

TheraCom, L.L.C. 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 THIS NOTICE CAREFULLY.

This Notice describes the practices that TheraCom, L.L.C. (“TheraCom,” “us,” or “we”) will follow with regard to your “protected health information” (“PHI”).

PHI is a special term, defined by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and its regulations (the “Privacy Rule”). PHI means individually identifiable health information (including demographic information) that is created or received by certain healthcare providers (“HCPs”), a health plan, or a healthcare clearinghouse and relates to: (i) your past, present, or future physical or mental health or condition; (ii) the delivery of health care to you; or (iii) the past, present, or future payment for the delivery of health care to you. As a licensed pharmacy, TheraCom is a covered entity.

You may have additional rights under state law. State laws that provide greater privacy protection or broader privacy rights will continue to apply.

OUR RIGHTS AND OBLIGATIONS: We are required by law to maintain the privacy of your PHI. We are required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your PHI. We are required to follow the privacy practices described in this Notice. These privacy practices will remain in effect until we replace or modify them. We are required to notify you following a breach of unsecured PHI. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided that the change is permitted by law. We reserve the right to have such a change apply to all PHI we maintain, including PHI we received or created before the change.

HOW WE MAY USE AND DISCLOSE YOUR PHI

- A. Uses and Disclosures for Treatment, Payment, and Health Care Operations:** We may use your PHI to provide your pharmacy services. We may disclose PHI to our employees and others who are involved in your pharmacy services. We may use and disclose your PHI for all activities that are included within the definition of “payment” set out in the Privacy Rule. We may use and disclose your PHI to obtain payment directly from your health plan or pharmacy benefit plan. We may use and disclose your PHI for all activities that are included within the definition of “health care operations” set out in the Privacy Rule. For example, we may use and disclose your PHI for quality improvement, accreditation, audits, legal services, compliance programs, and operational management. We may use and disclose your PHI by sending you a reminder for important services, such as refill reminders. We may use or disclose your PHI to send you information about alternative medical treatments and programs, or about health-related products and services that may be of interest to you, provided that we do not receive financial remuneration for making such communications.
- B. To Other Entities:** We may disclose your PHI to a “business associate,” such as a billing service that performs administrative services on our behalf. Business Associates are permitted to receive, create, maintain, use, or disclose PHI, but only as provided in the Privacy Rule and only after agreeing in writing to safeguard your PHI. We may also disclose your PHI to other “Covered Entities,” such as other HCPs, healthcare clearinghouses, or health plans, in connection with their treatment, payment or healthcare operations.
- C. To Others Involved in Your Care – Opportunity to Agree or Object:** We may use or disclose your PHI with your permission. Informal permission may be obtained by asking you outright. This verbal permission will only cover a single encounter. If you are unable to give your permission, we will only use or disclose PHI if, in our professional judgment, the use or disclosure is determined to be in your best interest. We may use or disclose your PHI to someone who is involved in your care or the payment of your care, like a family member or friend. This allows the Pharmacist to dispense filled prescriptions to a person acting on behalf of the patient. We may also use or disclose your PHI to notify relatives or other individuals who are involved in the care of your location, general condition, or death.

D. Other Permitted Uses and Disclosures of PHI:

To the Secretary: We may disclose to the Secretary of Health & Human Services, when required to do so, to enable the Secretary to investigate or determine our compliance with HIPAA.

For Public Health Activities: We may disclose PHI for those activities permitted or required by law, such as FDA-reported problems with products or reactions to medications.

Health Oversight Activities: We may disclose your PHI to the relevant agencies / governmental units that oversee or monitor the health care system, government benefit and regulatory programs, and compliance with civil rights laws – i.e.: audits, investigations, inspections, and licensure.

Decedents: We may disclose your PHI to Coroners, Medical Examiners, and funeral directors to carry out their duties.

Serious Threat to Health or Safety: We may use or disclose your PHI when necessary to prevent a serious threat to your health and safety, or to the health and safety of others. Any such disclosure will be made to someone who would be able to help prevent the threat.

Workers’ Compensation: We may disclose your PHI to the extent necessary to comply with laws concerning workers’ compensation or to comply with similar programs that are established by law and provide benefits for work-related injuries or illness.

As Required by Law: It may be determined your PHI is required by federal, state, or local law.

Law Enforcement: Under limited circumstances, we may disclose PHI to law enforcement officials.

Disclosures about Abuse, Neglect, & Domestic Violence: Consistent with applicable federal and state laws, we may disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence. Such disclosure will be made to the governmental entity or agency authorized to receive such information.

