

Notice of Privacy Practices (NPP)

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 of Privacy Practices ("Notice") describes the privacy practices of BioMatrix Specialty Pharmacy, LLC., including but not limited to its subsidiaries and affiliated entities (collectively, "BioMatrix"). This affiliated group of pharmacies treats itself as a single entity for the purposes of using and disclosing health information about you. BioMatrix wants you to know that nothing is more central to our operations than maintaining the privacy of your personal health information ("PHI"). PHI is information about you that we obtain to provide our services to you and that can be used to identify you. It includes your name and other basic contact information and information about your health, medical conditions, and prescriptions. We take our responsibility to protect this information very seriously.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We are required by law to protect the privacy of your health information and to provide you with this Notice explaining our legal duties and privacy practices regarding your health information. We are also required to notify you if your PHI is breached. Our pharmacy staff is required to protect the confidentiality of your PHI and will disclose your PHI to a person other than you or your personal representative only when permitted under federal or state law. This protection extends to any PHI that is oral, written, or electronic, such as prescriptions transmitted by facsimile, model, or other electronic devices. This Notice describes how we may use and disclose your PHI. In some circumstances, as described in this Notice, the law permits us to use and disclose your PHI without your express permission. In all other circumstances, we will obtain your written authorization before we use or disclose your PHI. This Notice also describes your rights and the obligations we have regarding the use and disclosure of your PHI. Under federal and applicable state law, we must follow the terms of the Notice in effect. We are required to follow state privacy laws when they are stricter or more protective of your PHI than the federal law.

USE AND DISCLOSURE OF YOUR PHI WITHOUT YOUR AUTHORIZATION

Below are examples of how Federal law permits use or disclosure of your PHI without your permission:

Treatment: We will use and disclose your PHI to provide treatment to you. For example, PHI will be used by your pharmacist to dispense prescription medications to you. We will document in your record information related to the medications dispensed to you and services provided to you. We may contact you to provide treatment-related services, such as refill reminders, treatment alternatives, and other health-related benefits and services that may interest you.

Payment: We may use and disclose your PHI to obtain payment for health care services provided to you. For example, we may contact your insurer to determine whether it will authorize payment for your prescription and to determine the amount of your co-payment or co-insurance. We may bill you or your insurer 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. In the event coverage for a particular prescription is denied, we may contact your physician or insurer to obtain a prior authorization or confirm medical necessity.

Health Care Operations: We will use and disclose your PHI to carry out our general business operations as a health care provider. We may use your PHI to monitor the effectiveness and quality of our health care services, to provide customer service, and to resolve complaints. For example, we may use information in your health record to monitor the performance of the pharmacist's providing treatment to you.

Business Associates: We will share your PHI with third party business associates that perform various activities for us. These contractors are required by law and their agreements with us to protect your PHI in the same way we do.

As Required by Law: We must use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information for the purpose of preventing or controlling disease, injury, or disability. These activities may include the following: disclosure to report reactions to medications or other products to the U.S. Food and Drug Administration ("FDA") or other authorized entity; disclosure to notify individuals of recalls, exposure to a disease, or risk for contracting or spreading a disease or condition.

Worker's Compensation: We may disclose PHI to the extent authorized and necessary to comply with laws relating to worker's compensation or similar programs established by law.

Law Enforcement: We may disclose your PHI to a law enforcement official for law enforcement purposes as follows: as required by law including laws that require the reporting of certain types of wounds or other physical injuries; pursuant to court order, court-ordered warrant, subpoena, summons, administrative request or other similar process; for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person; when you are the victim or suspected to be the victim of a crime; when we locate a suspect, fugitive, material witness, or missing person; when you are the victim or suspected to be the victim of a crime; when we suspect that the information relates to criminal conduct that occurred on our premises; to alert law enforcement officials regarding a death; and in an emergency to report a crime.

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 as authorized by law.

Judicial and Administrative Proceedings: We may disclose PHI about you in response to a court or administrative order, subpoena, discovery request, or other lawful process.

To Avert a Serious Threat to Health and 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. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

To Coroners, Funeral Directors, and for Organ Donation: We may disclose your 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 authorized by law. We may also disclose PHI to a funeral director, consistent with applicable law, to permit the funeral director to carry out his/her duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed to facilitate cadaveric organ, eye, or tissue donation.

Research: Under certain circumstances, we may use and disclose your PHI for medical research purposes. However, before disclosing your PHI, the research project must be approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to protect your PHI.

Military and Veterans: If you are a member of the armed forces, including a foreign military, we may use and disclose PHI about you as required by military command authorities.

National Security, Intelligence Activities, and Protective Services for the President and Others: We may release PHI about you to federal officials for intelligence, counterintelligence, protection of the President or other authorized persons or foreign heads of state, to conduct special investigations, and other national security activities authorized by law.

