Welcome to Noble.

LET'S GET STARTED

THE NEW STANDARD
IN SPECIALTY

NOBLE
HEALTH SERVICES

Dear Valued Patient,

Welcome to Noble Health Services and thank you for choosing us as an important partner in your healthcare journey. We look forward to providing you with specialty medications, programs, and services designed specifically for your unique condition. Our team appreciates the trust and confidence that you have instilled in us. Noble Health Services' goal is to help you better understand both your medication and condition so that you achieve positive results from your treatment—leading to better health.

To achieve our goal, we provide the following key benefits:

- Education on your unique condition and support for other conditions and symptoms you may have.
- Access to courteous, educated staff members who will make the prescription ordering process an easy, positive experience.
- Peace of mind in knowing that we maintain an open line of communication with your healthcare provider regarding the important details of your care for faster intervention, as required.
- No limits to our service area — patients in all 50 states can count on us.

Each one of our dedicated pharmacy professionals has a personal interest in your care and will do everything in their power to support you at every step of your clinical journey with us. It is a pleasure to welcome you to Noble. We look forward to being your specialty medication provider.

Sincerely,
Your Dedicated Noble Health Services Team

Understanding Your Specialty Pharmacy

Noble Health Services is an employee-owned specialty pharmacy focused specifically on treating patients with complex, chronic conditions. This makes us different from your traditional, retail pharmacy. The conditions and treatments that specialty pharmacies deal with often require additional management and education beyond what can be reasonably provided in the retail setting.

Specialty Pharmacy	Retail Pharmacy
■ Treats complex, chronic, and rare conditions ■ Complex services execution ■ Complete benefits investigation ■ Payment assistance options	■ Treats common conditions

Clinical Management Programs

Noble offers patient-centered clinical management programs for specific medical conditions. These programs involve regularly scheduled phone calls from a pharmacist or nurse to assess your specific disease state and medication therapy in detail. They can assist with understanding your therapy, managing side effects, increasing compliance, improving overall health, and more. Participation in the program is not a replacement for interactions with your doctors/providers.

Eligibility and participation in our program depends on our clinical team having successful contact with you or your caregiver. If we have three unsuccessful attempts to contact you, you will be opted-out of our clinical management program. Once contact has been reestablished, the patient clinical management program services will continue. This participation is voluntary, and you may opt-out of our clinical management program services at any time by contacting Noble Health Services.

Noble Signature Care

Powerful, patient-focused care. Our team is committed to delivering the new standard in specialty to you. Through Noble Signature Care, our patient-focused care standard, we are able to provide you with the best services available at every step of your clinical journey with us.

As part of Noble Signature Care, you'll have access to ***Noble*NOW**—an array of specialty pharmacy programs and services designed to make the prescription fulfillment process as efficient as possible. As a Noble patient, you'll enjoy the full suite of ***Noble*NOW** services—

COPAY ASSISTANCE

We have a team dedicated to making sure that you pay the lowest out-of-pocket price available for your prescription. Our team finds available copay/patient assistance and charity programs to ease the financial burden of your specialty medication. We do this for *every patient, for every prescription, every time*.

FREE ANCILLARY SUPPLIES

We provide free ancillary supplies to help you safely follow your treatment plan at home. Supplies include syringes, sharps containers, alcohol swabs, bandages, and educational materials.

FAST, FREE DELIVERY

Have your prescriptions delivered where you need them, when you need them —at no cost.

AREAS OF CARE

At Noble Health Services, we pride ourselves in offering a comprehensive selection of products and services spanning many areas of care, including:

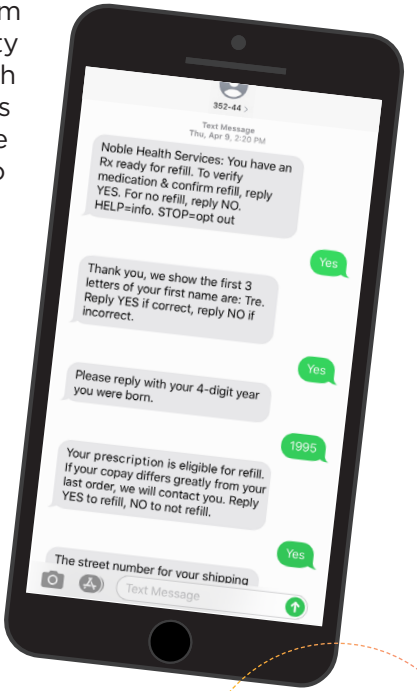
- Asthma/Allergy
- Behavioral Health
- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- Hematology
- Immunology
- Infectious Disease
- Infertility
- Intravenous Immunoglobulin
- Nephrology
- Neurology
- Oncology
- Organ Transplant
- Osteoporosis
- Pulmonology
- Rheumatology

Refilling Your Prescription

Noble offers a variety of ways to conveniently refill your specialty prescription.

