PRIVACY NOTICE: NOTICE OF PRIVACY PRACTICES

October 9, 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.

Physicians Rx Pharmacy LLC, PRxP of CA LLC, and PRxP of New York LLC d/b/a Broadway Family Pharmacy (together, “we,” “us,” or “the Pharmacy”) are required by law to maintain the privacy and security of your Protected Health Information (PHI). We must provide you with this notice of our legal duties and privacy practices. We are bound to follow the terms currently in effect within this notice.

This is a joint notice. The pharmacies named above are affiliated covered entities that share this notice and may share your health information with one another for treatment, payment, and health care operations as described below.

We reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI we maintain. You can always request a written copy of our most current privacy notice, which is available upon request, within the pharmacy, and on our web site.

Part 1: Our Legal Duties and Your Rights

Your Health Information Rights

When it comes to your health information, you have certain rights under federal HIPAA regulations. For all requests, you must submit your request in writing to the Privacy Officer. See Part 3: Contact & Complaints for the Privacy Officer contact information.

- **See or get an electronic or paper copy of your medical/prescription record:** You can ask to see or get a copy of your prescription history and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. If we keep your records electronically, you can ask for an electronic copy, and you can ask us to send a copy to another person you name. We may charge a reasonable, cost-based fee.
- **Ask us to correct your record:** You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we will 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 say "yes" to all reasonable requests.
- **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.
- **Request a specific restriction for out-of-pocket payments:** If you pay for a prescription completely out-of-pocket (without involving your health insurance plan), you have the right to ask that we do not share that specific information with your insurer for the purpose of payment or our operations. **We will say "yes" to this request** unless a law requires us to share that information.

- **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.
- **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 up to six years prior to the date of your request, 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). Your request must state a specific time period for the accounting (e.g., the past three months). 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.
- **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.
- **File a complaint if you feel your rights are violated:** You can submit a complaint if you feel we have violated your privacy rights by contacting our Privacy Officer listed in Part 3. You can also 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 www.hhs.gov/hipaa/for-individuals/file-complaint/index.html. **We will not retaliate against you for filing a complaint.**

Our Uses and Disclosures

We typically use and share your health information in the following ways:

- **To Treat You:** We can use your health information and share it with other professionals who are treating you. *Example: A pharmacist may use your profile to check for drug interactions or call your doctor to clarify a prescription.*
- **To Run Our Organization:** We can use and share your health information to run our pharmacy, improve your care, and contact you when necessary. *Example: We use health information to manage your prescriptions and look for ways to optimize our workflow. This includes quality assurance, case management, responding to patient comments and complaints, compliance programs, audits, business planning, and administration.*
- **To Bill for Your Services:** We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about your prescription to your health insurance plan so it will pay for your medication.*
- **Remind you about refills and support your therapy:** We may contact you about refills, adherence support, and treatment options for your condition. Under HIPAA these communications are not marketing, even if a drug manufacturer or other third party helps pay for them, so long as any payment is limited to the cost of making the communication.
- **Share with family, friends, or others involved in your care:** We may share your health information with a family member, close friend, or other person involved in your care or in paying for your care if you agree, or if you are not able to tell us and we believe it is in your best interest (for example, when someone picks up a prescription for you). You have the right to object.
- **Work with our business associates:** We share health information with companies that perform services for us, such as delivery, billing, and software vendors, under written agreements that require them to protect your information.

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/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

- **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, or reporting suspected abuse, neglect, or domestic violence.
- **Do research:** We can use or share your information for health research with your written authorization, when an institutional review board or privacy board has approved the research, or when the information has been de-identified.
- **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.
- **Work with a medical examiner or funeral director:** 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, or 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. We may also respond to a subpoena or discovery request, but only if we receive the assurances HIPAA requires that you were notified or that a protective order was sought. Substance use disorder records (see below) and, where state law requires, HIV-related and other sensitive information will not be released without your written consent or a court order.

