

# Publix Pharmacy 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.**

The Publix Super Markets, Inc., Pharmacy (the "Pharmacy") is required by law, including regulations implementing the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), to take reasonable steps to protect the privacy of your Protected Health Information ("PHI") and to provide you with notice of our legal duties and privacy practices with respect to PHI. Your PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition and related healthcare services. Your PHI includes your prescription records and related information maintained by the Pharmacy. This Notice of Privacy Practices ("Notice") describes how we may use and disclose your PHI to carry out treatment, payment or healthcare operations, and other specified purposes that are permitted or required by law. This Notice also describes your rights with respect to your PHI.

The Pharmacy is required to follow the terms of this Notice while it is in effect. Publix is a "hybrid entity" under HIPAA. As such, this Notice applies only to the Pharmacy and not to Publix's other business operations. We will not use or disclose your PHI except as permitted by law and described in this Notice. Once your PHI is disclosed as permitted by the federal HIPAA Privacy Rule, it may be redisclosed and no longer protected by that rule if the recipient is not subject to HIPAA. We reserve the right to change our privacy practices and this Notice at any time and to make the new Notice effective for all your PHI that we maintain. Any revised Notice will be available on our website and at the Pharmacy and, upon your request, we will provide such revised Notice to you.

## Your Health Information Rights

**You have the following rights with respect to your PHI:**

### The right to obtain a paper copy of the Notice upon request.

You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, contact the Privacy Officer, Publix Super Markets, Inc., PO Box 407, Lakeland, Florida 33802-0407. You may also obtain a copy of the Notice at the Pharmacy counter or on our website: [www.publix.com](http://www.publix.com).

### The right to request a restriction on certain uses and disclosures of your PHI.

You have the right to request additional restrictions on our use or disclosure of your PHI by completing the Request for Restriction form and giving it to a Pharmacy associate for review. If you pay for a service or healthcare item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will comply unless a law requires us to share that information. We may not be required to agree to all other restriction requests, and in certain cases, we may deny your request. If we agree to your restriction request, we may still use and disclose your PHI to provide emergency treatment or where such disclosure is required by law. The Request for Restriction form is available upon request at the Pharmacy counter.

### The right to inspect and obtain a copy of your PHI.

With limited exceptions, you have the right to access and copy your PHI contained in a designated record set for as long as we maintain your PHI. The designated record set usually includes prescription and billing records. To inspect or copy your PHI, you must complete the Request to Access Protected Health Information form, which is available upon request at the Pharmacy counter, and give it to a Pharmacy associate for review. If the request can be granted, then the Pharmacy associate will

provide you with your PHI that we maintain in our designated record set in the form and format requested, if readily producible; otherwise, you will receive it in a readable hard copy format, an electronic format (if contained electronically), or another format agreed to by the Pharmacy and you. You may request that we transmit the copy of your PHI directly to another person, provided your request is in writing, signed by you, and clearly identifies the designated person and where to send the copy of your PHI; or you complete the Authorization for Release of Protected Health Information form and give it to a Pharmacy associate for review. Both the Request to Access Protected Health Information form and the Authorization for Release of Protected Health Information form are available upon request at the Pharmacy counter. We may charge you a fee for the costs of copying, mailing, and any supplies that are necessary to fulfill your request. We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your PHI, you may request that this denial be reviewed.

#### [The right to request an amendment of your PHI.](#)

If you feel that your PHI that we maintain is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain your PHI. To request an amendment, you must complete the Request to Amend a Record form and give it to a Pharmacy associate for review. If the request can be granted, then the Pharmacy associate will amend the appropriate record(s). The Request to Amend a Record form is available upon request at the Pharmacy counter. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with our denial and we may record a rebuttal to your statement.

### The right to receive an accounting of disclosures of your PHI.

You have the right to receive an accounting of certain disclosures we have made of your PHI. This accounting includes only those PHI disclosures required to be accounted for under HIPAA. This accounting is also limited to the time period that these disclosures need to be accounted for under HIPAA. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a written request to the Privacy Officer, Publix Super Markets, Inc., PO Box 407, Lakeland, Florida 33802-0407. Your request must specify the time period, which may not be longer than the time period that these PHI disclosures need to be accounted for under HIPAA. The first accounting you request within a 12-month period will be provided free of charge, but we may charge you for additional accountings. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time.

