

## Your Information. Your Rights. Our Responsibilities.

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.**

### Your Rights

#### You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- 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
- 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 information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information
- Raise funds

➤ **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:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits 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 a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records 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 and claims records, usually within
- 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are 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 consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

#### 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.

#### **Additional Restriction Rights for Substance Use Disorder Treatment**

**Records.** 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.

**Restriction Rights When Paying Out of Pocket.** If you pay for a health care item or service out of pocket in full, you have the right to request that Janus Rx not disclose information about that item or service to a health plan for payment or health care operations purposes. Janus Rx will honor such requests unless a law requires disclosure.

#### 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.

**Accounting of SUD Disclosures.** If your records include substance use disorder treatment records maintained in an electronic record 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 payment for 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.
- If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

**Our Uses and Disclosures**

**How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

**TREATMENT**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

**HEALTHCARE OPERATIONS** We can use and disclose your information to run our organization and contact you when necessary.

*Example: We use health information about you to review and improve the quality, efficiency and cost of care that we provide to you and our other patients.*

**PAYMENT** We can use and disclose your health information to obtain payment for services that you receive.

*Example: We share information about you with your insurance plan before services, to know whether the insurance will pay for a particular service.*

**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](http://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

**Do research**

- We can use or share your information for 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 and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- 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.

**Important Limitation — Substance Use Disorder Treatment**

**Records:** Notwithstanding the above, substance use disorder (SUD) treatment records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order that meets specific legal requirements.

## SUD Records

### How do we handle your substance use disorder treatment records?

This section explains additional protections on Substance Abuse 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 any 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.

## State Reporting

### What are we required to report under state law?

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 23 states in which Janus Rx operates — Alabama, Arizona, Arkansas, Florida, Georgia, Idaho, Indiana, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Mississippi, North Carolina, Ohio, Pennsylvania, South Carolina, Texas, Utah, Virginia, West Virginia, and Wisconsin — 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.

#### Exceptions

- Your SUD treatment records may not be disclosed without your consent except in the case of suspected child abuse and neglect.

## Our Responsibilities

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- 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.
- This notification obligation includes breaches of unsecured substance use disorder treatment records.
- 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 substance use disorder 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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of this Notice

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, on our web site, and we will mail a copy to you.

*This Notice is effective February 16, 2026.*

**This Notice of Privacy Practices applies to the following organizations:**

**Janus Rx**

**Gracious Health Mart**

**Manvel Express Pharmacy**

**Pharmacy Healthcare Innovations**

**Care Pharmacy**