Our Responsibilities

- **Breach Notification:** We are required by law to let you know promptly if a breach occurs that may have compromised the privacy or security of your protected health information.
- **Uses That Require Your Written Authorization:** We will not sell your health information, use or share it for marketing, or share psychotherapy notes (if we have them) without your written authorization. Any other use or disclosure not described in this notice will be made only with your written authorization. You may revoke an authorization at any time by writing to our Privacy Officer, except to the extent we have already acted on it.
- **Substance Use Disorder Records:** If we receive records protected under federal substance use disorder privacy laws (42 CFR Part 2), we will use and disclose them only as Part 2 and this notice permit. We will not use or disclose them in any civil, criminal, administrative, or legislative proceeding against you unless you give written consent or a court orders it after you have had notice and an opportunity to be heard. A subpoena alone is not enough.
- **Redisclosure:** Health information we disclose about you, including substance use disorder records, may be redisclosed by the person who receives it and may no longer be protected by HIPAA or 42 CFR Part 2, unless that person is also required by law to protect it.
- **Fundraising:** We do not use your health information for fundraising.

Part 2: State Law Protections

Where state law gives you greater privacy protection than HIPAA, we follow state law. This includes state laws that protect HIV-related, mental health, genetic, and substance use information, and state laws that give you faster access to your records. The provisions below apply to the states where our pharmacies are located. If you live in another state, your state's law may also give you additional rights; contact our Privacy Officer with questions.

1. Special Provisions for New York Facilities & Residents

If your prescription is filled at or through our **New York pharmacy location**, the following additional protections apply:

- **Genetic Testing Privacy:** In accordance with **New York Civil Rights Law § 79-l**, if we receive genetic test information about you, we will not disclose it without your separate written authorization, except as the law permits.
- **HIV/AIDS Confidentiality:** Under **New York Public Health Law Article 27-F**, we may disclose HIV-related information only to the persons and for the purposes that law permits (such as treatment, payment, and health oversight) or with your written authorization on the state-approved, or company universal, release form. Any disclosure we make will carry the Article 27-F statement prohibiting the recipient from redisclosing it.

2. Special Provisions for California Facilities & Residents

If your prescription is filled at or through our **California pharmacy location**, or if you reside in California, the following additional protections apply:

- **Your Right to Inspect and Copy Your Records:** Under California law, you have the right to look at or receive a copy of your pharmacy and billing records. Upon receiving your written request, we will make your records available for inspection within **5 business days**, or provide you with electronic or paper copies within **15 days**.
- **Privacy Rights of Minors:** Under California law, if a minor lawfully consented to their own care (for example, certain reproductive health, STI prevention, or mental health services), the minor controls access to those records. We will not release their related **prescription history or dispensing records** to a parent or guardian without the minor's written authorization.
- **HIV Test Results:** Under California Health and Safety Code § 120980, we will not disclose the results of an HIV test without your written authorization, except as the law permits.

3. Special Provisions for Maryland Facilities & Residents

If your prescription is filled at or through our **Maryland pharmacy location**, the following additional protections apply:

- **Maryland Confidentiality of Medical Records Act (MCMRA):** Under the Maryland Confidentiality of Medical Records Act (Health-General § 4-301 et seq.), we will provide copies of your medical records within 21 working days of receiving your written request, we disclose your records only as that law permits, and persons who receive your records from us may not redisclose them except as the law allows.
- **HIV and Specialty Health Information:** Under the Maryland Confidentiality of Medical Records Act (Health-General § 4-301 et seq.) and Maryland's HIV confidentiality law

(Health-General §§ 18-336 and 18-337), we will not disclose HIV test results, PrEP/PEP treatment history, or other HIV-related prescription records without your written authorization, except as Maryland law permits or requires. Anyone who receives this information from us may not redisclose it without your consent, except as the law allows.

