NOTICE OF PRIVACY PRACTICES

San Francisco AIDS Foundation and Strut SFAF LLC, doing business as SFAF Pharmacy

Effective Date: October 15, 2026

> **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. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM).**

Who This Notice Covers

San Francisco AIDS Foundation ("SFAF") and its wholly owned subsidiary, Strut SFAF LLC, doing business as SFAF Pharmacy ("SFAF Pharmacy"), have designated themselves a single affiliated covered entity under HIPAA and follow this one notice. In this notice, "we," "us," and "our" mean both organizations. SFAF provides HIV and STI testing and care, PrEP and PEP, hepatitis C care, gender-affirming care, behavioral health, and substance use services. SFAF Pharmacy fills prescriptions at 470 Castro Street, Suite B, San Francisco.

Both organizations follow this notice at all of our locations:

- Strut, 470 Castro Street
- 940 Howard Street
- 6th Street Center, 117 6th Street
- our mobile and telehealth services

This notice covers your health information. Information collected when you browse our website, sign up for our newsletter, or make a donation is covered by our separate Website Privacy Policy.

Our Duties to You

The law requires us to keep your protected health information private. Protected health information is information that identifies you and relates to your health, your care, or payment for your care. We must:

- give you this notice
- follow the notice currently in effect

- tell you if a breach puts your unsecured health information at risk

We can change this notice. Any change will apply to all information we hold about you. The new notice will appear on our website and at our locations, and you can ask us for a copy.

What Health Information We Collect

We collect the information we need to care for you and to fill your prescriptions. This includes:

- your name, contact details, date of birth, and insurance information
- your medical history, test results, diagnoses, and treatment notes
- prescriptions and records of medication you received
- billing and payment records
- information from telehealth visits and from patient portal messages

We may also receive information about you from other providers, laboratories, health plans, and pharmacy benefit managers.

How We Use and Share Your Information Without Your Written Permission

Treatment. We use and share your information to provide and coordinate your care. For example:

- an SFAF clinician may send your PrEP prescription to SFAF Pharmacy
- SFAF Pharmacy may contact your prescriber about a refill
- we may share results with a specialist or laboratory involved in your care

Payment. We use and share your information to bill and get paid by you, your health plan, a pharmacy benefit manager, or a program that funds your care. You can ask us not to bill your health plan. See “Right to request restrictions” under Your Rights below.

Health care operations. We use and share your information to run our organizations. This includes quality improvement, staff training, audits, licensing, accreditation, and legal and compliance work.

Business associates. We share information with vendors that perform services for us, such as our electronic health record, telehealth, laboratory, and billing vendors. Each vendor must sign a contract requiring it to protect your information.

Reminders and health-related communications. We may contact you about appointments, test results, refills, or treatment options. We will use the contact method you tell us is safe for you.

People involved in your care. If you agree, or do not object, we may share relevant information with a family member, friend, or other person you name who is involved in your care or in paying for it. We may also share information to help with disaster relief.

As required or permitted by law. We may share your information when federal, state, or local law requires it, or for the following purposes:

- public health reporting, such as reporting certain communicable diseases to public health departments
- reporting suspected abuse or neglect of a child, elder, or dependent adult
- preventing a serious and imminent threat to health or safety
- health oversight activities, such as audits and inspections
- court and administrative proceedings, such as a court order or a subpoena that meets legal requirements
- law enforcement purposes that the law allows
- coroners, medical examiners, and funeral directors
- organ and tissue donation
- research approved under privacy safeguards
- workers' compensation
- certain government functions, such as national security
- reporting controlled substance prescriptions to the California CURES database

Fundraising. We may contact you to support our work. Each fundraising message will tell you how to opt out, and we will honor that choice. Your decision will not affect your care.

Uses That Require Your Written Permission

We will not do the following without your written authorization:

- use or share psychotherapy notes, except in limited cases the law allows
- use your information for marketing
- sell your information

We will also get your written authorization for any other use or sharing not described in this notice. You may revoke an authorization in writing at any time. The revocation will not undo actions we already took in reliance on it.

Extra Protections for Sensitive Information

California and federal law give some information more protection than this notice otherwise describes. When a stronger law applies, we follow it. Examples include:

- HIV test results
- mental health information
- information about minors
- information about sexual and reproductive health care
- information about gender-affirming care

For example, California law generally requires your written authorization before we share HIV test results, unless the law requires or permits the disclosure.