Correctional Institution: If you are or become an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose to the institution or law enforcement official PHI necessary for the provisions to you of health care services, your health and safety, the health and safety of others, law enforcement on the premises of the correctional institution and the administration and maintenance of the safety, security, and good order of the correctional institution.

Workers' Compensation: Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar programs established by law.

Fund raising: As permitted by applicable law, we may contact you to provide you with information about our fundraising programs. You have the right to "opt out" of receiving these communications and such fundraising materials will explain how you may request to opt out of future communications if you do not want us to contact you for further fundraising efforts.

Accrediting Organizations: We may share your PHI with employees of the agency accrediting us. Federal law prohibits employees of the accrediting body from giving your protected health information to anyone else.

Disclosures to You or for Compliance Investigations: We may disclose your PHI to you or to your personal representative and we are required to disclose your PHI in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI. We must also disclose your PHI to the Secretary of the United States Department of Health and Human Services (the "Secretary") when requested by the Secretary to investigate our compliance with the privacy regulations issued under HIPAA (Health Insurance Portability and Accountability).

OTHER USES AND DISCLOSURES THAT MAY BE MADE WITHOUT AUTHORIZATION

We also may use and disclose your PHI in the three instances below without getting your authorization under the HIPAA Privacy Rules, although you may in certain circumstances agree or object to these uses and disclosures. If you are not present or able to agree or object to the use or disclosure of the PHI, then we may, using our professional judgment, determine whether the disclosure is in your best interest.

Communicate with Individuals Involved in Your Care or Payment for Your Care: We may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI related to that person's involvement in your care or payment related to your care. Additionally, we may disclose PHI to your "personal representative." If a person has the authority by law to make health care decisions for you, we will regard that person as your "personal representative" and treat him or her the same way we would treat you with respect to your PHI.

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, condition, or death.

Disaster Relief: We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts. You may have the opportunity to object unless we determine that doing so would impede our ability to respond to emergency circumstances.

USES AND DISCLOSURES OF PHI THAT REQUIRE AUTHORIZATION

We will obtain your written authorization for the use or disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI, except in limited circumstances where applicable state/federal laws allow such use or disclosure without your authorization.

Other Uses and Disclosures: We will obtain your written authorization before using or disclosing your PHI 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 PHI, except to the extent that we have already acted in reliance on the authorization.

YOUR HEALTH INFORMATION RIGHT

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 this notice from us at any time, even if you have agreed to receive it electronically. To obtain a paper copy of this notice, contact our Privacy Officer at the contact information below.

Right to Request a Restriction on Certain Uses and Disclosures of PHI: You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request to the Privacy Office. We are not required to agree to the restrictions, except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you, or a person on your behalf, has paid in full.

Right to Inspect and Obtain a Copy: With a few exceptions, you have the right to access and obtain a copy of the PHI that we maintain about you. If we maintain an electronic health record containing your PHI, you have the right to request to obtain the PHI in an electronic format. To inspect or obtain a copy of your PHI, you must send a written request to the Privacy Officer. You may ask us to send a copy of your PHI to other individuals or entities that you designate. We may deny your request to inspect and copy, in certain limited circumstances. If you are denied access to your PHI, 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. To request an amendment, you must send a written request to the Privacy Officer. You must include a reason that supports your request. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it.

Receive an Accounting of Disclosures of PHI: Apart from certain disclosures, you have a right to receive a list of the disclosures we have made of your PHI, in the six years prior to the date of your request, to entities or individuals other than you. To request an accounting, you must submit a request in writing to the Privacy Officer. Your request must specify a time.

Request Communications of PHI by Alternative Means or at Alternative Locations: You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For instance, you may request that we contact you at a different residence or post office box, or via e-mail or other electronic means. Please note if you choose to receive communications from us via e-mail or other electronic means, those may not be a secure means of communication and your PHI that may be contained in our e-mails to you will not be encrypted. This means that there is risk that your PHI in the e-mails may be intercepted and read by, or disclosed to, unauthorized third parties. To request confidential communication of your PHI, you must submit a request in writing to the Privacy Officer. Your request must tell us how or where you would like to be contacted. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

Notification of a Breach: You have a right to be notified following a breach of your unsecured PHI, and we will notify you in accordance with state/federal applicable laws.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. To file a complaint please contact our Privacy Officer as described below. You will not be retaliated against for filing a complaint.

Contacting the Privacy Officer: You may contact the Privacy Officer at:

855 SW 78th Ave., Suite C200, Plantation FL 33324

877-337-3002 ext. 1231

All requests relating to PHI must include the patient's full name, date of birth, and address.

Effective Date of This Notice: The effective date of this notice is January 1, 2020.

Changes to this Notice: We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for PHI we maintain and any PHI we receive in the future. We will post a copy of the current notice on our website. You may also request a copy of the current notice at any time.

For More Information or to Report a Problem: Information regarding your privacy protections under State law can be found on our website. If you have questions or would like additional information about our privacy practices, you can contact the Privacy Officer as described above.