

Please call us if you would prefer to review this information over the phone as we would be happy to do so.

Bienvenido a Altruix Specialty Pharmacy. Llámenos al 717.394.5671 (opción 3) para recibir esta información en español.



SPECIALTY PHARMACY

21 North Charlotte, Lancaster, PA 17603

Phone: 717.394.5671 (option 3), 1.888.435.6999

Phone TTY/TDD: 1.800.833.8134

Fax: 717.427.1632, 1.877.644.4352

www.altruix.com

Welcome to Altruix Specialty Pharmacy; we are excited for the opportunity to be your specialty pharmacy. Our mission is to provide excellent patient care resulting in exceptional health outcomes.

This is your patient welcome packet containing important information regarding our services and tips to assist you. Please read through this information and keep it for future reference.

Pharmacists are available to you 24 hours a day 7 days a week and can be reached by calling 717.394.5671 (option 3).

Our team will ensure that you fully understand and have timely access to your medications. We will do this by providing medication and health information to you over the phone and in writing. Also, we will advocate for you and help explain prescription insurance details including prior authorizations, deductibles, co-pays, co-insurance, and patient assistance programs. Lastly, we will work closely with your health care providers, caregivers, and prescription insurance company to coordinate any identified pharmacy or healthcare needs.

About Us at Altruix

Hours of Operation

Normal Business Hours:

Monday through Friday, 8:00 a.m. to 5:00 p.m. (Eastern Standard Time)

A licensed pharmacist is available 24 hours a day and 7 days a week. If calling after normal business hours and you need to speak with the on-call pharmacist, please listen to the recording and select option 5.

Holidays

Altruix is closed on the following holidays:

- New Year's Day (January 1).
- Memorial Day (the last Monday in May).
- Independence Day (July 4).
- Labor Day (the first Monday in September).
- Thanksgiving (the fourth Thursday in November).
- Christmas (December 25).

Emergency & Disaster Information

Emergency: A natural or man-made dangerous or serious situation that happens suddenly or unexpectedly that significantly disrupts care or services and needs immediate action.

Should we experience an emergency or disaster that requires activation of the Emergency Management Plan the following patient notification and Emergency Drug Distribution Plan will be enacted:

- 1) Patients will be notified that the Emergency Management Plan has been activated
- 2) The Specialty Pharmacy Manager will triage patients based on severity of disease state and medication to ensure continuity of services
- 3) Our inbound phone message will be modified with an emergency message and instructions for patients
- 4) New patients will not be enrolled into services until the emergency situation is resolved and Altruix has returned to normal operations.

If there is a disaster in your area, please call to instruct us where to deliver your medication. This will ensure that your therapy is not interrupted. Be sure to also let us know when you have returned to your residence. If we are unable to deliver to your new location, we will locate and transfer your prescription to a pharmacy that can.

Pharmacy Services

How to Fill a New Prescription

Written, verbal, faxed, and electronic prescriptions from licensed physicians are accepted. You may also call us and request that we contact your physician to obtain a

new prescription or mail us your written prescription. Most specialty medications require a prior authorization that is decided by your insurance plan. If necessary, we will begin working with your provider on the prior authorization immediately after receiving your prescription and insurance information. Once a medication has been approved and we have confirmed delivery, it is generally shipped within 24 hours.

Ordering Refills

A refill may be ordered by calling us during normal business hours or by leaving a voice mail after-hours. To avoid a break in therapy, please request a refill at least 2 days before you will be out of medication.

We also monitor your refill status and a staff member will call you to perform a reassessment approximately one week before your next refill is due. This call serves as an opportunity to discuss how you are currently taking the medication; any adverse reactions; general questions or concerns; assess response to therapy; learn of recent hospitalizations or new conditions; and address any changes to other medications or questions you may have.

Insurance, Claims & Payment Policy

Altruix accepts Medicare Part D, Pennsylvania Medical Assistance, and Commercial (private) prescription insurance plans. The Specialty Pharmacy is specifically designed to provide pharmacy services to patients whose prescription insurance plan requires an accredited specialty pharmacy.

We will bill your insurance company for you. However, you may still have to pay a portion of the cost in the form of a deductible, co-insurance, or co-payment.

You have the right to know the cost of your medication. We will notify you of any medication charges before delivery which you may refuse delivery or alert us of any financial hardships. Additionally, if Altruix is considered an out of network pharmacy by your prescription insurance plan, we will provide to you in writing the medication cost.

