

Swyft Scripts — Notice of Privacy Practices

Effective Date: October 1, 2025
Last Revised: October 1, 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.

Our Legal Duties

We are required by law to maintain the privacy and security of your protected health information (PHI); provide you with this Notice explaining our legal duties and privacy practices; notify you without unreasonable delay (no later than 60 days after discovery) if a breach occurs that may have compromised your PHI; and follow the terms of this Notice currently in effect.

How We May Use and Disclose Your Information

We may use or disclose your PHI for the following purposes without your authorization:

1. **Treatment** – To provide, coordinate, or manage your healthcare, including consultation with other providers and transmission of prescriptions.
2. **Payment** – To bill and obtain payment for services provided.
3. **Healthcare Operations** – For activities such as quality assurance, compliance, and staff training.
4. **Reminders and Refills** – To contact you about refills or adherence.
5. **Health-Related Services** – To share information about products or services related to your care.
6. **People Involved in Your Care** – To share information with caregivers or payers.
7. **Public Health and Safety** – For public health reporting and workplace safety.
8. **Law Enforcement and Legal Matters** – When required by law or court order.
9. **Organ or Tissue Donation, Coroners, or Funeral Directors** – As required by law.
10. **Workers' Compensation, Military, and National Security** – As required by applicable law.

Uses and Disclosures Requiring Your Written Authorization

Certain uses or disclosures require your written authorization, including:

- Marketing communications not directly related to your treatment.
- Sale of your health information.
- Psychotherapy notes (not applicable to Swyft Scripts).

Your Rights Regarding Your Health Information

You have the right to:

1. **Inspect and Obtain a Copy** – You may request access to your PHI in paper or electronic format. Requests must be in writing; we will respond within 30 days.
2. **Request Amendment** – Ask to correct your records if inaccurate or incomplete.
3. **Request Restrictions** – Limit disclosures of PHI. We must comply when you pay for an item/service out of pocket and request nondisclosure to your insurer.
4. **Request Confidential Communications** – Choose preferred communication methods (e.g., phone, email, or mail). Electronic communications are governed by our published terms at: swyftscripts.com/sms-terms and swyftscripts.com/swyftscripts-tech-services-terms-of-use.
5. **Receive an Accounting of Disclosures** – Request a list of disclosures made outside of treatment, payment, or operations.
6. **Receive Notification of a Breach** – You will be notified if there is a breach of your unsecured PHI.
7. **Receive a Paper Copy** – You may request a paper copy at any time, even if you receive it electronically.

Our Responsibilities

We maintain safeguards to protect your PHI and will not use or share it beyond what this Notice allows unless authorized in writing. We do not use genetic information for underwriting. We retain this Notice and acknowledgment for six (6) years as required by law.

Changes to This Notice

We may update this Notice at any time. Revised versions apply to all PHI we maintain. The most current version is always available at: swyftscripts.com/privacy-practices-policy. Patients will be notified of significant revisions as required.

Complaints

If you believe your privacy rights have been violated, contact:

Swyft Scripts Privacy Officer

Chris Tyrone, PharmD, Chief Pharmacy Officer

Phone: (888) 799-3879

Email: support@swyftscripts.com

Mail: P.O. Box 841151, Houston, TX 77284

Or file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR):

200 Independence Avenue, S.W., Washington, D.C. 20201

Website: www.hhs.gov/ocr/privacy/hipaa/complaints.

We will not retaliate for filing a complaint.

Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that I have received, read, or been provided access to the SwyftScripts Notice of Privacy Practices, effective October 1, 2025. I understand that this Notice is available at any time at swyftscripts.com/privacy-practices-policy and may be provided in printed form upon request.

Patient / Guardian Signature

Date

Printed Name



SwyftScripts