Legal Proceedings: Your PHI may be disclosed in the course of a judicial or administrative proceeding.

Disaster Relief: We may disclose your PHI to an authorized public or private entity in order to assist in disaster relief efforts, or to coordinate uses and disclosures to relatives or other individuals involved in your health care.

Research: We may disclose your PHI to researchers when an institutional review board or privacy board has (a) reviewed the research proposal and established protocols to ensure the privacy of the information; and (b) approved the research.

Specialized Government Functions: We may disclose your PHI if you are in the Armed Forces, for activities deemed necessary by appropriate military command authorities, for determination of benefit eligibility by the Department of Veterans Affairs, or to foreign military authorities if you are a member of that foreign military service. We may disclose your PHI to authorized federal officials for conducting national security and intelligence activities (including for the provision of protective services to the President of the United States) or to the Department of State to make medical suitability determinations. If you are an inmate at a correctional institution, then under certain circumstances we may disclose your PHI to the correctional institution.

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E Uses and Disclosures with an Authorization: Before we can use or disclose your PHI for a reason that is not listed in this Section, we are required to obtain your written authorization. In addition, we are required to obtain your authorization under the following circumstances:

Psychotherapy Notes. Most uses and disclosures of psychotherapy notes will require your authorization.

Marketing. Uses and disclosures of PHI which result in our receiving financial payment from a third party whose product or services is being marketed will require your authorization. This does not include compensation that merely covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed to you.

Sale of PHI. Disclosures that constitute a sale of PHI will require your authorization.

You may revoke your authorization at any time, but you must do so in writing. You can obtain an authorization form from Contact Office.

YOUR RIGHTS REGARDING HEALTH INFORMATION

1. Right to Inspect and Copy.

You have the right to inspect and copy your PHI that may be used to make decisions about your benefits. To inspect and copy the PHI that may be used to make decisions about you, you must submit your request in writing to the Contact Office. If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances; if we deny you access to your PHI, you may request that the denial be reviewed.

The Privacy Rule contains a few exceptions to this right. You do not have the right to inspect or copy, among other things, psychotherapy notes or materials that are compiled in anticipation of litigation or similar proceedings.

2. Right to Request an Amendment.

If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the PHI. You have the right to request an amendment for as long as we maintain the PHI. Your request must be in writing and must include a reason or explanation that supports your request.

- If we approve your request, we will include the amendment in any future disclosures of the relevant PHI. If we deny your request for an amendment, you may file a written statement of disagreement, which we may rebut in writing. The denial, statement of disagreement, and rebuttal will be included in any future disclosures of the relevant PHI.
- We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend PHI that is not part of the PHI maintained by us; was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete. All denials will be made in writing.

3. Right to an Accounting of Disclosures.

You have the right to request an "accounting" of the instances in which we disclosed your PHI. Certain disclosures are exempt from the accounting requirement.

- If the PHI was disclosed through an "electronic health record," the accounting may include disclosures up to three (3) years before the date of your request.
- If the PHI was not disclosed through an "electronic health record," the accounting may include disclosures up to six (6) years before the date of your request.
- Your request must be in writing. Your request must include the time frame that you would like us to cover. Requests must be submitted to the Contact Office. We may charge you for the cost of providing the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

4. Right to Request Restrictions.

You have the right to request that we restrict the PHI about you we use or disclose for treatment, payment, or health care operations. You also have the right to request that we restrict the PHI about you we disclose to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

- Your request must be in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosure to your spouse. These requests must be submitted to the Contact Office.
- Generally, we are not required to agree to your request. However, if you obtained health care items and/or services from TheraCom, and if you paid for those items and/or services in full and out-of-pocket, we must abide by a request that we disclose PHI about those items and/or services to your health plan.

5. Right to Request Confidential Communications.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request.

- Your request must be in writing. In your request, you must tell us how or where you wish to be contacted. We will make reasonable efforts to accommodate your request.

6. Right to a Paper Copy of this Notice: You have the right to request a copy of our current Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a copy.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us, or with the Secretary of the Department of Health and Human Services. To file a complaint with us, send a written complaint to the Contact Office listed at the end of this Notice. We will not retaliate against you for filing a complaint, and you will not be penalized in any other way for filing a complaint.

Contact Office: If you have any questions about this Notice or TheraCom privacy practices, please contact the address or telephone number listed below.

Compliance - Privacy Team
345 International Blvd. Ste 200 Brooks, KY 40109
Telephone: 877.654.7812