

BROCKTON PHARMACY

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

Our Pledge To You

Your health information -- which means any written or oral information that we create or receive that describes your health condition, treatment or payments -- is personal. Therefore, the Practice pledges to protect your health information as required by law. We give you this Privacy Notice to tell you (1) how we will use and disclose your "protected" health information, or "PHI" and (2) how you can exercise certain individual rights related to your PHI as a Patient of Brockton Pharmacy. Please note that if any of your PHI qualifies as mental health records, alcohol and drug treatment records, communicable disease records or genetic test records, we will safeguard these records as "Special PHI" which will be disclosed only with your prior express written authorization, pursuant to a valid court order or as otherwise required by law. We are required by law to maintain the privacy of your PHI and to provide you with this notice of our legal duties and privacy practices. HIPAA may preempt certain state laws relating to the privacy of PHI. Therefore, please see additional information at the end of this notice relating to your specific state. I.

How We Will Use And Disclose Your PHI

A. To Provide Treatment

We may use your health information to a physician or other healthcare provider providing treatment to you to provide and coordinate the treatment, medications and services you received from Brockton Pharmacy. For example, we may contact you regarding medications, equipment, supplies, compliance programs such as drug recommendations, therapeutic substitutions, refill reminders or other products or service recommendations, such as specialty and infusion therapies, counseling and drug utilization review (DUR), product recalls or disease statement management. Furthermore, we may use your health information to communicate with you about your treatment options of health-related benefits, services or products that we provide as well as provide you with promotional gifts of nominal value.

B. To Obtain Payment

We may use your PHI for various payment-related functions, such as contacting your insurer, pharmacy benefit manager, or other health care payer to determine whether it will pay for your medications, equipment and supplies and the amount of your copayment. We will bill your third party payer for the cost of medications, equipment and supplies dispensed to you. The

information on or accompanying the bill may include information that identifies you as well as the medications you are taking.

C. To Perform Health Care Operations

We may use your PHI for certain operational, administrative and quality assurance activities, such as using information in your health record to monitor the performance of the staff and pharmacists who are providing your treatment. This information will be used in an effort to continually improve the quality and effectiveness of the services provided to you. We may disclose PHI to business associates if they need to receive this information to provide a service to us and will agree to follow the rules under HIPAA relating to the protection of your PHI.

D. To Contact You

To support our treatment, payment and health care operations, we may also contact you at home or at a cell phone or other wireless device number which you provide to us, either by telephone or mail, from time to time (1) to remind you of prescription fills and refills or (2) to ask you to return a call to the Pharmacy unless you ask us in writing, to use alternative means to communicate with you regarding these matters. Where applicable, we may also contact you by telephone at any telephone number provided by you, including a cell phone number, to inform you of specific test results or treatment plans, or to remind you about available services which we have provided to you in the past, including, for example, flu shots but only with your prior written authorization. By signing this notice, you agree that we may contact you by telephone using any telephone number which you provide to us.

E. To Be In Contact With Your Family or Friends.

Additionally, we may also disclose certain of your PHI to your family member or other relative, a close personal friend, or any other person specified by you from time to time, but only if the PHI is directly related (1) to the person's involvement in your treatment or related payments, or (2) to notify the person of your physical location or a sudden change in your condition, while receiving treatment at our office. Although you have a right to request reasonable restrictions on these disclosures, we will only be able to grant those restrictions that are reasonable and not too difficult to administer, none of which would apply in the case of an emergency.

F. To Conduct Research

Under certain circumstances, we may use and disclose certain of your PHI for research purposes, but only if the research is subject to special approval procedures and the necessary rules governing uses and disclosures are agreed to by the researchers. For example, a research project may compare two different medications used to treat a particular condition in two different groups of Patients by comparing the Patients' health and recovery in one group with the second group. Any other research will require your written authorization.

G. According to Laws That Require or Permit Disclosure

We may disclose your PHI when we are required or permitted to do so by any federal, state or local law, as follows:

1. When There Are Risks to Public Health. We may disclose your PHI to (1) report disease, injury or disability; (2) report vital events such as births and deaths; (3) conduct public health activities; (4) collect and track FDA-related events and defects; (5) notify appropriate persons regarding communicable disease concerns; or (6) inform employers about particular workforce issues.

2. To Report Suspected Abuse, Neglect Or Domestic Violence. We may notify government authorities if we believe that a Patient is the victim of abuse, neglect or domestic violence, but only when specifically required or authorized by law or when the Patient agrees to the disclosure.

3. To Conduct Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight, but we will not disclose your PHI if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or public benefits.

