



Your Specialty Pharmacy Welcome Packet

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About Us

FuzeRx at a Glance

At FuzeRx, we believe getting the medicine you need should be easy. We use modern technology to bring a transparent and effortless pharmacy experience to your doorstep.

We know that success with specialty medications requires close collaboration between prescribers, patients, payers, and the pharmacy. We promote transparency by providing access to the most up-to-date information regarding your treatment and partner directly with your doctor and insurance to get you the medication you need at a price you can afford.

At FuzeRx, we also know that patients using specialty medications require attention above and beyond users of standard medications. Our dedicated team of pharmacists, patient care coordinators, and financial advocates aim to provide excellent patient care and compassion throughout diverse populations. This experience of thorough oversight and individual attention enables us to provide unprecedented access, outcomes, and personalized care to all patients.

Mission Statement

FuzeRx strives to fulfill medicine's true purpose—to improve quality of life—for everyone who needs it.

Hours of Operation

A licensed pharmacist is available, by phone, 24 hours a day, 7 days a week for emergency pharmacy services.

By phone: 1-800-874-5881

Fax: 1-415-484-7058

In App Messaging: Via the FuzeRx App or Platform

Website: www.FuzeRx.com

FuzeRx is closed on the following holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Locations and Hours of Operation

FuzeRx Pharmacy Locations

San Francisco - CA
1750 Cesar Chavez Suite A
San Francisco, CA 94124
Weekdays: 9:00 AM - 6:00 PM
Weekends: 8:00 AM - 4:30 PM

Las Vegas - NV
600 E Pilot Rd, Ste A
Las Vegas, NV 89119
Weekdays: 9:00 AM - 6:00 PM
Weekends: 9:00 AM - 3:00 PM

Dallas-Fort Worth Metro Area - TX
475 State Hwy 121, Suite 150
Lewisville, TX 75067
Weekdays: 9:00 AM - 6:00 PM
Weekends: 9:00 AM - 3:00 PM

San Jose - CA
2360 Qume Drive, Ste A
San Jose, CA 95131
Weekdays: 9:00 AM - 6:00 PM
Weekends: 9:00 AM - 3:00 PM

Denver - CO
929 Broadway
Denver, CO 80203
Weekdays: 9:00 AM - 6:00 PM
Weekends: 9:00 AM - 3:00 PM

Houston - TX
950 Terminal Street, Suite 200
Bellaire, TX 77401-6013
Weekdays: 9:00 AM - 6:00 PM
Weekends: 9:00 AM - 3:00 PM

Orange County - CA
20 Fairbanks, Suite 187
Irvine, CA 92618
Weekdays: 9:00 AM - 6:00 PM
Weekends: 9:00 AM - 3:00 PM

New York City - NY
100 Park Ave, FRNT E
New York, NY, 10017
Weekdays: 9:00 AM - 7:00 PM
Weekends: 8:00 AM - 4:30 PM

Austin - TX
4175 Friedrich Lane Suite 202
Austin, TX 78744
Weekdays: 9:00 AM - 6:00 PM
Weekends: 9:00 AM - 3:00 PM

Los Angeles - CA
5916 Bowcroft St
Los Angeles, CA 90016
Weekdays: 9:00 AM - 6:00 PM
Weekends: 9:00 AM - 3:00 PM

Long Island - NY
245 Newtown Rd, STE 300
Plainview, NY, 11803
Weekdays: 10:00 AM - 6:00 PM
Weekends: 9:00 AM - 2:30 PM

Philadelphia - PA
Two Bala Plaza, Suite IL-01
Bala Cynwyd, PA 19004
Weekdays: 9:00 AM - 6:00 PM
Weekends: 9:00 AM - 3:00 PM

San Diego - CA
4240 Kearny Mesa Road, Ste 107
San Diego, CA 92111
Weekdays: 10:00 AM - 6:00 PM
Weekends: 9:00 AM - 2:30 PM

Seattle - WA
2821 Northup Way Ste 150
Bellevue, WA 98005
Weekdays: 9:00 AM - 6:00 PM
Weekends: 9:00 AM - 3:00 PM

Emergency and Disaster Information

If there is a disaster in your area, please call us at 1-800-874-5881 to let us know if there is an alternate address we can deliver to.