If for any reason you owe a balance it will need to be paid within the specified timeframe on your billing statement. Billing statements are delivered monthly to your billing address on file. Please contact us if you do not wish to receive a billing statement and would like to setup a different method of payment. We accept personal checks, money orders, and credit cards (Visa, MasterCard, American Express and Discover).

Delivery of Your Specialty Medications

We will coordinate the delivery of your specialty medication to your home, the prescriber's office, or an approved alternate location. Medications are packaged and shipped in a manner according to current best practices and manufacturer guidelines.

Employees are also trained to meet the shipping requirements of medications requiring refrigeration or special handling.

We encourage that either yourself, or a designee, is available to receive your shipment. Please notify us immediately if there is a change which would not allow someone to be present so that we may make alternate plans.

Upon receipt, please inspect the package and medication and notify us immediately of any damage or concerns you have including if you believe a medication error may have occurred. If receiving from a mail courier (UPS, FedEx, USPS) please sign the prescription manifest in your package and mail back to us using the provided pre-paid, self-addressed envelope.

Medication Order Status & Delays

Please call us at any time to check the status of your prescription. If your delivery is delayed, a team member will call to notify you. In the case of delayed or lost shipments, we will take all necessary steps to ensure you have enough medication available until you can receive the delivery.

Patient Management Program

Altruix offers a comprehensive patient care management program. Proactive and clinically focused, the program utilizes evidence-based health information, national guidelines, and expert consensus to provide therapy-specific care to improve your health. The service includes an initial clinical assessment, ongoing reassessments prior to prescription refills, medication reconciliation, and ongoing medication and health education.

Benefits of the program include improving your understanding of your medication and medical conditions. Other potential benefits include improving your overall health from program activities such as receiving an annual flu vaccine reminder or learning of ways to help remember to take your medication. The program's benefits may be limited based on the patient's willingness to share their health information and their motivation to participate.

This service is provided at no additional cost and participation is completely voluntary. Patients are automatically enrolled into the program and provided further details during our initial discussion. However, if you would like to request to opt-out of our patient management program, please call to alert us and you will be promptly disenrolled. If you ever change your mind, you may call and ask to be reenrolled anytime.

Care Plans

Care Plans are an effective individualized tool established to help resolve any medication or therapy concerns and to track therapy outcomes. Care plans consist of the patient's information, identified problems, goals, interventions, and outcomes. We will work closely with your prescriber to address any concerns involved in your care.

Medication Reconciliation

Medication reconciliation is the process of creating the most accurate list possible of all the medications you are currently taking. This list becomes a useful informational tool for yourself and may be shared with your health care providers or caregivers. It is especially important to update this list whenever you are admitted or discharged from a hospital or long-term care facility.

Since all types of products can interact with medications, it is important to let our pharmacists know all prescription and over the counter (OTC) medications, vitamins, nutritional supplements, herbals, and natural remedies you are taking. This includes those taken by mouth, inhaled, injected, applied topically to the skin as a cream, ointment, or patch.

Medication Adherence

Taking your medications correctly and on time is one of the most important things you can do to improve your medical conditions. We understand that this can be challenging and that very few people take their medications 100% of the time.

At Altruix, our team will work with you to help identify any issues you may have with taking your medications correctly and develop an individualized plan together to improve your adherence. Know that it is common to miss a dose or two and that we are here as your partner to help you improve.

Medication Allergies & Adverse Drug Reactions

Patients experiencing medication allergies, adverse drug reactions, acute medical symptoms or other problems that need immediate treatment should contact their primary care provider (PCP), or in the event of a medical emergency dial 9-1-1 or go to the nearest emergency room.

Please notify us if you experienced, or believe to have had, any medication allergies or adverse drug reactions, or if you were discharged from a hospital.

Patient Advocacy

Pharmacist Assistance

Altruix pharmacists are specially trained on the medication you are taking and are available to answer your questions. A licensed pharmacist is available 24 hours a day, 7 days a week, for any urgent needs related to your medication. If you need a pharmacist after normal business hours, please call 717.394.5671 and select option 5 to reach the on-call pharmacist.

Specialty Insurance Services

Prior Authorizations: Altruix will work with your physician and your prescription insurance company to help with the prior authorization process that is often required by many plans for coverage of specialty medications. This process may often take a few business days to complete but our team will ensure that you and the prescriber are informed of each step in the process.

