

Your Health Information Rights

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

Obtain a paper copy of this Notice upon request. You may request a copy of the Notice at any time, or you may request to receive this Notice electronically. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. We will make a good faith effort to obtain from you an acknowledgment of receipt of this Notice, and we will also post this Notice on our website. To obtain a paper copy, contact your Wegmans Pharmacy or write: Wegmans Chief Privacy Officer, PO Box 30844, Rochester, NY 14603-0844.

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 Wegmans Chief Privacy Officer at the above address. You may obtain a request form through your Wegmans Pharmacy. We are not required to agree to those restrictions except as otherwise required by law. Wegmans maintains a central database for your pharmacy records which allows all our pharmacies to access your records and coordinate your care. If you wish to limit the number of Wegmans pharmacies that may access your records, you may send a written request to Wegmans Chief Privacy Officer at the above address.

Restrict certain disclosures of PHI where you pay in full. You have the right to restrict certain disclosures of PHI about you to a health plan where you have, or another person on your behalf other than the health plan has, paid out of pocket, in full, for the health care item or service, provided that you notify the Pharmacy in advance of each specific transaction that you do not want that transaction disclosed to your health plan.

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 Wegmans maintains the PHI. The designated record set usually will include prescription and billing records. To inspect or copy PHI about you, you must send a written request to Wegmans Chief Privacy Officer at the above address. You may obtain a request form through your Wegmans Pharmacy. We may charge you a fee for the costs of copying, mailing, and supplies that are necessary to fulfill your request. You may also request to receive a copy of your PHI electronically, in a mutually agreed on and readily producible format. 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 an amendment of PHI. If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI. To request an amendment, you must send a written request to Wegmans Chief Privacy Officer at the above address. You may obtain a request form through your Wegmans Pharmacy. You must include a reason that supports your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, 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 in writing to Wegmans Chief Privacy Officer at the previously stated address. You may obtain a request form through your Wegmans Pharmacy. Your request must specify the time 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 in writing to Wegmans Chief Privacy Officer at the address. Requests can be submitted electronically through your Wegmans Pharmacy. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests; however, in case of an emergency, we may contact you by whatever means we deem necessary and appropriate.

Written notification of breach. If the situation should ever arise where your PHI has been improperly secured and as a result has been accessed, used, acquired or disclosed to an unauthorized person, and such a breach compromises the security or privacy of your PHI, you have the right to receive written notification of such a breach. We will provide you such notification as required by HIPAA.

Examples of How We Use and Disclose PHI

The following are examples of ways we use and disclose PHI about you without your authorization:

We will use 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 accompanying the bill may include information that identifies you, as well as the prescriptions you are taking.

We will use PHI for health care operations. Example: Wegmans may use information in your health record to monitor the performance of the pharmacists providing treatment to you. This information will be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

We are likely to use or disclose PHI about you for the following purposes without your written authorization:

Business associates: There are some services provided by us through contracts with business associates. Examples include our pharmacy software vendor. When these services are contracted for, we may disclose PHI about you to our business associate so that they can perform the job we have asked them to do. To protect PHI about you, we require the business associate to provide us with satisfactory written assurance that the business associate will appropriately safeguard the PHI.

Communication with individuals involved in your care or payment for your care: Health professionals such as pharmacists, using their professional judgment, may disclose, in your absence, 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 related to payment for your care.

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.

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.

Personal communications: We may contact you 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 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 delayed for any reason. 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 telephone number to us and/or by signing the Acknowledgement statement presented by us when picking up a prescription, acknowledging receipt of this Notice of Privacy Practices, you consent to receive telephone calls, emails, and text healthcare messages from us regarding health services provided by the Pharmacy such as availability of flu, pneumonia, and other immunizations, as well as your current or future prescriptions, or those of your dependent minors, and health issues related to those prescriptions, including refill reminders. You may revoke this consent at any time and by any reasonable means that clearly expresses your desire not to receive further messages.

By providing your email address to us and by signing the Wegmans Pharmacy Email Authorization you acknowledge that you have been made aware of the risks of unencrypted email and that you consent to receive PHI regarding your current or future prescriptions, or those of your dependent minors, and health issues related to those prescriptions, including refill reminders, by email. You may revoke this consent at any time and by any reasonable means that clearly expresses your desire not to receive further email messages.

Program registrations: In order for us to order or dispense certain medications, you may be required to register with an outside company. Once you have enrolled, we may disclose information about you or your enrollment to those outside companies as necessary to continue your treatment.

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.

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

As required by law: We must disclose PHI about you when required to do so by law.

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 systems, 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 by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the requested PHI, or as otherwise permitted by law.

We are permitted to use or disclose PHI about you for the following purposes without your written authorization:

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. We may also disclose PHI to funeral directors consistent with applicable law to carry out their duties.

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.

De-identified information: We may use or disclose your PHI if it is altered so that it does not and cannot be used to identify you.

Disaster relief efforts: We may use or disclose your PHI to public or private entity authorized to assist in disaster relief efforts.

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.

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

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.

SUD Treatment Information: If we receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment, and health care operations purposes as described in this Notice.

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.

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. For example, medications used by you as part of a clinical trial.

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.

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.

Pharmacy practices: We may use a sign-in sheet at our Pharmacies or call your name when prescription(s) are ready for you to pick up.

We are not permitted to use or disclose PHI about you for the following purposes without your written authorization:

Other uses and disclosures of PHI: Wegmans will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for in this Notice or as otherwise permitted or required by law, including uses and disclosures of PHI about you for marketing purposes (as defined in HIPAA) and disclosures that constitute a sale of PHI about you. You may revoke an authorization in writing (including by electronic communication) by contacting the Wegmans Chief Privacy Officer at the address below at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization.

For More Information or to Report a Problem

If you have questions or would like additional information about Wegmans privacy practices, you may contact:

Wegmans Chief Privacy Officer
PO Box 30844, Rochester, NY 14603-0844

If you believe your privacy rights have been violated, you can file complaint by:

writing: **Wegmans Attn: Consumer Affairs**
1500 Brooks Ave. Rochester, NY 14624

calling: **1-800-Wegmans, extension 4760**

online: **at wegmans.com, by clicking on "Contact us"**

or writing: **Office for Civil Rights, U.S. Department of Health and Human Services**

There will be no retaliation for filing a complaint.

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NOTICE of Privacy Practices

Effective as of November 20, 2025



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.

Wegmans is required by the Federal Health Insurance Portability and Accountability Act (HIPAA) 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.

Wegmans is required to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in 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.

Wegmans
pharmacy