

## Privacy Statement

As you know, Privacy statements are long and inclusive. Proact Pharmacy Services wants you to know that your information is absolutely private and we will never release your information to outside parties.

### Proact Pharmacy Services NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Proact Pharmacy Services is required by law to maintain the privacy of Protected Health Information ("PHI") and to provide individuals 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, or future physical or mental health or condition and related health care services. This Notice of Privacy Practices ("Notice") describes how we may use and disclose PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you. Proact Pharmacy Services is required to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. We will provide any revised Notice to you upon request.

#### Your Health Information Rights

You have the following rights with respect to PHI about you:

**Obtain a paper copy of the Notice upon request.** You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, contact Proact Pharmacy Services, **1226 US Highway 11, Gouverneur, NY 13642** or call **(866-287-9885)** and leave your name and address, or request a copy at any Proact Pharmacy Services.

**Request a restriction on certain uses and disclosures of PHI.** You have the right to request additional restrictions on our use or disclosure of PHI about you by sending a written request to Proact Pharmacy Services, 1226 US Highway 11, Gouverneur, NY 13642, Attn: Privacy Officer. We are not required to agree to those restrictions, with the following exception. You have the right to ask us to restrict the disclosure of PHI to your health plan for a service we provide to you where you have directly paid us (out of pocket, in full) for that service, in which case we must honor your request unless a law requires us to share that information.

**Inspect and obtain a copy of PHI.** You have the right to access and copy PHI about you contained in a designated record set for as long as we maintain the PHI. The designated record set usually will include prescription and billing records. 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 electronic form to you or a third party that you identify. To inspect or copy PHI about you, you must send a written request to Proact Pharmacy Services, 1226 US Highway 11, Gouverneur, NY 13642, Attn: Privacy Officer. We may charge you a fee for the costs of copying, mailing, and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI about you, you may request that the denial be reviewed.

**Request an amendment of PHI.** If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI. To request an amendment, you must send a written request to Proact Pharmacy Services, 1226 US Highway 11, Gouverneur, NY 13642, Attn: Privacy Officer. You must include a reason that supports your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may give a rebuttal to your statement.

**Receive an accounting of disclosures of PHI.** You have the right to receive an accounting of the disclosures we have made of PHI about you after the effective date of this Notice for most purposes other than treatment, payment, or health care operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to Proact Pharmacy Services, 1226 Highway 11, Gouverneur, NY 13642, Attn: Privacy Officer. Your request must specify the time period, but may not be longer than six years, or in some cases three years, prior to the date of your request. The first accounting you request within a 12 month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

**Request communications of PHI by alternative means or at alternative locations.** You have the right to request that we send your health information by alternative means or to an alternative address, and we will accommodate reasonable requests. For instance, you may request that we contact you about pharmacy matters only in writing or at a different residence or post office box. To request confidential communications of PHI about you, you must submit a request in writing to Proact Pharmacy Services, 1226 US Highway 11, Gouverneur, NY 13642, Attn: Privacy Officer. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests.

**Examples of How We May Use and Disclose PHI** The following are descriptions and examples of ways we use and disclose PHI:

**Treatment.** We may use or disclose your PHI for treatment purposes. For example, we will use PHI to dispense prescription medications to you, which will include pharmacists and other persons involved in the dispensing function. We will document in your record information related to the medications dispensed to you and services provided to you. We use a secure shared database which allows us to provide shared services such as transferring prescriptions upon your request, accessing important prescription or medical information when requested or using Kinney Drugs centralized prescription fulfillment for your prescriptions. We also may contact you to provide refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Payment.** We may use or disclose your PHI for payment of prescription medications. For example, we will contact your insurer or pharmacy benefit manager to determine whether it will pay for your prescription and the amount of your co-payment. We will bill you or a third-party payer for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the prescriptions you are taking.

**Health care operations.** We may use or disclose your PHI for our health care operations, such as performing quality checks or internal audits. For example, we may use information in your health record to monitor the performance of the pharmacists providing treatment to you. This information will be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. We also are permitted to use or disclose your PHI for the following purposes. However, we may never have reason to make some of these disclosures.

**Business associates:** We may provide your PHI to other companies or individuals to assist us in providing specific services requiring the use and disclosure of PHI. These other entities, known as "business associates," are required to maintain the privacy and security of PHI. Our business associates must only use your health information for the services they perform on our behalf. For example, we may provide information to companies that assist us with billing of our services. We may also use an outside collection agency to obtain payment when necessary. As of February 17, 2010, business associates have independent HIPAA compliance obligations.

**Communication with individuals involved in your care or payment for your care:** Health professionals such as pharmacists, using their professional judgment, may disclose to a family member, other relative, close personal friend or any person you identify, PHI relevant to that person's involvement in your care or payment related to your care. For example, we may allow a friend or family member to pick up a prescription on your behalf.

**Food and Drug Administration (FDA):** We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Worker's compensation:** We may disclose PHI about you as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by law.

**Public health:** As required or permitted by law, we may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law enforcement:** We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.

**As required by law:** We must disclose PHI about you when required to do so by law.

**Health oversight activities:** We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial and administrative proceedings:** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to notify you about the request or to obtain an order protecting the requested PHI.

**Research:** We may disclose PHI about you to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

**Coroners, medical examiners, and funeral directors:** We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to carry out their duties.

**Organ or tissue procurement organizations:** Consistent with applicable law, we may disclose PHI about you to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Fundraising:** We may use or disclose your PHI for fundraising activities. If you receive a fundraising communication from us or a foundation on our behalf, the communication will contain a clear and conspicuous opportunity for you to elect not to receive any further fundraising communications.

**Marketing:** We may provide information to you regarding treatment alternatives or other health-related benefits that may be of interest to you, but we must abide by strict limitations on third-party funding for such communications.

**Sale of PHI:** We are prohibited from selling your PHI without your prior authorization.

**Notification:** We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and your general condition.

**Correctional institution:** If you are or become an inmate of a correctional institution, we may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.

**To avert a serious threat to health or safety:** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Military and veterans:** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

**National security and intelligence activities:** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Victims of abuse, neglect, or domestic violence:** We may disclose PHI about you to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

**Right to receive notice in the event of a breach:** In the event of a breach of your PHI that has not been secured in accordance with federal standards (such as encrypted), you have the right to be notified of the breach and to be provided, to the extent available, with a description of the breach, a description of the types of information involved in the breach, the steps you should take to protect yourself from potential harm, a brief description of what we are doing to investigate the breach, mitigate harm, and prevent further breaches, as well as contact information for questions or concerns regarding the breach.

#### **Other Uses and Disclosures of PHI**

We will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above or as otherwise permitted or required by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization.

#### **Note Regarding State Law**

For all of the above purposes, when state law is more restrictive than federal law, we are required to follow the more restrictive state law.

Our New York pharmacies will not access a common electronic file or database used to maintain required personally identifiable dispensing information except upon your, or your agent's, express request.

#### **Minors**

If you are a minor who has lawfully provided consent for treatment and you would like the pharmacy, to the extent permitted by your state's laws, to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify the pharmacist.

#### **For More Information or to Report a Problem**

If you have questions or would like additional information about Proact Pharmacy Services' privacy practices, you may contact the Privacy Officer at Proact Pharmacy Services, 1226 US Highway, Gouverneur, NY 13642 or call 866-287-9885. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

#### **Effective Date**

This Notice is effective as of August 1, 2016 22710078v.2