If the pharmacy cannot get your medication to you before a weather emergency occurrence the pharmacy will transfer your medication to another pharmacy, so you do not go without medication.

If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication or visit your local hospital immediately.

Call 911 or go to the nearest emergency room if you are unable to reach the pharmacy and may run out of your medication.

Important Information

About the Notice of Privacy Practices

Our top priority is protecting the privacy and security of your health information. We promise to use this information only to deliver the services your health plan has contracted with us to provide, and to provide you with helpful information. The Notice of Privacy Practices, found on pages 18-24, describes our privacy practices in relation to your protected health information. The notice also describes how your health information may be used and disclosed and how you can access this information.

About Patient Rights and Responsibilities

The Patient Rights and Responsibilities, found on pages 26-27, outlines the rights that you, the patient, have in relation to receiving medications and services from FuzeRx.

About the Patient Concern and Complaint Form

The form on page 30 allows you to file a written complaint, voice your concerns or identify errors with FuzeRx.

About the Patient Satisfaction Survey

To rate your experience with FuzeRx's services simply go to FuzeRx.com/survey.

About the Benefits, Limitations and Participation in this Program

You have been automatically enrolled into FuzeRx Specialty Pharmacy Management program. Benefits of being enrolled in this program include: Pharmacists that have specialty training to monitor complex health issues and medications, side effect and adherence tracking, extensive benefits investigation and proactive prescription refills and renewals.

This program does not replace your provider interactions. You must be willing to provide information, follow directions and be an active participant in your health. If you are not interested in this program, you may opt out at any time. Please let any member of the specialty team know, by phone or in app messaging at any time, that you would like to be removed from the program.

Accessing Medications and Services

Benefit Investigation and Coverage

We work with your physician and your insurance provider to obtain your coverage information. We will notify your provider of any additional requirements that are often needed for coverage of specialty medications. This process often takes a few business days to complete and may take longer if a prior authorization is required. Our specialty pharmacy team will ensure that you and the prescriber are informed of each step of the process.

If your prescription plan denies coverage for your medications, or if you disagree with the benefits or coverage of your medications, you may have the right to file an appeal with your health plan. Contact your health plan for more information.

If you do not have prescription drug coverage or if you cannot afford your co-pay amount, a specially trained member of our team will work with you to find assistance for paying for your medication. FuzeRx works directly with a number of foundations and manufacturer programs that provide financial assistance for all the medications dispensed by FuzeRx's Specialty program.

If your prescription plan does not work with FuzeRx (also known as being out of prescription network), we will find out what pharmacies are able to work with your prescription plan. We will work with you to transfer your prescription to a pharmacy that it able to fill it for you.

Delivery of Your Specialty Medications

We coordinate delivery of your specialty medications to your home, your prescriber's office, or an approved alternate location. We also offer pickup at our pharmacy locations - please notify us ahead of time if you would prefer this method. Medications requiring additional supplies such as needles, syringes, sharps containers, and alcohol swabs are to be provided with your medication delivery.

If your medications require special handling or refrigeration, they will be packaged and shipped accordingly.

How to Fill a New Prescription

We will work with your prescriber when you need a new prescription medication. In many cases, your prescriber will send a new medication order directly to our pharmacy. However, you may also call us and request that we contact your prescriber to obtain a new specialty prescription. You will be notified once we have received a prescription for you and a representative will reach out to you to schedule the delivery or update you on its status shortly thereafter.

Ordering Refills

A Patient Care Specialist will call or message you 5-7 days before your specialty medication is scheduled to run out to check your progress and schedule the shipment of your next refill. Please call 1-800-874-5881 during our normal office

Accessing Medications and Services Continued

hours 3-5 days before you run out of medication if you have not heard from us, or if you have any questions or need help. You may also schedule delivery of your refill by logging into your account at <https://FuzeRx.com>. A representative will contact you to confirm your delivery and complete any follow-up required per your care management program.

Patient Care Management Programs

FuzeRx offers comprehensive patient care management programs for specific medical conditions. Proactive and clinically based, these programs provide therapy-specific care to improve your health. The service includes continuous clinical evaluation, ongoing health monitoring, assessment of educational needs and management of medication use. This service is provided to you at no additional cost, and your participation is completely voluntary. If you would like to request not to participate in our care management program please contact a member of our specialty pharmacy team and we will promptly remove you from our program.

