



NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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.

If you have any questions about this notice, please contact our Privacy Officer by calling 973-754-1000 or by emailing us at info@pharmacyexpressnj.com.

OUR DUTIES REGARDING YOUR HEALTH INFORMATION

We respect the confidentiality and personal nature of your health information. We are committed to protecting your health information and to informing you of your rights regarding such information. We are required by law to protect the privacy of your protected health information, to provide you with notice of these legal duties and to notify you following a breach of unsecured protected health information. This Notice explains how, when and why we typically use and disclose health information and your privacy rights regarding your health information. In our Notice, we refer to our uses and disclosures of health information as our “Privacy Practices.” Protected health information generally includes information that we create or receive that identifies you and your past, present or future health status or care or the provision of or payment for that health care. We are obligated to abide by these Privacy Practices as of the effective date listed below. This Notice describes your rights and our obligations under regulations (collectively, as now or hereafter amended or supplemented, the “Privacy Rule”) issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) regarding your health information and informs you about the possible uses and disclosures of your health information.

We may, however, change our Privacy Practices in the future and specifically reserve our right to change the terms of this Notice and our Privacy Practices. We will communicate any change in our Notice and Privacy Practices as described at the end of this Notice. Any changes that we make in our Privacy Practices will affect any protected health information that we maintain.

Uses and Disclosures Without Authorization: Pharmacy Express Inc. may use and disclose your health information for the purposes of treatment, payment, and healthcare operations as described below:

- **For Treatment:** Our company may use and disclose your protected health information

for your treatment and to provide you with treatment-related services. For example, we may disclose health information to doctors, nurses, or other personnel, including people outside our office / company, who are involved in your medical care and need the information to provide you with medical care.

- **For Payment of Health Services:** We may use and/or disclose your health information so that we can bill and receive payment for the services that you receive from us. For example, we use your health information to prepare a bill or statement to send to you, your insurance company, including Medicare or Medicaid, or another group or individual that may be responsible for payment of your health services. We also may use and disclose your protected health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your protected health information to bill you directly for services and items not covered by health insurance.
- **Health Care Operations.** Our company may use and disclose your protected health information to operate our business. We may use and disclose your health information as necessary for facility operations, or the monitoring of the quality of care you receive from Pharmacy Express Inc.
- **Business Associates.** Business Associates are parties with which we conduct business in order to provide you with our services which include but are not limited to provisions of medical equipment and its assembly, medical supplies, home delivery service of equipment and supplies, and medical billing to your health insurance payer, yourself or other designated parties. Our company may use and disclose your protected health information to Business Associates. Business Associates will be provided only with the minimum of health information necessary in order for them to perform the activities of their business that they conduct on our behalf.

Other Uses and Disclosures that may be made without written authorization, unless you object:

- **Appointment Reminders.** Our company may use and disclose your protected health information to contact and remind you of visits/deliveries.
- **Health-Related Benefits and Services.** Our company may use and disclose your protected health information to inform you of health-related benefits or services that may be of interest to you.
- **Release of Information to Family/Friends.** Our company may release your protected health information to your family, a relative, a close friend or any other person you identify as involved in helping you pay for your health care, or who assists in taking care of you, unless you object. Please see “YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION” section of this Notice of Privacy Practices for further information.
- **Disclosures required by law.** Our company will use and disclose your protected health information when we are required to do so by federal, state or local law.

- **Health Information Exchange.** We may participate in Health Information Exchanges (HIE) that allow us to electronically share protected health information with local health care providers that are participating in the HIE to coordinate your care. HIEs are being developed at the facility/provider, regional, state and national levels so that providers will have prompt access to your records for your care. You have the right and opportunity to decline to participate in a network HIE.
- **Workers' Compensation Purposes** We may disclose your health information to comply with workers' compensation laws or other similar programs.
- **As required by law**
- **Food and Drug Administration.** If necessary to report product defects or participate in product recalls
- **Public Health or Legal Authorities.** Charged with preventing or controlling disease, injury, or disability, or as required to comply with government health care programs
- **Reporting victims of abuse, neglect or domestic violence**
- **Judicial and administrative proceedings**
- **Law enforcement**
- **Correctional Institutions.** If you are an inmate
- **Military Command Authorities.** If required for government functions
- **Funeral Directors, Coroners, Medical Examiners, and Organ and Tissue Procurement Organizations**
- **Research**
- **To prevent a serious threat to health or safety**
- **Immunizations.** To schools required to obtain proof of immunizations prior to admitting the student, if we have the student's parent or legal representative's agreement

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Your Authorization is Required

For All Other Uses of Health Information, unless otherwise now or hereafter permitted by the HIPAA or other applicable Federal, State or Local law, rule or regulation. You may revoke an Authorization to use or disclose health information, in writing, at any time. If you revoke an Authorization, we will no longer use or disclose your health information for the purposes covered by that Authorization, except where we have already relied on the Authorization.

Most uses and disclosures of psychotherapy notes, uses and disclosures of Protected Health Information for marketing purposes, and disclosures that constitute a sale of Protected Health Information require an authorization.

Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that compiled it, under the Privacy Rule you have the right to:

- **Inspect and Copy:** You have the right to inspect and obtain a paper or electronic (if the record is maintained in an electronic format) copy of certain health information. We may charge you a reasonable cost-based fee.
- **Amend:** You have the right to request we amend your health information that is incorrect or incomplete. We are not required to comply with your request. We will include in your record a document you prepared indicating you disagree with or clarifying your health record.
- **Confidential Communication:** You have the right to request we communicate with you through confidential means, on paper or electronically, or at an alternate location or phone number.
- **An Accounting of Disclosures:** You have the right to request a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We do not have to account for disclosures for treatment, payment, health care operations, and certain other disclosures (such as those you asked us to make).
- **Right to Receive Notice of a Breach.** You have the right to be notified promptly if a breach occurs that may have compromised the privacy and security of your information.
- **Right to Request Restrictions to a Health Plan.** If you paid out-of-pocket, in full, for a specific item or service received, you have the right to request a restriction on disclosure to your health plan with respect to that item or service.
- **Request Restrictions:** You have the right to request a restriction on the use and disclosure of your health information. We are not required to comply with your request.
- **A Copy of This Notice:** You have the right to a paper or electronic copy of this notice.
- **Complaints:** If you feel we have violated your privacy rights, you may contact our Privacy Officer #973-754-1000 or emailing: info@pharmacyexpressnj.com. You may also file a complaint in writing with the Secretary of the Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W. Washington, D.C. 20201, or by calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.
- We will not retaliate against you for filing a complaint.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We are required to comply with this Notice.
- We are required to provide you with a copy of this Notice.

Pharmacy Express Inc. complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex.