QMD Pharmacy
Quick Meds Direct LLC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WHO WE ARE AND WHAT THIS NOTICE COVERS

Quick Meds Direct dba QMD Pharmacy is a mail-order pharmacy. We are located in New York State and we ship prescription medications to patients nationwide. When you use our services, we create and keep records about you and the care we provide. This information is called Protected Health Information, or "PHI." This Notice explains how we protect your PHI, how we may use or share it, and what rights you have. It applies to all records we create or keep that contain your PHI, whether in paper or electronic form.

We are required by law to:

- Maintain the privacy of your PHI
- Provide you with notice of our legal duties and privacy practices with respect to PHI
- Follow the rules in this Notice; and
- Tell you if your PHI is ever involved in a security breach.

INFORMATION WE COLLECT ABOUT YOU

We collect different types of information when you use our services.

Information you give us directly. When you create an account with QuickMD and place an order, you provide us with information such as your name, email address, phone number, and shipping address. You may also give us additional information to help us serve you better, including your date of birth, gender, health history, current medications, allergy information, and insurance details. If you contact us with a question or concern, we also keep a record of that communication.

Information we receive from your healthcare providers. We may receive prescription information and other health records from your doctor or other healthcare providers. We only collect the minimum amount of information needed to fill your prescriptions and provide our services.

Payment information. When you pay for your medications, your payment is processed by a secure, third-party payment processor. We do not store your full credit card number. The payment processor handles your card details and is not permitted to use them for any other purpose.

HOW WE USE YOUR INFORMATION

We use the information we collect to provide you with safe, accurate, and convenient pharmacy services. Specifically, we use your information to:

Fill and ship your prescriptions. We use your PHI to verify your prescription, check for drug interactions, fill your order accurately, and ship it to your home or any address you choose in the United States as permitted by law.

Communicate with your doctor. We may contact your prescribing physician or another healthcare provider to confirm prescription details, request a renewal, or discuss your care.

Process your payment. We use your billing information to process payments, handle insurance claims, verify your coverage, and manage your account.

Keep our services running well. We use your information for internal purposes such as quality reviews, staff training, compliance checks, and improving our website and operations.

Send you important updates. We may contact you by email or phone to remind you about refills, notify you of changes to your order, alert you to potential drug interactions, or provide other information relevant to your care. By signing up for our services, you agree to be contacted at the email address and phone number you provide, unless you opt out.

Send you offers and news. With your permission, we may send you information about products, promotions, or health tips that may interest you. You can unsubscribe from marketing messages at any time using the unsubscribe link in any email or by contacting customer support.

Connect you with other services. If you ask us to share your information with a third-party provider (such as a lab testing service, a healthcare organization, or your employer's health program), we will do so based on your instructions. Once you direct us to share your information, that third party's own privacy policy will govern how they use it.

Keep you and others safe. We may use your information to detect fraud, prevent unauthorized access to our systems, and meet our legal and regulatory obligations.

HOW WE MAY SHARE YOUR INFORMATION

We do not sell your personal information to third parties, and we never will without first getting your clear, separate consent. We only share your information in the limited ways described below.

For your treatment. We may share your PHI with your doctor, specialist, or other healthcare provider to coordinate your care. For example, we may send a prescription record to your physician or flag a potential drug interaction.

For payment and insurance. We may share your PHI with your health insurance company, pharmacy benefit manager, or other payer to process claims and confirm coverage.

With our service providers. We work with companies that help us operate our pharmacy, including shipping carriers, IT providers, billing services, and customer support vendors. These companies are called Business Associates. They are only allowed to use your information to help us serve you, and they are required by written contract to keep your information safe.

To ship your medications. We share limited information (such as your name and delivery address) with our shipping partners so they can deliver your order. Shipping partners are not permitted to use this information for any other purpose.

When you ask us to. If you direct us to share your information with another party (such as a lab, a health app, a researcher, or an employer health program), we will share it based on your instructions. You can change your sharing preferences at any time.

For public health and safety. We may share your PHI with public health agencies, the Food and Drug Administration (FDA), or State Departments of Health or other government agencies as required by law. This includes reporting adverse drug events, product recalls, or communicable disease information. We may also share information if we believe it is necessary to prevent a serious, immediate threat to someone's health or safety.

Prescription Monitoring Program. Federal and state law requires us to report the dispensing of controlled substances to the Department of Health through the Prescription Monitoring Program Registry (PMPR). This helps prevent drug diversion and protect patient safety.

For legal and government purposes. We may share your PHI if we are required to do so by a court order, subpoena, warrant, or other legal process. We may also share information with boards of pharmacy, health oversight agencies conducting audits or investigations, with law enforcement when required by law, and with federal officials for authorized national security activities. We will notify you of legal requests to access your information when we are permitted to do so.

For judicial and administrative proceedings. We may share your PHI in the course of a judicial or administrative proceeding, in response to a court order, subpoena, warrant, discovery request, or other lawful legal process. Where permitted, we will make reasonable efforts to notify you before disclosing your information in response to such a request.