REFILL BY TEXT

Noble's Refill by Text program allows you to refill your specialty prescriptions quickly and easily with a simple text exchange. When it's time to refill your prescription, we will send you a text message to coordinate the refill process. In under a minute, your refill order will be submitted and delivery scheduled. Learn more and enroll today at **www.noblehealthservices.com/refillbytext**



CALL TO REFILL

All patients are welcome to call their preferred Noble location to refill their prescription. Our dedicated care team is available to take your call and assist with your refill request.

NOBLE NORTHEAST
888-843-2040

NOBLE SOUTHEAST
866-420-4041

NOBLE CAROLINAS
888-743-3204

NOBLE NORTHERN NY
888-252-1497

PATIENT PORTAL

Noble's Patient Portal contains a variety of resources to help support your needs, including the ability to refill your prescription and a place to view a complete claims summary. Register online at **www.noblehealthservices.com/patientportal**

You can also refill your prescription on our website without logging in. Simply go to **www.noblehealthservices.com**, enter your prescription number, date of birth, and click the "submit refill" button!

Rx Number | Date of Birth | **SUBMIT REFILL**

Frequently Asked Questions

What do I do if I have an adverse reaction to my medication?
Please call 911 if you are having an adverse reaction to your medication and are in need of emergency medical assistance. If it is not an emergency, please contact us 24/7/365.

How can I pay for my prescription order?
Noble accepts all major credit cards, checks, and money orders. We do not accept cash.

How do I report an error or concern with my medication?
Please contact us via our toll-free line (888) 843–2040 so we can quickly resolve the matter with the help of a supervisor.

What if there is a recall on my medication?
You will be notified by a Noble team member if there is a recall on your medication and given instructions on what to do.

How Do I Dispose of Medications?

It is important that you remove all unused or expired medications from your home. This can help prevent medication misuse or accidental ingestion by children or pets. Proper medication disposal also helps prevent contamination of the soil and groundwater.

! Always read medication packaging or the provided patient information. Follow any specific instructions for disposal.

TAKE-BACK PROGRAMS

If there is a medication take-back program available, bring any unused or expired medication there. ***This is the preferred method of medication disposal.*** These programs are also the safest option.

To find a program near you, contact your local law enforcement agency or waste management authority.

If there is not a take-back program available, the Food and Drug Administration (FDA) provides the following guidelines for disposing of most medications:

FLUSHING

First, check to see if the medication is on the FDA's "flush list". Flushing medications on the flush list helps keep everyone in your home safe by making sure these powerful and potentially dangerous medications are not accidentally or intentionally ingested, touched, misused, or abused.

If the medication is on the "flush list" and a take-back program is not available, you may proceed:

To flush medications, empty the entire contents of the container into the toilet bowl and flush.

Then, scratch out or remove all identifying information on the prescription label so that it is unreadable before throwing it in your household garbage. This helps to protect your identity and the privacy of your personal health information.

TRASH

If your medication is not on the FDA's "flush list" and a medication take-back program is unavailable, you may throw the medication away in the trash.

! Always check with local trash services to make sure medications can legally be thrown away in your area.

Follow the FDA's guidelines to do this safely:

STEP 1
Remove all medications from their original containers.

STEP 2
Mix the medications with an undesirable substance such as cat litter, used coffee grounds, or dirt. When mixed, medications are less appealing to children and pets. They also become unrecognizable to people who may go through your trash.

STEP 3
Place the mixture in a container, such as a butter tub or coffee can; or a sealable plastic bag (e.g. Ziploc®).

STEP 4
Discard the container or sealed bag in your household trash.

STEP 5
Scratch out or remove all identifying information on the prescription label so that it is unreadable before throwing it away. This helps to protect your identity and the privacy of your personal health information.

For more information on how to properly dispose of your medications, visit: **www.noblehealthservices.com/rxdisposal**.

If you are still unsure of how to dispose of a medication, ask your pharmacist.

How Do I Dispose of Syringes, Needles, and Other Sharps?

Sharps have different disposal requirements than medications.