Appeals: If your prescription plan denies coverage for your medications, or if you disagree with the benefits or coverage of your medications, you may have the right to file an appeal with your health plan. Contact us or your health plan for more information.

Financial Assistance: If you do not have prescription drug coverage or if you cannot afford your copay, a specially trained member of our team will work with you to find available assistance for paying for your medication. We work with various foundations and manufacturer sponsored programs that may provide financial assistance to eligible patients.

Consumer Advocacy Support

We are here to serve and assist you in any way we can to help you manage your health and medication therapy. This includes providing health care educational materials or helping you find resources in your community. Please do not hesitate to contact us with any questions that you may have.

Prescription Drug Recalls & Market Withdrawals

Altruix follows the drug recall guidelines set forth by the FDA, drug manufacturers, drug distributors, and/or state and federal regulatory agencies.

A team member will contact you and your prescriber in the event of an FDA Class I recall at the consumer level or upon learning of any other safety issue with your medication. We will inform you of what the issue is, instructions on how to return or dispose of your medication and coordinate with your prescriber and insurance company to ensure you have medication available.

Medication Safe Handling & Disposal

Altruix encourages you to dispose of your medications safely and provides education and materials to help you do so. Please call us with any questions you have regarding safe medication disposal. To help identify a permanent drug disposal site near you, please go to www.nabp.pharmacy/initiatives/awarxe/dispose-safely/ and use their online search tool.

Medications Not Available at Altruix

If you cannot obtain a medication at Altruix, our team will work with you and another pharmacy to ensure you receive your prescribed medication. Once a pharmacy that can dispense your medication is found, one of our pharmacists will contact them and transfer your prescription.

Reasons why we may not be able to dispense your medication may include your insurance company requiring a specific specialty pharmacy to be used, or the medication is a limited distribution drug where only specific specialty pharmacies have access to it.

Patient Complaints & Concerns

Delivering exceptional customer service and taking your concerns seriously are a top priority of ours. We encourage you to notify us promptly of any quality or safety complaints, concerns, or suspicions of a medication error. Please call 717.394.5671 (option 3) and a member of our specialty pharmacy team will listen to your concern and either correct it immediately or escalate it to a pharmacist or manager for assistance.

If you are not satisfied with our initial response to your concern, please ask to speak with the Specialty Pharmacy Manager or Director of Operations. Every complaint or concern received shall be reviewed and you will receive a response from a team member.

If you would still like to escalate your concern after speaking with the Director of Operations, you may contact the following accreditation agencies that our specialty pharmacy is accredited by:

1. Calling Accreditation Commission for Health Care (ACHC) at 855.937.2242 or visiting their website at: <https://achc.org/submit-a-complaint/>
2. Submitting an online form on the Utilization Review Accreditation Commission's (URAC) website at <https://www.urac.org/contact/file-a-grievance/>

Prescription Transfers & Disenrollment

If you would like your prescription transferred to another pharmacy, please contact us and we will transfer the prescription on your behalf. You may change specialty pharmacies at any time by alerting us of your request.

Additional Information

Returned Goods Policy

In accordance with applicable Federal and State Law, once a medication has been received by the patient, we are not allowed to return the medication to our inventory and issue a refund. Medications will be shipped only after we receive approval. Please notify us immediately if there are any changes to your medication therapy or scheduled delivery.

Medication Substitution Protocols

Whenever possible, we will substitute a lower-cost generic medication for a brand-name medication unless you or your prescriber has asked for a specific brand-name drug. This may occur for new prescriptions, refills, or prescription transfers and may be subject to prescription insurance requirements or medication availability.

Disclosure & Confidentiality Policy

We prioritize protecting the confidentiality of the information you, your health plan, and your health care providers share with us. We promise to use this information only to deliver the services your health plan has contracted with us to provide and to provide you with helpful information.

For any questions on how we protect or use your health information, please call us and ask for the Specialty Pharmacy Manager.

Regulatory Changes

If state or federal regulations change the way we provide your care, we will notify you of the change(s) and any impact to the services you receive.

How to Contact Us for Further Information

For further information about our pharmacy services, please visit our website at <http://www.altruix.com> or email us at specialty-lancaster@altruix.com. Please do not include any protected health information in your email. We are also available by phone at 717.394.5671 option 3.

