

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 READ IT CAREFULLY.

This Notice of Privacy Practices (“Notice”) describes privacy practices of Premier Pharmacy Services and its affiliates. Premier Pharmacy Services is required by law to maintain the privacy of protected health information (“PHI”) and provide individuals with notice of our legal duties and privacy practices with respect to PHI. PHI is information about you that we obtain to provide our services and it can be used to identify you. It includes your name and contact information, as well as information about your health, medical conditions, and prescriptions. It may relate to your past, present or future physical or mental health or condition, the provision of health care products and services, or payment for such products or services. This Notice describes how we may use and disclose PHI about you, and your rights regarding the use and disclosure of PHI. Your PHI may be stored electronically and may be disclosed electronically.

We are required by law to protect the privacy of your PHI, provide you with this Notice explaining our legal duties and privacy practices regarding your PHI, and notify affected individuals following a breach involving unsecured PHI. We and our employees and workforce members are required to follow the terms of this Notice or any change to it that is in effect. Note that some types of sensitive PHI, such as human immunodeficiency virus (HIV) information, genetic information, alcohol and/or substance abuse records, and mental health records may be subject to additional confidentiality protections under state or federal law.

How We May Use and Disclose Your Protected Health Information

We may use and disclose your PHI for treatment, payment, and health care operations without your written authorization. For other uses and disclosures, you must give Premier Pharmacy Services your written authorization to release your PHI, unless the law permits or requires us to make the use or disclosure with your authorization. The following categories describe and provide some examples of the different ways that we may use and disclose your PHI without consent or written authorization:

TREATMENT: We may use and disclose PHI about you to provide you with medical treatment, medications, or services and to coordinate your care. For example, we may disclose your PHI to hospitals, physicians, counselors, and any other entity involved in your care. We may use and disclose PHI to contact you by mail, e-mail, or phone to remind you that you have an upcoming prescription due for refill. We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

PAYMENT: We may use and disclose PHI about you so that the treatment and services you receive from us may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may provide information to your health insurance company so that the insurer will reimburse you or us, we may need to obtain prior approval from your insurer for care, and we may use and disclose your health information to determine whether you are eligible for health benefits.

HEALTH CARE OPERATIONS: We may use and disclose PHI about you for health care operations purposes, including proper administration of records, evaluation of quality of treatment,

assessing the care and outcome of your case and others like it, arranging for legal services, and providing appointment reminders. For example, we may use PHI to evaluate the performance of our staff. We also may make disclosures of limited PHI incidental to permitted disclosures.

FAMILY MEMBERS/DISASTER NOTIFICATION: Unless you object, we may disclose PHI to a family member or other individual who is involved in your medical care or payment for your care. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

REQUIRED BY LAW: We may use and disclose your PHI when required to do so to comply with federal, state or local law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose your PHI if we, in good faith, believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of you, the public, or another person.

TO BUSINESS ASSOCIATES: We may disclose your PHI to third parties known as “Business Associates” that perform various activities (e.g. legal services, delivery of goods) for us and that agree to protect the privacy of your PHI.

SPECIFIED GOVERNMENT FUNCTIONS: In certain circumstances, we may use and disclose your PHI for specialized government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations, and inmates or law enforcement custody.

WORKERS’ COMPENSATION: We may disclose your PHI as necessary to comply with laws related to workers’ compensation or similar programs.

PUBLIC HEALTH AND SAFETY PURPOSES: We may use and disclose PHI about you for public health activities as authorized by law, such as disclosures to prevent or control disease, injury or disability, to report reactions to medications or problems with products, to provide notices of recalls of products, and to report vital statistics, disease information, and similar information to public health authorities.

REPORT ABUSE, NEGLECT OR DOMESTIC VIOLENCE: As authorized by law, we may disclose PHI to government authorities if we believe an individual is the victim of abuse, neglect, or domestic violence and certain conditions are met.

HEALTH OVERSIGHT ACTIVITIES: We may disclose PHI to a health oversight agency for certain activities including audit, investigations, inspections, licensure or disciplinary actions, or civil, administrative, and criminal proceedings. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS: We may disclose your PHI in response to a court or administrative order, subpoena, or discovery request, or other lawful processes.

LAW ENFORCEMENT: We may disclose your PHI to law enforcement officials as permitted or required by law. We may also disclose your PHI in response to a court order, subpoena, warrant, or other similar written request from law enforcement officials.

CORONERS, MEDICAL EXAMINERS, OR FUNERAL DIRECTORS: We may disclose PHI to coroners, medical examiners, or funeral directors, as authorized by law, so they can carry out their duties.

RESEARCH: We may, under certain circumstances, use and disclose your PHI for research.

ORGAN, EYE OR TISSUE DONATION: We may use and disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of facilitating the donation and transplantation.

