



NOTICE OF PRIVACY PRACTICES

I certify that I have received a copy of Guardian Pharmacy of Michigan's privacy practices and have been given an opportunity to review the document and ask questions to assist my understanding of residents' rights relative to the protection of residents' health information. I know that I can access the Notice of Privacy Practices on the Guardian Website [<https://guardianpharmacy.com/hipaa-privacy-policy/>]. I further acknowledge that I am satisfied with the explanations provided to me and am confident that Guardian Pharmacy of Michigan is committed to protecting my health information. I certify that I have read and understand this agreement.

NOTICE OF NON-DISCRIMINATION AND COMPLAINT PROCEDURES

I certify that I have received a copy of Guardian Pharmacy of Michigan's Notice of Non-Discrimination and Complaint Procedures and have been given an opportunity to and did review the document including the free disabilities aids and language services available and was given an opportunity to ask questions to assist my understanding of it. I am confident I understand my rights and my options if I believe that I have been discriminated against of Guardian Pharmacy has failed to provide certain services.

INJURY, INFECTION, AND EMERGENCY PREPAREDNESS

I certify that I have received a copy of Guardian Pharmacy of Michigan's Injury, Infection, and Emergency Preparedness protocol and have been given an opportunity to and did review the document and was given an opportunity to ask questions to assist my understanding of it.

PAYMENT INFORMATION

I certify that I have received a copy of Guardian Pharmacy of Michigan's payment information and understand the available ways to pay my bills and have been given an opportunity to and did review the document and was given an opportunity to ask questions to assist my understanding of it.

I understand and have reviewed all of the above documents and agreed to be bound as applicable. I have agreed to these notices by signing the initial Pharmacy Agreement within my Welcome Packet.



NOTICE OF NON-DISCRIMINATION

Guardian Pharmacy, LLC and its related entities, including Guardian Pharmacy of Michigan, comply with applicable federal, state and civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or any other protected status.

If you believe that Guardian has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, or any other protected status, you can file a grievance with Guardian's Compliance Department by calling 1-877-378-7340.

If you feel your concern is not addressed, you can file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

COMPLAINT PROCEDURES

You have the right and responsibility to express concerns, dissatisfaction or make complaints about services you do or do not receive without fear of reprisal, discrimination or unreasonable interruption of services. The telephone number is 1-877-378-7340; when you call you will be directed to the appropriate staff. If you follow this process, we will ensure your concerns will be reviewed, investigated and responded to in accordance with state and federal regulations.

MEDICARE PATIENTS

If your concern is not addressed, you can file a complaint/or speak to a customer service representative at Medicare by calling: 1-800-MEDICARE or 1-800-633-4227

INJURY, INFECTION AND EMERGENCY PREPAREDNESS

INJURY PROTOCOL

In the event of an injury or death related to equipment failures provided by Guardian Pharmacy, LLC and its related entities would be reported to all authorities (state, local payer, accreditation provide as required). Guardian Pharmacy, LLC and its related entities reduces the risk through education and information provided to facilities, employees, and patients.

INFECTION CONTROL POLICY

Guardian Pharmacy, LLC and its related entities will maintain a plan of action regarding issues of infection and hazards by complying with CDC and OSHA standards, reviewing, updating, and reporting such concerns as they arise.

EMERGENCY PREPAREDNESS PLAN

Guardian Pharmacy, LLC and its related entities has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility, chemical spills in the community, hurricanes, tornadoes and community evacuations. Our primary goal is to continue to service your health care needs. It is your responsibility to contact Guardian Pharmacy, LLC and its related entities regarding any medications or supplies you may require when there is a threat of disaster or inclement weather so that you have enough medication or supplies to sustain you. If a disaster occurs, follow instructions from the civil authorities in your area. Guardian Pharmacy, LLC and its related entities will utilize every resource available to continue to service you. However, there



may be circumstances where Guardian Pharmacy, LLC and its related entities cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local rescue or medical facility. Guardian Pharmacy, LLC and its related entities will work closely with authorities to ensure your safety.

PAYMENT INFORMATION

Guardian Pharmacy of Michigan offers three easy and convenient ways to pay your pharmacy bills.

ONLINE BILL PAY

The online portal is flexible, easy to use, and available 24/7. Manage multiple users and accounts, monitor payment activity, view your statements and enroll in electronic statement delivery. Create an account in our online payment portal to make a one-time payment or set up automatic recurring payments. Recurring payments take the hassle out of remembering to pay your bill by allowing you to choose the date that your monthly payment is processed. Payments can be made via your checking account or credit card (VISA, MasterCard, American Express). The link to the online portal is <https://guardian.account-access.net/cpo/com/etc/jcm/cpo/tmain>. This can also be found on your monthly statements.

PAY BY PHONE

Use our automated payment system to make a payment by phone using the access code and zip code listed on your statement. Payments can be made via your checking account or credit card (VISA, MasterCard, American Express). Call 877-378-7340. This number can also be found on each monthly statement.

PAY BY MAIL

Mail in a check or money order payment directly to the address listed on your statement to make a payment. If paying by check or money order, please include your name or account number. If I send a non-sufficient funds check, I understand and agree that Guardian Pharmacy of Michigan *may* charge a forty (\$40) dollar service charge and give you an opportunity to rectify the payment by sending another check without a break in service.

Mailing address: Guardian Pharmacy of Michigan
Accounts Receivable Department
2930 29th Street SE
Grand Rapids, MI 49512

If you have any questions regarding your bill or how to use one of these payment methods, please reach out to the Guardian Pharmacy of Michigan billing team for assistance at 877-378-7340 ext. 2.