Notice of Privacy Practices: Effective Date: March 26, 2013 Revision Date: September 2, 2019

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USTED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes the privacy practices of: Walmart Health & Wellness operations, Sam’s Club Health & Wellness operations, and the health care practices and partners providers in Walmart Health, including the Walmart Health medical, dental, optometry, and behavioral health practices, which have formed and participate in an organized health care arrangement. This Notice applies to all facilities, sites or those health care providers, such as the Walmart and Sam’s Club locations where Walmart Health practices and partner providers operate, and Walmart and Sam’s Club pharmacy, vision center, optical, and clinic locations. We understand that your medical information is personal and we are committed to protecting it. We are required by law to maintain the privacy of your protected health information ("PHI") and to provide you with this Notice of our legal duties and privacy practices concerning your PHI, and to report to you any security breach involving your unsecured PHI. We must follow the terms of the current Notice.

Uses and Disclosures of PHI That Do Not Require Your Authorization: 1. For Treatment: We may use your PHI for treatment purposes such as dispensing prescriptions and providing medication therapy management services. We may disclose your PHI to treating physicians, providers, pharmacies, inhalational providers, and other health care providers who are involved in your health care or treatment. 2. For Payment: We may use and disclose your PHI so that we and other covered entities or health care providers can bill and collect payment from entities, as well as to determine the eligibility of your insurances, plan benefits, or eligibility for government assistance. 3. As a condition of your health plan: We may use or disclose your PHI to your health plan for purposes of carrying out payment or health care operations, including your eligibility for health plan benefits, or identifying a substitute beneficiary. 4. To Individuals Involved in Your Care or Payment for Your Care: We may disclose your PHI to a family member, other relative, friend, or other individual identified by you, who is involved in your medical care or payment for your care, provided you agree to this disclosure, you had an opportunity to object and did not, or do not, refer to the circumstances in our professional judgment that the disclosure is appropriate. 5. To Avert a Serious Threat to Health or Safety: We may use or disclose your PHI when necessary to prevent or lessen a serious threat to any person or the public. 9. For Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law such as audits, inspections, and licensure or other activities necessary for oversight of the health care system, benefit programs, and civil rights. 10. For Public Health Activities: We may disclose your PHI to public health officials, when necessary to prevent or control disease, injury, or disability, or to report cases of abuse, neglect, or domestic violence, or to report other public health matters. We may disclose PHI to report facts related to a death or for medical examiners and funerals. 11. For Law and Disputes: We may disclose your PHI in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process if efforts have been made to tell you about the request or to obtain a protective order. 12. For Healthcare Operations: We may use or disclose PHI in certain circumstances, based on our own internal policies, to review and evaluate the quality of health care services, as is appropriate to these operations, or to carry out other lawfully designated healthcare operations, which may involve reviewing your health care record, to be included when we make a disclosure of the item or statement you believe to be incomplete or incorrect. 13. For Certification and Government Functions: We may disclose your PHI: (1) if you are deaf or have difficulty speaking, to a speech language pathologist, or (2) if you are a patient of an institution for individuals with disabilities, to a corresponding institutional law enforcement officer; (3) in response to a request from a law enforcement, under certain conditions; (4) for national security reasons authorized by law; (5) to authorized federal officials to protect the President, other authorized persons, or foreign heads of state. 14. For Workers’ Compensation: We may disclose your PHI for workers’ compensation or similar programs. 15. For Organ and Tissue Donation: We may also disclose PHI to organ procurement or similar organizations for purposes of donation or transplantation. 16. For Carriers and Funeral Directory: We may disclose PHI to carriers and funeral directors, if legally required, to confirm death, to notify death, or to disclose PHI to a person legally authorized to act on your behalf, such as a parent, legal guardian, or administrator or executor of your estate. 17. For Proof of Immunization: We may provide proof of immunization to a school about a student or prospective student, as required by law, if authorized by the parent/guardian, emancipated minor, or other authorized individual as applicable.