California law lets minors consent on their own to certain services, including HIV and STI testing and treatment and, in some cases, mental health and substance use treatment. When a minor consents on their own, the minor controls access to those records.

Substance Use Disorder Records

Records from our federally protected substance use disorder program are protected by 42 CFR Part 2. These rules apply:

- **Consent for treatment, payment, and operations.** We share these records only with your written consent, unless the law allows otherwise. You may give one consent that covers all future uses for treatment, payment, and health care operations. A HIPAA-covered recipient of records shared under that consent may then reshare them as HIPAA permits.
- **Legal proceedings.** Your records, or testimony about them, may not be used to investigate or bring charges, or in any civil, criminal, administrative, or legislative proceeding against you. The exceptions are your specific written consent or a court order that follows Part 2's procedures.
- **Counseling notes.** Substance use disorder counseling notes need a separate consent.
- **Fundraising.** You may opt out of having these records used for fundraising.
- **Complaints.** You may file a complaint about these records with us or with the U.S. Department of Health and Human Services.

How We Limit What We Use and Share

We make reasonable efforts to limit the information we use, share, or request to the minimum necessary for the purpose. The law does not apply this standard when we share information:

- for your treatment
- with you
- under your written authorization
- with the U.S. Department of Health and Human Services
- where the law requires the disclosure

Your Rights

Right to see and get a copy of your records. You may ask to see or get a copy of your health and billing records. If we keep them electronically, you may ask for an electronic copy, and we will provide it in the form you request if we can readily produce it. You may also ask us in writing to send a copy to someone you choose.

If you ask to look at your records, we will let you do so during business hours within five working days after we receive your request. You may bring one person of your choosing.

If you ask for a copy, we will send it within 15 days after we receive your request.

We may charge a reasonable, cost-based fee for copies. We will not hold back your records because you have an unpaid bill.

Right to ask us to correct your records. You may ask us in writing to correct information you think is wrong or incomplete. We will respond within 60 days. If we need more time, we will tell you why, and we may extend once by up to 30 days. If we deny your request, we will explain why in writing. You may then file a statement of disagreement, which we will add to your record.

Right to an accounting of disclosures. You may ask for a list of certain times we shared your health information in the six years before your request. The list will show:

- the date of each disclosure
- the name of the person or organization that received the information, and their address if we know it
- a brief description of the information shared
- the reason it was shared

The list will not include disclosures made:

- for treatment, payment, or health care operations
- to you, or under your written authorization
- to people involved in your care
- that happened as an incidental part of an otherwise permitted use or disclosure
- for national security or intelligence purposes
- to correctional institutions or to law enforcement officials who have you in custody
- as part of a limited data set

We will respond within 60 days. If we need more time, we will tell you why, and we may extend once by up to 30 days. Your first list in any 12-month period is free. For any additional list in that period, we may charge a reasonable, cost-based fee. We will tell you the fee in advance so you can change or withdraw your request. The law may require us to delay including certain disclosures for a limited time if a health oversight agency or law enforcement official asks us to.

Right to request restrictions. You may ask us to limit how we use or share your information for treatment, payment, or operations. We are not required to agree to most requests. There is one exception: if you or someone on your behalf pays in full out of pocket for an item or service, you may ask us not to share information about it with your health plan, and we must agree unless the law requires the disclosure. This applies to both SFAF visits and SFAF Pharmacy prescriptions.

Right to confidential communications. You may ask us to contact you in a certain way or at a certain place, such as a specific phone number, mailing address, or the patient portal. We will agree

to reasonable requests, and we will not ask you why you are making the request.

Right to a paper copy of this notice. You may ask for a paper copy at any time, even if you agreed to receive it electronically.

Right to choose someone to act for you. A legal guardian or a person with your power of attorney may exercise your rights. The exception is records a minor controls under California law.

Right to be notified of a breach. We will notify you if a breach affects your unsecured health information.

To use any of these rights, contact the Privacy Officer. We can provide request forms.

How to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- Mail: 200 Independence Avenue, S.W., Washington, D.C. 20201
- Phone: 1-877-696-6775
- Online: www.hhs.gov/ocr/privacy/hipaa/complaints/

We will not retaliate against you, penalize you, or deny you care for filing a complaint.

