

**Your Information.
 Your Rights.
 Our Responsibilities.**

This notice describes how medical information about you may be used and disclosed, your rights with respect to your health information, and how to file a complaint concerning a violation of the privacy or security of your health information, or of your right concerning your information. **Please review it carefully.**

Your Rights

You have the right to:

- Consent to most uses and disclosures of your health information
 - 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 and discuss this notice with someone in our program
 - Choose someone to act for you
 - File a complaint if you believe your privacy rights have been violated
- **See page 2 for more information on these rights and how to exercise them**

Your Choices

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

- Treat you
 - Run our organization
 - Report to prescription monitoring programs
 - Tell family and friends about your condition
 - Provide disaster relief
 - Provide mental health care
 - Market our services and sell your information
 - Raise funds
 - Report about court referred-treatment
- **See page 3 for more information on these choices and how to exercise them**

Our Uses and Disclosures

We may use and share your information as we:

- Communicate within our program
 - Bill for your services
 - Respond to audits and evaluations or our program
 - Help with public health, safety issues, and medical emergencies
 - Aid scientific research
 - Comply with the law
 - Respond to organ and tissue donation requests
 - Assist cause of death inquiries
 - Address workers' compensation, law enforcement, and other government requests
 - Report crimes (and threats of crime) on our premises and suspected child abuse and neglect
 - Respond to court orders and legal actions
- **See pages 3 and 4 for more information on these uses and disclosures**

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 we agree to your request, we may still share this information in the event you need emergency treatment.
- If your records include substance use disorder (SUD) treatment records, you have the right to request restrictions on disclosures of those records that were made with your prior written consent for treatment, payment, and health care operations purposes.
- 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.
- If your records include substance use disorder treatment records maintained in an electronic system, you have the right to receive an accounting of disclosures of such records for the three years prior to your request.

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 <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- 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

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
- Use or disclosure in legal proceedings against you without your written consent or a qualifying court order (for substance use disorder treatment records)

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?

With your consent, 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 sends us information about your diagnosis and treatment plan so we can arrange additional services.

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.

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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.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR Part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

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
 - Sharing your identifying information to assist the FDA in notifying you or your doctor about unsafe products you may be using.

Aid scientific research

- We can use or share your information to conduct or help with 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.
 - For substance use disorder treatment records, we will not use or share your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.
 - We will only respond to a court order to use or share your substance use treatment records if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.
 - We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
 - We may use or share your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.
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SUD Records

How do we handle your substance use disorder treatment records?

This section explains additional protections on Substance Use Disorder information.

Consent Required

- Your SUD treatment records generally may not be used or disclosed without your written consent.
- If you provide written consent, you may authorize the use and disclosure of your SUD treatment records for treatment, payment, and health care operations purposes through a single consent that covers all future uses and disclosures for those purposes.

Revocation and Re-Disclosure

- SUD treatment records that are disclosed with your written consent may be further disclosed by the recipient only as permitted by law.
- You may revoke your consent at any time by submitting a written revocation to the Privacy Official, although revocation will not apply to actions already taken in reliance on your prior consent.

Exceptions

- Your SUD treatment records may be disclosed without your consent only in limited circumstances, including: medical emergencies, reporting of suspected child abuse or neglect to appropriate state or local authorities, or as required by a court order that meets specific legal requirements.
- State law mandatory reporting of suspected child abuse and neglect may be made without patient consent, even when the information is contained in SUD treatment records (42 CFR 2.12(c)(6)). Other state mandatory reporting obligations (such as vulnerable adult abuse or communicable diseases) require patient consent or a court order before SUD treatment records may be disclosed for those purposes.

SUD Counseling Notes

- A separate written consent is required for the use and disclosure of SUD counseling notes. This consent may not be combined with consent for other types of SUD records.
- 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.

With your consent, we may also use and share your information in the following ways:

- To prevent multiple enrollments in withdrawal management or maintenance treatment programs.
- To report participation in treatment required by the criminal justice system.

State Reporting

How do we handle your substance use disorder treatment records?

We are required by law to report certain information to state authorities in the states where we operate.

Mandatory Reporting

- Federal law permits the reporting under state law of incidents of suspected child abuse and neglect. All states in which Care Pharmacy operates require mandatory reporting of (1) suspected child abuse or neglect, (2) abuse, neglect, or exploitation of vulnerable or elderly adults, and (3) certain communicable diseases and health conditions.
- Your SUD treatment records may not be disclosed without your consent except in the case of suspected child abuse and neglect.

Our Responsibilities

- We are required to obtain your consent for most uses and sharing of your information.
- 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.
- If you consent to the use of your SUD patient records, subject to 42 CFR Part 2, we will include with each disclosure a copy of your consent or a clear explanation of the scope of the consent.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We are required to follow the terms of this notice that are currently in effect. 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 pharmacy, and on our web site.

Effective Date: May 29, 2026

This Notice of Privacy Practices applies to the following organizations.

Care Pharmacy

***4521 Jamestown Ave Suite 3
Baton Rouge, LA 70808***

***745 Olive Street Suite 111
Shreveport, LA 71104***

Privacy Official: Kathryn Fountain | P: (985) 334-7260 | compliance@januspharmacy.com