It is recommended that you use an FDA-cleared sharps container. If an FDA-cleared sharps container is not available, you can use a heavy-duty plastic household container (e.g. laundry detergent bottle) instead.

To safely dispose of sharps:

STEP 1
Immediately place used sharps and empty vials in your sharps container after use.

STEP 2
Once your sharps container is 3/4 full, seal it with duct tape. If you are using a household container, be sure to label it properly with "DO NOT RECYCLE".

STEP 3
Select states allow residents to discard sharps containers with their household trash.

Other options available in your community may include:

- Drop box or supervised collection sites
- Household hazardous waste collection sites
- Local, public household hazardous waste collection sites
- Mail-back programs
- Residential special waste pick-up services

For state- and community-specific guidelines relating to sharps disposal, please visit: **www.safeneedledisposal.org**

Precautions to Avoid Infections

Use the proper precautions to avoid getting infections, spreading diseases, and to stay healthy.

WASH YOUR HANDS

1. Wet your hands with warm water and apply liquid soap.
2. Lather well by rubbing your hands together, palm to palm, vigorously for at least 20 seconds. (Remember to scrub all surfaces including the backs of your hands, wrists, between and under your fingers, and under your fingernails.)
3. Rinse your hands completely under warm water.
4. Dry your hands with a clean towel.
5. Use the towel to turn off the faucet.

Washing your hands with soap and water is the best way to get rid of germs. If soap and water are not available, you can use an alcohol-based hand sanitizer. The CDC recommends sanitizer made of at least 60% alcohol.

COVER CUTS & WOUNDS

1. Clean the cut or affected area with a mild soap and water.
2. Cover the cut or affected area with an antibiotic cream or ointment (e.g. Neosporin®) and a bandage to protect from dirt and germs.
3. Replace the bandage at least once a day until the wound is completely healed.

DON'T SPREAD GERMS

1. Use a tissue or the inside of your elbow to cover coughs and sneezes.
2. Throw used tissues away immediately.
3. Always properly wash your hands or use hand sanitizer after you cough or sneeze.

DISCARD GARBAGE

1. Use caution when disposing of garbage and other waste that may contain infected materials or used sharps.
2. Discard all garbage or used materials into the proper waste baskets.

DISPOSE OF SHARPS

1. Place all needles and other sharps in a sharps disposal container immediately after they have been used.
2. Dispose of full containers according to your community's guidelines. You can find your community's guidelines at **www.safeneedledisposal.org**

For more information on sharps disposal, refer to the previous page.

Emergency Preparedness

In the event of a localized emergency or missed medication delivery, please contact us immediately at (888) 843–2040. Our team of dedicated professionals will work with you to make sure you have a continuous supply of medication.

BASIC DISASTER SUPPLIES KIT

It is important to have supplies prepared at home, work, and in vehicles. You should store your assembled items in easy-to-carry containers. Consider including these items in your kits:

- ❑ Water—one gallon of water per person per day for at least three days for drinking and sanitation (i.e. three gallons of water for each person)
- ❑ Food—at least a three-day supply of non-perishable food
- ❑ Flashlight
- ❑ First aid kit
- ❑ Extra batteries
- ❑ Whistle to signal for help
- ❑ Dust mask to help filter contaminated air
- ❑ Plastic sheeting and duct tape to create a shelter-in-place
- ❑ Moist towelettes, garbage bags, and plastic ties for personal sanitation
- ❑ Pliers or wrench to turn off utilities
- ❑ Manual can opener for food
- ❑ Local maps
- ❑ Cellphone with charger

ADDITIONAL EMERGENCY SUPPLIES

You may consider adding a few other items to your emergency kits based on your personal needs, including:

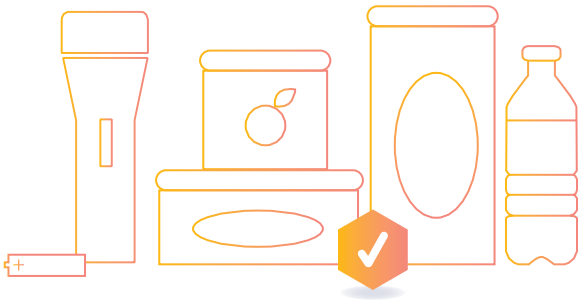
- ❑ Medications—prescription & non-prescription, kept in close proximity to emergency kits
- ❑ Cash or checks
- ❑ Important family documents kept in a waterproof container
- ❑ Food and extra water for pets
- ❑ Fire extinguisher
- ❑ Matches
- ❑ Personal hygiene items
- ❑ Sleeping bag or warm blanket for each person
- ❑ A complete change of clothing for each person appropriate for your climate

- ❑ Glasses & contact lens solution
- ❑ Infant formula, bottles, diapers, wipes, etc.