4. In Connection With Judicial and Administrative Proceedings. We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal. In certain circumstances, we may disclose your PHI in response to a subpoena if we receive satisfactory assurances that you have been notified of the request or that an effort was made to secure a protective order.

5. For Law Enforcement Purposes. We may disclose your PHI to a law enforcement official to, among other things, (1) report certain types of wounds or physical injuries, (2) identify or locate certain individuals, (3) report limited information if you are the victim of a crime or if your health care was the result of criminal activity, but only to the extent required or permitted by law.

6. To Coroners, Funeral Directors, and for Organ Donation. We may disclose PHI to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties. We may also disclose PHI to a funeral director in order to permit the funeral director to carry out their duties. PHI may also be disclosed for organ, eye or tissue donation purposes.

7. In the Event of a Serious Threat to Health or Safety, or For Specific Government Functions. We may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public, or for certain other specified government functions permitted by law.

8. For Worker's Compensation. We may disclose your PHI to comply with worker's compensation laws or similar programs.

H. With Your Prior Express Written Authorization Other than as stated above, we will not disclose your PHI, or more importantly, your Special PHI, without first obtaining your

express written authorization. We will not use or disclose your PHI in any of the following situations without your written authorization:

1. Uses and disclosures of Special PHI (if recorded by us in the medical record) except to carry out your treatment, payment or health care operations, to the extent permitted or required by law;
2. Uses and disclosures of your PHI for marketing purposes that are not otherwise permitted under HIPAA.
3. Disclosures of PHI that constitute a sale of your PHI and which are not otherwise permitted under HIPAA.
4. Other uses and disclosures not described in this Notice.

II. Your Individual Rights Concerning Your PHI

A. The Right to Obtain a Paper Copy of the Notice Upon Request. You may request a copy of our current Notice as any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy from a Brockton Pharmacy, on Brocktonpharmacy.com, or by contacting our corporate offices at Brockton Pharmacy, LLC ATTN: HIPAA Privacy Officer, 90 Main Street, Brockton, MA 02301

B. The Right to Request Restrictions on How We Use and Disclose Your PHI. You may ask us not to use or disclose certain parts of your PHI but only if the request is reasonable, by making a written request to Brockton Pharmacy, LLC ATTN: HIPAA Privacy Officer, 90 Main Street, Brockton, MA 02301. You must identify in this request: a) what particular information you would like to limit; b) whether you want to limit use, disclosure or both; and c) to whom you want the limits to apply. For example, if you pay for a particular service in full, out-of-pocket, on the date of service, you may ask us not to disclose any related PHI to your health plan. You may also ask us not to disclose your PHI to certain family members or friends who may be involved in your care or for other notification purposes described in this Privacy Notice, or how you would like us to communicate with you regarding fill and refill reminders, upcoming appointments, treatment alternatives and the like by contacting you at a telephone number or address other than at home. Please note that we are only required to agree to those restrictions that are reasonable and which are not too difficult for us to administer. We will notify you if we deny any part of your request, but if we are able to agree to a particular restriction, we will communicate and comply with your request, except in the case of an emergency. We will provide you with a written response within thirty (30) days. Under certain circumstances, we may choose to terminate our agreement to a restriction if it becomes too burdensome to carry out. Finally, please note that it is your obligation to notify us if you wish to change or update these restrictions by contacting the HIPAA Privacy Officer directly.

C. The Right to Receive Confidential Communications of PHI. You may request to receive communications of PHI from us by alternative means or at alternative locations, and we will work with you to reasonably accommodate your request. For example, if you prefer to

receive communications of PHI from us only at a certain address, phone number or other method, you may request such a method.

D. The Right to Inspect and Copy Your PHI. You may inspect and obtain a copy of your PHI that we have created or received in the care and treatment, or to obtain payment for your treatment. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to a law prohibiting access. A copy may be made available to you either in paper or electronic format if we use an electronic health format. To inspect a copy of your PHI, you must send a written request to Brockton Pharmacy, LLC ATTN: HIPAA Privacy Officer, 90 Main Street, Brockton, MA 02301. We will respond to your request within thirty (30) days. We may request that you complete an Authorization for Use and Disclosure form and provide valid photo identification. A fee may be charged 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, such as if we determine that providing access would endanger your life or safety or cause substantial harm to you or another person. If we deny your request, we will notify you in writing and provide you with an opportunity to request a review of such denial.

