



East West Pharmacy LLC Notice of Privacy Practices, Patient Bill of Rights, Customer Concerns, Medicare Provider Standards, Warranty Information

Notice of Privacy Practices: Effective Date: June 19, 2026 Revision Date: June 19, 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.

This Notice of Privacy Practices describes the privacy practices of: East West Pharmacy LLC operations. We understand that your medical information is personal and we are committed to protecting it. We are required by law to maintain the privacy of your protected health information (“PHI”), to give you this Notice of our legal duties and privacy practices concerning your PHI, and to report to you any security breach involving your unsecured PHI. We must follow the terms of the current Notice.

Uses and Disclosures of PHI That Do Not Require Your Authorization:

- 1. For Treatment.** We may use your PHI for treatment purposes such as dispensing prescriptions and providing medication therapy management services. We may disclose your PHI to treating physicians, providers, pharmacies, ophthalmic providers, and other health care providers who are involved in your health care or treatment.
- 2. For Payment.** We may use and disclose your PHI so that we and other covered entities or health care providers can bill and collect payment from you, your insurance company, or a third party. This may include conducting insurance eligibility checks with state Medicaid, Medicare, or other health plans, determining enrollment status, and providing PHI to entities that help us submit bills and collect amounts owed.
- 3. For Health Care Operations.** We may use and disclose your PHI for our health care operations and the health care operations of other covered entities with which you have or had a relationship. Health care operations may include activities necessary to provide health care services and ensure you receive quality customer service.
- 4. For Our Collective Health Care Operations.** Each of the covered entity health care providers that participate in our organized health care arrangement (described above) may share PHI with each other to carry out health care operations relating to the organized health care arrangement. Specifically, East West Pharmacy practices and partner providers may share PHI with each other, and with East West Pharmacy, for this purpose.
- 5. To Communicate with You about Health-Related Products and Services.** We may use or disclose your PHI to communicate with you regarding your care and related matters. For example, we may use or disclose your PHI to provide appointment reminders, advise you of available preventative care, provide medication therapy management services, or inform you about alternative treatments or care settings.
- 6. To Individuals Involved in Your Care or Payment for Your Care.** We may disclose your PHI to a family member, other relative, friend, or other individual identified by you, who is involved in your medical care or payment for your care, provided you agree to this disclosure, you had an opportunity to object and did not do so, or we infer from the circumstances in our professional judgment that the disclosure is appropriate.
- 7. As Required by Law.** We will disclose your PHI when required to do so by federal, state, or local law.
- 8. To Avert a Serious Threat to Health or Safety.** We may use or disclose your PHI when necessary to prevent or lessen a serious threat to any person or the public.
- 9. For Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law such as audits, inspections, and licensure or other activities necessary for oversight of the healthcare system, benefits programs, and civil rights.
- 10. For Public Health and Safety.** We may disclose your PHI to government authorities for public health and safety activities such as preventing or controlling disease, injuries, or disabilities, reporting abuse, neglect, or domestic violence, and reporting recalls or adverse reactions to medications.
- 11. For Lawsuits and Disputes.** We may disclose your PHI in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process if efforts have been made to tell you about the request or to obtain a protective order.
- 12. Law Enforcement.** We may disclose PHI to a law enforcement official for certain law enforcement purposes, such as reporting crime on our premises or responding to legitimate law enforcement inquiries.
- 13. For Specialized Government Functions.** We may disclose your PHI: (1) if you are a member of the armed forces, as required by military command authorities; (2) if you are an inmate or in custody, to a correctional institution or law enforcement official; (3) in response to a request from law enforcement, under certain conditions; (4) for national security reasons authorized by law; (5) to authorized federal officials to protect the President, other authorized persons, or foreign heads of state.
- 14. For Workers’ Compensation.** We may disclose your PHI for workers’ compensation or similar programs.
- 15. For Organ and Tissue Donation.** We may also disclose your PHI to organ procurement or similar organizations for purposes of donation or transplant.
- 16. For Coroners and Funeral Directors.** We may disclose PHI to a funeral home director, coroner, or medical examiner consistent with applicable law to enable them to carry out their duties.
- 17. For Personal Representatives.** We may disclose your PHI to a person legally authorized to act on your behalf, such as a parent, legal guardian, or administrator or executor of your estate.
- 18. For Proof of Immunization.** We may provide proof of immunization to a school about a student or prospective student, as required by law, if authorized by the parent/guardian, emancipated minor, or other authorized individual as applicable.

Uses and Disclosures of PHI That Require Your Authorization:

- 1. Sale of PHI.** We will not use or disclose your PHI in exchange for direct or indirect remuneration unless you authorize us to do so, or as permitted by HIPAA. We may exchange information when the information is deidentified in accordance with the HIPAA expert determination method and/or the HIPAA safe harbor method.
- 2. Psychotherapy Notes.** Except in limited circumstances, we may not use or disclose notes recorded by a mental health professional documenting your conversation during a counseling session without your authorization.
- 3. Marketing.** With your authorization, we may use or disclose your PHI for marketing purposes.
- 4. Research Purposes.** We may use or disclose PHI for research purposes with your authorization, or without authorization under limited circumstances such as with a waiver from an institutional review board. Except as described in this Notice, we will not use or disclose your PHI without your authorization. You may cancel your authorization in writing at any time, which will stop further use or disclosure for purposes covered by your authorization, except when we have already acted on your permission. We must also follow any law that is stricter than HIPAA.