Medications Not Available at FuzeRx

If you cannot obtain a medication at FuzeRx, our specialty pharmacy staff will work with you and another pharmacy to ensure you receive your prescribed medication. If you want your prescription transferred to another pharmacy, please contact us and we will transfer your prescription on your behalf.

Pharmacist Assistance

Our clinical pharmacists are specially trained on the medication you are taking and they are here to answer your questions about your care plan. Please call 1-800-874-5881 and ask to speak to a clinical pharmacist if you have any questions regarding your treatment. In the case of an emergency, call 911. A licensed pharmacist is available 24 hours a day, 7 days a week, for any

urgent needs relating to your medication. After normal business hours, please leave a voicemail with your contact information and the pharmacist on-call will promptly return your call.

Health Information for Common Conditions

When available, we will attach manufacturer information to your prescription regarding your medication, treatment options, diagnosis, and common treatment options.

Drug Claims and Payment Policy

We will bill your insurance company for you. You may still have to pay a portion of the cost, which is called a copayment. You will be responsible for paying your copayment when you order your medication or refills. Sometimes this copayment amount can differ if your insurance does not consider FuzeRx to be in network or a preferred pharmacy. Sometimes the cash price of the medication is lower than your copayment. We will always tell you what the lowest cost to you is. You may ask for the cash price at anytime and we will provide it to you. We will always provide a written receipt for every delivery you receive from us.

Occasionally, your insurance may place limitations on refilling medications due to vacation overrides, lost medication, or quantity limits. Please contact us right away if you anticipate a coverage limitation for one of these reasons. We will always attempt to resolve this with your insurance on your behalf.

Outstanding Balances

If for any reason you owe a balance, the balance will need to be paid prior to your next refill. We accept Visa, MasterCard, American Express and Discover credit cards.

Patient Information

Patient Issues and Concerns

If you have any concerns about your medications, services received, delivery or other issues, please call a member of our specialty pharmacy team at 1-800-874-5881. We would be glad to assist you.

Returned Goods Policy

Pharmacy Regulations forbids the resale or reuse of a prescription item that was previously dispensed. As a result, no credit can be issued for any unused or excess products.

Disposal of Medications

For safety and environmental protection, the FDA encourages you to consider the following guidelines when disposing of medications:

1. Remove all medications from their original containers. Scratch out or remove all identifying information on the prescription label on the original container to protect your identity and the privacy of your personal health information before throwing it away.
2. Place the medications in an impermeable, nondescript container (such as an empty laundry detergent bottle or coffee can), and mix with water or coffee to dissolve the medications.
3. Mix with an undesirable substance such as used coffee grounds or kitty litter (the medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash). Tightly seal the container and throw it away.
4. For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also check the

following websites for additional information:

1. FDA: Where and How to Dispose of Unused Medicines -<https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines>
2. Rx Drop Box: <https://www.rxdrugdropbox.org/>

Disposal of Supplies and Equipment

Once supplies have been delivered to your home, FuzeRx cannot reuse them. Keep the supplies you may be able to use in the home and dispose of the rest. If you have questions about disposal, please call 1-800-874-5881. We will be happy to assist you.

Medication Substitution Protocol

Whenever possible, FuzeRx will substitute a lower-cost generic medication for a brand-name medication unless you or your prescriber has asked for a specific brand-name drug. This may occur for new prescriptions, refills, therapeutic changes and prescription transfers. Contact us during regular support hours if you have additional questions about substitution.

Medication Order Status and Delays

You can call or message us regarding the current status of your prescription. If your medication is delayed, one of our staff members will call you to provide assistance.

Patient Information Continued

Drug Recalls

FuzeRx follows the drug recall guidelines created by the FDA, drug manufacturers, drug distributors, and/or state and federal regulatory agencies. We will contact you and your prescriber in the event of an FDA Class I recall. For lesser recalls, we will consult with you and your prescriber as necessary for the affected product situation.

Regulatory Changes

If state or federal regulations change the way we provide your care, we will notify you of the change and our plan of care.

Consumer Advocacy Support

We are here to serve you and assist you in any way we can to help you manage your health and compliance with your medication therapy. Any time you have a question or problem please contact us immediately and let us try to resolve this situation.