MAINTAINING YOUR KIT

After assembling your kits, remember to maintain them so that they are ready whenever they may be needed.

- ❑ Keep canned food in a cool, dry place
- ❑ Store boxed food in tightly closed plastic or metal containers
- ❑ Replace expired items as needed
- ❑ Re-think your needs every year and update kits as your family's needs change



Patient Bill of Rights

Noble Health Services' clients have a right to be notified in writing of their rights and responsibilities before receiving pharmacy services. Noble has an obligation to protect and promote the rights of their clients to care, treatment, and services within their capability and mission, and in compliance with applicable laws, regulations, and standards, including the following rights:

AS A NOBLE HEALTH SERVICES CLIENT, YOU HAVE A RIGHT TO:

- Take part in the development of a care/treatment/service plan.
- Ask questions about your care, treatment, and/or services.
- Have any given instructions clarified.
- Communicate any information, questions, and/or concerns related to perceived risks in your services and unexpected changes in your condition.
- Communicate any concerns about your, your caregiver's, or your family member's ability to follow instructions or use the equipment provided.
- Have the right to decline participation, revoke consent or unenroll in any Noble Health Services programs and services at any point in time.
- Additional program information, including more details on potential health benefits and limitations of participation in the patient management program are available and reviewed, on an individualized basis by clinical staff. This involves regularly scheduled phone calls from a pharmacist or nurse to assess your specific disease state and therapy in detail. They can assist with understanding your therapy, managing side effects, increasing compliance, improving overall health, and more. Participation in the program is not a replacement for interactions with your doctors/providers. Your participation is voluntary, and you may opt out of our clinical management program services at any time by contacting Noble Health Services.
- Clinical staff of the patient clinical management program may be reached by calling Noble Health Services. Noble Northeast: (888) 843-2040; Noble Southeast: (866) 420-4041; Noble Carolinas: (888) 743-3204; Noble Northern NY: (888) 252-1497.
- Be fully informed in advance about services/care to be provided, including the company representatives that provide care/services, the frequency of visits as well as any modifications to the service/care plan, information about the patient management program, and the right to know about the philosophy and characteristics of the patient management program.
- To have personal health information shared with the patient management program only in accordance with state and federal law.
- Be treated, and have your property treated, with dignity, courtesy and respect, recognizing that each person is a unique individual. Noble does not discriminate against color, religion, sex, or national or ethnic origin.

- Be able to identify company representatives through name and job title (Name badge, wall picture, job title) and speak with a pharmacist or supervisor if requested.
- Speak to a health professional.
- Choose a healthcare provider.
- Receive information about the scope of care/services that are provided Noble Health Services directly or through contractual arrangements, as well as any limitations to the company's care/service capabilities.
- Receive upon request evidence-based practices information on clinical decision practices (manufacturer package insert, published practice guidelines, peer-reviewed journals, etc.) along with the level of evidence or consensus describing the process for intervention in instances where there is no evidence-based research, conflicting evidence, or no level of evidence.
- Reasonable coordination and continuity of services from the referral source to Noble Health Services Pharmacy, timely response when care, treatment, services and/or equipment is needed or requested and to be informed in a timely manner of impending discharge.
- Receive in advance of care/services being provided, complete verbal and written explanations of charges for care, treatment, services and equipment, including the extent to which payment may be expected from Medicare, Medicaid, or any other third party payer, charges for which you may be responsible, and an explanation of all forms you are requested to sign.
- Receive quality medications, infusion equipment, supplies and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social or economic status, age, disease process, DNR status or disability in accordance with physician orders.
- Receive medications, infusion equipment, treatment and services from qualified personnel and to receive instructions on self-care, safe and effective operation of equipment and your responsibilities regarding home care equipment and services.
- Participate in decisions concerning the nature and purpose of any technical procedure that will be performed and who will perform it, the possible alternatives and/or risks involved and your right to refuse all or part of the services and to be informed of expected consequences of any such action based on the current body of knowledge.
- Confidentiality and privacy of all the information contained in your records and of Protected Health Information (except as otherwise provided for by law or third-party payer contracts) and to review and even challenge those records and to have your records corrected for accuracy.
- If desired, to be referred to other healthcare providers within an external health care system (ex. Dietician, pain specialist, mental health services, etc.). Patient may also be referred back to their own prescriber for follow up.
- Receive information about to whom and when your personal health information was disclosed, as permitted under applicable law and as specified in the company's policies and procedures.
- Express dissatisfaction/concerns/complaints about any care/treatment or service, lack of respect of property and to suggest changes

