

# MAC PHARMACY

## NOTICE OF PRIVACY PRACTICES

Effective Date: July 1, 2026

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

### OUR COMMITMENT TO YOUR PRIVACY

MAC Pharmacy is committed to protecting the privacy and security of your Protected Health Information ("PHI"). This Notice describes how we may use and disclose your PHI, your rights regarding your PHI, and our legal obligations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act ("HITECH"), applicable federal regulations, and Ohio law.

MAC Pharmacy is required by law to:

- Maintain the privacy and security of your PHI.
- Provide you with this Notice of Privacy Practices.
- Follow the terms of this Notice currently in effect.
- Notify you if a breach occurs that may have compromised the privacy or security of your PHI.

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### MAC PHARMACY LOCATIONS

#### MAC Pharmacy #1

NPI: 1699026880

879 E. Exchange Street  
Akron, Ohio 44306

#### MAC Pharmacy #2

NPI: 1629617352

10414 St. Clair Avenue  
Cleveland, Ohio 44108

Website: [www.macpharmacy.com](http://www.macpharmacy.com)

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# HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

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

## Treatment

We may use and disclose your PHI to provide, coordinate, or manage your healthcare and pharmacy services.

Examples include:

- Filling prescriptions
- Contacting prescribers regarding prescriptions
- Reviewing medication therapy
- Conducting drug utilization reviews
- Coordinating care with physicians, hospitals, home health agencies, infusion providers, and other healthcare providers
- Providing medication counseling

## Payment

We may use and disclose your PHI to obtain payment for services and products provided to you.

Examples include:

- Billing Medicare, Medicaid, commercial insurers, and other payers
- Determining insurance eligibility and benefits
- Obtaining prior authorizations
- Collecting copayments and coinsurance
- Conducting reimbursement reviews and audits

## Healthcare Operations

We may use and disclose PHI for healthcare operations necessary to operate our pharmacy.

Examples include:

- Quality assessment and improvement activities
  - Staff training and education
  - Licensing and accreditation activities
  - Internal audits
  - Compliance monitoring
  - Risk management activities
  - Business planning and administration
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## **ADDITIONAL USES AND DISCLOSURES PERMITTED OR REQUIRED BY LAW**

We may disclose your PHI as required or permitted by law for:

- Public health activities
- Reporting adverse drug events to the FDA
- Disease prevention and control activities
- Health oversight audits and investigations
- Judicial and administrative proceedings
- Law enforcement purposes
- Coroners, medical examiners, and funeral directors
- Organ and tissue donation
- Research approved under applicable HIPAA requirements
- Workers' compensation programs
- Military and national security activities
- Correctional institutions
- Disaster relief efforts
- Reporting abuse, neglect, or domestic violence
- Preventing or reducing serious threats to health or safety

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## **BUSINESS ASSOCIATES**

We may share PHI with third-party business associates who perform services on our behalf, including:

- Billing companies
- Claims processors
- Information technology vendors
- Electronic health record providers
- Accreditation organizations
- Legal and consulting firms

All business associates are required by law and contract to safeguard your PHI.

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## **PHARMACY COMMUNICATIONS**

We may contact you regarding:

- Prescription refill reminders
- Medication adherence programs
- Drug recalls and safety alerts
- Therapy management programs
- Alternative treatment options

- Pharmacy services and health-related benefits
- Appointment reminders

Communications may occur by:

- Telephone
- Voicemail
- Text message
- Email
- Mail
- Patient portal or electronic applications

You may request alternative methods of communication as described below.

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## **USES REQUIRING YOUR WRITTEN AUTHORIZATION**

Except as otherwise permitted by law, we will obtain your written authorization before:

### **Marketing**

Using or disclosing your PHI for most marketing activities.

### **Sale of PHI**

Selling your PHI.

### **Psychotherapy Notes**

Using or disclosing psychotherapy notes when applicable.

### **Other Uses**

Any use or disclosure not described in this Notice.

You may revoke an authorization at any time in writing, except to the extent we have already relied upon it.

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## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

### **Right to Access Your Records**

You have the right to inspect and obtain a copy of your PHI.

Where available, you may request records in electronic format.

Reasonable cost-based fees may apply as permitted by law.

### **Right to Request an Amendment**

You may request correction or amendment of information you believe is incomplete or inaccurate.

### **Right to Request Restrictions**

You may request restrictions on certain uses and disclosures of your PHI.

While we are not required to agree to most requests, we will comply when required by law.

### **Right to Restrict Disclosure to Health Plans**

If you pay for a service or item completely out-of-pocket, you may request that we not disclose information relating solely to that service or item to your health plan.

We must honor such requests unless disclosure is otherwise required by law.

### **Right to Confidential Communications**

You may request communications by alternative means or at alternative locations.

Examples include:

- Cell phone instead of home phone
- Alternative mailing address
- Secure email

We will accommodate reasonable requests.

### **Right to an Accounting of Disclosures**

You may request a list of certain disclosures of your PHI made by MAC Pharmacy.

### **Right to Receive a Paper Copy of This Notice**

You may obtain a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.

### **Right to Be Notified of a Breach**

You have the right to receive notification if a breach of your unsecured PHI occurs and notification is required by law.

## **REPRODUCTIVE HEALTH INFORMATION**

MAC Pharmacy complies with applicable federal privacy protections concerning reproductive health care information.

Where required by law, we will not use or disclose protected reproductive health information for prohibited purposes and may require attestations before certain disclosures are made.

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## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with MAC Pharmacy or with the U.S. Department of Health and Human Services Office for Civil Rights.

You will not be retaliated against for filing a complaint.

To file a complaint with MAC Pharmacy, contact the Privacy Officer listed below.

To file a complaint with the U.S. Department of Health and Human Services:

Office for Civil Rights  
U.S. Department of Health and Human Services

Website: <https://www.hhs.gov/hipaa/filing-a-complaint>

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## **CONTACT INFORMATION**

If you have questions regarding this Notice, wish to exercise your privacy rights, request records, submit a complaint, or report a privacy concern, please contact:

### **HIPAA Privacy Officer**

#### **Sherif Mankaryous**

MAC Pharmacy #1  
NPI: 1699026880

879 E. Exchange Street  
Akron, Ohio 44306

Email: [sherifm@macpharmacy.com](mailto:sherifm@macpharmacy.com)  
Fax: (330) 375-5048

Website: [www.macpharmacy.com](http://www.macpharmacy.com)

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## **Alternate Privacy Contact**

### **George Tadross**

MAC Pharmacy #2  
NPI: 1629617352

10414 St. Clair Avenue  
Cleveland, Ohio 44108

Email: georget@macpharmacy.com  
Fax: (216) 800-0224

Website: www.macpharmacy.com

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## **CHANGES TO THIS NOTICE**

MAC Pharmacy reserves the right to change this Notice at any time and to make revised or changed terms effective for all PHI we maintain.

Current versions of this Notice will be available:

- At all MAC Pharmacy locations
  - On our website
  - Upon request
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## **ACKNOWLEDGMENT OF RECEIPT**

I acknowledge that I have received or been offered a copy of MAC Pharmacy's Notice of Privacy Practices.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Personal Representative (if applicable): \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_