To learn more about consumer protection and advocacy services, please visit the National Association of Consumer Advocates at <http://www.consumeradvocates.org> and California's Department of Consumer Affairs at <http://www.dca.ca.gov>.

Patient Safety

Adverse Drug Reactions

Patients experiencing adverse drug reactions, acute medical symptoms or other problems should contact our pharmacists and/or their primary care provider (PCP), local emergency room, or 911.

Home-Generated Biomedical Waste

Home-generated biomedical waste is any type of syringe, lancet or needle ("sharps") used in the home to either inject medication or draw blood. Special care must be taken with the disposal of these items to protect you and others from injury, and to keep the environment clean and safe.

If your therapy involves the use of needles, an appropriately sized sharps container will be provided. Please follow these simple rules to ensure your safety during your therapy:

- **Sharps**

After using your injectable medication, place all needles, syringes, lancets and other sharp objects into a sharps container. If a sharps container is not available, a hard plastic or metal container with a screw-on top or other tightly securable lid (for example, an empty hard can or liquid detergent container) could be used. Before discarding, reinforce the top with heavy-duty tape. Do not use clear plastic or glass containers. Containers should be no more than 3/4 full.

- **Disposal**

Check with your local waste collection service to verify the disposal procedures for sharps containers in your area. You can ask your prescriber's office about the possibility of disposing of items in the prescriber's office during your next office visit. You can also visit the Centers for Disease Control and Prevention (CDC) Safe Community Needle Disposal website at <https://www.fda.gov/medical-devices/products-and-medical-procedures/home-health-and-consumer-devices>

Patient Safety Continued

- Needle-Stick Safety
- Never replace the cap on needles.
- Throw away used needles immediately after use in a sharps disposal container.
- Plan for the safe handling and disposal of needles before using them.
- Report all needle stick or sharps-related injuries promptly to your physician.

If your therapy does not involve the use of needles or sharp items, you do not need a sharps container. You should place all used supplies (e.g., syringes or tubing) in a bag you can't see through. Put this bag inside a second bag, and put this in your garbage with your other trash.

Patient Safety Continued

Reporting Medication Issues

If you are experiencing a medication issue, such as a side effect, please call 800-874-5881 and speak with a Specialty Pharmacist.

Reporting Medication Errors

To report a medication error, such as receiving the wrong medication or a damaged package, please call 800-874-5881 and speak with a Specialty Pharmacist.

Infection Control

According to the Centers for Disease Control (CDC), the most important step to prevent the spread of germs and infections is hand washing. You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

Follow these five steps every time you wash your hands:

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

How to use hand sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

Patient Feedback

Concerns and Complaints

We want to provide your therapy to your complete satisfaction! If you are not happy with the care or services we have provided, we want to know about it. We take all concerns very seriously and view them as opportunities to improve our services.

- You have the right and responsibility to express concerns, complaints, or dissatisfaction about the services you receive or have failed to receive without fear of reprisal, discrimination, or unreasonable interruption of services. To report a concern or complaint, use the attached complaint form on page 30, or call FuzeRx's headquarters at (800) 874-5881 and ask to speak with the Specialty Lead during regular business hours.
- The grievance procedure of FuzeRx's Specialty Pharmacy Program ensures that your concerns or complaints will be reviewed and an investigation initiated within 2 business days of the receipt of the concern or complaint. You will be informed verbally or in writing of the resolution of the complaint or if more time is needed for resolution.
- If you feel the need to discuss your concerns, dissatisfaction, or complaints with a party outside of FuzeRx's staff, please file a complaint with the respective State Board of Pharmacy for CA or TX. Their contact

information and complaint forms can be found on the websites listed below.

