



NOTICE OF PRIVACY PRACTICES

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.

Fusion Specialty Pharmacy is committed to protecting your privacy and understands the importance of safeguarding your personal health information. We are required by law to maintain the privacy of Protected Health Information ("PHI"). We are also required to provide you with this notice of our legal duties and privacy practices with respect to PHI. This Notice of Privacy Practices ("Notice"), in accordance with HIPAA Privacy Regulation, describes how we may use and disclose PHI to carry out treatment, payment or healthcare operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights and Fusion Specialty Pharmacy's duties with respect to your PHI. We reserve the right to change the privacy practices outlined in this Notice and to make the new Notice effective for all PHI we maintain. Should we make such a change we will make it available to you upon request.

Fusion Specialty Pharmacy will store information provided by you in the computer system and may receive or send information about you using secure computer systems. This information may include your name, address, phone number and other identifying information. In addition, any information that you provide concerning drugs that you are taking, medical conditions you may have, allergies, and other matters affecting your health may be transmitted by or stored in the computer.

Treatment, Payment, and Health Care Operations

Fusion Specialty Pharmacy is permitted under federal law to use and disclose Protected Health Information without your specific permission for three types of routing purposes: treatment, payment, and health care operations.

We will use your health care information to treat you. For example, we may receive written, verbal, facsimile or electronic health information and prescription orders for you and will use health care information to dispense prescription medications to you. We may also disclose your information to other health care providers who are treating you to coordinate the different things you need, such as prescriptions, lab work or other healthcare. We may contact you to provide treatment-related services regarding your medications, equipment, supplies, compliance programs such as drug recommendations, therapeutic substitution, refill reminders, counseling and drug utilization review (DUR), product recalls or disease state management.

We will use your health care information to receive payment for products and services. For example, we may contact your third party payor (for example, insurer or pharmaceutical benefits manager) to determine whether your program will pay for your prescription. We will bill you and/or a third party payor/payors for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include your identification, as well as the prescriptions you are taking.

We will use your health care information to carry out health care operations. These uses and disclosures are necessary to run the pharmacy and to make sure that all of our patients receive quality care. For example, we may use information in your health record to monitor the quality of pharmacist performance and to train pharmacy personnel.

We may also use your health information to provide you with information about benefits available to you, and, in limited situations, about health-related products or services that may be of interest to you. If you register your email address with Fusion Specialty Pharmacy you may elect to receive this information via email.

For delivery services we may authorize a commercial carrier or our delivery personnel to leave a package without your signature unless you notify us in writing not to follow this practice.

Uses and Disclosures That Are Either Permitted or Required by the Regulation

Using their judgment as health care professionals, our pharmacists may disclose your protected health information to a family member, other relative, close personal friend, or any person you identify as being involved in your health care. This could include allowing those persons to pick up filled prescriptions, medical supplies, or medical records on your behalf. We form contracts with some entities known as Business Associates that perform services for us. For example, we sometimes require Business Associates to sort insurance or other third party payor claims for submission to the actual payor. We may disclose

protected health information to our Business Associates so that they can perform the job we asked them to do, then bill your third party payor for services rendered. We require the Business Associates to appropriately safeguard the protected health information.

Other Required or Permitted Disclosures

Although it is unlikely that Fusion Specialty Pharmacy would have reason to make some of these disclosures, there are certain limited circumstances where the law may require us to disclose your health care information. Also, in other cases, federal and state laws allow us to disclose your health care information. Below is a list of the circumstances that the law either requires or allows us to disclose your health care information:

to the Food and Drug Administration (FDA) relative to adverse events regarding drugs, foods, supplements, and other health products or to post marketing surveillance to enable product recalls, repairs, or replacement;

to public health or legal authorities charged with preventing or controlling disease, injury, or disability;

to law enforcement agencies as required by law or in response to a valid subpoena or other legal process;

to health oversight agencies (medical licensing boards, e.g.) for activities authorized by law such as audits, investigations, and inspections necessary for Fusion Specialty Pharmacy's licensure and for the government to monitor the health care system, etc.;

in response to a court order, administrative order, subpoena, discovery request, or other lawful process by another person involved in a dispute involving a patient, but only if efforts have been made to tell the patient about the request or to obtain an order protecting the requested health care information;

as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by law;

whenever required to do so by law;

to a coroner or medical examiner when necessary, for example, to identify a deceased person or to determine a cause of death, or to funeral directors consistent with applicable law to carry out their duties;

to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant, consistent with applicable law;

to notify, or assist in notifying, a family member, personal representative, or another person responsible for the patient's care, of the patient's location, or general condition;

to a correctional institution or its agents, if a patient is or becomes an inmate of such an institution, when necessary for the patient's health or the health and safety of others;

when necessary to prevent a serious threat to the patient's health and safety or the health and safety of the public or another person;

as required by military command authorities, when the patient is a member of the armed forces, and to appropriate military authority about foreign military personnel;

to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law;

to authorized federal officials so they may provide protection to the president, other authorized persons, or foreign heads of state or conduct special investigations;

to a government authority, such as a social service or protective services agency, if Fusion Specialty Pharmacy reasonably believes the patient to be a victim of abuse, neglect, or domestic violence, but only to the extent required by law, if the patient agrees to the disclosure, or if the disclosure is allowed by law and Fusion Specialty Pharmacy believes it is necessary to prevent serious harm to the patient or to 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 the patient.

