



# WellNation Pharmacy - Notice of Privacy Practices

**Updated:** February 2, 2026

This Notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

## **Our Legal Duties**

WellNation Pharmacy is required by law to:

- Maintain the privacy of your Protected Health Information (PHI)
- Provide you with this Notice of Privacy Practices
- Follow the terms of this Notice currently in effect
- Notify you if a breach occurs that compromises the privacy or security of your PHI

PHI includes information that identifies you and relates to your past, present, or future physical or mental health, healthcare services, or payment for healthcare.

## **How We May Use and Disclose Your PHI**

### **For Treatment**

We may use and disclose your PHI to dispense prescriptions, provide pharmacist consultations, coordinate care with prescribers, and manage your healthcare.

### **For Payment**

We may use and disclose your PHI to bill and collect payment from insurance plans, pharmacy benefit managers (PBMs), or other payers.

### **For Healthcare Operations**

We may use your PHI for pharmacy operations such as quality improvement, staff training, compliance activities, audits, licensing, and business management.

### **Other Permitted or Required Uses and Disclosures**

We may use or disclose your PHI without your written authorization in the following situations, as permitted or required by law:

- As Required by Law (federal or Pennsylvania law)
- Public Health Activities, including disease prevention, recalls, and reporting adverse drug events to the FDA
- Health Oversight Activities, such as audits, inspections, investigations, and licensure reviews
- Victims of Abuse, Neglect, or Domestic Violence, when reporting is required or authorized
- Judicial and Administrative Proceedings, in response to a court order, subpoena, or lawful process



- Law Enforcement Purposes, as required by law
- Deceased Individuals, including disclosures to coroners, medical examiners, or funeral directors
- Organ, Eye, or Tissue Donation
- Research, when approved by an institutional review board or privacy board, or with your authorization
- To Avert a Serious Threat to Health or Safety
- Specialized Government Functions, including military and national security activities
- Workers' Compensation, as authorized by law
- Disaster Relief Purposes, to assist with family notification or relief efforts

### **Business Associates**

We may disclose your PHI to **business associates** that perform services on our behalf, such as billing services, delivery vendors, software providers, or consultants. All business associates are required by law to protect the privacy and security of your PHI.

### **Communications**

We may contact you to:

- Provide refill reminders
- Notify you about delivery or prescription status
- Inform you of treatment alternatives or pharmacy services

We will not use your PHI for marketing or sell your PHI without your written authorization.

### **Uses and Disclosures Requiring Authorization**

Any uses or disclosures of your PHI not described in this Notice will be made only with your written authorization. You may revoke an authorization at any time in writing, except to the extent we have already acted on it.

### **Your Rights Regarding Your PHI**

You have the right to:

- Inspect and obtain a copy of your PHI (paper or electronic)
- Request an amendment if you believe your PHI is incorrect or incomplete
- Request restrictions on certain uses or disclosures (we are required to agree to restrictions for services paid out-of-pocket in full)
- Request confidential communications by alternative means or locations
- Receive an accounting of certain disclosures of your PHI
- Receive a paper copy of this Notice, even if you agreed to receive it electronically
- Be notified of breaches involving your PHI
- File a complaint without fear of retaliation



### **Changes to This Notice**

We reserve the right to change this Notice and make the revised Notice effective for all PHI we maintain. The revised Notice will be posted in the pharmacy and on our website.


### **Contact**

For any HIPAA Privacy questions or concerns:

WellNation Pharmacy

110 W McMurray Rd. Suite A

Canonsburg, PA 15317

 Phone: 412-712-9075

 Email: [pharmacy@mywellnation.com](mailto:pharmacy@mywellnation.com)