Substance Use Disorder Records Subject to 42 CFR Part 2: Some of the records we create, receive, or maintain about you may be substance use disorder (“SUD”) records protected under the federal confidentiality regulations at 42 CFR Part 2. These records receive protections in addition to those that apply to other PHI, and the following applies to them:

- 1. Single Consent.** You may provide a single written consent authorizing us to use



and disclose your Part 2 records for all future treatment, payment, and health care operations. You may revoke this consent in writing at any time, except to the extent we have already acted in reliance on it. **2. Limits on Use in Legal Proceedings.** Unlike other PHI, we will not use or disclose your Part 2 records in any civil, criminal, administrative, or legislative proceeding against you, conducted by any federal, state, or local authority, without your written consent or a court order that meets the requirements of 42 CFR Part 2. **3. Re-Disclosure.** When we disclose your Part 2 records, the person or entity receiving them is prohibited from re-disclosing them except as expressly permitted by 42 CFR Part 2 or with your written consent. **4. Your Rights and Complaints.** You have the right to an accounting of certain disclosures of your Part 2 records, to request restrictions on their use and disclosure, and to file a complaint regarding the use or disclosure of your Part 2 records with us or with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

You Have the Following Rights with Respect to Your PHI: 1. You may request restrictions on the use or disclosure of your PHI for treatment, payment or health care operations, or our disclosure of your PHI to someone involved in your care or payment for your care, like a family member or friend. We are not required to agree. If we agree, we will comply with your request except in certain emergency situations or as required by law. 2. You may request restrictions on certain disclosure of your PHI to your health plan for purposes of carrying out payment or healthcare operations regarding services paid for in full (out of pocket). 3. You may inspect and receive a paper or electronic copy of your medical records, if readily producible. Usually, this includes prescription and billing records. We may charge you for reasonable costs of responding to your request. We may deny your request, in which case you may request a review of the denial. 4. You may request we amend certain PHI if it is incorrect or incomplete. You must provide a reason to supports your request. We may deny your request if the PHI is accurate and complete or is not part of the PHI kept by or for the relevant provider in our organized health care arrangement. If we deny your request, you have the right to submit a statement of disagreement. Your request will become part of your medical record, to be included when we make a disclosure of the item or statement you believe to be incomplete or incorrect. 5. You may request an accounting of disclosures of your PHI. This is a list of disclosures made of your PHI, other than for treatment, payment or health care operations, and other exceptions allowed by law. Your request must specify a time period, which may not be longer than six years from the date of the request. 6. You may request we contact you in a certain way or at a certain location. For example, you may request we contact you only at work or at a different residence or post office box. Your written request must state how or where you wish to be contacted. We will grant reasonable requests. If you would like to exercise any of these rights, contact the East West Pharmacy to get the appropriate form, or submit a written request to East West Pharmacy LLC, 11517 Hwy 92, Ste 110, Woodstock, GA 30188. You may obtain a paper copy of this Notice online at: <https://eastwestpharmacy.com/pp>.

Changes to This Notice of Privacy Practices: We reserve the right to change this Notice and to make the revised Notice effective for PHI we already maintain or receive in the future. We will post a copy of the current Notice. If we change our Notice, you may obtain a copy of the revised Notice upon request or online at: <https://eastwestpharmacy.com/pp>.

For More Information or to Report a Problem: If you have questions about this Notice, contact East West Pharmacy LLC, 11517 Hwy 92, Ste 110, Woodstock, GA 30188 or phone (678) 667-7469. If you believe your privacy rights have been violated, you may file a written complaint, and there will be no retaliation, at the above address, or with the Secretary of the Dept. of Health and Human Services, Office for Civil Rights.

Patient Bill of Rights: Responsibilities of the Provider: 1. Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care; 2. Participate in the development and periodic revision of the plan of care; 3. Refuse care or treatment after the consequences of refusing care or treatment are fully presented; 4. Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible; 5. Have one's property and person treated with respect, consideration and recognition of client/patient dignity and individuality; 6. Be able to identify visiting personnel members through proper identification; 7. Be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of client/patient property; 8. Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel or care/service without restraint, interference, coercion, discrimination or reprisal; 9. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished or lack of respect of property investigated; 10. Choose a health care provider, including choosing an attending physician; 11. Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information; 12. Be advised on agency's policies and procedures regarding the disclosure of clinical records; 13. Receive appropriate care without discrimination in accordance with physician or provider orders; 14. Be informed of any financial benefits when referred to an organization; 15. Be fully informed of one's responsibilities; 16. Receive information about the scope of services the organization will provide and specific limitations on those services. Responsibilities of the Patient: 1. To provide complete and accurate information concerning your present health, medication, allergies, etc., when appropriate to your care/service; 2. To be involved, as needed and as able, in developing, carrying out and modifying your home care service plan, such as properly cleaning and storing your equipment and supplies; 3. To properly clean and maintain equipment and supplies; 4. To contact us with any questions or problems concerning your equipment, supplies or service; 5. To notify your attending physician or provider when you feel ill; 6. To notify us prior to changing your place of residence or your telephone number; 7. To notify us when encountering any problem with equipment or service; 8. To notify us if your physician or other provider modifies or ceases your prescription; 9. To notify us of denial and/or restriction of our privacy policy.

Customer Concerns: You May Contact Us at (678) 667-7469. Within five days of receiving a complaint you will be contacted by telephone, email, fax or letter that we have received your complaint. Within 14 calendar days we will provide a written notification of the results of your inquiry and the resolution. You may call (678) 667-7469 if you have a concern regarding fraud and abuse or any treatment or services provided by our organization or you may contact Accreditation Commission for Health Care (ACHC) at (919)785-1214 or (855) 937-2242 if your complaint is not resolved. You can also call the Office of Inspector General at 1-(800) 447-8477.