

## 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.

The Golub Corporation/Price Chopper/Housecalls/Market 32 ("Price Chopper") is required by law to maintain the privacy of Protected Health Information ("PHI") and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. PHI is 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 of Privacy Practices ("Notice") describes how we may use and disclose PHI to carry out treatment, payment, or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

Price Chopper is required to follow the terms of this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide any revised Notice to you.

### Your Health Information Rights

You have the following rights with respect to PHI about you:

**Obtain a paper copy of the Notice upon request.** You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, you may pick one up at any Price Chopper Pharmacy location, access our website at [www.pricechopper.com](http://www.pricechopper.com) or contact Price Chopper's HIPAA Privacy Officer.

**Your Authorization:** Certain uses and disclosures of PHI require your authorization. For example, most uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI require a written authorization. Except as outlined below, we will not use or disclose your PHI without your written authorization. If you have given us an authorization, you may revoke it in writing at any time, unless we have already acted on it. Once the HIPAA Privacy Officer receives your written revocation, it will be effective for future uses and disclosures. Any other use or disclosure of your PHI not described in this Notice will be made only with authorization from you.

A portion or all of your prescriptions may be processed or filled through shared services with another one of our pharmacy locations. We will obtain your initial one-time consent, electronically, to use shared pharmacy services for current and future prescriptions. You or your authorized representative can opt out of having your prescription processed or filled via shared pharmacy services at any time by notifying us.

**Personal communications:** We may contact you by phone, email, or text message to provide refill reminders for your current or future prescription(s) or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may contact you by phone, email, or text message to inform you about the status of your current or future prescription(s), or those of your dependent minors, whether they be due for refill or ready for pick-up, on order, or if there are any issues filling your prescriptions. We may also contact you to follow up with the care you have received or to offer to answer any questions you may have related to your treatment. By providing your mobile number to us and/or by signing acknowledging receipt of this Notice of Privacy Practices when picking up a prescription, you consent to receive healthcare-related text messages from us regarding health services provided by the Pharmacy, in addition to those prescription-related services listed above, including, without limitation, the availability of flu, pneumonia and other immunizations. You may revoke this consent at any time and by any reasonable means that clearly expresses your desire not to receive further messages.

**Request a restriction on certain uses and disclosures of PHI.** You have the right to request additional restrictions on our use or disclosure of PHI about you by sending a written request to Price Chopper's HIPAA Privacy Officer at the address listed below. We will consider, but are not required to agree to, your restriction request. For example, you may request a restriction on disclosures to certain other health care providers. We may, but do not have to, agree to that request. You also may request a restriction on certain disclosures to your health plan if the disclosure is purely for carrying out payment or health care operations and the requested restriction is for services paid out-of-pocket, and we are required to agree to that request.

**Inspect and obtain a copy of PHI.** You have the right to access and copy PHI about you contained in a designated record set for as long as Price Chopper maintains the PHI. The designated record set usually will include prescription and billing records. To inspect or copy PHI about you, you must submit a "Request for Access to Patient Information" form to a Price Chopper Pharmacy location or mail it to Price Chopper's Pharmacy Managed Care Supervisor. We may charge you a fee after the 1st initial copy for the costs of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI about you, you may request that the denial be reviewed.

**Request a change of PHI.** If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we change it. You may request a change for as long as we maintain the PHI. To request a change, you must submit a "Request for Change" form to a Price Chopper Pharmacy location or to Price Chopper's HIPAA

Privacy Officer. You must include a reason that supports your request. In certain cases, we may deny your request for change. If we deny your request for change, you have the right to file a statement of disagreement with the decision and we may give a rebuttal to your statement.

**Receive an accounting of disclosures of PHI.** You have the right to receive an accounting of the disclosures we have made of PHI about you after April 14, 2003, for most purposes other than treatment, payment, or health care operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a "Request for Access to Patient Information" form to Price Chopper's HIPAA Privacy Officer. Your request must specify the period but may not be longer than six years. The first accounting you request within a 12-month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

**Request communications of PHI by alternative means or at alternative locations.** For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of PHI about you, you must submit a "Request for Access to Patient Information" form to a Price Chopper Pharmacy location or to Price Chopper's HIPAA Privacy Officer. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests.