### The right to request communications of your PHI by alternative means or at alternative locations.

You have the right to request communications of your PHI by alternative means or at alternative locations. For example, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of your PHI, you must complete the Request for Confidential Communications form and give it to a Pharmacy associate for review. If the request can be granted, then the Pharmacy associate will make the appropriate changes. We will accommodate all reasonable requests; however, in case of emergency situations, we may contact you by whatever means we deem necessary. The Request for Confidential Communications form is available upon request at the Pharmacy counter.

### The right to receive written notification of a breach of your unsecured PHI.

When it comes to privacy and security, sometimes things go wrong. We will let you know promptly if a breach occurs that has compromised the privacy or security of your PHI.

## Examples of How We May Use and Disclose Your PHI

### We may use your PHI for treatment.

Treatment is the provision, coordination, or management of healthcare and related services. It also includes, but is not limited to, consultations and referrals between one or more healthcare providers. For example, we may obtain health information about you from healthcare providers for our use in dispensing prescription medications to you. We may also discuss your health information and provide your PHI to a prescribing physician or other healthcare providers as may be necessary for your treatment. We may document in your treatment record information related to the medications dispensed to you and other pharmacy services that we may provide to you. We may exchange your PHI electronically for treatment and other permissible purposes, such as through health information exchanges accessible by others involved in your care.

### We may use your PHI for payment.

Payment includes, but is not limited to, actions to make coverage determinations and receive payment (including billing, claims management, subrogation, plan reimbursement and utilization review, and pre-authorizations). For example, we may contact your insurer or pharmacy benefit manager to determine whether they will pay for your prescription and the amount of your copayment. We may also use your PHI to bill you or a third-party payor for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you as well as the prescriptions you are taking.

### We may use your PHI for healthcare operations.

Healthcare operations include, but are not limited to, quality assessment and improvement; reviewing competence or qualifications of healthcare professionals; and underwriting, premium rating, and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including

fraud and abuse compliance programs, business planning and development, business management, and general administrative activities. For example, we may use PHI in your treatment record to monitor the performance of the pharmacists providing treatment to you. We may use PHI to manage your services, improve quality, and manage our business, such as development of artificial intelligence tools to improve operations and efficiency and for other lawful purposes. The PHI in your treatment records may be used in an effort to continually improve the quality and effectiveness of the healthcare-related services we provide.

**We are likely to use or disclose your PHI for the following purposes:**

**Use of business associates:**

There are some services provided by us through arrangements with our business associates. Examples of our business associates include claims processors or administrators, technology vendors, records administrators, attorneys, and pharmacy benefit managers. We may disclose your PHI to our business associates and may allow our business associates to create, receive, maintain, or transmit your PHI in order for the business associates to provide services to us, or for the proper management and administration of the business associates. In addition, our business associates may redisclose your PHI for their own proper management and administration, to fulfill their legal responsibilities, and for subcontractors to provide services to the business associates. The subcontractors will be subject to the same restrictions and conditions that apply to the business associates. We may, for example, use a business associate or subcontractor to provide legal services to us, or to bill you or your third-party payor for services rendered. Also, we may use a business associate to maintain your PHI and assist us in responding to a request for records made by you or a third party. To protect your PHI, we require the business associates to agree in writing to appropriately safeguard your PHI.

**Communication with individuals involved in your care or payment for your care:**

Healthcare professionals such as our pharmacists, using their professional judgment, may disclose your PHI to a family member, other relative, close personal friend, or any person you may identify when such communication is relevant to that person's involvement in your care or payment related to your care.

**Health-related communications:**

We may contact you to provide prescription refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, we may send electronic messages to you letting you know that it is time to order or pick up your medicine.

**Limited data set and de-identified information:**

We may use or disclose your PHI to create a limited data set of de-identified information and use and disclose such information as permitted by law.

**Food and Drug Administration (FDA):**

We may disclose your PHI to the FDA, or persons under the jurisdiction of the FDA, as may be necessary to enable product recalls, to make repairs or replacements, to conduct post-marketing surveillance, or to report information pertaining to adverse events with respect to drugs, foods, supplements, products, or product defects.