Part 3: Contact & Complaints

To exercise any of your rights listed in this notice, to request a physical copy, or to submit a state-specific records request, please contact our Privacy Officer:

- **Privacy Officer:** Compliance Officer
- **Mailing Address:** 1193 Beechwood Blvd., Pittsburgh, PA 15206
- **Phone Number:** 855-566-3710
- **Email Address:** privacy@340bpharm.com

We do not discriminate on the basis of race, color, national origin, sex, age, or disability. Our Notice of Nondiscrimination, including how to file a grievance, is available at: www.340bpharm.com/prxp/patients/nondiscrimination-notice/

ATTENTION: If you speak a language other than English, free language assistance services and auxiliary aids and services are available to you. Call:

Physicians Rx Pharmacy LLC, Largo, MD	(888) 330-2153 (TTY: 711)
PRxP of New York LLC, New York, NY	(888) 609-2064 (TTY: 711)
PRxP of CA LLC, Ontario, CA	(888) 505-1485 (TTY: 711)

Physicians Rx Pharmacy LLC, Largo, MD	(888) 330-2153 (TTY: 711)
PRxP of New York LLC, New York, NY	(888) 609-2064 (TTY: 711)
PRxP of CA LLC, Ontario, CA	(888) 505-1485 (TTY: 711)

Spanish: ATENCIÓN: Si habla un idioma distinto al inglés, tiene a su disposición servicios gratuitos de asistencia lingüística y servicios y ayudas auxiliares.

Chinese Mandarin: **注意**： **如果您使用的**语言不是英语，您可以获得免费的语言协助服务以及辅助设施与服务。

Chinese Cantonese: **注意**： **如果你講英文以外嘅語言**， **我**哋可以免費提供語言協助服務同輔助輔助工具同服務。

Chinese Formosan: **注意**： **如果您使用的**语言不是英语，您可以获得免费的语言协助服务以及辅助设施与服务

Tagalog (Filipino): PAALALA: Kung ikaw ay nagsasalita ng wikang iba sa Ingles, mayroong mga libreng serbisyo sa tulong-wika at mga karagdagang tulong at serbisyo na magagamit mo.

Vietnamese: LƯU Ý: Nếu quý vị sử dụng ngôn ngữ khác ngoài tiếng Anh, quý vị sẽ được cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ cũng như các dịch vụ và phương tiện hỗ trợ bổ sung.

Korean: 알림: 영어 이외의 언어를 사용하시는 경우, 무료 언어 지원 서비스와 보조 도구 및 서비스를 이용하실 수 있습니다.

Russian: ВНИМАНИЕ: Если вы не говорите по-английски, вам доступны бесплатные услуги языковой поддержки, а также вспомогательные средства и услуги.

Arabic: تنبيه: إذا كنت تتحدث لغة غير الإنجليزية، تتوفر لك خدمات المساعدة اللغوية المجانية، بالإضافة إلى الوسائل والخدمات المساعدة.

Haitian Creole: ATANSYON: Si w pale yon lòt lang anplis angle, gen sèvis asistans lengwistik gratis ansanm ak èd ak sèvis oksilyè ki disponib pou ou.

French: ATTENTION : Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique gratuits ainsi que des aides et services auxiliaires sont mis à votre disposition.

Bangla: দৃষ্টি আকর্ষণ: আপনি যদি ইংরেজি ছাড়া অন্য কোনো ভাষায় কথা বলেন, তবে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং সহায়ক উপকরণ ও পরিষেবা উপলব্ধ রয়েছে।

Persian (Farsi): توجه: اگر به زبانی غیر از انگلیسی صحبت می‌کنید، خدمات رایگان کمک‌رسانی زبانی و همچنین امکانات و خدمات کمکی در اختیار شما قرار دارد.