- California: <https://www.dca.ca.gov/webapps/pharmacy/complaint.php>.
- Texas: <https://www.pharmacy.texas.gov/consumer/complaint.asp>
- ACHC Website: <https://www.achc.org/contact/##> Email: complaints@achc.org Phone: (855) 937-2242
- URAC Website: <https://www.urac.org/contact/file-a-grievance/> Email Address: grievances@urac.org Phone: 202-216-9010

Satisfaction Survey

We want to know how we're doing and we appreciate your suggestions! Learning about our strengths and weaknesses helps us customize our services and prioritize our improvement initiatives. You can provide this information by:

- Take our Patient Satisfaction Survey at FuzeRx.com/survey
- Responding to our regular automated surveys
- Calling us at 1-800-874-5881
- Logging in to your account and sending us a secure message

Frequently Asked Questions

Q. What is a specialty pharmacy?

A. A specialty pharmacy provides injectable, oral and infused medications. These complex and costly medications usually require special storage and handling and may not be readily available at your local pharmacy. Sometimes, these medications have side effects that require monitoring by a trained pharmacist or nurse. FuzeRx focuses on providing these medications while offering excellent customer service and clinical support to you and your caregivers.

Q. How important is it to take all of my medication?

A. Following your prescriber's instructions for both the amount of the medication you should take (for example, 20ml once a day) and the length of time you should take it (for example, every day for 3 months) is the best thing you can do to ensure a successful course of treatment. We understand that some medications may have unpleasant side effects or may be difficult to administer. Therefore, our pharmacists are available to offer practical advice about dealing with these issues or to contact your prescriber about the medical management of these side effects.

Q. How do I order a refill?

A. An FuzeRx representative will call or message you to schedule your delivery 5-7 days before your next refill is due. During this interaction, we will confirm that you are still taking the medication, that your prescriber has not changed the dose, and that you are not having any unmanageable side effects.

Q. How long does it take to receive my medication?

A. Medications are usually delivered by our courier service within 24 to 48 hours after we receive your complete prescription and have obtained authorization from your insurance. We will inform you of any delay in therapy due to coverage or medication access issues as soon as we become aware of the delay.

Q. What if I have questions about my medications?

A. At FuzeRx, we have a team of pharmacists available to answer your specialty pharmacy program questions 24 hours a day, 7 days per week and can be reached by dialing 1-800-874-5881. During regular business hours, questions may also be submitted by logging into your account and sending a secure message. If you are calling regarding an emergency and it is outside our regular business hours, please leave your contact information with our after-hours answering service and the pharmacist on-call will promptly return your call.

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.

What is this notice and why is it important?

By law, FuzeRx must protect the privacy of your identifiable medical and other health information ("health information"). FuzeRx also is required by law to give you this notice to tell you how we may use and give out ("disclose") your health information. FuzeRx must follow the terms of this notice when using or disclosing your health information.

How FuzeRx may use your health information

As a general rule, you must give written permission before FuzeRx can use or release your health information. There are certain situations where FuzeRx is not required to obtain your permission. This section explains those situations where FuzeRx may use or disclose your health information without your permission.

Except with respect to Highly Confidential Information (described below), FuzeRx is permitted to use your health information for the following purposes:

Treatment: We use and disclose your health information to provide you with medical treatment or services. This includes uses and disclosures to:

- Treat your illness or injury, including disclosures to other doctors, practitioners, nurses, technicians or medical personnel involved in your treatment, or
- Contact you to provide appointment reminders, or
- Give you information about treatment options or other health related benefits and services that may interest you.

Payment: We may use and disclose your health information to obtain payment for health care services that we or others provide to you. This includes uses and disclosures to:

- Submit health information and receive payment from your health insurer, HMO, or other company that pays the cost of some or all of your health care (payer), or
- verify that your payer will pay for your health care. However, we will comply with your request not to disclose health information to your health plan if the information relates solely to a healthcare item or service for which we have been paid out of pocket in full.

Health Care Operations: We may use and disclose your health information for our health care operations, such as internal administration and planning that improve the quality and cost effectiveness of the care we provide you. This also include uses and disclosures to:

- Evaluate the quality and competence of our health care providers, nurses and other health care workers,
- To other health care providers to help them

Notice of Privacy Practices Continued

- conduct their own quality reviews, compliance activities or other health care operations,
- Train students, residents and fellows, or
- Identify health-related services and products that may be beneficial to your health and then contact you about the services and products.

We may also disclose your health information to third parties to assist us in these activities (but only if they agree in writing to maintain the confidentiality of your health information). In addition, FuzeRx may use and disclose your health information under the following circumstances:

Organized Health Care Arrangement: FuzeRx may share information with its OHCA members for treatment, payment and joint health care operations.