**Breach notification:** You have the right to be notified in the event we discover a breach of your unsecured PHI.

### Examples of How We May Use and Disclose PHI

**The following are descriptions and examples of ways we use and disclose PHI:** We will use and may disclose PHI for treatment. Example: Information obtained by the pharmacist will be used to dispense prescription medications to you. We will document in your record information related to the medications dispensed to you and services provided to you.

**We will use PHI for payment.** Example: We will contact your insurer or pharmacy benefit manager to determine whether it will pay for your prescription and the amount of your co-payment. We will bill you or a third-party payor for the cost of prescription medications dispensed to you. The information on or bill may include information that identifies you, as well as the prescriptions you are taking.

**We will use PHI for health care operations.** Example: The Pharmacy may use information in your health record to monitor the performance of the pharmacist providing treatment to you. This information will be used to continually improve the quality and effectiveness of the health care and service we provide. Some prescriptions may be filled by a central fill pharmacy or specialty services pharmacy owned by The Company and returned to your local pharmacy for your pick-up. The central fill pharmacy and specialty services pharmacy are located at a different location than your local pharmacy. Price Chopper utilizes a secure shared database which allows shared services between our Pharmacies with this notice. Customers may opt out of these shared services by requesting local pharmacy services only at their local Price Chopper.

**Health-related communications.** Price Chopper pharmacies provide a special customer care service to its customers. Under this program, we may contact you, consistent with applicable law, to provide refill reminders or information about treatment alternatives (including the availability of clinical trials) or other health-related benefits and services. If you do not wish to participate in this special care service, you may notify us of this fact at any time in writing, by telephone or in person at one of our stores.

**We are likely to use or disclose PHI for the following purposes:**

**Business associates:** We work with business associates, which are other individuals or entities who perform various functions on our behalf or provide certain types of services for us. To perform these functions or to provide the services, the business associate will receive, maintain, use, or disclose information, but only after the business associate agrees to safeguard appropriately your information as required by law. For example, we may disclose your information to a business associate to administer claims or to bill you or your third-party payor for services rendered.

**Communication with individuals involved in your care or payment for your care:** Health professionals such as pharmacists, using their professional judgment, may disclose to a family member, other relative, close personal friend or any person you identify, PHI relevant to that person's involvement in your care or payment related to your care.

**Health-related communications:** We may contact you to provide refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Workers' compensation:** We may disclose PHI about you as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by law.

**State and Federal Regulatory Agencies:** We may disclose PHI to federal, state, or local authorities. For example, your PHI may be part of a routine audit procedure. We must disclose PHI about you when required to do so by law.

**Food and Drug Administration (FDA):** We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Public health:** As required by law, we may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law enforcement:** We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.

**Health oversight activities:** We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial and administrative proceedings:** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process.

**We are permitted to use or disclose PHI about you for the following purposes:**

**Research:** We may disclose PHI about you to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

**Coroners, medical examiners, and funeral directors:** We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. Also, we may disclose PHI to funeral directors consistent with applicable law to carry out their duties.

**Organ or tissue procurement organizations:** Consistent with applicable law, we may disclose PHI about you to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Notification:** We may use or disclose PHI about you in a disaster relief to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, your status, and your general condition.

**Correctional institution:** If you are or become an inmate of a correctional institution, we may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.

**To avert a serious threat to health or safety:** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Military and veterans:** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

**National security and intelligence activities:** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective services for the President and others:** We may disclose PHI about you to authorized federal official so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Victims of abuse, neglect, or domestic violence:** We may disclose PHI about you to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

### Other Uses and Disclosures of PHI

Price Chopper will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above or as otherwise permitted or required by law. You may revoke an authorization in writing at any time by submitting a request to Price Chopper's HIPAA Privacy Officer. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already acted in reliance on the authorization.

### For More Information or to Report a Problem

If you have questions or would like additional information about Price Chopper's privacy practices, you may contact the HIPAA Privacy Officer at 461 Nott Street, MB#202, Schenectady, NY 12308 or at 518-379-1618. If you believe your privacy rights have been violated, you can file a complaint by submitting a "Complaint" form to a Price Chopper Pharmacy location or sending it to Price Chopper's Privacy Officer or filing it with the Secretary of Health and Human Services. All complaints must be in writing. There will be no retaliation for filing a complaint.

**Effective Date** This Notice is effective as of September 23, 2013. Reviewed and Revised February 11, 2026.