

A1A PHARMACY, LLC

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: June 15, 2019

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.

We at A1A Pharmacy are required by law to maintain the privacy of Protected Health Information (PHI) and to provide you with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present, and future physical or mental health, the provision of health care products and services to you, or payment for such services. We are required by the Health Insurance Portability and Accountability Act (HIPAA) to provide this Notice to you.

PERMITTED USES AND DISCLOSURES OF YOUR PHI

Except where prohibited by federal or state laws that require special privacy protections, we may use and disclose your PHI for treatment, payment, and health care operations without your prior authorization as follows:

- * **Treatment:** We may use and disclose your PHI with other healthcare professionals who are treating you.
- * **Health Care Operations:** We can use and share your PHI to run our practice, improve your care, and contact you when necessary.
- * **Payment:** We may use or disclose your PHI in order to obtain payment for the health care products and services that we provide you and for other payment activities related to the services that we provide. We may contact your insurer, pharmacy benefit manager, or other health care payor to determine whether it will pay for health care products and services you need and to determine the amount of your co-payment. We also may disclose your PHI to other health care providers or HIPAA covered entities who may need it for their payment activities.
- * **To Communicate with Individuals Involved in Your Care or Payment for Your Care:** We may disclose to a family member, other relative, close personal friend, or any other person you identify, PHI directly relevant to your care or payment related to your care. If a person has the authority by law to make health care decisions for you, we will generally regard that person as your "personal representative" and treat him or her the same way we would treat you with regard to your PHI.
- * **To Avert Serious Threat to Health or Safety:** We may disclose your PHI to prevent or lessen an imminent threat to the health or safety of another person or to the public. Such disclosures will only be made to someone in a position to prevent or lessen the threat.
- * **Comply with the Law:** We will disclose your PHI when required to do so by federal, state, or local laws.
- * **Organ and Tissue Donation Requests:** We may disclose your PHI to organizations involved in organ transplantation to facilitate donation and transplantation.
- * **Coroners and Medical Examiners:** We may disclose your PHI to a coroner or a medical examiner for the purpose of determining cause of death or other duties allowed by law.
- * **Workers' Compensation:** We may disclose PHI to comply with workers' compensation laws and other similar programs.
- * **Law Enforcement:** We may disclose your PHI, as required by law, in response to a subpoena, warrant, summons, or, in some circumstances, to report a crime.
- * **Fundraising:** We may use your PHI to send you fundraising communications, but you have the right to opt out of receiving such communications.
- * **Abuse, Neglect, or Domestic Violence:** We may disclose your PHI to a social service, protection agency, or other government authority if we believe you are a victim of abuse, neglect, or domestic violence. We will inform you of our disclosure unless doing so would put you at risk of serious harm.
- * **As Otherwise Required by Law:** We will disclose your PHI when required to do so by law. If federal, state, or local law within your jurisdiction offers you additional protections against improper use or disclosure

of PHI, we will follow such laws to the extent they apply.

YOUR RIGHTS WITH RESPECT TO YOUR PHI

- * **Right to Inspect and Copy:** Subject to some restrictions, you may inspect and copy PHI that may be used to make decisions about you. If we maintain an electronic health record containing your PHI, you have the right to request that we send a copy of your PHI in an electronic format to you or to a third party that you identify. Reasonable costs for retrieving, copying, and sending patient records may apply.
- * **Right to Amend:** If you believe PHI about you is incorrect or incomplete, you may ask us to amend the information. You must provide a reason supporting your request to amend.
- * **Right to an Accounting of Disclosures:** You have the right to request an accounting of disclosures of your PHI. This accounting identifies the disclosures we have made of your PHI other than for treatment, payment, or pharmacy operations. The provision of an accounting of disclosures is subject to certain restrictions.
- * **Right to Request Confidential Communication:** You may ask that we communicate with you in an alternate way or at an alternate location to protect the confidentiality of your PHI.
- * **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI that we use and disclose about you for treatment, payment, or pharmacy operations. You may also request your PHI not be disclosed to family members or friends who may be involved in your care or paying for your care. Your request must be in writing, must state the restriction you are requesting, and must state to whom the restriction applies. We are not required to agree to your request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment. We will agree to your request to restrict PHI disclosed to a health plan for payment or pharmacy operations' purposes if the information is about a medication for which you paid us, out-of-pocket, in full.
- * **Right to Be Notified:** You have the right to be notified following a breach of unsecured PHI if your PHI is affected.
- * **Right to File a Complaint:** If you believe we have violated your privacy rights, you may file a written complaint to A1A Pharmacy at the address listed below. You also may file a complaint with the Secretary of the US Department of Health and Human Services. You will not face retaliation for filing a complaint.

Written complaints, written revocation of authorization to use or disclose PHI, written requests for a copy of your PHI, amendments to your PHI, accounting disclosures, and/or restrictions on your PHI or confidential communications may be mailed to:

A1A Pharmacy
Attn: Privacy Officer
200-C Solana Road
Ponte Vedra Beach, FL 32082

Email: contact@alapharmacy.com

We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. If we do so, the updated Notice will be posted on our website, **alapharmacy.com**. Upon request, we will provide any revised Notice to you.