



Notice of Privacy Practices

Effective Date: January 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 ("Notice") applies to the Prime Therapeutics Pharmacy, LLC ("Prime"). Prime is required by law to maintain the privacy of Protected Health Information ("PHI"), to provide you with this Notice of our legal duties and privacy practices with respect to PHI and notify affected individuals following a breach of unsecured PHI. PHI is information that identifies you and is related to your health, condition, or payment for health care services.

Prime will comply with the terms of this Notice that are currently in effect. However, we reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If a material change is made to this Notice, we will post the revised Notice on our public website. We will also provide a paper copy of this Notice upon request.

Uses and Disclosures of PHI

The following categories describe the ways that we may use and disclose PHI. For each category of uses and disclosures, examples will be provided. Not every use or disclosure in a category will be listed. However, all the ways Prime is permitted to use and disclose PHI will fall within one of these categories. State laws and regulations may impose further limits or requirements on our ability to use or disclose your PHI or certain categories of your PHI. We will follow the more stringent state laws or regulations that apply to us. For more information about these kinds of state law restrictions and how they may apply to our uses and disclosures of certain PHI, please contact our Privacy Officer via the contact information provided at the end of this Notice.

Uses and Disclosures of PHI

Treatment

We may use and disclose your PHI to provide you with prescribed medications and related services. For example, we may use PHI when we fill your prescription, or we may disclose some of your PHI when we consult with your provider regarding possible interactions between medications.

Payment

We may use and disclose your PHI to obtain payment for the services we have provided. For example, we may submit information about you to your health plan or other claims

payer so that we can be reimbursed for prescriptions provided to you, or to make sure your medication is included in your prescription benefit.

Healthcare Operations

We may use and disclose PHI to carry out healthcare operations that pertain to running a pharmacy. Examples of such healthcare operations include:

- Activities to analyze trends relating to improving health or reducing healthcare costs (called population-based activities);
- Case management and coordination of healthcare;
- Quality assurance activities (including audits by third parties); and
- Contacting providers and patients with information about other treatment options.

We may use or disclose your PHI for these or other activities that fall under this definition, such as processing customer complaints or fraud detection and investigation.

Health Oversight Activities

We may use and disclose PHI to a health oversight agency for oversight activities authorized by law. These activities may include audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies include government agencies that oversee the healthcare system, government benefits programs, compliance with civil rights laws, and other government regulatory programs.

Required by Law, Lawsuits, Disputes, and Other Legal Actions

We may use and disclose PHI when required by law to do so. We also may use and disclose PHI in response to a subpoena, warrant, summons, court or administrative order, or other lawful process when certain requirements are met. We may also use and disclose PHI in response to legal cases that directly involve you or us.

Law Enforcement

We may use and disclose PHI in response to a request from law enforcement personnel for purposes such as identifying or locating a suspect, fugitive, material witness or missing person; about the victim of a crime under certain circumstances; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises; and in response to a court order, subpoena, warrant, summons or similar process permitted by law.

Public Health Activities or to Avert a Serious Threat to Health or Safety

We may use and disclose PHI to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration (FDA) or an entity regulated by the FDA regarding problems with products and reactions to

medications; and reporting disease or infection exposure. We may use and disclose PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public if certain conditions are met. Such disclosure will be made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Release of Information to Family Members

In some cases, we may use and disclose limited information to your family member, other relative, close personal friend or anyone else identified by you, and PHI that is directly relevant to such person's involvement in your care or payment of your care. In addition, we may use and disclose your PHI to notify (or assist in the notification of) your family member, personal representative, or another person responsible for your care of your location, general condition, or death. In both cases, when you are present, we will obtain your agreement to the disclosure, provide you with an opportunity to object to the disclosure, or exercise our professional judgment to infer that you do not object to the disclosure. If you are not present, we will disclose your PHI only if we determine that such disclosure is in your best interest in the exercise of our professional judgment.

Release of Information to the Armed Forces

If you are or were previously a member of the armed forces, we may use and disclose your PHI to the armed forces for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, we may disclose your PHI to the foreign military authority in certain circumstances.

Abuse or Neglect

We may use and disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. As required by law, if we believe you have been a victim of abuse, neglect, or domestic violence, we may disclose your PHI to a governmental entity authorized to receive such information.

Coroners, Medical Examiners, and Funeral Directors

We may use and disclose your PHI to a coroner or medical examiner when necessary for identifying a deceased person or determining a cause of death. We also may disclose PHI to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation

We may use and disclose your PHI to organizations that handle organ, eye, or tissue donation and transplantation.