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք անգլերենից բացի այլ լեզվով, Ձեզ հասանելի են լեզվական աջակցության անվճար ծառայություններ, ինչպես նաև օժանդակ միջոցներ և ծառայություններ:

Hindi: ध्यान दें: यदि आप अंग्रेज़ी के अलावा कोई अन्य भाषा बोलते हैं, तो आपके लिए मुफ़्त भाषा सहायता सेवाएँ और अतिरिक्त सहायता व सेवाएँ उपलब्ध हैं।

Amharic: ማሳሰቢያ፦ ከእንግሊዝኛ ውጪ ሌላ ቋንቋ የሚናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎቶች እንዲሁም ተጨማሪ ረዳት መሣሪያዎችና አገልግሎቶች ለእርስዎ ይገኛሉ።

Yiddish: אויפמערקזאַמקייט: אויב איר רעדט אַן אַנדער שפּראַך ווי ענגליש, שטייען פֿאַר אײַך צו באַקומען אומזיסטע שפּראַך־הילף־דינסטן און צוגאַב־הילפֿמיטלען און ־דינסטן.

Urdu: توجہ فرمائیں: اگر آپ انگریزی کے علاوہ کوئی اور زبان بولتے ہیں، تو آپ کے لیے مفت لسانی معاونت کی خدمات اور اضافی معاون ذرائع و خدمات دستیاب ہیں۔

Gujarati: ધ્યાન આપો: જો તમે અંગ્રેજી સિવાયની અન્ય કોઈ ભાષા બોલતા હોવ, તો તમારા માટે મફત ભાષા સહાય સેવાઓ અને સહાયક સાધનો તથા સેવાઓ ઉપલબ્ધ છે.

Italian: ATTENZIONE: Se parla una lingua diversa dall'inglese, sono a Sua disposizione servizi di assistenza linguistica gratuiti, nonché ausili e servizi supplementari.

Polish: UWAGA: Jeśli posługujesz się językiem innym niż angielski, dostępne są dla Ciebie bezpłatne usługi językowe oraz pomocnicze środki i usługi.

Punjabi: **ਧਿਆਨ ਦਿਓ:** ਜੇਕਰ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਤੋਂ ਇਲਾਵਾ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਸਹਾਇਕ ਸਾਧਨ ਤੇ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ।

دھیان دیو: جے کر تُسیں انگریزی توں علاوہ کوئی ہور بھاشا بولدے ہو، تاں تُہاڈے لئی مفت بھاشا سہائتا سیواواں اتے سہائک سادھن تے سیواواں اُپلبدھ ہن۔

Mon-Khmer (Cambodian): សូមជ្រាបៈ ប្រសិនបើលោកអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស
លោកអ្នកអាចទទួលបានសេវាជំនួយផ្នែកភាសា និងឧបករណ៍ជំនួយ
ព្រមទាំងសេវាកម្មនានាដោយឥតគិតថ្លៃ។

Japanese: ご注意：英語以外の言語を話される方は、無料の言語支援サービスや補助的手段・サービスをご利用いただけます。

Thai: เรียนท่านผู้ใช้บริการ: หากท่านใช้ภาษาอื่นที่ไม่ใช่ภาษาอังกฤษ ท่านสามารถใช้บริการช่วยเหลือด้านภาษา รวมถึงอุปกรณ์และบริการเสริมต่าง ๆ ได้โดยไม่มีค่าใช้จ่าย

Igbo: Ṛịba ama: Ọ bụrụ na ị na-asụ asụsụ ọzọ na-abụghị Bekee, enwere ọrụ enyemaka asụsụ n'efu yana enyemaka na ọrụ ndị ọzọ dịịrị gị.

Yoruba: ÀKÍYÈSÍ: Tí o bá ń sọ èdè mìíràn yàtọ̀ sí èdè Gẹ̀ẹ́sì, àwọn iṣẹ́ ìrànlọ́wọ́ nípa èdè àti àwọn ohun èlò tàbí iṣẹ́ àfikún wà fún ọ lọ́fẹ̀ẹ́.