

Notice of Privacy Practices

Effective Date: 01/01/2026

Privacy Officer: Judy Mathew | Phone: 844-939-3550 | Email: info@roshpharmacyservices.com

Your Information. Your Rights. Our Responsibilities.

This notice explains how information about your health may be used and disclosed, how you may access it, and how to exercise your rights. Please review it carefully.

Your Rights

You may request a paper or electronic copy of your health records; request corrections; request confidential communications; ask us to limit certain uses or disclosures; request an accounting of certain disclosures; obtain a paper copy of this notice; authorize a personal representative to act for you; and file a privacy complaint without retaliation.

Access your records

You may ask to inspect or receive an electronic or paper copy of health information we maintain about you. We generally respond within 30 days and may charge a reasonable, cost-based fee where permitted.

Request a correction

You may ask us to amend information you believe is incorrect or incomplete. If we deny the request, we will explain why in writing, generally within 60 days.

Confidential communications

You may request that we contact you in a particular way or at a different address. We will accommodate reasonable requests.

Restrictions on sharing

You may ask us not to use or disclose certain information for treatment, payment, or health care operations. We are not always required to agree. If you pay for an item or service entirely out of pocket, you may request that we not disclose information about it to your health plan for payment or operations, unless disclosure is required by law.

Accounting of disclosures

You may request a list of certain disclosures of your health information made during the six years before your request. Some disclosures, including many for treatment, payment, and operations, are excluded. One accounting per 12-month period is free; a reasonable cost-based fee may apply to additional requests.

Copies, representatives, and complaints

You may obtain a paper copy of this notice even if you agreed to receive it electronically. An authorized personal representative may exercise your rights after we verify their authority. Contact our Privacy Officer to ask questions or complain. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at 200 Independence Avenue SW, Washington, DC 20201; telephone 1-877-696-6775. We will not retaliate against you.

Your Choices

You may tell us your preferences about sharing information with family, friends, or others involved in your care or payment, and about sharing in disaster-relief situations. If you cannot tell us your preference, we may share information when we believe it is in your best interest or when necessary to reduce a serious and imminent threat.

Uses requiring authorization

We generally need your written authorization for uses or disclosures for marketing, sale of protected health information, and most disclosures of psychotherapy notes, where applicable. Rosh Pharmacy Services does not sell patients' personal or protected health information. You may revoke an authorization in writing, subject to actions already taken in reliance on it.

Fundraising

If fundraising communications are undertaken, you may opt out of further communications. Where applicable, special notice and choice requirements apply to fundraising using records protected by 42 CFR Part 2.

Our Uses and Disclosures

We may use and disclose your health information for treatment, payment, and health care operations. For example, we may coordinate with prescribers to fill prescriptions, submit claims to insurers, and use information to manage pharmacy services and improve care.

Other permitted or required disclosures

Subject to legal requirements and safeguards, we may disclose information for public health and safety activities (including product recalls and reporting medication reactions), research, compliance with law, organ or tissue donation, medical examiner or funeral director duties, workers' compensation, health oversight, law enforcement, certain government functions, and responses to legal proceedings or lawful orders.

Special protections for certain substance use disorder records

To the extent we maintain records protected by 42 CFR Part 2, special federal confidentiality restrictions apply. Such records generally cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or an appropriate court order and subpoena, as applicable. Additional restrictions and patient rights may apply.

Our Responsibilities

We must safeguard the privacy and security of protected health information, notify affected individuals when required following a breach, follow this notice, and provide a copy upon request. Except as permitted or required by law or described here, we will obtain your written authorization before using or disclosing information.

State and other confidentiality protections

Some information may be subject to stricter federal or Texas confidentiality laws, including certain mental health, substance use disorder, and other sensitive records. When a more protective law applies, we will follow it. The pharmacy should verify and describe any additional requirements specific to its records and services before issuing this notice.

Changes to This Notice

We may revise this notice and apply the revised terms to information we maintain. The current notice will be available upon request and on our website.