Research

We may use and disclose your PHI for research purposes subject to certain requirements, including pursuant to a waiver of authorization by an institutional review board or privacy board, or through the removal of direct identifiers from the research data.

National Security and Protective Services

We may use and disclose your PHI to authorized federal officials for conducting national security and intelligence activities and for the protection of the President, other authorized persons, or heads of state.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use and disclose your PHI to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety, and the health and safety of others; or (3) the safety and security of the correctional institution.

Workers' Compensation

We may use and disclose PHI about you for workers' compensation or similar programs.

Uses and Disclosures of Part 2 Information

If we receive your Part 2 information from a Part 2 program (as defined in 42 CFR Part 2) pursuant to a general consent the program received from you for the purposes of treatment, payment, and health care operations, we may further use and disclose your Part 2 information in accordance with HIPAA. If we receive your Part 2 information pursuant to a specific consent, we will use and disclose your Part 2 information only as expressly permitted by you in the consent. We may not use or disclose your Part 2 information for any civil, criminal, administrative or legislative proceedings, to initiate or substantiate any criminal charges against, or conduct any criminal investigation of you without your consent or a court order after the court provides you notice.

Other Uses and Disclosures

For any other uses and disclosures of PHI, we will seek your written authorization. For example, any uses or disclosures of PHI for marketing purposes or that constitute the sale of PHI require your written authorization. You may revoke your authorization at any time in writing. If you revoke your authorization, we will no longer use or disclose PHI except to the extent we have already taken action based on your prior permission.

YOUR RIGHTS REGARDING YOUR PHI

You have certain rights regarding your PHI, as described below. To exercise any of those rights, you must submit your request in writing to:

Prime Therapeutics LLC
Attention: Privacy Officer
PO Box 64812
St. Paul, MN 55164-0812

Right to Request Restrictions on Uses and Disclosures

You have the right to request restrictions on certain uses and disclosures of PHI for treatment, payment, or healthcare operations. We will consider each request, but we are

not required to agree to any requested limits, except that we must agree to a request you make for us to not disclose PHI to your health plan about a healthcare item or service for which we have been paid in full.

Right to Receive Communications by Alternative Means or at an Alternative Location

You have a right to request that we communicate with you at an alternative location or by alternative means. For example, you may request that we contact you at home rather than at work. All such requests must be in writing and include information on how payment, if any, will be handled and specify an alternative address or method of contact. All reasonable requests will be granted.

Right to Inspect and Copy Protected Health Information

You have a right to review and ask for a copy of your PHI that is part of our designated record set.

In certain circumstances, we may deny your request and will tell you why we are denying it. In some cases, you may have the right to ask for a review of our denial. We may charge a reasonable cost-based fee to copy, process and mail your information.

Right to Amend Protected Health Information

You have the right to request that we amend the information that we have in our designated record set if you believe that the information is incorrect or incomplete. Your request must be made in writing and include a detailed description of what information you seek to amend and the reasons that support your request. We may deny this request in certain cases, such as if we determine that the records are complete and accurate, or that we did not create the information you are requesting to change.

Right to Receive an Accounting of Disclosures

You have a right to request an accounting of certain disclosures of your PHI. The accounting does not include certain disclosures, such as (i) those made for treatment, payment or healthcare operations, (ii) those made prior to April 14, 2003, (iii) those made with your written permission, and (iv) those made for law enforcement or national security purposes.

Your request for an accounting of disclosures must be made in writing, and you may request an accounting for disclosures made up to six years before your request. You may receive one such accounting per year at no charge. If you request another accounting during the same 12-month period, we may charge you a reasonable fee; however, we will notify you of the cost involved before processing the accounting.



Questions

If you have any questions about this Notice or our privacy practices, contact us at:

Prime Therapeutics LLC
Attention: Privacy Officer
PO Box 64812
St. Paul, MN 55164-0812
Telephone: 888.849.7840
E-mail: Privacy@primetherapeutics.com

Right to Obtain a Paper Copy of this Notice

You have a right to receive a paper copy of this notice, even if you have received a copy of this notice electronically. To request a paper copy, contact the Privacy Officer at the address listed above.

Complaints

You may file a complaint with us if you feel that your privacy rights have been violated by contacting the Privacy Officer using the contact information above. We will not retaliate against you for filing a complaint.

You may also file a complaint with the U.S. Department of Health and Human Services at:

Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Toll-Free: 800.368.1019
Fax: 202.619.3818
Email: ocrmail@hhs.gov