosures of Your Protected Health Information.

If a use and disclosure of your PHI is not contained by the section titled “Permitted Uses and Disclosures without Your Authorization”, we will obtain your or your authorized representative’s written authorization before the use and disclosure. An authorization is required for most uses and disclosures: (a) of psychotherapy notes; (b) for marketing purposes; and (c) that constitute a sale of PHI under the Privacy Rule. If such authorization is requested, we will provide you with a form that describes the proposed use and disclosure and your rights related to the requested authorization.

You have the right to refuse to authorize the use and disclosure, or if you grant the authorization, to revoke the authorization at any time, except to the extent ICS Pharmacy has taken an action in reliance on the authorization.

Contact Information

If you have any questions or want more information concerning your privacy rights under HIPAA or under the laws of our state or concerning our privacy practices, please consult our Privacy Officer, Chelise Frey: by phone at 337-237-6077 or by email at chelise@icspharmacy.com or by mail at 206A Jacobs Run Scott, LA 70583. Also, you should contact our Privacy Officer if you wish to file a complaint about our privacy practices or if you believe we have violated any of your rights as described in this Notice.

Thank you for allowing us the privilege of being your pharmacy. We look forward to continuing to be of service to you.

Effective date: 5/1/2026