Directory: FuzeRx may include your name, location in its hospitals, general health condition and religious affiliation in a patient directory without obtaining your authorization unless you object to inclusion in the directory. Information in the directory may be disclosed to anyone who asks for you by name or members of the clergy; provided, however, that your religious affiliation will only be disclosed to members of the clergy.

Relatives, Caregivers and Personal Representatives: Under appropriate circumstances, including emergencies, we may disclose your health information to family members, caregivers or personal representatives who are with you or appear on your behalf (for example, to pick up a prescription). We may also need to notify such persons of your location in our facility and general condition. If you object to such disclosures, please notify your FuzeRx health care provider. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise professional judgment to determine whether a disclosure is in your best interests.

If information is disclosed to a family member, other relative or a close personal friend, we would disclose only information believed to be directly relevant to the person's involvement with your health care or payment related to your health care.

Public Health Activities: We may disclose your health information for the following public health activities:

- To report to public health authorities for the purpose of preventing or controlling disease, injury or disability
- To report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports;
- To report information to the U.S. Food and Drug Administration (FDA) about products and services under its jurisdiction;
- To alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease; or
- To report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

Victims of Abuse, Neglect or Domestic Violence: If we reasonably believe that you are a victim of abuse, neglect or domestic violence, we may disclose your health information as required by law to a social services or other governmental agency authorized by law to receive such reports.

Health Oversight Activities: We may disclose your health information to a health oversight agency that is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

Notice of Privacy Practices Continued

Specialized Government Functions: We may use and disclose your health information to units of the government with special functions, such as the U.S. military, under certain circumstances required by law.

Law Enforcement Officials, Judicial and Administrative Proceedings: We may disclose health information to police or other law enforcement officials. We also may disclose health information in judicial or administrative proceedings, such as in response to a subpoena.

Coroners or Medical Examiners: We may disclose health information to a coroner or a medical examiner as required by law.

Organ and Tissue Donation: We may disclose health information to organizations that assist with organ, eye or tissue donation, banking or transplant.

Health or Safety: We may disclose health information to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Development Activities: We may contact you to request a contribution to support important FuzeRx activities. For fundraising, we may disclose to our fundraising staff demographic information about you (for example, your name, address and phone number), dates on which we provided health care to you, information about the department of service or treating physician, outcome information or health insurance status without your written permission. We also may share such information about you with closely related foundations that assist us in our development activities. We will provide you an opportunity to opt-out of receiving fundraising communications. We will not disclose your diagnosis or treatment, however, unless we have your written authorization to do so.

Marketing Activities: We may conduct the following activities without obtaining your authorization:

- Provide you with marketing materials in a face-to-face encounter;
- Give you a promotional gift of nominal value;
- Provide refill reminders or otherwise communicate about a drug or biologic that is currently prescribed to you, so long as any payments we receive for making the communication are reasonably related to our costs
- Tell you about FuzeRx's own health care products and services. If we accept payments from other organizations or individuals in exchange for telling you about their health care products or services, we will ask for your authorization, except as described above or unless the communications are permitted by law without your permission. We will ask your permission to use your health information for any other marketing activities. Also, from time to time, FuzeRx receives letters from patients, their family members and friends describing the experience and care they received at FuzeRx. Where possible, we share these letters with our FuzeRx employees and patients. Prior to sharing your letter, we will remove your name and other identifying information from the letter to protect your privacy.

Workers' Compensation: We may disclose health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs or as required under laws relating to workplace injury and illness.

As Required by Law: We may disclose health information when required to do so by any other law not already referred to in the preceding categories.

Notice of Privacy Practices Continued

Your Written Authorization

For any purpose other than the ones described above we may only use or disclose your protected health information when you give us your written authorization.

Highly Confidential Information

Federal and state law require special privacy protections for certain highly confidential information about you ("

Highly Confidential Information

"), including your health information that is maintained in psychotherapy notes or is about: (1) mental health and developmental disabilities services; (2) alcohol and drug abuse prevention, treatment and referral; (3) HIV/AIDS testing, diagnosis or treatment; (4) communicable disease(s); (5) genetic testing; (6) child abuse and neglect; (7) domestic or elder abuse; or (8) sexual assault. In order for your

Highly Confidential Information

to be disclosed for a purpose other than those permitted by law, your written authorization is required.