For health oversight activities. We may share your PHI with a health oversight agency for activities authorized by law. These activities include audits, investigations, inspections, licensure reviews, and other oversight activities necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

In a business transaction. If QMD Pharmacy is involved in a merger, acquisition, or sale of assets, your information may be transferred to the new entity. We will take steps to protect your information during that process and notify you if your information is transferred to a new organization.

With your family or caregivers. We will not share your health information with your relatives, caregivers, or other persons unless we receive your consent. If you are not available or unable to consent, we will use our best judgment to decide whether sharing is in your best interest.

For abuse and safety situations. We may share your PHI with appropriate authorities if we have reason to believe, or actual knowledge, that you are involved in abuse, neglect, or domestic violence, as permitted by law. We will tell you about this disclosure when it is safe to do so.

Uses and disclosures related to deceased individuals. We may use or share your PHI after your death as permitted or required by law. This includes sharing information with a coroner or medical examiner to identify a deceased person or determine cause of death, and with funeral directors as necessary to carry out their duties. We may also share PHI with family members or others who were involved in your care prior to your death, unless doing so would be inconsistent with your known preferences.

Uses and disclosures for organ, eye, or tissue donation. If you are an organ or tissue donor, we may share your PHI with organizations that handle organ procurement, banking, or transplantation of organs, eyes, or tissues, to the extent necessary to facilitate donation and transplantation as permitted by law.

Uses and disclosures for workers' compensation. We may share your PHI as authorized by and to the extent necessary to comply with workers' compensation laws or similar programs that provide benefits for work-related injuries or illnesses.

Uses and disclosures for disaster relief. We may share your PHI with a public or private entity authorized by law to assist in disaster relief efforts, so that your family or others responsible for your care can be notified of your location and general condition.

Uses and disclosures for research. We may use or share your PHI for research purposes when a research project has been approved by an Institutional Review Board (IRB) or a privacy board that has reviewed the research proposal and established protocols to protect the privacy of your information. For all other research purposes, we will ask for your written authorization before using or sharing your PHI.

Military and veterans. If you are or were a member of the Armed Forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority, as permitted by applicable law.

Inmates and correctional institutions. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official as necessary to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Employer and workplace medical surveillance. If QMD Pharmacy is retained to conduct an evaluation relating to medical surveillance of your workplace, or to evaluate whether you have a work-related illness or injury, we may disclose your PHI to your employer to the extent permitted by applicable law. You will be notified of any such disclosure by your employer or by QMD Pharmacy as required by law.

Please note: incidental uses and disclosures of PHI may sometimes occur as a by-product of an otherwise permitted use or disclosure. These are limited in nature, cannot reasonably be prevented, and are not considered a violation of your privacy rights.

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HOW WE USE DE-IDENTIFIED INFORMATION

We may remove or hide details that could identify you from your health information. Once that information can no longer be linked back to you, it is no longer considered PHI. We may use this de-identified information to:

- Improve the quality and accuracy of our services;
- Conduct research and publish findings, either on our own or with partners such as universities or hospitals;
- Analyze health trends across the patients we serve; and
- Work with commercial partners to support research and development.

De-identified information does not personally identify you and is handled separately from your PHI.

WHEN WE NEED YOUR WRITTEN PERMISSION

For certain uses of your PHI, we need your written authorization (permission) before we proceed. These include:

- Sharing most types of mental health therapy notes;
- Using your PHI to market products or services to you; and
- Selling your PHI to another organization.

Any use or sharing of your PHI that is not described in this Notice will also require your written permission. You have the right to take back any permission you have given us at any time by sending us a written request. If we have already taken action based on your permission, we will not be able to undo that, but we will stop any future use.

EXTRA PROTECTIONS FOR SENSITIVE HEALTH INFORMATION

Some types of health information receive stronger protections under federal law and New York State law. We will follow all additional requirements that apply before using or sharing the following categories of information. In most cases, we will ask for your specific written permission before disclosing them:

- Mental health and therapy records (New York Mental Hygiene Law)
- HIV/AIDS-related information (New York Public Health Law Article 27-F)
- Substance use and addiction treatment records (42 C.F.R. Part 2 and New York State law)
- Reproductive health information (New York Reproductive Health Act)
- Genetic test results and family health history (Federal GINA law and New York State law)
- Communicable and sexually transmitted disease information

Where state law gives stronger privacy protections than federal law, we will always follow the stronger standard.

HOW WE PROTECT YOUR INFORMATION

We use a combination of technical, administrative, and physical safeguards to protect your information from unauthorized access, use, or disclosure. These measures are designed to match the sensitivity of the information we collect.

While we work hard to protect your information, no system is completely secure. Transmitting information over the internet always carries some risk. If you have a security concern, please contact our Privacy Officer right away using the contact information at the end of this Notice.

OUR POLICY ON CHILDREN

Our services are intended for adults 18 years of age and older. We do not knowingly collect personal information from anyone under the age of 18. If we discover that we have collected information from a minor, we will delete it

promptly, to the extent permitted by law. If you believe we have accidentally collected information from a child, please contact us right away.