E. The Right to Request Amendments To Your PHI. You may request that your PHI be amended so long as it is a part of our official Patient Record. To request an amendment, you must send a written request to Brockton Pharmacy, LLC ATTN: HIPAA Privacy Officer, 90 Main Street, Brockton, MA 02301. Your request must state: a) which information you seek to amend; b) what corrections you would like to make; and c) why the information needs to be amended. We will respond to your request within sixty (60) days (with a possible 30 day extension). In our response, we will either: a) agree to make the amendment; or b) inform you of our denial, explain our reason and outline appeal procedures. If denied, you have a right to file a statement of disagreement with the decision. We will provide a rebuttal to your statement and maintain appropriate records of your disagreement and our rebuttal.

F. The Right to Receive an Accounting of Disclosures of PHI. You have the right to request an accounting of those disclosures of your PHI that we have made for reasons other than those for treatment, payment and health care operations, which are specified in Section II (A-C) above. The accounting is not required to report PHI disclosures (1) to those family, friends and other persons involved in your treatment or payment, (2) that you otherwise requested in writing, (3) that you agreed to by signing an authorization form, or (4) that we are otherwise required or permitted to make by law. As before, your request must be made in writing to our HIPAA Privacy Officer. The request should specify the time period, but please note that we are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. To request an accounting, you must submit a request in writing to Brockton Pharmacy, LLC ATTN: HIPAA Privacy Officer, 90 Main Street, Brockton, MA 02301. Your request must specify the time period, which may not be longer than six years and may not include dates prior to April 14, 2003. We

will respond in writing within sixty (60) days of receipt of your request (with a possible 30-day extension). We will provide an accounting for the first 12-month period free of charge, but you may be charged for the cost of any subsequent accountings. We will notify you in advance of the cost involved, and you may choose to withdraw or modify your request at that time.

G. The Right to Receive Notice of a Breach. You have the right to receive written notice in the event we learn of any unauthorized acquisition, use or disclosure of your PHI that was not otherwise properly secured as required by HIPAA. We will notify you of the breach as soon as possible but no later than sixty (60) days after the breach has been discovered.

H. The Right to File a Complaint. You have the right to contact our HIPAA Privacy Officer at any time if you have questions, comments or complaints about our privacy practices or if you believe we have violated your privacy rights. You also have the right to contact our HIPAA Privacy Officer or the Department of Health and Human Services' Office for Civil Rights in Baltimore, Maryland regarding these privacy matters, particularly if you do not believe that we have been responsive to your concerns. We urge you to contact our HIPAA Privacy Officer if you have any questions, comments or complaints, either in writing or by telephone as follows:

Brockton Pharmacy, LLC
ATTN: HIPAA Privacy Officer
90 Main Street, Brockton, MA 02301
Telephone: 774-517-5528
Fax: 774-517-5568

Please note that we will not take any action, or otherwise retaliate, against you in any way as a result of your communications to the Practice or to the Department of Health and Human Services' Office for Civil Rights. As always, please feel free contact us. We look forward to serving you as a Patient.

I. Your Right to Revoke Authorization. Any other uses and disclosures not described in this Notice will be made only with your written authorization. Please note that you may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

J. Request communications of PHI by alternative means or at alternative locations. For instance, you may request that we contact you at a different residence or post office box. To request confidential communication of your PHI, please contact your pharmacist at Brockton Pharmacy. Your request must tell us how or where you would like to be contacted. We will accommodate all reasonable requests.

K. Where to obtain forms for submitting written requests. You may obtain forms for submitting written requests from any Brockton Pharmacy, brocktonpharmacy.com, or by

contacting our corporate offices at Brockton Pharmacy, LLC ATTN: HIPAA Privacy Officer, 90 Main Street, Brockton, MA 02301

L. Minors. If you are a minor who has lawfully provided consent for treatment and you wish for Brockton Pharmacy to treat you as an adult for purposes of access to and disclosure of your PHI related to such treatment, please notify your pharmacist at Brockton Pharmacy.

Changes to Notice. We reserve the right to change our privacy practice and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all PHI that we maintain, including PHI we created or received before we made changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions or would like additional information about Brockton Pharmacy's privacy practices, you may contact our Chief Privacy Officer by calling (774) 517-5528. If you believe your privacy rights have been violated, you can file a written complaint with Brockton Pharmacy, LLC ATTN: HIPAA Privacy Officer, 90 Main Street, Brockton, MA 02301 or with the Secretary of Health and Human Services. We support your right to privacy of your PHI and will not retaliate in any way if you choose to file a complaint with us or with the Secretary of Health and Human Services.

Effective Date: This Notice is effective as of January 1, 2019.