Notice of Privacy Practices

VaxPro LLC
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NOTICE OF PRIVACY PRACTICES

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: November 11, 2026

If you have questions about this notice, contact our Privacy Officer: Michael Demian, mike@vaxpro.com, +1 262 241 4522, or write to the address above.

Who follows this notice

This notice applies to VaxPro LLC and its workforce, including the nurses and other clinicians who give vaccinations at VaxPro clinics, and the staff who schedule appointments, keep vaccination records and bill insurance.

Our duties

We are required by law to:

- keep your protected health information (PHI) private;
- give you this notice of our legal duties and privacy practices;
- notify you if there is a breach of your unsecured PHI; and
- follow the terms of the notice currently in effect.

We can change this notice. A change applies to all information we hold. The new notice will be on our website and available at our clinics, and we will give you a copy on request.

How we use and share your information

We may use and share your information without your written authorization for these purposes.

Treatment. To give you a vaccination and related care. For example, a nurse reviews your screening answers and allergies before giving a vaccine, and we may share your record with your doctor or another provider treating you.

Payment. To bill and get paid. For example, we send claims to your health plan, check your insurance eligibility and coverage, and share the information a plan needs to pay for your vaccination.

Health care operations. To run our clinics and improve care. For example, we review records for quality and safety, train staff, investigate incidents, and work with auditors and lawyers.

Business associates. We use service providers, such as our cloud hosting, claims and messaging vendors, that handle information for us. Each one signs a written agreement to protect it.

We may also use or share your information in these situations, under the conditions the law sets for each:

- Immunization registries and public health. We report vaccinations to state immunization registries as required or permitted by law, report adverse events and diseases to public health authorities, and help with product recalls and safety monitoring.
- Schools. We may give a school proof of your child's immunization when state law requires the school to have it and you or your child (if an adult or emancipated minor) agree, which may be oral.
- Required by law. When a federal, state or local law requires it.
- Health oversight. To agencies that audit, inspect or license health care.
- Lawsuits and legal actions. In response to a court or administrative order, or to a subpoena or other lawful request when the law's conditions are met.
- Law enforcement. For law enforcement purposes the law allows, such as responding to a court order or warrant.
- Abuse, neglect or domestic violence. To report suspected abuse, neglect or domestic violence to the authorities, as allowed by law.
- Serious threats to health or safety. To prevent or lessen a serious and imminent threat to a person or the public.
- Coroners, medical examiners and funeral directors. As needed for them to carry out their duties.
- Organ and tissue donation. To organizations that handle organ, eye or tissue donation.
- Research. When the law's conditions for research are met.
- Specialized government functions. For military, national security and similar government functions.
- Workers' compensation. For workers' compensation or similar programs.
- The Department of Health and Human Services. When the Secretary needs it to check that we comply with the law.

Reproductive health care

We will not use or share your information to investigate or impose liability on anyone, or to identify anyone for those purposes, for the mere act of seeking, obtaining, providing or facilitating reproductive health care that is lawful where it is provided. Before we share information that may relate to reproductive health care for health oversight, a lawsuit or legal action, law enforcement, or a coroner or medical examiner, we require a signed statement (attestation) from the requester that the request is not for a prohibited purpose.

Your choices

You can tell us whether to share information with family members or others involved in your care or payment for your care. If you cannot tell us, for example in an emergency, we may share information if we believe it is in your best interest.

Uses that need your written authorization

We will not use or share your information for these purposes unless you give us written permission:

- sharing your vaccination record with your employer, school or the organization that arranged the clinic, except where the law allows it without permission;
- marketing; and

- selling your information.

Any other use or disclosure not described in this notice will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent we have already acted on it.

Your rights

You have the right to:

- Get a copy of your health and billing records. Ask us in writing. We will give you a copy, in electronic form if you ask and we can readily produce it, usually within 30 days. We may charge a reasonable, cost-based fee.
- Ask us to correct your record. Ask us in writing and tell us why. We may say no, and we will tell you why in writing within 60 days. You may then send us a statement of disagreement.
- Ask for confidential communications. Ask us to contact you in a specific way or at a different address. We will agree to all reasonable requests.
- Ask us to limit what we use or share. We are not required to agree, except that if you pay for a service in full out of pocket, you can ask us not to share it with your health plan and we will agree unless the law requires us to share it.
- Get a list of those we shared your information with. You can ask for a list (accounting) of the times we shared your information in the six years before your request, with whom and why. It does not include disclosures for treatment, payment, health care operations, or those you authorized. One list a year is free.
- Get a copy of this notice. On paper, even if you agreed to get it electronically.
- Choose someone to act for you. A parent, guardian or person with your medical power of attorney can exercise your rights. We will check that they have this authority first.

To use any of these rights, contact the Privacy Officer using the details at the top of this notice.

Complaints

If you believe your privacy rights have been violated, you can complain to us by contacting the Privacy Officer: Michael Demian, mike@vaxpro.com, +1 262 241 4522, VaxPro LLC, 230 Horizon Dr, Ste #101B, Verona, WI 53593-1299.

You can also complain to the U.S. Department of Health and Human Services Office for Civil Rights by writing to 200 Independence Avenue SW, Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

State law

Where state law gives your health information more protection than federal law, we follow the state law.