

HIPAA NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

This notice describes how protected health information (PHI) about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights. You have the right to:

- Get a copy of your health and claims records. Send us a written request or ask us how to do this.
- Correct your health and claims records. Ask us how. We may say “no” to your request, but we will tell you why in writing within 60 days.
- Request confidential communication. You can also ask us to contact you in a specific way (via email, text, mail, etc). Ask us how. We will consider reasonable requests.
- Ask us to limit the information we share or use for treatment, payment or for our operations. We are not required to agree to the request – we may say “no” if it impacts your care.
- Ask us to restrict disclosure to a health plan for payment purposes if an item/service has been paid in full by you.
- Get a list of those with whom we have shared your PHI for 6 years prior to the date you ask and why. We will include all the disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as ones you asked us to make).
- Get a copy of this privacy notice.
- Choose someone to act for you. If you have a power of attorney or a legal guardian, that person can exercise your rights & 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 believe your privacy rights have been violated. See below.

Your Privacy Choices. If you have a clear preference for how we share your PHI in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. You have some choices in the way that we use and share PHI as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our pharmacy/infusion services
- Communicate regarding fundraising (you may opt-out)

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your PHI 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.

We will not sell information that identifies you to anyone, for any purpose, unless you have given us written permission.

Our Uses and Disclosures. We may collect, use and share your PHI as we:

- Discuss your care with you. We must give you access to your own PHI when requested. We may also contact you to let you know about treatment options or other health-related benefits and services. Additionally, we may send you educational information pertaining to your diagnosis.
- Help manage the health care treatment you receive. We may share PHI with your doctor or other treating facilities in order to provide you with appropriate health services.
- Run our organization. We use and share PHI for our health care operations. For example, we may use PHI to review the quality of care and services you get. We may also use PHI to provide you with care coordination.
- Pay for your health services. We use and share PHI to submit your claims to your insurance/payor for the health care services that you receive from Accurate Rx.
- Administer your health plan
- Help with public health and safety issues by preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone’s health or safety.
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers’ compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions.
- Fundraise for non-profit organizations related to chronic disease. You may choose to opt-out of these notices.
- Market our pharmacy/infusion services

Our Responsibilities: We are required by law to maintain the privacy and security of your protected health information.

- 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 here 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. However, if already shared based on your authorization previously, we cannot undo any actions we took before you changed your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html. 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, on our web site, and we will mail a copy to you.

Complaints

- You can complain if you feel we have violated your rights by contacting an Accurate Rx representative at 888-335-4279.
- You can file a complaint with the U.S. Department of Health & Human Services Office for Civil Rights by sending a letter to: 200 Independence Ave., S.W., 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.