

Notice of Privacy Practices

Wellness 1 Pharmacy

www.wellness1pharmacy.com

Effective Date: [March 31, 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.

Our Commitment to Your Privacy

At Wellness 1 Pharmacy, we are committed to protecting your personal health information. This Notice describes how we may use and disclose your Protected Health Information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA), and your rights regarding that information.

How We May Use and Disclose Your Information

1. Treatment

We may use your health information to provide you with pharmacy services, including:
Filling prescriptions
Consulting with your healthcare providers
Providing medication counseling

2. Payment

We may use and disclose your information to obtain payment for services, including:
Billing insurance companies
Processing claims
Collecting outstanding balances

3. Healthcare Operations

We may use your information for:
Quality assessment and improvement
Staff training
Licensing and accreditation activities
Business management and administrative functions
Other Permitted Uses and Disclosures
We may also use or disclose your information without your authorization in certain situations:
As required by law
Public health activities (e.g., reporting adverse drug reactions)
Health oversight activities (e.g., audits, inspections)

Law enforcement purposes
Judicial and administrative proceedings
To prevent serious threats to health or safety
Uses Requiring Your Authorization

We will not use or disclose your PHI for the following without your written authorization:

Marketing purposes (where required by law)
Sale of your health information
Uses not otherwise described in this Notice

You may revoke your authorization at any time in writing.

Your Rights Regarding Your Health Information You have the right to:

1. Access Your Information

Request a copy of your health records.

2. Request Amendments

Ask us to correct inaccurate or incomplete information.

3. Request Restrictions

Ask us to limit how we use or disclose your information.

4. Request Confidential Communications

Ask us to contact you in a specific way (e.g., only by phone or mail).

5. Receive an Accounting of Disclosures

Request a list of certain disclosures we have made of your information.

6. Receive a Copy of This Notice

You may request a paper or electronic copy at any time.

Our Responsibilities

Wellness 1 Pharmacy is required to:

Maintain the privacy and security of your health information
Provide you with this Notice
Follow the terms of this Notice currently in effect
Notify you if a breach occurs that may have compromised your information

We reserve the right to change this Notice and will post any updated version on our website.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

Contact Information

Wellness 1 Pharmacy
6681 WESTERN ROW RD • MASON, OH
513-548-0022
wellness1pharmacy@gmail.com

Website Availability

This Notice of Privacy Practices is available on our website at:
www.wellness1pharmacy.com

Acknowledgment of Receipt

You may be asked to sign a form acknowledging that you have received this Notice.