

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.

Guardian Pharmacy, LLC is required by federal and certain state regulations to safeguard the privacy of your PHI. We are also required by the federal Health Insurance Portability and Accountability Act (or "HIPAA") Privacy Rule to give you this Notice. This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. This Notice applies to all information and records related to your care that Guardian has received or created.

RIGHTS OF THE PATIENT

OBTAINING INFORMATION: When it comes to your PHI, you have certain rights. You may obtain a paper copy of this Notice of Privacy Practices promptly at any time, even if you agreed to receive the notice electronically. You can ask to see or get an electronic or paper copy of your medical record and other PHI we have about you. Let us know in writing if you would like to do this. We will provide a copy or summary of your PHI, with limited exceptions, usually within 30 days of your written request. We may charge a reasonable, cost-based fee. You can request a specific method you wish to be contacted about your PHI to ensure confidential communications, such as home or office phone, or to send mail to a different address. Let us know your preference in writing. We will agree with all reasonable requests. If you believe there is PHI that is incorrect or incomplete, you can request a correction in writing. We may say "no" to your request, but we will explain why in writing within 60 days.

WITHOLDING/SHARING OF INFORMATION: You can ask for certain PHI for treatment, payment, or our operations to not be shared. We are not required to agree to your request and may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket, you can ask us not to share that information for payment purposes or our operations with your health insurer. We will agree unless a law requires us to share that information. You can request a list of the times we've shared your PHI for six years prior to the date you ask, including whom 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 excepted by law (such as any you asked us to make). We will provide one accounting per year for free, but will charge a reasonable, cost-based fee if another is requested with a 12-month time period.

Unless you tell us not to, we may share your PHI in the following ways: with family, close friends, or others involved in your care or payment for your care; in the event of a disaster relief situation; to include information in a facility directory; or in contacting you for fundraising efforts (but you can tell us not to contact you again). If you have a clear preference for how we share your information in these situations, talk to us. Tell us what you want us to do, and we will follow your instructions. If you are unable to tell us your preferences, for example if you are unconscious, we may go ahead and share your PHI if we believe it is in your best interest. We never share your PHI without your written consent in regards to marketing purposes, sale of information, or most sharing of psychotherapy notes.

ASSIGNING POWER OF ATTORNEY: If you have given someone medical power of attorney or if someone is legally authorized under law to make health care decisions on your behalf, that person can exercise your rights and make choices about your PHI. We will make sure the person has this authority and can act for you before we take any action.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Treatment and Public Health: We can share your PHI in certain situations regarding your treatment or public health. These may include sharing your PHI with other professionals such as pharmacists, doctors, nurses, technicians and other personnel involved in your health care (for example, a doctor prescribing medications for you may need to know what other medications you are taking to protect against harmful drug interactions). We may also disclose your PHI with other third parties, such as hospitals, other pharmacies, and other health care facilities and agencies to facilitate the provision of health care services, medications, equipment, and supplies you may need. For example, we may share your medical information to contact another health care provider to refill a prescription or with your community/facility to follow-up on your care. Overall, this helps us 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 health care needs. We may also share information about you to prevent disease, help with product recalls, report adverse reactions to medications, report suspected abuse, neglect, or domestic violence, or prevent a serious threat to anyone's health or safety.

PAYMENT: We can use and share your PHI to bill and get payment from health plans or other entities, such as giving information to your health insurance plan so it will pay for your services. For example, we may share your information about what medications were provided to you with your insurance plan, so that we may be paid or reimbursed for your medications. We may also tell your health insurance company about a prescription that you need to obtain prior approval or check if your insurance will pay for the medication you or your physician has requested.

OPERATE OUR PRACTICE: We can use and share your health information to run our pharmacy, improve your care, and contact you when necessary. For example, we may use health information about you to conduct quality assessment and improvement activities or to review the competence or qualifications of health care professionals. When an individual dies, we can share that individual's PHI with a coroner, medical examiner, or funeral director. We can also share PHI for communications between other administrations such as organ procurement organizations, health research, workers' compensation claims, law enforcement purposes, health oversight agencies, or special government functions such as military, national security, and presidential protective services. We can also disclose PHI in response to a court or administrative order or subpoena or when state or federal law requires it, including with the Department of Health and Human Services. We may share your information with third-party business associates, which are vendors that perform various services for us. For example, we may disclose your medical information to a vendor that provides billing or collection services for us.

OUR RESPONSIBILITIES: We are required by law to maintain the privacy and security of your PHI, to provide you with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. We will inform you timely if a breach occurs that may have compromised the privacy or security of your PHI. 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 PHI other than as described here unless you give permission

in writing. If you tell us we can, you can change your mind at any time. Let us know in writing if you change your mind.

We will not share any substance abuse, mental health, genetic testing, HIV, or sexually transmissible disease records without your written permission unless specifically permitted or required by law.

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.

If you have any complaints or questions about our privacy policies, please contact:

Senior Compliance Officer
Guardian Pharmacy, LLC
171 17th Street NW
Suite 1400
Atlanta, Georgia 30363

If you still feel your rights have been violated, a complaint can be filed by contacting us using the information at the end of this notice, or by filing a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. They may be reached through the mail at 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or online at www.hhs.gov/hipaa/filing-a-compliant/. We will not retaliate against you for filing a complaint.

Guardian Pharmacy Privacy Group is an Affiliated Covered Entity. If you would like additional information about state law protections in your state, or additional use or disclosure restrictions that may apply to sensitive PHI, please contact Guardian's Senior Compliance Officer.

Effective date of this notice: April 1, 2019