

Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Mobile Privacy Policy

Introduction

At ALCO Pharmacy, we are committed to protecting your privacy. This policy explains how we collect, use, and safeguard personal information in connection with our SMS/MMS messaging services, in compliance with 10DLC regulations.

Information We Collect

We collect personal information, such as your name and phone number, when you opt-in to receive SMS/MMS communications. Additionally, we may collect device and location data for regulatory compliance.

How We Obtain Consent

By opting into our messaging services—whether through online forms, text message keywords, or other methods—you provide explicit consent to receive SMS/MMS messages. We do not send messages without prior opt-in.

How We Use Information

The information we collect is used solely to send notifications, alerts, and marketing communications, and to comply with 10DLC regulations.

We Do Not Sell Your Information

We will never sell your personal information to third parties for marketing purposes. Your information is used only for the purposes outlined in this policy.

Sharing of Information

We may share your information with trusted third-party providers who help us deliver messaging services. However, we do not share any SMS mobile opt-in consumer information for marketing purposes.

Messaging Terms & Conditions

When you opt-in to receive SMS/MMS communications from ALCO Pharmacy, you agree to receive delivery notifications, schedule changes, and other messages from the pharmacy. Message frequency may vary. Message & Data rates may apply. You may opt-out at any time by texting STOP. For assistance you can text HELP or contact us at 443-394-7300."

Opting Out

You can opt out at any time by replying with STOP, UNSUBSCRIBE, or another opt-out keyword.

Your Privacy Rights

You have the right to access, correct, or delete your personal information. To exercise these rights, please contact us at 443-394-7300

Updates to This Policy

This policy may be updated periodically to reflect changes in regulations or business practices. Please review it regularly.

Contact Information

If you have any questions or concerns about this policy, please contact us at 443-3947300

Mobile Terms of Service

By opting in to receive SMS messages from ALCO Pharmacy, you agree to the following terms:

SMS Messaging Service Consent:

By providing my phone number, I consent to receive SMS text messages from ALCO Pharmacy for delivery notifications, updates, and general two-way communication. Message frequency varies. Message and Data rates may apply. Reply HELP for support. Reply STOP to opt out.

You can cancel the SMS service at any time. Just text "STOP" to our number. After you send the SMS message "STOP" to us, we will send you an SMS message to confirm that you have been

unsubscribed. After this, you will no longer receive SMS messages from us. If you want to join again, just sign up as you did the first time, and we will start sending SMS messages to you again.

Message Type and Frequency

Message frequency varies.

If you are experiencing issues with the messaging program you can reply with the keyword HELP for more assistance, or you can get help directly by calling 443-3947300

Carriers are not liable for delayed or undelivered messages.

Message and data rates may apply for any messages sent to you from us and to us from you. Message frequency varies. If you have any questions about your text plan or data plan, it is best to contact your wireless provider.

If you have any questions regarding privacy, please read our privacy policy in this document.

Messaging Terms & Conditions

"By providing your mobile information, you agree to receive account notifications, updates, and general two-way communication from ALCO Pharmacy. Message frequency varies. Message and data rates may apply. You may opt-out at any time by texting STOP. For any assistance you can text HELP or contact us at 443-394-7300.

No Sharing of Mobile Information Clause

"No mobile information will be shared with third parties or affiliates for marketing or promotional purposes. All text messaging originator opt-in data and consent will not be shared with any third parties."

Online Contact Form Opt-In Clause

"OPT-IN CONSENT: By submitting your phone number, you authorize ALCO Pharmacy to send you text messages and notifications. Message/data rates may apply. Reply STOP to unsubscribe from future messages."

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Other Indications

- Effective as of January 1, 2024

- Privacy Officer: David Denrich alco@alcopharmacy.com
- ALCO Pharmacy will never market or sell personal information.