Emergency Phone Numbers

Medical Emergencies: 9.1.1 or go to the nearest emergency room
Poison Control: 1.800.222.1222
National Suicide Hotline: 1.800.273.8255
Childhelp National Abuse 24/7 Hotline: 1.800.422.4453
Childline Pennsylvania Abuse 24/7 Hotline: 1.800.932.0313
Protective Services Elderly and Adults with Disabilities: 1.800.490.8505
Domestic Violence Services (Lancaster County): 717.299.1249
Crisis Hotline (Lancaster County): 717.394.2631
State Police (Lancaster County Barracks): 717.299.7650
Local Police (Lancaster City): 717.735.3300

Patient's Rights

1. Considerate and respectful care from your pharmacists and other healthcare professionals in a manner that supports your dignity.
2. Receive care and communication that is respectful to your personal and cultural values, beliefs, and preferences.
3. Receive complete and accurate information about the scope of services that Altruix will provide and specific limitations on those services.
4. Receive relevant, accurate, current and understandable information from your pharmacist concerning your treatment and/or drug therapy.
5. Receive complete and accurate information from your pharmacist regarding the reason for your treatment and/or drug therapy, the proper use and storage of prescribed medications and the possible adverse side effects and interactions with other drugs, supplements or foods.
6. Receive effective counseling and education from your pharmacist that empowers you to take an active role in your health condition and treatment decisions.
7. Make non-emergency decisions regarding your plan of care before and during treatment, as well as refuse any recommended treatment, therapy or plan of care after being informed of the consequences of refusing treatment, therapy or plan of care.
8. Expect that all dispensed medications you receive are safe, accurately dosed, effective and in useable condition.
9. Expect that all records, communication, patient counseling by your pharmacists and all related discussions regarding your drug therapy, including its effects and side effects, are conducted in a manner that protects your privacy.

10. Confidentiality and privacy of all your patient information contained in your patient record and Protected Health Information, as described in Altruix's Notice of Privacy Practices.
11. Receive appropriate care without discrimination in accordance with physician orders.
12. Seek or receive pain management services without discrimination.
13. Be advised if a medication has been recalled at the consumer level.
14. Call Altruix with any privacy matters and ask for the Privacy Officer; or contact us through our website, www.Altruixapothecary.com/specialty-pharmacy/
15. Voice your grievances/complaints regarding treatment of care, lack of respect or to recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal, and have your grievances/complaints investigated.
16. Call Altruix with grievances/complaints about your medication and ask for the Specialty Pharmacy Manager or contact us via email at specialty-lancaster@altruix.com
17. Expect that your personal data, including all contact information, is not released by pharmacists, pharmacies or insurance companies to another party to be used in soliciting the purchase of goods or services, whether or not the solicitation is related to your care.
18. Choose the pharmacist and pharmacy provider where your prescriptions are filled and to not be pressured or coerced into transferring your prescriptions to another pharmacy or mail-order service. However, some insurers may have mandatory benefit plans that require you to use a specific pharmacy if the insurance company is paying the drug cost.
19. Choose a health care provider, including choosing an attending physician, if applicable.
20. Receive, in advance of care/services being provided, complete oral and written explanations of charges for care, treatment, services and equipment, including the extent to which payment may be expected from Medicare, Medicaid, or any other third-party payer, charges for which you may be responsible, and an explanation of all forms you are requested to sign.
21. Be informed of any financial benefits that might accrue when referred to an organization.
22. Be advised of any change in Altruix's plan of service before the change is made.
23. Receive information in a manner appropriate for your age, language, and ability to understand (vision, speech, hearing, or cognitive impairments).
24. Have family members or identified surrogate decision makers, as appropriate and as allowed by law, and with your authorization or the authorization of your personal representation, be involved in your care and treatment, and/or service decisions affecting you if you are unable to do so and have those decisions respected.
25. Be provided to you, or a surrogate decision maker, information pertaining to the outcomes of care or services needed to participate in current and future health care decisions, and information on any sentinel event arising from provided services.
26. To request and receive complete up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans.

27. To request and receive, or make changes to disclosures of your health information, in accordance with law and regulation.
28. To know or ask how to access support from consumer advocates.
29. To speak to a health professional.
30. For pharmacy health and safety information to include patient's rights and responsibilities.
31. To know about the philosophy and characteristics of the patient management program.
32. Have personal health information shared with the patient management program only in accordance with state and federal law.
33. Identify the staff member of the patient management program and his or her job title, and speak with a supervisor of the staff member, if requested.
34. Receive information about the patient management program.
35. Receive administrative information regarding changes in or termination of the patient management program.
36. Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
37. Decline participation, revoke consent, or disenroll at any point in time from the patient management program.
38. Be advised on agency's policies and procedures regarding the disclosure of clinical records.
39. Be fully informed of your responsibilities.