Sale of health information

We will not make any disclosure that is considered a sale of your protected health information without your written authorization unless the disclosure is for a purpose permitted by law.

Your rights regarding your health information

Right to Request Access to Your Health Information: You have the right to inspect and maintain a copy of the patient records we maintain to make decisions about your treatment and care, including billing records. All requests for

access must be made in writing. Under limited circumstances, we may deny you access to your records. If you would like access to your records, please ask your healthcare provider for the appropriate form to complete. If you request copies, we will charge you a reasonable fee for copies. We also will charge you for our postage costs, if you request that we mail the copies to you. If you are a parent or legal guardian of minor, certain portions of the minor's medical record may not be accessible to you under California law.

Right to Request Amendments to Your Health Information: You have the right to request that we amend your health information maintained in your medical record file or billing records. If you wish to amend your records, please obtain an amendment request form from your healthcare provider. All requests for amendments must be in writing. We will comply with your request unless we believe that the information that would be amended is already accurate and complete or other special circumstances apply

Right to Revoke Your Authorization: You may revoke (take back) any written authorization obtained by us for use and disclosure of your protected health information, except to the extent that we have taken action in reliance upon it. Your revocation must be in writing and sent to the FuzeRx Office of Compliance or to whoever is indicated on your authorization.

Right to An Accounting of Disclosures of Your Health Information: Upon written request, you may obtain a list (accounting) of certain disclosures of health information made by us. The period of your request cannot exceed six years. If you request an accounting more than once during a twelve (12) month period, we will charge you a reasonable fee.

Notice of Privacy Practices Continued

Right to Request how Information is Provided to You: You may request, and we will try to accommodate, any reasonable written request for you to receive health information by alternative means of communication or at a different address or location.

Right to Request Restrictions on the use of your Health Information: You may request that we restrict the use or disclosure of your protected health information. All requests for such restrictions must be made in writing. While we will consider a request for additional restrictions carefully, we are not required to agree to a requested restriction, except for requests to restrict disclosure of information to a health plan in cases where you have paid for the service out of pocket and in full.

Right to be Notified of Breach: You have the right to be notified by us if we discover a breach of your unsecured protected health information.

Right to a Paper Copy of this Notice: Upon request, you may obtain a paper copy of this notice, even if you have agreed to receive such information electronically.

Right to Change Terms of this Notice: We may change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective for all health information that we hold, including any information created or received prior to issuing the new notice. If we change this notice, we will post the revised notice in our practice areas and on our website. You may also obtain any revised notice by contacting the FuzeRx Office of Compliance.

Further Information: Complaints

If you would like additional information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to health information, you may contact our FuzeRx Office of Compliance. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the FuzeRx Office of Compliance will provide you with the current address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

FuzeRx Office of Compliance

Head of Compliance

Email Address:

pharmacycompliance@fuzehealth.com

Telephone number: 1 (800) 874-5881

FuzeRx

1750 Cesar Chavez Suite A San Francisco, CA
94124

FuzeRx

4175 Freidrich Lane Suite 202, Austin, TX 78744

Patient Rights and Responsibilities

To ensure the highest quality of care possible, as a patient receiving services from FuzeRx, you should understand your rights and responsibilities involved in your own plan of care.

Patient Rights

- To select those who provide you with Pharmacy services, whether that be FuzeRx or an alternative.
- To know about the philosophy, characteristics and scope of the services FuzeRx provides.
- To be fully informed in advance about care/service to be provided.
- The right to identify the staff member of FuzeRx and their job title, and to speak with a supervisor of the staff member if requested.
- To be informed, both orally and in writing, in advance of service being provided, of the charges, including payment for service expected from your insurance or other third-parties and any charges that you will be responsible for.
- To receive administrative information regarding changes in or termination of FuzeRx services.
- To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.
- To be treated with friendliness, courtesy and respect by each and every individual representing our Pharmacy.
- To be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another pharmacy provider, or the termination of services.
- To express concerns, complaints/grievances regarding treatment or care, lack of respect of person or property or recommend modifications to your Pharmacy services, without restraint, interference, coercion, discrimination or reprisal.
- To decline participation, revoke consent, or disenroll in services at any point in time.
- To request and receive complete and up-to-date information relative, to your medication or risks associated with medication.
- To receive services promptly and professionally, while being fully informed as to our Pharmacy's policies, procedures and charges.
- To speak with a pharmacist upon request.
- To request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality.
- To be given information as it relates to the uses and disclosure of any information contained in your record that could be considered Protected Health Information.
- To have your prescriptions and other information remain private and confidential, except as required and permitted by law.