in policy, staff or care/services without any distinction, discrimination, restraint, reprisal, harassment, coercion, exclusion, sexual harassment or unreasonable interruption of care/services on the basis of race, color, religion, national origin, sex, age, disability, retaliation, genetic information, pregnancy, handicap, or nature of an individual's medical condition, or any other classification protected by any state law, US Constitution, or other regulation. Patients or caregivers can call (888) 843-2040 for NY and (866) 420-4041 for MS and ask to speak with a pharmacist or a supervisor. Noble supports:

  - The Civil Rights Act
  - Affordable Care Act Section 1557
  - Section 504 of the Rehabilitation Act of 1973

- Have concerns/complaints/dissatisfaction about services that are (or fail to be) furnished, or lack of respect of property investigated in a timely manner.
- Be informed of any financial benefits when referred to an organization.
- Offered assistance with any eligible internal programs that help with patient management services, manufacturer co pay and patient assistance programs, health plan programs (tobacco cessation programs, disease management, pain management, suicide prevention/behavioral health programs).
- The right to receive administrative information regarding changes in or termination of the patient management program.
- Be advised of any change in the plan of service before the change is made.
- Participate in the development and periodic revision of the plan of care/service.
- Receive information in a manner, format and/or language that you understand.
- Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, involved in care, treatment, and/or service decisions.
- Be fully informed of your responsibilities.
- Have the right to decline participation, revoke consent or disenrollment in any Noble Health Services programs and services at any point in time.
- Receive information about the patient management program.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.

AS A NOBLE HEALTH SERVICES CLIENT, YOU HAVE THE RESPONSIBILITY TO:

- Provide to the best of your knowledge, complete and accurate medical and personal information necessary to plan and provide care/services.
- Adhere to the plan of treatment or service established by your physician and to notify him/her of your participation in Noble Health's Patient Management Program.
- Adhere to the company's policies and procedures.
- To submit any forms that is necessary to participate in the program, to the extent required by law.

- Participate in the development of an effective plan of care/treatment/services.
- Provide accurate clinical information and complete, to the best of your knowledge, any necessary forms and documentation needed to participate in Patient Management Program, to the extent required by law.
- Ask questions about your care, treatment and/or services, or to have clarified any instructions provided by company representatives.
- Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
- Be available at the time deliveries are made and to allow Noble Health Services Pharmacy's representatives to enter your residence at reasonable times to repair or exchange equipment or to provide services.
- Be available at the time of delivery.
- Notify the company if you are going to be unavailable.
- Treat company personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.
- Provide a safe environment for Noble Health Services Pharmacy's representatives to provide services.
- Care for and safely use medications, supplies and/or equipment, according to instructions provided, for the purpose it was prescribed and only for/on the individual for whom it was prescribed.
- Communicate any concerns about your/caregiver's/family member's ability to follow instructions or use the equipment provided.
- Protect equipment from fire, water, theft or other damage. You agree not to transfer or allow your equipment to be used by any other person without prior written consent of the company and further agree not to modify or attempt to make repairs of any kind to the equipment. Modifying equipment or attempting equipment repairs releases the company from any liability related to the equipment and its uses, and from any resulting negative customer outcomes.
- Except where contrary to federal or state law, you are responsible for equipment rental and sale charges which your insurance company or companies does not pay. You are responsible for prompt settlement in full of your accounts unless prior arrangements have been approved by company administration.
- Notify the pharmacy and Patient Management Program of any changes in medical history, medication changes and insurance coverage.
- Notify the pharmacy and Patient Management Program immediately of address or telephone changes, temporary or permanent.
- Notify treating provider of participation in the patient management program, if applicable.

Notice of Privacy Practices

Privacy Statement
As you know, Privacy Statements are long and inclusive. Noble Health Services wants you to know that your information is absolutely private and we will never release your information to outside parties.

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices ("Notice") describes the privacy practices of KPH Healthcare Services, Inc. d/b/a Noble Health Services Inc. ("Noble Health). In this Notice, we may also refer to Noble Health as "we", "us", or "our".

