

The BioPlus Family of Pharmacies



MedScripts



Route 300



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 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 healthcare operations related to their association with each other.

BioPlus Specialty Pharmacy 376 Northlake Blvd. Altamonte Springs, FL 32701

BioPlus Specialty Pharmacy 13925 Yale Ave., Suite 145 Irvine, CA 92620

BioPlus Specialty Pharmacy 100 Southcenter Ct. Suite 100, Morrisville, NC 27560

MedScripts Medical Pharmacy 1325 Miller Road, Suite K Greenville, SC 29607

River Medical Pharmacy 4752 Research Drive San Antonio, TX 78240

Route 300 Pharmacy 1208 Route 300, Suite 103 Newburgh, NY 12550

Santa Barbara Specialty Pharmacy 4690 Carpinteria Ave., Suite B Carpinteria, CA 93013

The 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 disclosure for treatment, payment, and healthcare operations.
- Other uses or disclosures that do not require your authorization.
- Uses or disclosure 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 acknowledgment.

Uses and Disclosures for Treatment, Payment, and Healthcare Operations

We use and disclose your health information to carry out your treatment; to obtain payment for your treatment; and to conduct healthcare 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 healthcare 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 **healthcare 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 Disclosure 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 regulations.
- 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 Disclosure 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 healthcare 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 healthcare 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 healthcare 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 healthcare 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 email our Privacy Official at the address or email listed at the end of this notice. Please note that your request will not be processed until your identity is confirmed.

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 Acknowledgment

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.

Contacting the Privacy Office

Elevance Health's Privacy Office is available to answer privacy questions or for reporting privacy issues. You may contact the Privacy Office by writing us at the following address:

Privacy Office:

220 Virginia Ave
Indianapolis, IN 46204

E-Mail Elevance Health's Privacy Office: Privacy.Office@ElevanceHealth.com

PRIVACY NOTICE FOR CALIFORNIA RESIDENTS

We care about your privacy! California residents can find the full details about the California Privacy Notice here: https://www.anthem.com/content/dam/digital/docs/global/notices/privacy/privacy_notice_for_california_consumers_dec_2023.pdf

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