

## 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. ANNIE'S APOTHECARY, ITS EMPLOYEES, AND WORKFORCE MEMBERS ARE ALL BOUND TO FOLLOW THE TERMS OF THIS NOTICE OF PRIVACY PRACTICES.

<b>Your Rights</b> You have the right to:	
<ul style="list-style-type: none"><li>• Get a copy of your paper or electronic medical record</li><li>• Correct your paper or electronic medical record</li><li>• Request confidential communication</li><li>• Ask us to limit the information we share</li></ul>	<ul style="list-style-type: none"><li>• Get a list of those with whom we've shared your information</li><li>• Get a copy of this privacy notice</li><li>• Choose someone to act for you</li><li>• File a complaint if you believe your privacy rights have been violated</li></ul>
<b>Your Choices</b> You have some choices in the way that we use and share information as we:	
<ul style="list-style-type: none"><li>• Tell family and friends about your condition</li><li>• Provide disaster relief</li></ul>	<ul style="list-style-type: none"><li>• Market our services and sell your information</li><li>• Raise funds</li></ul>
<b>Our Uses and Disclosures</b> We may use and share your information as we:	
<ul style="list-style-type: none"><li>• Treat you</li><li>• Run our organization</li><li>• Bill for your services</li><li>• Help with public health and safety issues</li><li>• Do research</li></ul>	<ul style="list-style-type: none"><li>• Comply with the law</li><li>• Respond to organ and tissue donation requests</li><li>• Work with a medical examiner or funeral director</li><li>• Address workers' compensation, law enforcement, and other government requests</li><li>• Respond to lawsuits and legal actions</li></ul>

### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

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

- You can ask us to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### Request confidential communications

- 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 say "yes" to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" to your request.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

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

- You can ask for a list (accounting) of the times we've shared your 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, and health care operations, and certain other disclosures (such as any you asked 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.

#### Get 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.

#### 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 health information.
- We will make sure the person has this authority and can act for you before we take any action.

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

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your 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 information with your family, close friends, or others involved in your care
- Share 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 information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

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

- Marketing purposes
- Sale of your 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.

### Our Uses and Disclosures

The following categories describe different ways that we use and disclose your health information. We have provided you with examples in certain categories; however, not every permissible use or disclose will be listed in this Notice. Note that some types of health information such as HIV information, genetic information, alcohol, and/or substance abuse records, and mental health records may be subject to special confidentiality protection under applicable state or federal law, and we will abide by these special protections. If you would like additional information about special state law protections, you may contact the Privacy Office at 512-279-4501 x141 or by email at [Privacy@rsvprx.com](mailto:Privacy@rsvprx.com).

### How do we typically use or share your health information?

We typically use or share your health information in the following ways:

#### Treat you

- We can use your health information and share it with other professionals who are treating you.
- *Examples: We may disclose your health information to pharmacies, doctors, technicians and other personnel involved in your health care. We may also disclose your health information with other third parties, such as hospitals, other pharmacies, and other health care facilities and agencies to facilitate the provision of health care services and medications you may need. This helps to coordinate your care and make sure that everyone who is involved in your care has the information that they need about you to meet your health care needs.*

#### Run our organization

- We can use and share your health information to run our business, improve your care, and contact you when necessary.
- *Examples: We may use your health information to monitor the performance of the staff and pharmacies providing treatment to you. We may use your Health Information as part of our efforts to continually improve the quality and effectiveness of the health care products and services we provide. We may also analyze Health Information to improve the quality and efficiency of health care, for example, to assess and improve outcomes for health care conditions. We may also disclose your Health Information to other HIPAA covered entities that have provided services to you so that they can improve the quality and effectiveness of the health care services that they provide. We may use your Health Information to create de-identified data, which is stripped of your identifiable data and no longer identifies you.*

#### Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.
- *Examples: 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 will bill you or a third party payor for the cost of health care products and services we provide to you. This information on or accompanying the bill may include information that identifies you, as well as information about the services that were provided to you or the medications you are taking. We may also disclose your Health Information to other health care providers or HIPAA covered entities who may need it for their payment activities.*

### **We may also use and disclose your health information without your prior authorization for the following purposes:**

**Business Associates:** We may contract with third parties to perform certain services for us, such as billing services, copy services or consulting services. These third party service providers, referred to as Business Associates, may need to access your Health Information to perform services for us. They are required by contract and law to protect your Health Information and only use and disclose it as necessary to perform their services for us.

**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, Health Information directly relevant to that person's involvement in your care or payment related to your care. Additionally, we may disclose Health Information to your "personal representative." 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 respect to your Health Information.

**Food and Drug Administration ("FDA"):** We may disclose to persons under the jurisdiction of the FDA, Health Information 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:** To the extent necessary to comply with law, we may disclose your Health Information to worker's compensation or other similar programs established by law.

**Public Health:** We may disclose your Health Information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including the FDA. In certain circumstances, we may also report work-related illnesses and injuries to employers for workplace safety purposes.

**Law Enforcement:** We may disclose your Health Information for law enforcement purposes as required or permitted by law. For example, in response to a subpoena or court order, in response to a request from law enforcement, and to report limited information in certain circumstances.

**As Required by Law:** We will disclose your Health Information when required to do so by federal, state or local law.

**Health Oversight Activities:** We may disclose your Health Information to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for 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 your Health Information in response to a court or administrative order. We may also disclose your Health Information in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to first tell you about the request or to obtain an order protecting the information requested.

**Research:** We may use your Health Information to conduct research and we may disclose your Health Information to researchers as authorized by law. For example, we may use or disclose your Health Information as part of a research study when the research has been approved by an institutional review board or privacy 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 your Health Information to coroners or medical examiners so that they can carry out their duties. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose Health Information to funeral directors consistent with applicable law to enable them to carry out their duties.

**Organ or Tissue Procurement Organizations:** Consistent with applicable law, we may disclose your Health Information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Disaster Relief:** We may use and disclose your Health Information to organizations for purposes of disaster relief efforts.

**Correctional Institution:** If you are or become an inmate of a correctional institution, we may disclose to the institution, or its agents, Health Information necessary for your health and the health and safety of other individuals.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose your Health Information 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 Health Information about you as required by military command authorities. We may also release Health Information about foreign military personnel to the appropriate foreign military authority.

**National Security, Intelligence Activities, and Protective Services for the President and Others:** We may release Health Information about you to federal officials for intelligence, counterintelligence, protection of the President, and other national security activities authorized by law.

**Victims of Abuse or Neglect:** We may disclose Health Information about you to a government authority if we reasonably believe you are a victim of abuse or neglect. 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.

### **Uses and Disclosures of Health Information that Require Your Prior Authorization:**

**Electronic Disclosure:** We may use and disclose your medical information electronically. For example, if another provider requests your health information for treatment purposes, we may forward such record electronically.

**Specific Uses or Disclosures Requiring Authorization:** We will obtain your written authorization for the use or disclosure of psychotherapy notes, use or disclosure of Health Information for marketing, and for the sale of Health Information, except in limited circumstances where applicable law allows such uses or disclosure without your authorization.

**Other Uses and Disclosures:** We will obtain your written authorization before using or disclosing your Health Information for purposes other than those described in this Notice or otherwise permitted by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your Health Information, except to the extent that we have already taken action in reliance on the authorization.

### **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 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 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 us know in writing if you change your mind.
- For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **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, at our locations, and on our website. Upon request, we will also provide you any revised Notice.

---

PRINT NAME

---

SIGNATURE

---

DATE

**PLEASE SIGN AND FAX BACK TO 888-965-8051**

Effective Date of Notice: June 5, 2015