Uses and Disclosures of PHI That Require Your Authorization: 1. Sale of PHI: We will not use or disclose your PHI in exchange for direct or indirect remuneration unless you authorize us to do so, or as permitted by HIPAA. 2. Psychotherapy Notes: Except in limited circumstances, we may not use or disclose notes recorded by a mental health professional documenting mental health services provided during or after treatment. 3. Marketing: We may use or disclose PHI for marketing purposes. 4. Research Purposes: We may use or disclose PHI for research purposes with your authorization, or without authorization under limited circumstances such as with a waiver from an institutional review board. Exempt Uses and Disclosures of PHI That Require Your Authorization: You may request us to use or disclose your PHI for marketing purposes, without your authorization. The health care provider must provide you with a notice of the right to request restrictions and an opportunity to exercise your right to request limitations on uses and disclosures of PHI for marketing purposes.

Changes to This Notice of Privacy Practices: We reserve the right to change this Notice and to make the revised Notice effective for PHI we already maintain or receive in the future. We will post a copy of the current Notice. If we change our Notice, you may obtain a copy of the revised Notice upon request or online at: https://corporate.walmart.com/privacy-security/notices/.

For More Information or to Report a Problem: If you have questions about this Notice, contact HIPAA Compliance, Walmart Inc., 2608 SE J Street, Mailstop 0230, Bentonville, AR. 72716-0230. You may obtain a copy of this Notice from your Walmart or Sam’s Club or online at: https://corporate.walmart.com/privacy-security/notices/.

For Patient Bill of Rights: Responsibilities of the Provider: 1. Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care; 2. Participate in the development and periodic revision of the plan of care; 3. Refuse care or treatment after the consequences of refusing care or treatment are fully explained; 4. Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the consumer will be responsible; 5. Have one’s property and person treated with respect, consideration and recognition of client/patient dignity and individuality; 6. Be able to identify visiting personnel through proper identification; 7. Be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of client/patient property; 8. Voice grievances/complaints regarding treatment or care, lack of respect of property or concern changes in policy, personnel or care/service without interference, restraint, interference, coercion, discrimination or reprisal; 9. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished or lack of respect of property investigated; 10. Use a health care provider of my choice, if such choice is consistent with the plan of care or treatment; 11. Be advised on agency’s policies and procedures regarding the disclosure of clinical records; 12. Be advised on agency’s policies and procedures regarding the disclosure of clinical records; 13. Receive appropriate care without discrimination in accordance with physician or provider orders; 14. Be informed of any financial benefits when referred to an organization; 15. Be fully informed of one’s responsibilities; 16. Receive information about the scope of services the organization will provide and specific limitations on those services. Responsibilities of the Patient: 1. To provide complete and accurate information concerning your present health, medication, allergies, etc., when appropriate to your care/service; 2. To be involved, as needed and as able, in developing, carrying out and modifying your home care service plan, such as properly cleaning and storing your equipment in a safe, clean, dry and accessible environment; 3. To cooperate with the agency in providing complete and accurate information when appropriate to your care/service; 4. To notify your attending physician or provider when you feel ill; 5. To notify us prior to changing your place of residence or your telephone number; 6. To notify us when encountering any problem concerning your care/service; 7. To notify us if your physician or other provider modifies or ceases your prescription; 8. To notify us of denial and/or restriction of our privacy policy.

Customer Concerns: You May Contact Us at (800) WAL-MART. Within five days of receiving a complaint you will be contacted by telephone, email, fax or letter that we have received your complaint. Within 14 calendar days we will provide a written notification of the results of your inquiry and the resolution. You may call (800) WAL-MART if you have a concern regarding fraud and abuse or privacy compliance or if you may contact Accreditation Commission for Health Care (ACHC) at (919)785-1214 or (855) 937-2224 if your complaint is not resolved. You can also call the Office of Inspector General at (800) 447-8477. Medicare DMEPOS Supplier Standards: The products and/or services provided to you by Wal-Mart Stores, Inc. are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.37(e). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at www.ecfr.gov. Upon request we will furnish you a written copy of the standards.

Warranty Information: Every product sold or rented by our company’s warranty carries a one-year manufacturer’s warranty. We will notify all Medicare beneficiaries of the warranty coverage, honor all warranties under applicable law, repair or replace, free of charge, Medicare-covered equipment under warranty. In addition, an owner’s manual with warranty information will be provided to beneficiaries for all durable medical equipment when this manual is available.