

Greenleaf Pharmacy

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Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

We at **Greenleaf Pharmacy** are required by law to maintain the privacy of Protected Health Information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. References to 'Greenleaf Pharmacy,' 'we,' 'us,' and 'our' include the designated healthcare components of Greenleaf Pharmacy and the members of its affiliated covered entity. An affiliated covered entity is a group of organizations under common ownership or control who designate themselves as a single affiliated covered entity for purposes of compliance with the Health Insurance Portability and Accountability Act (HIPAA). Greenleaf Pharmacy, its employees, workforce members and members of the Greenleaf Pharmacy affiliated covered entity who are involved in providing and coordinating healthcare are all bound to follow the terms of this Notice of Privacy Practices. The members of the Greenleaf Pharmacy affiliated covered entity will share protected health information with each other for the treatment, payment and healthcare operations of the affiliated covered entity and as permitted by HIPAA and this Notice. For a complete list of the members of Greenleaf Pharmacy affiliated covered entity, please contact the Privacy Office.

Protected health information is information that may identify you and that relates to your past, present or future physical or mental health or condition, the provision of healthcare products and services to you or payment for such services. This Notice describes how we may use and disclose protected health information about you, as well as how you obtain access to such information. This Notice also describes your rights with respect to your protected health information. We are required by HIPAA to provide this Notice to you.

Greenleaf Pharmacy is required to follow the terms of this Notice or any change to it that is in effect. We reserve the right to change our practices and this Notice and to make the new Notice effective for all protected health information we maintain. If we do so, the updated Notice will be posted on our website and will be available at our facilities and locations where you receive healthcare products and services from us. Upon request, we will provide any revised Notice to you.

This Notice also describes the privacy practices between Greenleaf Pharmacy and its affiliated medical organizations as part of an Organized Health Care Arrangement (OHCA). We will use and disclose your health information with other participants in the OHCA that may be relevant to your treatment, payment or healthcare operations as part of our integrated pharmacy care and primary medical care model.

How We May Use and Disclose Your PHI

The following categories describe different ways that we use and disclose your PHI. We have provided you with examples in certain categories; however, not every permissible use or disclosure will be listed in this Notice. Note that some types of PHI, such as HIV information, genetic information, substance use disorder records and mental health records may be subject to special confidentiality protections under applicable state or federal law, and we will abide by those special protections. If you would like additional information about special state law protections, you may contact the Privacy Office.

I. Uses and Disclosures Of PHI That Do Not Require Your Prior Authorization

Except where prohibited by federal or state laws that require special privacy protections, we may use and disclose your PHI for treatment, payment and healthcare operations without your prior authorization as follows:

Treatment.

We may use and disclose your PHI to provide and coordinate the treatment, medications and services you receive. For example, we may disclose PHI to pharmacists, doctors, nurses, technicians and other personnel involved in your healthcare. We may also disclose your PHI with other third parties, such as hospitals, other pharmacies and other healthcare facilities and agencies to facilitate the provision of healthcare services, medications, equipment and supplies you may need. This helps to coordinate your care and make sure that everyone who is involved in your care has the information that they need about you to meet your healthcare needs.

Payment.

We may use and disclose your PHI in order to obtain payment for the healthcare products and services that we provide to you and for other payment activities related to the services that we provide. For example, we may contact your insurer, pharmacy benefit manager or other healthcare payor to determine whether it will pay for healthcare products and services you need and to determine the amount of your co-payment. We will bill you or a third-party payor for the cost of healthcare products and services we provide to you. The information on or accompanying the bill may include information that identifies you, as well as information about the services that were provided to you or the medications you are taking. We may also disclose your PHI to other healthcare providers or HIPAA-covered entities who may need it for their payment activities.

Healthcare Operations.

We may use and disclose your PHI for our healthcare operations. Healthcare operations are activities necessary for us to operate our healthcare businesses. For example, we may use your PHI to monitor the performance of the staff and pharmacists providing treatment to you. We may use your PHI as part of our efforts to continually improve the quality and effectiveness of the healthcare products and services we provide. We may also analyze PHI to improve the quality and efficiency of healthcare; for example, to assess and improve outcomes for healthcare conditions. We may also disclose your PHI to other HIPAA-covered entities that have provided services to you so that they can improve the quality and effectiveness of the healthcare services that they provide. We may use your PHI to create de-identified data, which is stripped of your identifiable data and no longer identifies you.

We may also use and disclose your PHI without your prior authorization for the following purposes:

Business Associates.

We may contract with third parties to perform certain services for us, such as billing services, copy services or consulting services. These third-party service providers, referred to as Business Associates, may need to access your PHI to perform services for us. They are required by contract and law to protect your PHI and only use and disclose it as necessary to perform their services for us.

To Communicate With Individuals Involved in Your Care or Payment for Your Care.

We may disclose to a family member, other relative, close personal friend, or any other person you identify, PHI directly relevant to that person's involvement in your care or payment related to your care. Additionally, we may disclose PHI to your personal representative. If a person has the authority by law to make healthcare decisions for you, we will generally regard that person as your personal representative and treat them the same way we would treat you with

respect to your PHI.

Food and Drug Administration (FDA).

We may disclose to persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacement.

Worker's Compensation.

To the extent necessary to comply with law, we may disclose your PHI to worker's compensation or other similar programs established by law.