Patient Rights and Responsibilities Continued

Patient Responsibilities

- To provide accurate and complete information, including clinical and contact information required for processing of your prescription, and to notify the pharmacy of any changes to this information.
- To submit any forms that are necessary to participate in FuzeRx's services, to the extent required by law. To accept responsibility for your actions, if refusing treatment or not complying with, the prescribed services.
- To accept responsibility for your actions, if refusing treatment or not complying with, the prescribed services.
- To respect the rights of Pharmacy personnel.
- To notify your provider of your participation in FuzeRx's patient management program, if applicable
- To notify your Physician and the Pharmacy with any potential side effects and/or complications.
- For a minor or a patient needing assistance in understanding these rights, both the patient and the parent, legal guardian, or other responsible person must be fully informed of these rights.

Other Ways You Can Help Us

In order for us to provide the best service, it is important that you, as our patient:

- Give accurate and complete health information about your current and past medical history, including hospitalizations, medications (prescription and over-the-counter), allergies and other important health-related information.
- Help in creating a safe home environment.
- Inform us immediately if scheduled prescription dispensing requires cancellation.
- Assist in developing your pharmacy plan of care.
- Follow your pharmacy plan of care and remain under a physician's care while receiving our services.
- Request further information and clarification if there is something you do not understand.
- Notify us if you have any concerns that have not been addressed.
- Notify your physician and pharmacist if you choose to end therapy.
- Be responsible for costs related to your care that are not covered by Medicaid, Medicare or other payers

Patient Diversity, Equity, and Inclusion

FuzeRx ensures that all patients have equitable access to quality care, regardless of their background or characteristics. We recognize and respect diversity among patients, addressing any barriers that may limit access to care, and creating an inclusive environment where all patients feel welcomed and valued. FuzeRx is committed to prioritizing patient DEI in healthcare, to improve patient outcomes, reduce healthcare disparities, and promote a more equitable and inclusive healthcare system.

Financial Assistance Programs

PAN Foundation:	www.panfoundation.org
HealthWell Foundation:	www.healthwellfoundation.org
Patient Services, Inc.:	www.patientservicesinc.org
Patient Advocate Foundation Co-Pay Relief:	www.copays.org
Partnership for Prescription Assistance:	www.pparx.org
Safety Net Foundation:	www.safetynetfoundation.com
The Assistance Fund:	www.theassistancefund.org

Additional information regarding your medication, condition/diagnosis, community, and financial resources can be found on the following websites:

Allergy and Immunology	https://www.aaaaifoundation.org
Crohn's Disease	http://www.ccfa.org/science-and-professionals/programs-materials/patient-brochures http://www.crohnsonline.com http://www.crohnsforum.com
Growth Hormone Deficiency	http://www.hgfound.org
Hepatitis	http://www.liverfoundation.org http://www.hepatitis-central.com http://www.hepb.org/resources/printable_information.htm
IBD	https://www.crohnscolitisfoundation.org
Multiple Sclerosis	http://www.mymsaa.org http://www.msfocus.org http://www.nationalmssociety.org
Oncology/Hematology	https://www.cancer.org https://www.livestrong.org/we-can-help
Psoriasis	http://www.psoriasis.org
Rheumatoid Arthritis	https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Rheumatoid-Arthritis http://www.rheumatoidarthritis.com http://www.arthritis.org

Patient Complaint Form

Patient name: _____

Phone Number: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date: _____

Summary of the Situation: _____

Employee(s) involved (if applicable): _____

Please mail form to:

California: 1400 Tennessee Street #2, San Francisco, CA 94107

Texas: 4175 Freidrich Lane Suite 202, Austin, TX 78744

or attach to email and send to care@FuzeRx.com.

If you need help or have questions about child abuse or child neglect, call the Child Help National Child Abuse Hotline at 1-800-4-A-CHILD (1-800-422-4453). Push 1 to talk to a counselor. Or you can visit <https://www.childhelphotline.org>