

# Notice of Privacy Practices

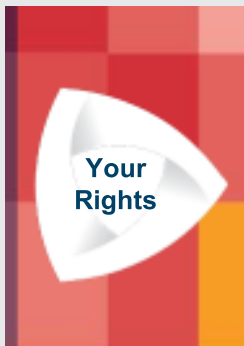


## Your Information. Your Rights. Our Responsibilities.

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.**

### You have the right to:



- Receive a copy of your paper or electronic medical record.
- Correct your paper or electronic medical record.
- Request how we communicate with you.
- Ask us to limit the protected health information we share.
- Receive a list of those with whom we've shared your information.
- Receive a copy of this privacy notice.
- Choose someone to make decisions for you and act on your behalf.
- File a complaint if you believe your privacy rights have been violated.

► **See page 2** for more information on these rights and how to exercise them.

### We may use and share your protected health information as we:



- Treat you.
- Bill for your services.
- Run our organization.
- Help with public health and safety issues.
- Do certain types of research.
- Comply with the law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement and other government requests.
- Respond to lawsuits and legal actions.

► **See pages 3 and 4** for more information on these uses and disclosures.

### You have some choices in the way that we use and share protected health information as we:



- Tell Family and friends about your condition.
- Provide disaster relief.
- Use or disclose your protected health information for other purposes not described by this notice.

► **See page 4** for more information on these choices and how to exercise them.

# Your Rights.

When it comes to your protected health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. All requests must be submitted in writing to our Privacy Officer. To request a form, contact our Privacy Officer using the information provided on page 4.

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## Receive an electronic or paper copy of your medical record

- You can ask to see or receive an electronic or paper copy of your medical record and other protected health information we have about you.
- We will provide a copy or a summary of your protected health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

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## Ask us to correct your medical record

- You can ask us to correct protected health information about you that you think is incorrect or incomplete.
- We may decline your request, but we'll tell you why in writing within 60 days.

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## Request how we communicate with you

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will agree to all reasonable requests.

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## Ask us to limit what we use or share

- You can ask us **not** to use or share certain protected health information for treatment, payment or our operations.
- We are not required to agree to your request. For example, we may decline if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that protected health information with your health insurer.
- We will agree unless a law requires us to share that protected health information.

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## Receive a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your protected health information for six years prior to the date you ask, who we shared it with and why.
- We will include all the disclosures except for those about treatment, payment, health care operations, and certain other disclosures (such as any you authorized us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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## Receive a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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## Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your protected health information.
- We will make sure the person has this authority and can act for you before we take any action.

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## File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our Privacy Officer at (800) 299-3499 or [specialtypharmacy\\_privacyofficer@premierinc.com](mailto:specialtypharmacy_privacyofficer@premierinc.com).
  - You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.
  - We will not retaliate against you for filing a complaint.
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# Our Uses and Disclosures.

How do we typically use or share your protected health information? We typically use or share your protected health information in the following ways as long as permitted by applicable law.

<b>Treat you</b>	<ul style="list-style-type: none"><li>We can use your protected health information and share it with other professionals who are treating you.</li></ul>	<i>Example: A pharmacist may contact your doctor with questions about a prescription.</i>
<b>Run our organization</b>	<ul style="list-style-type: none"><li>We can use and share your protected health information to run our pharmacy, improve your care and contact you when necessary.</li></ul>	<i>Example: We may use your protected health information to conduct quality assessment and improvement activities.</i>
<b>Bill for your services</b>	<ul style="list-style-type: none"><li>We can use and share your protected health information to bill and receive payment from health plans or other entities.</li></ul>	<i>Example: We may contact your insurer, payor, or other agent and share your protected health information with that entity to determine whether it will pay for your prescription and the payment amount.</i>

**How else can we use or share your protected health information?** We are allowed or required to share your protected health information in other ways – usually in ways that contribute to the public good, such as public health and research. We also will de-identify your information and use and disclose it for additional purposes. We have to meet many conditions in the law before we can share your protected health information for these purposes.

<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"><li>We can share your protected health information for certain situations such as:<ul style="list-style-type: none"><li>Preventing disease.</li><li>Helping with product recalls.</li><li>Reporting adverse reactions to medications.</li><li>Reporting suspected abuse, neglect or domestic violence.</li><li>Preventing or reducing a serious threat to anyone's health or safety.</li></ul></li></ul>
<b>Do certain types of research</b>	<ul style="list-style-type: none"><li>We can use or share your protected health information for health research without authorization if permitted by the law.</li></ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"><li>We will share your protected health information if state or federal laws require it, including with government agencies they want to see if we're complying with laws.</li></ul>
<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"><li>We can share your protected health information with organ procurement organizations.</li></ul>
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"><li>We can share your protected health information with a coroner, medical examiner, or funeral director if you die.</li></ul>
<b>Address workers' compensation, law enforcement and other government requests</b>	<ul style="list-style-type: none"><li>We can use or share your protected health information:<ul style="list-style-type: none"><li>For workers' compensation claims.</li><li>For law enforcement purposes or with a law enforcement official.</li><li>With health oversight agencies for activities authorized by the law.</li><li>For special government functions such as military, national security and presidential protective services.</li></ul></li></ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"><li>We can share your protected health information in response to a court or administrative order, or in response to a subpoena.</li></ul>

## Our Responsibilities.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your protected health information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your protected health information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let our Privacy Officer know in writing if you change your mind.

## Your Choices.

For certain protected health information, you can tell us your choices about what we share. If you have a clear preference for how we share your protected health information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### In these cases, you have both the right and choice to tell us to:

- Share protected health information with your family, close friends or others involved in your care.
- Share protected health information in a disaster relief situation.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your protected health information if we believe it is in your best interest. We may also share your protected health information when needed to lessen a serious and imminent threat to health or safety.*

### In these cases we never share your protected health information unless you give us prior written permission:

- Marketing purposes.
- Sale of your protected health information.
- Most sharing of psychotherapy notes.

### In the case of fundraising

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

### Changes to the Terms of This Notice.

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our pharmacy sites and locations, and on our websites.

### This Notice of Privacy Practices applies to the following organizations.

Acro Pharmaceutical Services, Commcare Specialty Pharmacy and Community Pharmacy Services d/b/a GPHA Pharmacy are separate limited liability companies. However, they are under common ownership and control, and thus have organized themselves as a single **Affiliated Covered Entity (“ACE”)** for the purposes of compliance with HIPAA. As an ACE, Acro Pharmaceutical Services, Commcare Specialty Pharmacy and Community Pharmacy Services d/b/a GPHA Pharmacy maintain a single Notice of Privacy Practices (“**Notice**”) which describes our health information practices. This Notice applies to all Acro Pharmaceutical Services, Commcare Specialty Pharmacy and Community Pharmacy Services sites and locations. In addition, Acro Pharmaceutical Services, Commcare Specialty Pharmacy and Community Pharmacy Services d/b/a GPHA Pharmacy sites and locations may share protected health information (“**PHI**”) as necessary to carry out treatment, payment and healthcare operations relating to the ACE, and for other purposes as permitted or required by law.

*Effective Date: September 20, 2016; Last revised: November 11, 2016.*

#### Privacy Officer

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