Patient's Responsibilities

1. Submit any forms that are necessary to participate in the patient management program to the extent required by law.
2. Give accurate clinical and contact information and to notify the patient management program of changes in this information.
3. Notify your treating provider of your participation in the patient management program, if applicable.
4. Adhere to the plan of treatment or service established by your physician or healthcare provider.
5. Participate in the development and periodic revision of an effective plan of care and services.
6. Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services.
7. Ask questions about your care, treatment and/or services, or to have clarified any instructions provided by a Altruix representative.
8. Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
9. Notify Altruix if you are going to be unavailable for scheduled delivery times.

10. Treat Altruix employees with respect and dignity without discrimination as to color, religion, sex, creed, or national or ethnic origin.
11. Care for and safely use medications, supplies and/or equipment, according to instructions provided, for the purpose they were prescribed and only for/on the individual for whom they were prescribed.
12. Notify Altruix of any changes in your physical condition, physician's prescription or insurance coverage. Notify Altruix immediately of any address or telephone changes whether temporary or permanent.
13. Pay all charges upon receipt of billing statement by the last Monday of the month the statement is received in.
14. Any past due account may be referred to collection at which time Altruix may impose a 1.5% charge per month on any unpaid balance. Such charge may be assessed on past due accounts. Furthermore, patient is responsible to pay all attorney's fees, court costs, and other expenses incurred by Altruix to effect collection of outstanding past due amounts.

Frequently Asked Questions

Q. What is a specialty pharmacy?

A. A specialty pharmacy provides a variety of medications that can be infused, injected, applied topically, or taken orally. Specialty medications can involve complex care or administration, require special storage and handling, are generally expensive, and may not be readily available at your local pharmacy. Sometimes, these medications have side effects that require ongoing monitoring by physicians or pharmacists. Altruix focuses on providing these medications while offering excellent customer service and clinical support to you and your health care team.

Q. How important is it to take all of my medication?

A. Following your prescriber's instructions for both the amount of the medication you should take and the length of time you should take it is the best thing you can do to ensure a successful course of treatment. We understand that some medications may have unpleasant side effects or may be difficult to administer. Therefore, our pharmacists are available to offer practical advice about dealing with these issues and will contact your prescriber about the medical management of these side effects if necessary.

Q. How long does it take to receive my medication?

A. For new prescriptions, medications are usually shipped within 24 hours after we receive your prescription, insurance approval, and speak with the patient (or designee) to coordinate the delivery. For refill prescriptions, delivery will be coordinated to ensure the medication is received before your current supply is finished. We will inform you and arrange for any additional supplies that you may need for administering your medication.

Q. What if I have questions about my medications and want to access a Altruix representative?

A. Please call 717.394.5671 during normal business hours, Monday thru Friday 8:00 AM to 5:00 PM (E.S.T.), and select option 3 for the Specialty Pharmacy. If outside of business hours, a licensed pharmacist is available 24 hours a day, 7 days a week, for any urgent needs related to your medication. If you need a pharmacist after normal business hours, please call 717.394.5671 and select option 5 to reach the on-call pharmacist.



HIPAA NOTICE OF PRIVACY PRACTICES

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.

When this Notice of Privacy Practices (“Notice”) refers to “we” or “us,” it is referring to Altruix and all the pharmacists who provide health care services and the employees of our pharmacy. We are required by law under the Health Insurance Portability and Accountability Act and its implementing regulations (“HIPAA”) to maintain the privacy of your protected health information (“PHI”), to follow the terms of the Notice currently in effect, to give you this Notice setting forth our legal duties and privacy practices concerning your PHI and to notify affected individuals following a breach of unsecured PHI. This Notice describes how we may use and disclose your PHI. Additionally, this Notice explains the rights you have with respect to your PHI, and certain obligations we must abide by in accordance with the law. We reserve the right to amend this Notice and apply the amendment to all PHI that we maintain. If we make any material revisions to this Notice, we will post a copy of the revised Notice in the pharmacy, on our website and will offer you a copy of the revised Notice.

