NOTICE OF PRIVACY PRACTICES

Best Buy Drugs / MJRX II, LLC

Effective Date: September 3, 2026

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

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 health record. You can ask to see or get an electronic or paper copy of your health information that we maintain about you. We will provide a copy or a summary, usually within 30 days of your request. We may charge a reasonable, cost-based fee as permitted by law.

Ask us to correct your health record. You can ask us to correct health information that you believe is incorrect or incomplete. We may deny the request in certain circumstances, but we will explain why in writing.

Request confidential communications. You can ask us to contact you in a specific way, such as at a particular phone number or address. We will accommodate 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 health care operations. We are not required to agree to every request. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share information about that item or service with your health plan for payment or health care operations, unless disclosure is required by law.

Get a list of disclosures. You can ask for an accounting of certain disclosures of your health information made during the six years before the date you ask, subject to exceptions permitted by law.

Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically.

Choose someone to act for you. If you have given someone medical power of attorney or someone is your legal guardian, that person may exercise your rights and make choices about your health information as permitted by law.

File a complaint. You may complain if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

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, tell us what you want us to do and we will follow your instructions when required by law.

You may tell us whether to share information with family, close friends, or others involved in your care or payment for your care, and whether to share information in a disaster-relief situation. If you are unable to tell us your preference, we may share information when we believe it is in your best interest or when needed to lessen a serious and imminent threat to health or safety.

For marketing purposes and the sale of your health information, we will obtain your written authorization when required by law.

Our Uses and Disclosures

We typically use or share your health information for treatment, payment, and health care operations. For example, we may use your information to dispense and coordinate medications, submit claims to your health plan, and operate and improve our pharmacy services.

We may also use or share your information when permitted or required by law, including for public health and safety activities; reporting suspected abuse, neglect, or domestic violence; health oversight activities; responding to lawsuits and legal actions; law enforcement purposes; workers' compensation; organ and tissue donation; medical examiner or funeral director duties; research when legal requirements are satisfied; and other government functions authorized by law.

Substance Use Disorder Records

Certain substance use disorder (SUD) patient records may receive additional confidentiality protections under federal law, including 42 CFR Part 2. When these protections apply, uses and disclosures of those records are subject to the applicable authorization, consent, redisclosure, and other legal requirements. We will handle such records in accordance with HIPAA, Part 2, and other applicable law.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information. We will notify you 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 the notice currently in effect and provide you a copy upon request.

We will not use or share your information other than as described here unless you authorize us in writing. If you give us written authorization, you may revoke it at any time in writing, except to the extent we have already acted in reliance on it.

Changes to This Notice

We may change the terms of this notice, and the changes will apply to all information we have about you. A revised notice will be available upon request and will be posted on our website when applicable.

Questions or Complaints

For questions about this notice, to exercise your privacy rights, or to make a complaint, contact:

Privacy Contact	Jake Kocherhans
Organization	Best Buy Drugs / MJRX II, LLC
Phone	505-881-4601
Email	jake@bestbuydrugs.net

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Filing a complaint will not affect the care or services you receive from us.