Noble Health is required by law to maintain the privacy of Protected Health Information ("PHI"), to provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to notify you in the event there is a breach of your PHI. PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition, the provision of health care products and services to you, or payment for such services. This Notice describes how we may use and disclose PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. It also describes your rights with respect to your PHI. This Notice does not apply to health information that does not directly identify you and cannot reasonably be used indirectly to identify you.

Noble Health is required to provide you this Notice by the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA") and its implementing regulations. Some state or federal laws may require additional privacy protections for certain types of PHI. For example, some types of sensitive PHI, such as HIV information, genetic information, alcohol and substance abuse records, reproductive health care, and mental health records may be subject to additional confidentiality protections. It is the intention of Noble Health to follow the most restrictive laws which are applicable to us. If you would like additional information on the use or disclosure of sensitive categories of PHI, please contact the Noble Health Privacy Office.

Noble Health, and all of our employees and workforce members who have access to your PHI and/or are involved in the provision of services to you, are required to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. If we do so, the updated Notice will be posted on our website and be available at our pharmacy locations. Upon request, we will provide any revised Notice to you.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights with respect to your PHI:

Obtain a copy of the Notice upon request. You have the right to obtain a paper or electronic copy of this Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy at any Noble Health location or by contacting our Privacy Office. You may also obtain a copy of the Notice from our website: https://www.noblehealthservices.com/privacynotice/.

Inspect and obtain a copy of PHI. You have the right to access, inspect, and obtain a copy of your PHI contained in a designated record set for as long as we maintain the PHI with limited exceptions. If we maintain an electronic health record containing your PHI, you have the right to

request that we send a copy of your PHI in electronic form to you or a third party that you identify. To inspect or obtain a copy of your PHI, you must send a written request to our Privacy Office. We may charge you a reasonable, cost-based fee for the costs of copying, mailing, and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy your PHI in certain limited circumstances. If we do, we will notify you in writing and let you know if you may request a review of the denial.

Request a restriction on certain uses and disclosures of PHI. You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request to our Privacy Office. We are not required to agree to those restrictions. However, you have the right to ask us to restrict the disclosure of PHI to your health plan for a service we provide to you where you have directly paid us (out-of-pocket, in full) for that service, in which case we must honor your request unless state or federal law requires us to share that information. Future services without a restriction request and for which no out-of-pocket payment is received will be billed per Noble Health policy and may include information that references prior services previously restricted.

Request an amendment of PHI. If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. To request an amendment, you must send a written request to our Privacy Office. You must include a reason that supports your request. 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 the decision, and we may give a rebuttal to your statement.

Receive an accounting of disclosures of PHI. You have the right to request a list of certain disclosures we have made of your PHI for most purposes other than treatment, payment, or health care operations. This list is called an "accounting." The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to our Privacy Office. Your request must specify the time period but may not be longer than six years prior to the date of your request. The first accounting you request within a 12-month period will be provided free of charge, but you may be charged for the cost of providing additional accountings within the same 12-month period. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

Request confidential communications of PHI. You have the right to request that we communicate your health information to you in a specific way (such as by email or text message) or at an alternative address. To request confidential communications, please submit a written request to our Privacy Office stating how or where you would prefer to be contacted. We will accommodate reasonable requests. If you have a digital account, you may manage your communication preferences there. Please note that messages sent by unencrypted email, text message, or through a connection you authorize with a third-party app or service (sometimes called an application programming interface, or "API") may not be secure or confidential. Your information could be accessible to your internet service provider, mobile carrier, the app or service you chose to connect, or anyone who has access to your device.

If you direct us to send your PHI electronically or through an app or third-party service that connects to your pharmacy information through an API, you understand that your information may no longer be protected by HIPAA once it leaves our systems and may not be subject to the same privacy or security requirements. You accept the risks associated with these transmission methods. We encourage you to review the privacy and security practices of any app or service before asking us to send PHI using these methods.

Request someone to make these requests on your behalf. If you have given someone the authority to make medical decisions for you or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI.

USES AND DISCLOSURES OF PHI WITHOUT YOUR PRIOR AUTHORIZATION:

Except where prohibited by federal or state laws that require special privacy protections, the following are descriptions and examples of ways we use and disclose PHI without your prior authorization; however, not every permissible use or disclosure will be listed in this Notice. In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR Part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without your consent or a court order that complies with Part 2 requirements.