I. USE AND DISCLOSURE OF YOUR PHI - We will use and disclose your PHI for treatment, payment and health care operations. We may also use your PHI for other purposes that are permitted and/or required by law and pursuant to your written authorization. The following lists examples of how we may use and/or disclose your PHI without your written authorization. Any other uses not described in this Notice will only be made with your written authorization, which you may revoke at any time by providing us with written notice of your revocation. Subject to compliance with limited exceptions, we will not use or disclose substance abuse treatment records or psychotherapy notes, use or disclose your PHI for marketing purposes, or sell your PHI unless we obtain an authorization from you.

A. Treatment - We may use and disclose your PHI in order to provide you with prescription and supply services. We may disclose your PHI to other pharmacists, pharmacy technicians and health care providers that are involved in your care. You will receive an individual notice and have the opportunity to opt out of any subsidized treatment communications.

B. Payment - We will use and disclose your PHI in order to obtain payment for the health care services we provide to you. We may also need to disclose your PHI to receive prior approval from your health plan or to determine if your health plan will cover a certain prescription or service.

Effective 02.05.2026

HIPAA Notice of Privacy Practices
Altruix

C. Health Care Operations - We may use and disclose your PHI in connection with the management of our pharmacy. For example, this may include quality assessment and improvement, internal compliance audits, to arrange for legal services and performance evaluations. Additionally, we may use your PHI for our business management and general administrative activities.

D. Prescription Refill Reminders, Treatment Alternatives or Health-Related Benefits - We may use and disclose your PHI to contact you to remind you about prescription refills, to tell you about treatment options or alternatives, or to inform you about health-related benefits or services that may be of interest to you.

E. Family Members, Relatives or Close Friends - Unless you object to such disclosure, we may disclose your PHI to your family members, relatives or close personal friends, or any other persons identified by you as being involved in the treatment or payment for your medical care. If you are not present to agree or object to our disclosure of your PHI to a family member, relative or friend, we may exercise our professional judgment to determine whether the disclosure is in your best interest. If we decide to disclose your PHI, we will only disclose the PHI that is relevant to your treatment or payment.

F. Other Permitted and Required Uses and Disclosures - We may use your PHI without obtaining your authorization and without offering you the opportunity to agree or object as follows:

- as required by law, such as to the U.S. Department of Health and Human Services if it requests such information to determine that we are complying with HIPAA, provided however, that the use or disclosure will be limited to the relevant requirements of the law;
- to our business associates such as accountants, consultants and attorneys that provide some services for us provided that we have a written contract with them that requires them to protect the privacy of your PHI;
- to a public health authority that is authorized by law to collect or receive such information, or to a foreign government agency that is acting in collaboration with a public health authority and these health activities generally include preventing or controlling disease, reporting deaths, reporting adverse effects of medications or problems with products, notification of communicable disease, and reporting abuse or neglect under certain circumstances;
- to a health oversight agency for oversight activities authorized by law, including audits and inspections, and civil, administrative or criminal investigations, proceedings or actions;
- in a limited data set after removing most information that identifies you from a set of data for research, public health and health care operations, provided the recipients of the data set agree to keep it confidential, or after de-identifying your PHI consistent with HIPAA for purposes permitted by law, including selling the de-identified information;
- for judicial or administrative proceedings, such as in response to a court order or subpoena, but in the case of subpoenas, only if we receive assurances you have been

notified of the request, or the parties have sought an order protecting the information. If we receive records from substance use disorder treatment programs subject to federal privacy restrictions found at 42 CFR Part 2, such records or testimony about their content cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent or we receive a court order entered after notice and an opportunity to be heard is provided to the individual or us, as provided by 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested substance use disorder record is used or disclosed;

- to law enforcement to report certain injuries, comply with court orders or warrants or similar process, to identify a suspect, fugitive, missing person or victim or to report a crime;
- to a coroner or medical examiner to perform duties authorized by law such as identification of a deceased person or determining the cause of death;
- to funeral directors, consistent with applicable law, as necessary to carry out their duties;
- to organ procurement organizations or similar entities for the purpose of facilitating organ, eye or tissue donation and transplantation;
- for research purposes provided that certain approvals take place and assurances are given;
- to avert a serious threat to health or safety, so long as the disclosure is only to a person who is reasonably able to prevent or lessen such threat;
- for military and veterans' activities (including foreign military personnel) to assure the proper execution of a military mission and to determine eligibility for benefits;
- for national security and intelligence activities for the purpose of conducting lawful intelligence, counterintelligence and other national security activities;
- for protection of the President and other authorized persons or foreign heads of state or to conduct authorized investigations;
- to a correctional institution or law enforcement custodian if you are an inmate or under custody; and
- to the extent necessary to comply with laws relating to workers' compensation and work-related injuries.