LIMITED DATA: We may deidentify data that identifies you from a set of data and use and disclose this data set for research, public health and health care operations, provided the recipients of the data set agree to keep it confidential.

HEALTH INFORMATION EXCHANGES: We may participate in one or more Health Information Exchanges and may electronically share your PHI for treatment, payment, healthcare operations and other permitted purposes with other participants in the HIE. HIEs allow your health care providers to efficiently access and use your PHI as necessary for treatment and other lawful purposes.

FAMILY MEMBERS/DISASTER NOTIFICATION: Unless you object, we may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or any other person responsible for your medical care or payment for your care regarding your location, general condition, or death. We may also disclose your PHI to disaster relief organizations so that your family or other persons responsible for your care can be notified of your location, general condition, or death.

CORRECTIONAL INSTITUTION: We may disclose your PHI to the institution or its agents to assist them in providing your health care, protecting your health and safety of the health and safety of others if you are or become an inmate of a correctional institution

SPECIFIED GOVERNMENT FUNCTIONS: In certain circumstances, we may use and disclose your PHI for specialized government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations, and inmates or law enforcement custody

Authorization to Use or Disclose Protected Health Information

For uses and disclosures of your PHI beyond the above expected purposes in this Notice, we are required to have your written authorization, except otherwise required or permitted by law. You have the right to revoke an authorization at any time to stop future uses or disclosures of your information except to the extent that we have already undertaken an action in reliance upon your authorization. Your revocation request must be provided to us in writing.

We may disclose a limited amount of your PHI if we provide you with an advance verbal or written notice and you do not object to such release or such release is not otherwise prohibited by law. However, in an emergency situation and you are unable to object, disclosure may be made if it is consistent with all prior expressed wishes and disclosure determined to be in your best interest. When disclosure is made based upon an emergency situation, we will only disclose PHI relevant to the person's involvement to your care.

You will be informed and given an opportunity to object to further disclosures of such information as soon as you are able to do so.

State and federal laws and regulations in some instances either require or permit us to use or disclose your PHI without your consent or authorization.

Your Rights Regarding Your Protected Health Information

You have the following rights concerning the use or disclosure of your PHI. If another individual is appointed as your legal guardian or authorized by law to make healthcare decisions for you, that individual may exercise any of the below listed rights.

RIGHT TO REQUEST RESTRICTIONS ON USES AND DISCLOSURES OF YOUR PHI: You have the right to request that we limit how we use or disclose your PHI for treatment, payment, or health care services. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment of your services. Should you place a restriction on the use or disclosure of your PHI, you must submit such request in writing.

RIGHT TO INSPECT AND COPY YOUR HEALTH AND BILLING RECORDS: You have the right to inspect and copy your PHI. To inspect and/or copy your PHI, you must submit a written request to Premier Pharmacy Services.

RIGHT TO AMEND OR CORRECT YOUR PHI: You have the right to request that your PHI be amended or corrected if you have reason to believe that certain information is incomplete or incorrect. You have the right to make such request of us for as long as we maintain your protected health information. Your request must be submitted to us in writing.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: You have the right to request that we communicate with you about your health matters in a certain way. We will agree with your request as long as it is reasonable for us to do so.

RIGHT TO REQUEST AN ACCOUNTING OF DISCLOSURES: You have the right to request an accounting of disclosures we make of your PHI for the purposes other than treatment, payment, or health care operations. We will provide you one account per 12-month period free of charge, but you may be charged for the cost of any subsequent accountings. We will notify you in advance of the cost involved, and you may choose to withdraw or modify your request at that time.

RIGHT TO OBTAIN A COPY OF THIS NOTICE: You have the right to get a paper copy of our current Notice at any time. You may do so calling to request a copy at 800-540-4700.

RIGHT TO NOTIFICATION OF BREACH: You have the right to be notified in the event there is a breach of your unsecured PHI as defined by HIPAA.

If You Believe Your Rights Have Been Violated

If you believe we have violated your privacy rights, you can file a complaint with us or with the U.S. Department of Health and Human Services for Civil Rights. To file a complaint with us, submit your complaint in writing to our Privacy Office. To file a complaint with the U.S. Department of Health and Human Services for Civil Rights, send a letter to 200 Independence Ave., S.W., Washington, D.C. 20201, calling 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

Changes to this Notice

We reserve the right to make changes to this Notice as permitted by law and to make the revised Notice effective for PHI we already have about you as well as any information we receive in the future, as of the effective date of the revised Notice. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Upon request to the Privacy Office, Premier Pharmacy Services will provide a revised Notice to you.

Contact us by mail or phone:

Premier Pharmacy Services

Attn: Privacy Office
410 Cloverleaf Drive
Baldwin Park, CA 91706

Phone: 800-540-4700