Public Health.

We may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability, including the FDA. In certain circumstances, we may also report work-related illnesses and injuries to employers for workplace safety purposes.

Law Enforcement.

We may disclose your PHI for law enforcement purposes as required or permitted by law; for example, in response to a subpoena or court order, in response to a request from law enforcement, and to report limited information in certain circumstances.

As Required by Law.

We will disclose your PHI when required to do so by federal, state or local law.

Health Oversight Activities.

We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

Judicial and Administrative Proceedings.

If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to first tell you about the request or to obtain an order protecting the information requested.

Research.

We may use your PHI to conduct research and for purposes preparatory to research, and we may disclose your PHI to researchers as authorized by law. For example, we may use or disclose your PHI as part of a research study when the research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, Medical Examiners and Funeral Directors.

We may release your PHI to coroners or medical examiners so that they can carry out their duties. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

Organ or Tissue Procurement Organizations.

Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

Notification.

We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and general condition.

Disaster Relief.

We may use and disclose your PHI to organizations for purposes of disaster relief efforts.

Fundraising.

As permitted by applicable law, we may contact you to provide you with information about our fundraising programs. You have the right to opt out of receiving these communications, and such fundraising materials will explain how you may request to opt out of future communications if you do not want us to contact you further for fundraising efforts.

Correctional Institution.

If you are or become an inmate of a correctional institution, we may disclose to the institution, or its agents, PHI necessary for your health and the health and safety of other individuals.

To Avert a Serious Threat to Health or Safety.

We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and Veterans.

If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

National Security, Intelligence Activities, and Protective Services for the President and Others.

We may release PHI about you to federal officials for intelligence, counterintelligence, protection of the President, and other national security activities authorized by law.

Victims of Abuse or Neglect.

We may disclose PHI about you to a government authority if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

II. Uses and Disclosures of PHI that Require Your Prior Authorization

Specific Uses or Disclosures Requiring Authorization.

We will obtain your written authorization for the use or disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI, except in limited circumstances where applicable law allows such uses or disclosure without your authorization.

Other Uses and Disclosures.

We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or otherwise permitted by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

Your Health Information Rights

Obtain a paper copy of the Notice upon request.

You may request a copy of our current Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy at the site where you obtain healthcare services from us or by contacting the Privacy Office.

Request a restriction on certain uses and disclosures of PHI.

You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request to the Privacy Office. We are not required to agree to the restrictions, except in the case where the disclosure is to a health plan for purposes of carrying out payment or healthcare operations, is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you, or a person on your behalf, has paid in full.

If you do not want PHI sent to your health plan for payment for a prescription, talk to your pharmacist before your prescription is sent to the pharmacy or when you bring your prescription to the pharmacy.

Inspect and obtain a copy of PHI.

With a few exceptions, you have the right to access and obtain a copy of the PHI that we maintain about you. If we maintain an electronic designated record set containing your PHI, you have the right to request to obtain the PHI in an electronic format if it is readily producible.

To inspect or obtain a copy of your PHI, you must send a written request to the Privacy Office. You may ask us to send a copy of your PHI to other individuals or entities that you designate in writing if it clearly designates the recipient and location for delivery. We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your PHI, you have the right in certain cases to request that the denial be reviewed.

Request an amendment of PHI.

If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. We are not required to make all requested amendments. To request an amendment, you must send a written request to the Privacy Office. You must include a reason that supports your request. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it.

Receive an accounting of disclosures of PHI.

With the exception of certain disclosures, you have a right to receive a list of the disclosures we have made of your PHI, in the six years prior to the date of your request, to entities or individuals other than you. To request an accounting, you must submit a request in writing to the Privacy Office. Your request must specify a time period for the disclosures in the accounting.

Request communications of PHI by alternative means or at alternative locations.

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For instance, you may request that we contact you at a different residence or post office box, or via email or other electronic means. Please note if you choose to receive communications from us via email or other electronic means, those may not be a secure means of communication and your PHI that may be contained in our emails to you will not be encrypted. This means that there is risk that your PHI in the emails may be intercepted and read by, or disclosed to, unauthorized third parties. To request confidential communication of your PHI, you must submit a request in writing to the Privacy Office. Your request must tell us how or where you would like to be contacted. We will accommodate reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

Notification of a breach.

You have a right to be notified following a breach of your unsecured PHI, and we will notify you in accordance with applicable law.

Where to Obtain Forms for Submitting Written Requests

You may obtain forms for submitting written requests by contacting the Privacy Officer at **Greenleaf Pharmacy**, 401 S. Greenleaf Street, Suite 2, Park City, IL, or by telephone at **847-242-8267**. You can also visit **mygreenleafpharmacy.com** to obtain these forms. We will respond to your written requests on a timely basis in accordance with our written policies and as required by law.

For More Information or to Report a Problem

If you have questions or would like additional information about Greenleaf Pharmacy privacy practices, you may contact our Privacy Officer at **Greenleaf Pharmacy**, 401 S. Greenleaf Street, Suite 2, Park City, IL, or by telephone at **847-242-8267**. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services. You can also file a complaint through **mygreenleafpharmacy.com**, and we will route your complaint to the Privacy Office. **There will be no retaliation for filing a complaint.**

Effective Date: This Notice is effective as of **January 1, 2026**.