

# Your Information. Your Rights. Our Responsibilities.

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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.**

**Effective Date: 6/14/2022**

The terms of this Notice of Privacy Practices (“Notice”) apply to Jushi, Inc., and its employees (collectively “Jushi,” “we,” “us”). Jushi will use and disclose (share) certain health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law and for the purposes described below.

We are required by the Federal Health Insurance Portability and Accountability Act (“HIPAA”) to maintain the privacy of our patients’ protected health information and to provide patients with notice of our legal duties and privacy practices with respect to protected health information (“PHI”). We are required by law to abide by the terms of this Notice for as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make a new Notice effective for all PHI collected by Jushi. We are also required to inform you that there may be a provision of State law that relates to the privacy of your health information that may be stricter (or more protective of you) than a standard or requirement under HIPAA, and we will comply with the stricter (or more protective) standard. A copy of any revised Notice or information pertaining to a specific State law may be obtained by mailing a request to the HIPAA Privacy Officer, Jushi, Inc, 301 Yamato Road, Suite 3250, Boca Raton, Florida 33431.

## Summary of Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record (e.g. medical marijuana purchase history)
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this Notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Summary of Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition or status as a medical marijuana patient
- Provide disaster relief
- Share your information as detailed below

## Summary of Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Get paid for your medical cannabis
- Run our organization
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or, if you agree, a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. In most cases, we are not required to agree to your request, and we may say “no” if it would affect your care.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. We will inform you of the amount of the fee in advance and you can decide not to receive the additional accounting.

### **Get a copy of this Notice**

You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly. This Notice of Privacy Practices for Protected Health Information is also available at [www.beyond-hello.com/notice-ppphi/](http://www.beyond-hello.com/notice-ppphi/).

#### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [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.

#### **Get notification if there is a breach of your health information**

- You have the right to be notified if there is a Breach of your unsecured PHI as those terms are defined under HIPAA.
- We will notify you in writing as quickly as possible and no later than 60 days following our discovery of a Breach

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Treat you**

We can use your health information and share it with other professionals who are treating you, as allowed by law.

*Example: A doctor treating you asks us for information related to your care.*

### **Get paid for your medical cannabis**

We can use your health information to get paid for your medical cannabis or to check that the correct amount was charged for your medical cannabis.

*Example: We may share payment information with your designated caregiver.*

### **Run our organization**

We can use and share your health information to run our business, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services and improve the quality of care. We also share health information with your treating providers for these purposes.*

## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medicine
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the State Department of Public Health, State Department of Business Regulations, and U.S. Department of Health and Human Services if it wants to see that we’re complying with applicable law.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers’ compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law

- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena if certain conditions are met to provide you with notice or to obtain an order protecting the information.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described herein unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
  - We never market or sell personal information without your written permission.
  - We will not share any psychotherapy notes without your written permission, except in extremely limited situations such as by court order.

You may revoke prior authorizations you have given us, provided the request is in writing; however, previously released information is not covered by this request.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

### **For Further Information**

To exercise your rights, for questions, or further assistance regarding this Notice, you may contact the HIPAA Privacy Officer by email [privacy@jushico.com](mailto:privacy@jushico.com), by telephone at (561.237.8642), or by writing to the HIPAA Privacy Officer at HIPAA Privacy Officer, Jushi, Inc., 301 Yamato Road, Suite 3250, Boca Raton, Florida 33431.

**I hereby acknowledge receipt of the Jushi Notice of Privacy Practices and I permit Jushi, Inc. to send me the Jushi Notice of Privacy Practices by e-mail.**

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

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

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