**Public health:**

As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law enforcement:**

We may disclose your PHI for law enforcement purposes as required or permitted by law or in response to a valid subpoena or other legal process. We may disclose your PHI to a law

enforcement official with regard to crime victims or certain criminal activities, to government controlled-substances databases, or as necessary for law enforcement authorities to identify or apprehend an individual under particular circumstances.

**As required by law:**

We must disclose your PHI when required to do so by law.

**Health oversight activities:**

We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections as necessary for our licensure and for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

**Judicial and administrative proceedings:**

If you or your PHI are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order and, under certain conditions, we may also disclose your PHI in response to a subpoena, discovery request, or other lawful process, or when the use or disclosure otherwise complies with law, such as a lawsuit or arbitration brought for payment or healthcare operations purposes.

**In addition, we are permitted to use or disclose your PHI for the following purposes:**

**Research:**

We may use or disclose your PHI for research in accordance with applicable law.

**Coroners, medical examiners, and funeral directors:**

We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose your PHI to funeral directors consistent with applicable law to carry out their duties.

#### Organ or tissue procurement organizations:

Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

#### Notification:

We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and your general condition.

#### Correctional institution:

If you are, or become, an inmate of a correctional institution, we may disclose your PHI to the institution or its agents when necessary for your health or the health and safety of others.

#### To avert a serious threat to health or safety:

We may use or disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

#### Military and veterans:

If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

#### National security and intelligence activities:

We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

#### Protective services for the president and others:

We may disclose your PHI for workers' compensation claims and to authorized government officials for special government functions such as military, national security, and presidential protective services.

### Victims of abuse, neglect, or domestic violence:

We may disclose your PHI to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or 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 you.

### Other Uses and Disclosures of PHI

Sometimes the Pharmacy may have records relating to substance use disorders created by programs that are subject to additional privacy laws and are marked as receiving special protection (called "SUD records"). We can only use and share your SUD records as allowed by federal privacy rules. For example, you may have signed a consent for all future uses and disclosures for treatment, payment, and healthcare operations.

We will not use or share your SUD records in any legal proceedings against you unless you give written consent or a court order is issued after you or the Pharmacy (as a holder of the SUD records) have been notified and given a chance to respond, as required by law. We will only share SUD records if a court order is accompanied by a subpoena or other legal requirement.

We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for above. For example, we will obtain your written authorization before using or disclosing your PHI for the following purposes:

- (i) most uses and disclosures of psychotherapy notes (to the extent maintained by the Pharmacy);
- (ii) uses and disclosures of PHI for marketing purposes, including subsidized treatment communications, except for face-to-face communications or other activities HIPAA permits without authorization;
- (iii) disclosures that constitute a sale of PHI requiring an

authorization; and (iv) other uses and disclosures not described in this Notice. You may revoke an authorization in writing by writing to the Privacy Official at the address in this Notice or by following the instructions on the authorization form, if applicable. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

We will comply with state law if it is not preempted by HIPAA. We will obtain your consent for certain disclosures if your consent is required under state law.

### **For More Information or to File a Complaint**

If you have questions or would like additional information about the Pharmacy's privacy practices, you may contact the Privacy Officer:

**Publix Super Markets, Inc.**  
**PO Box 407**  
**Lakeland, Florida 33802-0407**  
**1.877.264.4722**

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer at the above address or with the Secretary of Health and Human Services. To file a complaint with the Secretary of Health and Human Services, call **1.877.696.6775**, write to 200 Independence Ave. SW, Washington, DC 20201, or visit [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

We will not retaliate against you for filing a complaint. Please contact the specialty pharmacy at **1.855.797.8254** to report a suspected medication issue, which includes (but is not limited to) counterfeit medication, errors, and adverse drug events.

This Notice is effective as of February 16, 2026.

# Publix Pharmacy's Notice of Privacy Practices Acknowledgment

By signing below, I acknowledge that I have received a copy of Publix Pharmacy's Notice of Privacy Practices on the date signed below.

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Patient Name (please print)

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Patient Signature

Date

If this form is signed by someone who is not the patient listed above (e.g., a parent/guardian/legal representative), please provide the signer's/signatory's name and their authority to act for the patient.

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Signed by (please print)

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Authority to sign on patient's behalf

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## INTERNAL USE ONLY

If this acknowledgment is not signed, please provide a description of your efforts to obtain the signed acknowledgment and the reason the acknowledgment was not obtained.

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Print Name

Date