Treatment: We may use and share your PHI for treatment purposes, including helping you access medication and services. For example, we will use PHI to dispense prescription medications to you

Payment: We may use and share your PHI for payment of prescription medications. For example, we will contact your insurer, pharmacy benefit manager, or other health care payor to determine whether it will pay for your prescription and the amount of your co-payment.

Healthcare operations: We may use and share your PHI for our health care operations, such as performing quality checks or internal audits and for other activities related to our healthcare business. For example, we may use information in your health record to monitor the performance of the pharmacists providing treatment to you.

OTHER USES OR DISCLOSURES OF YOUR PHI:

Your PHI may be used and disclosed without your prior authorization in connection with the following specified purposes:

Other members of our Affiliated Covered Entity: Noble Health is part of an Affiliated Covered Entity (the "KPH ACE"). The KPH ACE is a group of legally separate health care providers and organizations that have designated themselves as a single entity under the HIPAA Privacy Rule. Although Noble Health is a member of the KPH ACE and may share your PHI with other members of the KPH ACE as permitted by HIPAA for treatment, payment, and health care operations, this Notice describes only the privacy practices of Noble Health. Other members of the KPH ACE may maintain separate Notices of Privacy Practices that apply to their own privacy practices.

Business associates: We may provide your PHI to other companies or individuals to assist us in providing specific services. These other entities, known as "business associates," are required by law and their agreements with us to maintain the privacy, integrity and security of PHI in accordance with HIPAA regulations. Examples of business associates include billing services, collection agencies, and pharmacy software and system providers.

Communication with individuals involved in your care or payment for your care: Health professionals such as pharmacists, using their professional judgment, may disclose to a family member, other relative, close personal friend or any person you identify, PHI relevant to that person's involvement in your care or payment related to your care. For example, we may allow a friend or family member to pick up a prescription on your behalf. In addition, we may disclose health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

Automated Communications: When you provide your telephone number to us, we may send automated pharmacy notification and reminder services including artificial and/or pre-recorded voice calls and/or text messages (SMS, MMS, and RCS) regarding your prescriptions, refill reminders, vaccines and other pharmacy related subjects. Both calls and texts may include PHI, including the name of your medication, and may be accessible to your carrier and anyone who has access to your phone, and therefore not confidential. You may opt-out of the notifications by following the process set forth by us or our business associate in your digital account, or by asking your local Noble Health pharmacy how to do this.

Food and Drug Administration (FDA): We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Worker's compensation: We may disclose your PHI as authorized by and as necessary to comply with laws relating to workers' compensation or similar programs established by law.

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

As required by law: We must disclose your PHI when required to do so by federal, state or local 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 health care system, government programs, and compliance with civil rights laws.

Law enforcement and judicial or administrative proceedings: If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a valid subpoena, discovery request, or other lawful process as authorized or required by law. Substance use disorder records are subject to additional protections described above.

Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

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 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.

Fundraising: We may use or disclose your limited PHI for fundraising activities. If you receive a fundraising communication from us or a foundation on our behalf, the communication will contain a clear and conspicuous opportunity for you to elect not to receive any further fundraising communications. Your decision will have no impact on the services you receive from us. If we have your substance use disorder patient records, subject to 42 CFR Part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use information in those records.

Notification: We may use or disclose PHI about you 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 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 and 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 PHI about you as required by military command authorities as authorized or required by law. We may also release PHI about foreign military personnel to the appropriate military authority as authorized or required by law.

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

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 make this disclosure as authorized or required by law.

Incidental Uses/Disclosures: In order to ensure that communications essential to providing quality pharmacy services are not hindered, incidental disclosures may occur. For example, we may need to use your name and birthdate to identify you when picking up your

prescription and other individuals in the same area may overhear this information. We will make reasonable efforts to limit these incidental disclosures.

Use of Artificial Intelligence (AI): We may use your PHI in AI tools and models to facilitate your treatment and care, run and improve our operations, and for other reasons allowed by law and set forth in this notice. If we use your PHI in an AI tool or model, we will use appropriate safeguards to protect the privacy, security and integrity of your PHI. We will seek your additional consent when required by law.

OTHER USES AND DISCLOSURES OF PHI REQUIRING YOUR AUTHORIZATION

We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for above or as otherwise permitted or required by law.

We will obtain your written authorization before using or disclosing your PHI for marketing purposes (as defined in HIPAA), except in limited cases where applicable law allows the use or disclosure without your authorization. We are prohibited from selling your PHI without your prior authorization.

If you do authorize us to use or disclose your PHI for another purpose, you may revoke an authorization in writing at any time by writing to the Privacy Officer identified below. 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.