More Stringent Laws

If your state has a law or regulation that is more stringent than the federal HIPAA Regulation, please refer to the document entitled State Laws More Stringent Than HIPAA where that more stringent law will be reflected. Fusion Specialty Pharmacy will comply with the state law.

Authorized Use and Disclosure

We will obtain your written Authorization before using or disclosing protected health information about you for marketing purposes, to sell your protected health information, for fundraising or for purposes other than those listed above or otherwise permitted or required by law. You may revoke an Authorization in writing at any time. Such revocations must be made in writing. Upon receipt of the written revocation, we will stop using or disclosing protected health information about you, except to the extent that we have already taken action in reliance on the Authorization.

The Patient's Rights

Restriction Requests

You have the right to request that we restrict how your protected health information is used or disclosed in carrying out treatment, payment, or health care operations. Such requests must be made in writing to the Fusion Specialty Pharmacy, ATTN: Privacy Officer, 1100 Canyon View Dr. Ste. C, Santa Clara, UT 84765. A form for submitting written requests can be obtained by contacting the Privacy Officer. We are not required to agree to most requested restrictions. So long as it is not required by law and you pay out of pocket in full, then we will honor your affirmative request not to disclose that information to a health plan. If, however, we do agree to the requested restrictions, that agreement will be binding on us. If you are a minor who has lawfully provided consent for treatment and you wish Fusion Specialty Pharmacy to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify Fusion Specialty Pharmacy's Privacy Officer or pharmacist.

Alternative Means of Communication

You have the right to request that our communications to you concerning your health care information be made by alternative means or at alternative locations. For example, you may wish us to communicate in some way other than mailing to your home address or calling your home telephone number. Such requests must be made in writing to Fusion Specialty Pharmacy, ATTN: Privacy Officer, 1100 Canyon View Dr. Ste. C, Santa Clara, UT 84765. We will comply with a reasonable request for such an alternative.

Access

You have the right to inspect and obtain a copy of your protected health information. You have the right to access and copy protected information about you contained in the designated record set for as long as we maintain your protected health information. The designated record set usually will include prescription and billing records. To receive a copy of your protected health information, you must send a written request to Fusion Specialty Pharmacy, ATTN: Privacy Officer, 1100 Canyon View Dr. Ste. C, Santa Clara, UT 84765. We may charge you a fee for the costs of copying, mailing, or other supplies that are necessary to grant your request. We may also deny your request to inspect and copy in limited circumstances. If you are denied access to your protected health information in most cases you may request that the denial be reviewed.

Health care Information Amendments

If you feel that the protected health information 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 protected health information. A request for an Amendment must be made in writing and sent to Fusion Specialty Pharmacy, ATTN: Privacy Officer, 1100 Canyon View Dr. Ste. C, Santa Clara, UT 84765. You must include a reason that supports your request. In certain cases, we may deny the request. If the request for Amendment is denied, you have the right to file a statement of disagreement with the decision, and we may give a rebuttal to your statement.

Accounting

For most purposes other than treatment, payment, or health care operations, you have the right to receive an Accounting of the disclosures we made in the six years before the date of your request for an Accounting of your protected health information. The Accounting will exclude disclosures we may have made directly to you, disclosures to friends or family members involved in your care, and disclosures for purposes you specifically authorized in writing. The right to receive an Accounting is subject to certain other exceptions, restrictions, and limitations. A request for an Accounting must be made in writing and sent to Fusion Specialty Pharmacy, ATTN: Privacy Officer, 1100 Canyon View Dr. Ste. C, Santa Clara, UT 84765. The time period for the requested accounting must be specified and it 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 will be charged for the cost of providing additional Accountings within that period. We will notify you of the cost involved and you may choose to withdraw or modify the request at that time.

Notice of Privacy Practices

You have a right to receive a paper copy of this Notice from us upon request even if you have already received the Notice electronically (for example, on the Internet).

Fusion Specialty Pharmacy's Duties

As a health care provider, Fusion Specialty Pharmacy is required to maintain your protected health information in confidence. Protected health information means information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. It also includes basic demographic information. We are required by law to maintain the privacy of protected health information and to provide you with a Notice of Privacy Practices including our legal duties with respect to protected health information; further, we are required by law to notify you following a breach of your unsecured protected health information.

We reserve the right to change the terms of our Notice and to make the new Notice provisions effective for all protected health information that we maintain. When we make changes in our Notice, copies of the revised Notice will be available on request in our pharmacy. A copy will be posted in our pharmacy and will be available on our web site at www.fusionspecialtypharmacy.com.

By providing a mobile number, patients consent to receive SMS/text messages from Fusion Specialty Pharmacy related to prescription services. Message frequency may vary. Message and data rates may apply. Patients may reply STOP to opt out or HELP for assistance.

For More Information or to Report a Problem

If you have questions or would like additional information about our privacy practices, you may contact the Privacy Officer at (435) 703-9680 or by writing to Fusion Specialty Pharmacy, ATTN: Privacy Officer, 1100 Canyon View Dr. Ste. C, Santa Clara, UT 84765. If you believe your privacy rights have been violated, you can file a complaint with Fusion Specialty Pharmacy's Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

This Notice of Privacy Practices is effective as of October 14, 2025.