Contact the Privacy Officer

Privacy Officer
San Francisco AIDS Foundation and Strut SFAF LLC (dba SFAF Pharmacy)
940 Howard Street, San Francisco, CA 94103
Email: privacyofficer@sfaf.org
Phone: (415) 487-3000

The Privacy Officer answers questions about this notice for both San Francisco AIDS Foundation and SFAF Pharmacy.

Language Assistance and Accessible Formats

San Francisco AIDS Foundation and Strut SFAF LLC, doing business as SFAF Pharmacy

Need this in another language or format?

Free language help, including interpreters and translated documents, and accessible formats such as large print are available at no cost on request. Call (415) 487-3000 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística, incluidos intérpretes y documentos traducidos, y formatos accesibles. Llame al (415) 487-3000 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務，包括口譯員、翻譯文件及無障礙格式。請致電 (415) 487-3000（TTY：711）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn, bao gồm thông dịch viên, tài liệu được biên dịch và các định dạng dễ tiếp cận. Gọi số (415) 487-3000 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad, kabilang ang mga interpreter, mga isinaling dokumento, at mga accessible na format. Tumawag sa (415) 487-3000 (TTY: 711).

주의: 한국어를 사용하시는 경우, 통역사, 번역된 문서 및 접근 가능한 형식을 포함한 언어 지원 서비스를 무료로 이용하실 수 있습니다. (415) 487-3000 (TTY: 711)번으로 전화해 주십시오.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ձեզ անվճար տրամադրվում են լեզվական աջակցության ծառայություններ, այդ թվում՝ բանավոր թարգմանիչ, թարգմանված փաստաթղթեր և մատչելի ձևաչափեր: Զանգահարեք (415) 487-3000 (TTY: 711):

توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی، از جمله مترجم شفاهی، اسناد ترجمه‌شده و قالب‌های قابل دسترس، به صورت رایگان در اختیار شما قرار می‌گیرد. با شماره (415) 487-3000 (TTY: 711) تماس بگیرید.

ВНИМАНИЕ: Если вы говорите на русском языке, вам доступны бесплатные услуги языковой поддержки, включая услуги устного переводчика, переведённые документы и доступные форматы. Звоните по телефону (415) 487-3000 (TTY: 711).

注意事項：日本語を話される場合、通訳、翻訳文書、およびアクセシブルな形式を含む言語支援サービスを無料でご利用いただけます。(415) 487-3000（TTY：711）までお電話ください。

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية، بما في ذلك المترجمون الفوريون والمستندات المترجمة والصيغ الميسّرة، متاحة لك مجانًا. اتصل على الرقم (415) 487-3000 (TTY: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਜਿਨ੍ਹਾਂ ਵਿੱਚ ਦੁਭਾਸ਼ੀਆ, ਅਨੁਵਾਦ ਕੀਤੇ ਦਸਤਾਵੇਜ਼ ਅਤੇ ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟ ਸ਼ਾਮਲ ਹਨ, ਮੁਫ਼ਤ ਉਪਲਬਧ ਹਨ। (415) 487-3000 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ចំណាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយផ្នែកភាសា រួមទាំងអ្នកបកប្រែផ្ទាល់មាត់ ឯកសារដែលបានបកប្រែ និងទម្រង់ដែលងាយស្រួលប្រើ មានសម្រាប់អ្នកដោយឥតគិតថ្លៃ។ សូមទូរស័ព្ទមកលេខ (415) 487-3000 (TTY: 711)។

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, suav nrog tus neeg txhais lus, cov ntaub ntawv txhais ua lus, thiab cov ntaub ntawv uas yooj yim nkag siab, muaj rau koj dawb xwb. Hu rau (415) 487-3000 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए दुभाषिया, अनूदित दस्तावेज़ और सुलभ प्रारूपों सहित भाषा सहायता सेवाएँ निःशुल्क उपलब्ध हैं। (415) 487-3000 (TTY: 711) पर कॉल करें।

เรียน: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี รวมถึงล่าม เอกสารที่แปลแล้ว และรูปแบบที่เข้าถึงได้ง่าย โทร (415) 487-3000 (TTY: 711)