YOUR RIGHTS OVER YOUR INFORMATION

You have the following rights regarding the information we hold about you. To use any of these rights, please contact our Privacy Officer in writing using the information at the end of this Notice. We will never penalize or retaliate against you for exercising your rights.

Right to see and get a copy of your information. You can ask to see or receive a copy of the health information we have about you, including your prescription and billing records. If we keep your records electronically, you may request an electronic copy. In certain limited circumstances we may deny your request, including where the information consists of psychotherapy notes; records compiled for use in legal proceedings; lab results restricted by law; records created as part of a research study where you agreed to a temporary denial; records held by a federal agency or contractor restricted by law; or information obtained from another source under a promise of confidentiality where disclosure would reveal that source. If we deny your request, we will explain why in writing and tell you how to appeal.

Right to correct your information. If you think information we have about you is wrong or incomplete, you can ask us to fix it. Please provide the reason for your request in writing. We may decline your request if the information was not created by us (unless the original source is no longer available), is not part of the records we use to make decisions about you, is not available for your inspection under applicable law, or is already accurate and complete. We will explain any denial in writing.

Right to a list of disclosures. You can ask for a list of times we have shared your PHI with others, going back up to six years. This list does not include disclosures made for treatment, payment, or routine health care operations; incidental disclosures; disclosures you authorized in writing; disclosures to family members or others involved in your care; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement; or disclosures made as part of a limited data set. You can request one free list per year. After that, we may charge a reasonable fee and will notify you of the cost before proceeding.

Right to limit how we use your information. Your request must be in writing and state the restrictions you are requesting and to whom the restriction applies. We may not always be able to agree with your request. If we do agree, we will honor your request unless the restricted information is needed to provide you with emergency treatment. We will agree to your request to restrict sharing with your insurance plan for payment or administrative purposes, as long as you have already paid for the medication out-of-pocket in full.

Right to choose how we contact you. You can ask us to contact you only in a certain way or at a certain address. For example, you might ask us to send information only to a specific mailing address. We will honor reasonable requests without asking you to explain why.

Right to be notified of a breach. If your unsecured PHI is ever involved in a security breach, we will notify you as quickly as possible and no later than 60 days after we discover the breach.

Right to a paper copy of this Notice. You can ask for a printed copy of this Notice at any time, even if you originally agreed to receive it electronically or if a physical copy was already provided to you.

Right to appeal a denied request. If we deny any of your requests, we will explain why in writing and tell you how to appeal. You may submit an appeal to our Privacy Officer. We will respond in writing within 60 days with a final decision and the reasons for it.

ADDITIONAL RIGHTS FOR CALIFORNIA AND VIRGINIA RESIDENTS

If you live in California, certain information we collect about you is subject to the California Consumer Privacy Act (CCPA), as amended by the California Privacy Rights Act (CPRA). If you live in Virginia, the Virginia Consumer Data Protection Act (VCDPA) may also apply to you.

Please note that these laws may not apply to certain types of information, including information governed by HIPAA, information that has been de-identified, or information that is publicly available from government records.

In addition to the rights listed above, residents of California and Virginia may also have the right to:

- Ask us not to sell or share your personal information for targeted advertising purposes;
- Limit our use of sensitive personal information; and
- Receive your information in a portable format that you can transfer to another provider.

We do not sell your personal information (as that term is defined under the CCPA/CPRA), and we have not done so in the past 12 months. We will not do so in the future without first getting your clear, separate consent.

To submit a request under these state laws, please use the contact information at the end of this Notice. We will respond within 45 days. If we need more time, we will let you know within the original 45-day window. You may submit a request to know or access your information up to twice per 12-month period at no charge.

HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with the pharmacy and/or with the U.S. Department of Health and Human Services Office for Civil Rights. Filing a complaint will not affect your care or your ability to use our services in any way.

Office for Civil Rights, U.S. Department of Health and Human Services

200 Independence Avenue, S.W., Washington, D.C. 20201

Toll-Free: 1-877-696-6775 Website: www.hhs.gov/ocr/privacy/hipaa/complaints

KEEPING YOUR CONTACT INFORMATION CURRENT

Because we are a mail-order pharmacy, having accurate contact information on file for you is important. Please notify us promptly if your mailing address, phone number, or email address changes. This helps us reach you quickly in the event of a recall, a drug interaction alert, or a delivery issue.

CHANGES TO THIS NOTICE

We may update this Notice from time to time. Any changes will be posted on our website and will apply to all PHI we hold, including information we collected before the change. If we make a significant change, we will notify you by email or through a notice on our website. We encourage you to review this Notice periodically. We will also keep prior versions available for your review.

HOW TO CONTACT US

If you have questions about this Notice or about how we handle your information, please reach out to us:

Pharmacy Name: QMD Pharmacy
Mailing Address: 28 Kaysal Ct Suite 105, Armonk, NY 10504
Phone: 866-201-1514
Fax: 877-408-7946
Email: support@qmdpharmacy.com
Website: www.qmdpharmacy.com

You may also submit requests to access, correct, or delete your information, or to opt out of certain uses of your information, through the contact methods above.

