

# Notice of Privacy Practices

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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.

This Notice is provided by each of the following facilities (each a Pharmacy). These facilities will share your health information with each other as necessary to carry out treatment, payment or health care operations related to their association with each other.

**BioPlus Specialty Pharmacy**

376 Northlake Blvd.  
Altamonte Springs, FL 32701  
Phone: 1-800-628-6965

**BioPlus Specialty Pharmacy**

100 Southcenter Court, Suite100.  
Morrisville, NC 27560  
Phone: 1-866-514-8082

**River Medical Pharmacy**

4752 Research Drive  
San Antonio, TX 78240  
Phone: 1-800-617-1490

**Route 300 Pharmacy**

1208 Route 300 Suite 103  
Newburgh, NY 12550  
Phone: 1-800-810-9274

**MedScripts Medical Pharmacy**

1325 Miller Road Suite K  
Greenville, SC 29607  
Phone: 1-866-840-4067

Pharmacy is providing this Notice of Privacy Practices because the privacy of your health information is very important to you and to us, and to be in compliance with federal regulations. By “your health information” we mean the information that we maintain that specifically identifies you and your health status.

## Summary

This Notice describes how we use your health information within the Pharmacy and disclose it outside the Pharmacy and why. Your health information may be stored in paper, electronic or other form and may be disclosed electronically and by other methods.

The Notice covers:

- Uses or disclosures for treatment, payment and health care operations.
- Other uses or disclosures that do not require your authorization.
- Uses or disclosures which require your written authorization.
- Your rights as a patient regarding privacy of your health information.
- Our duties in protecting your health information.

- Complaints, contact person, effective date, and acknowledgement.

## Uses and Disclosures for Treatment, Payment and Health Care Operations

We use and disclose your health information to carry out your treatment; to obtain payment for your treatment; and to conduct health care operations. For example:

- For **treatment**, we use your health information to plan, coordinate, and provide your care. We disclose your health information for treatment purposes to physicians and other health care professionals outside our agency who are involved in your care.
- For **payment**, we use your health information to prepare documentation required by your insurance company or HMO or by Medicare or Medicaid. We disclose that part of your health information that these organizations require to pay us.
- For **health care operations**, we use or disclose your health information, for example, to improve the quality of our services, to plan better ways of treating patients, and to evaluate staff performance.

## Other Uses and Disclosures that Do Not Require Your Authorization

Where we are required or permitted to do so, we may use and disclose your health information in the following circumstances without your written authorization.

- Informing family, friends, and others identified by you who are involved in your care, unless you object.
- Assistance in disaster relief efforts, unless you object.
- Federal government investigation, when required by the Secretary of Health and Human Services to investigate or determine our compliance with federal regulation.
- Federal, state or local law requirements.
- Public health activities, for example to report communicable diseases or death; or for matters involving the Food and Drug Administration.
- Reporting of abuse, neglect or domestic violence.
- Health oversight activities by a health oversight agency. (A health oversight agency is an organization authorized by the government to oversee eligibility and compliance and to enforce civil rights laws.)
- Judicial or administrative proceedings, for example responding to a court order or subpoena.
- Law enforcement purposes, for example to report certain types of wounds or other physical injuries or to identify or locate a suspect, fugitive, material witness, or missing person.
- Use by coroners, medical examiners, or funeral directors.
- Facilitating organ, eye, or tissue donation.
- Research, provided that controls are enforced.
- Averting a serious threat to your health or safety or that of the public.

- Specialized government functions such as military or veterans' affairs; national security, and intelligence activities.
- Workers' compensation.
- Disclosures to business associates.
- Health Information Exchanges (HIEs) that we participate in (if any) for treatment and other lawful purposes.

## Uses and Disclosures that Require Your Written Authorization

Your written authorization is required if we use or disclose your health information for any other purpose, in particular:

- Our use of psychotherapy notes beyond treatment, payment, and health care operations.
- Marketing of goods or services to you.
- Sale of your information.

You may revoke an authorization by notifying us in writing, except to the extent we have taken action in reliance on the authorization.

## Your Rights as a Patient to Privacy of Your Health Information

If you have given another individual a medical power of attorney, if another individual is appointed as your legal guardian, or if another individual is authorized by law to make health care decisions for you (known as a "personal representative"), that individual may exercise any of the rights listed in this section for you.

**Right to Request Restrictions:** You have the right to request restrictions on our uses and disclosures of your health information; however we may refuse to accept the restriction. If you pay for a health care service or item out of pocket in full, you can ask us not to share that information with your health insurer for the purposes of payment or health care operations, and we will honor that request unless a law requires us to disclose that information.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you confidentially, for example to speak with you only in private; to send mail to an address you designate; or to telephone you at a number you designate. We will make every attempt to honor your request.