NOTICE TO MINORS

If you are a minor who has lawfully provided consent for treatment and you wish that we treat you as an adult for purposes of access to, and disclosure of, records related to such treatment, please notify a pharmacist at your local Noble Health pharmacy or our Privacy Office.

CONSENT TO SHARED PHARMACY SERVICES

Noble Health Services may use shared pharmacy services, including licensed Noble Health pharmacists, to help process and fulfill your prescription.

By receiving services from Noble Health, you:

- Understand that your prescription(s) may be processed in whole or in part, by a collaborating Noble Health pharmacy.
- Provide your one-time consent for Noble Health and its affiliated pharmacists to utilize shared pharmacy services for your current and future prescriptions.
- May withdraw this consent at any time by contacting Noble Health at contactus@noblehealth.com. If you opt out, Noble Health will use reasonable efforts to process your prescriptions through its own pharmacy. If you opt out and, Noble is unable to fulfill your prescription order without utilizing shared pharmacy services, your prescription will be transferred to the pharmacy of your choice.

TO SUBMIT REQUESTS, ASK FOR MORE INFORMATION OR TO REPORT A PROBLEM:

To make requests, or if you have questions or would like additional information about Noble Health's privacy practices, you may contact us at our Privacy Office:

Noble Health Services, Inc.
6040 Tarbell Road Syracuse, NY 13206
Attn: Privacy Officer

Email: privacyofficer@kphhealthcareservices.com

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer at the address or email provided above. There will be no retaliation for filing a complaint.

You may also file a complaint with the DHHS using the following contact information:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

Website: https://www.hhs.gov/civil-rights/filing-a-complaint/index.html

Email: OCRComplaint@hhs.gov

This notice is effective as of July 1, 2026

WE'RE HERE TO HELP WALK YOU THROUGH EVERY STEP *of* ***YOUR*** CLINICAL JOURNEY

Please call us if you have any questions or concerns regarding how to fill a new or refill prescription, how to have a prescription transferred, order status, order delay information, copays, claims submissions, network status information, cash price information, or benefit coverage. A Pharmacist-On-Call is available 24 hours a day, 7 days a week, 365 days a year for medication assistance, side effects, and other clinical situations.

Noble easily serves patients across all 50 states through our multiple locations.

*An answering service will answer Noble Health Services' phones after normal business hours. You may leave a message or inform the operator that you wish to speak to a company representative and the on-call staff will be contacted. Only equipment requiring emergency maintenance or replacement will be serviced after hours.

NOBLE **NORTHEAST**

6040 Tarbell Road
Syracuse, NY 13206

PHONE: (888) 843-2040

FAX: (888) 842-3977

CALL CENTER HOURS*:
M–F – 8:30am to 8:00pm ET
Sat – 8:30am to 12:30pm ET
Sun – Closed

HOURS OF OPERATION:
M–F – 8:30am to 5:00pm ET
Sat – 8:30am to 12:30pm ET
Sun – Closed

NOBLE **SOUTHEAST**

2506 Lakeland Drive, Suite 201
Flowood, MS 39232

TELEPHONE: (866) 420-4041

FAX: (601) 420-4040

CALL CENTER HOURS*:
M–F – 7:30am to 7:00pm CT
Sat – 7:30am to 12:00pm CT
Sun – Closed

HOURS OF OPERATION:
M–F – 8:00am to 5:00pm CT
Sat–Sun – Closed

NOBLE **CAROLINAS**

311 Pomona Drive
Greensboro, NC 13206

PHONE: (888) 743-3204

FAX: (888) 842-3977

CALL CENTER HOURS*:
M–F – 8:30am to 8:00pm ET
Sat – 8:30am to 12:30pm ET
Sun – Closed

HOURS OF OPERATION:
M–F – 8:00am to 5:00pm ET
Sat–Sun – Closed

NOBLE **NORTHERN NY**

31 East Main Street
Gouverneur, NY 13642

TELEPHONE: (888) 252-1497

FAX: (680) 639-2733

CALL CENTER HOURS*:
M–F – 8:30am to 8:00pm ET
Sat – 8:30am to 12:30pm ET
Sun – Closed

HOURS OF OPERATION:
M–F – 9:00am to 5:00pm ET
Sat–Sun – Closed

EMAIL: contactus@noblehealthservices.com

WEB: www.noblehealthservices.com

NOBLE
HEALTH SERVICES

www.noblehealthservices.com

Q220261