II. YOUR RIGHTS AS OUR PATIENT – As our patient, you have a number of rights associated with your PHI. The following describes your specific rights. If you have given another individual a medical power of attorney, if another individual is appointed as your legal guardian or if another individual is authorized by law to make health care decisions for you (known as a “personal representative”), that individual may exercise any of the above rights listed for you.

A. You have the right to request restrictions or limitations on how we use and/or disclose your PHI for treatment, payment, or healthcare operations; however, we do not have to agree to your requested restriction or limitation (except we must agree to restrict disclosures of your PHI for payment or healthcare operations purposes not required by law to a health plan where you, or someone other than your health plan, pay in full for the healthcare service). Your written request must specify: (1) if you would like to restrict or limit our use and/or disclosure; (2) what information you want restricted or limited; and (3) to whom the restriction or limitation applies

(e.g., spouse). If we agree to your request, it will not prevent us from disclosing your PHI as follows: (1) for purposes required or permitted by law; or (2) in case of an emergency.

B. You have the right to receive confidential communications concerning your PHI by alternative means or via alternative locations. For example, you may want to receive communications related to your prescriptions at a different address other than your home address. If you wish to receive confidential communications via alternative means or locations, please submit your request in writing to the Privacy Officer and set forth the alternative means by which you wish to receive communications or the alternative location at which you wish to receive such communications. We will accommodate all reasonable requests.

C. You have the right to access, inspect and obtain a copy of your PHI, including any electronic PHI; provided, however, you are not entitled to access certain PHI exempted under HIPAA. To the extent we maintain electronic PHI, upon request we will provide you with a copy of your PHI in the format requested. If you request a copy of your PHI, you will receive a response to your request in a timely fashion but may be charged a reasonable, cost-based fee to cover copy costs and postage. In some limited circumstances, we may deny your request for access to PHI in which case you may request for the denial to be reviewed. If access is ultimately denied, you are entitled to a written explanation with the reason(s) for the denial.

D. You have the right to receive an accounting of disclosures of your PHI made by us for a period of six (6) years prior to the date on which you request an accounting of disclosures, or such lesser period as you indicate. You will receive one request annually free of charge and, thereafter, we may charge you a reasonable, cost-based fee for each subsequent request for an accounting of disclosures within the same twelve-month period. We will notify you of the cost for an accounting of disclosures and you may choose to withdraw or modify your request before we charge you.

E. If you believe we have PHI about you that is incorrect or incomplete, you may make a written request to us stating the reasons to support any requested amendment. You have the right to request an amendment to your PHI for so long as we maintain your PHI. We will respond to your request for an amendment after we receive your request. However, we may deny your request for amendment if, for example, we determine that the PHI you requested was not created by us or is already accurate and complete. You may respond to our denial by filing a written statement of disagreement, but we have the right to rebut your disagreement. If this occurs, you have the right to request that your original request, our denial, your statement of disagreement, and our rebuttal be included in future disclosures of your PHI.

F. You have the right at any time to obtain a paper copy of this Notice, even if you receive this Notice electronically. If you have received an electronic copy of this Notice, but wish to obtain a paper copy of this Notice, please send your request in writing to the Privacy Officer at the address listed below.

G. You have the right to opt-out of fundraising and your PHI will not be used for fundraising purposes or sold without your prior authorization.

Effective 02.05.2026

III. ADDITIONAL INFORMATION/QUESTIONS OR COMPLAINTS

A. If you need any additional information about this Notice or wish to exercise any of your rights set forth in this Notice, please contact:

Privacy Officer

Altruix

40 Wight Avenue

Suite 100

Cockeysville, MD 21030

Tel: (866) 282.6700

B. If you believe your privacy rights have been violated, you may file a complaint without retaliation with the Privacy Officer of the pharmacy using the contact information above or with:

Secretary of the Department of Health and Human Services

200 Independence Avenue SW

Washington, D.C. 20201

This Notice is effective as of February 5, 2026.