**Right to Request Access to Your Health Information:** You have the right to request to see or get an electronic or paper copy of your health information or direct us to send a copy of your health information to another person designated by you. Your request must be in writing. In most cases, we will provide this access to you or the person you designated within 30 days of your request. We may charge you a reasonable, cost-based fee for labor, supplies and/or postage consistent with applicable laws. We may deny your request and, if so, you may request a review of the denial. However, we will make every attempt to honor your request.

**Right to Request an Amendment of Your Health Information:** You have the right to request an amendment to your health information. Your request must be in writing and must provide a reason for the amendment. We may deny your request and, if so, you may submit a statement of disagreement. However, we will make every attempt to honor your request.

**Right to Request an Accounting of Disclosures of Your Health Information:** You have the right to request an accounting of our disclosures for the 6 years prior to your request, other than those excluded from the accounting obligation, such as those made pursuant to an authorization.

**Right to Obtain a Paper Copy of This Notice:** If you received this Notice electronically, you have the right to receive a paper copy.

To exercise any of these rights please write or telephone our Privacy Official at the address or phone number listed at the end of this Notice.

## **Our Duties in Protecting Your Health Information**

- We are required by law to maintain the privacy and security of your health information.
- We are required by law to inform patients or their legal representatives of our legal duties and privacy practices with respect to health information. This notice discharges that duty.
- We must abide by the terms of the notice currently in effect.
- We reserve the right to change the terms of this notice and to make the new notice provisions effective for all health information that we maintain. At any time, you may obtain a copy of the current notice from our Privacy Official. We shall post a copy of the current notice on our website.
- We are required by law to notify you if a breach occurs that may have compromised the privacy or security of your information.

## **Complaints, Contact Person, Effective Date, and Acknowledgement**

- You may complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated.
- You will not be retaliated against for filing a complaint.

You may file your complaint with our Pharmacy by writing to our Privacy Official:

Brian Cherico  
Privacy Officer  
376 Northlake Blvd.  
Altamonte Springs, FL 32701  
407-830-8820

You may file a complaint with the Secretary of Health and Human Services by writing to:

**Secretary of Health and Human Services**

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

(source: [www.hhs.gov](http://www.hhs.gov))

## PRIVACY NOTICE FOR CALIFORNIA RESIDENTS

THE CALIFORNIA PRIVACY NOTICE LISTED BELOW DESCRIBES HOW PERSONAL INFORMATION ABOUT YOU (**OTHER THAN YOUR MEDICAL OR HEALTH INFORMATION**) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

This Privacy Notice for California Residents provides additional information to California residents whose personal information we process pursuant to the California Consumer Privacy Act (“CCPA”). This applies only to your personal information that does not qualify as medical information or health information. For information about how we use, handle and disclose your medical information, please see the preceding notice in this document that begins on p.1.

### Categories of Personal Information Collected, Sold, and Disclosed

During the preceding 12 months, we have collected the following categories of non-medical personal information that are processed pursuant to the CCPA: (1) identifiers, such as your contact information and online account information; (2) Internet and electronic network activity information, such as information about your interactions with Pharmacy’s websites, mobile applications; (3) audio, electronic, or visual information; (4) financial information and other information as described above that may be considered personal information under Cal. Civ. Code Section 1798.80; (5) protected classifications under California or federal law; or (6) commercial information including records or products or services purchased.

We generally do not “sell” personal information for purposes of the CCPA unless you have provided an authorization to do so. We may disclose non-medical personal information to third parties for business purposes, including without limitation, for purposes of providing customer service. During the preceding 12 months, we have disclosed the above-listed category of non-medical personal information for such business purposes. In addition, your non-medical personal information may be accessible to third parties with whom you interact or direct us to share your information through our services.

The CCPA allows California residents to request that a business that collects consumers’ personal information give consumers access, upon a verifiable consumer request, in a portable and (if technically feasible) readily usable form, to the specific pieces and categories of personal information that the business has collected about the consumer, the categories of sources for that information, the business or commercial purposes for collecting the information, and the categories of third parties with which the information was shared. California residents also have the right to submit a request for deletion of personal information under certain circumstances, although there may be legal

or other reasons that we must retain your information consistent with California law. If you choose to exercise your CCPA rights, we will not charge you different prices or provide different quality of services unless those differences are related to your personal information or otherwise permitted by law. Please submit your request by emailing us at [Privacy@bioplusrx.com](mailto:Privacy@bioplusrx.com), or by calling our Toll-Free Number 1 (800) 628-6965 ext.2928. Please note that your request will not be processed until your identity is confirmed.

This notice is effective 1/1/2020.

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