

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN ADMINISTERING YOUR SPECIALTY PHARMACY SERVICES AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

This notice describes how Cottrill's Pharmacy, Inc. may use and disclose your protected health information (PHI) in compliance with the Health Insurance Portability and Accountability Act ("HIPAA") and may be amended from time to time. 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 contact information, as well as information about your health, medical condition and prescriptions. It may relate to your past, present or future physical condition/diagnosis, the provision of medications or nursing, or payment for such medications or services.

We are firmly committed to protecting patient confidentiality and are required by law to protect the privacy of your PHI and to provide you with this notice explaining our legal duties and privacy practices regarding your PHI. We are required to follow the terms of this notice and any change to it that is in effect. We are required to follow state privacy laws when they are stricter (or more protective of your PHI) than the federal law. Note that some types of sensitive PHI, such as a diagnosis of HIV, genetic information, alcohol; and/or substance abuse records and mental health records may be subject to additional confidentiality protections under state or federal law.

This notice became effective on January 1, 2020.

USES AND DISCLOSURES FOR THE PURPOSES OF TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

We may use or disclose your PHI for treatment, payment, or health care operations without your written authorization. The following categories describe and provide some examples of the different ways that we may use and disclose your PHI for these purposes:

Treatment: We may use and disclose your PHI to provide and coordinate the treatment, medication and services you receive from Cottrill's Pharmacy, Inc. For example, we may:

- Use information obtained by the pharmacist to dispense prescription medications to you. We will document in your medical record information related to the medications dispensed to you and services provided to you as part of our treatment.
- Contact you to provide treatment-related services, such as refill reminders, adherence communications, or treatment alternatives (i.e. available generic products).
- Disclose your PHI to other third parties, such as pharmacies, doctors, hospitals or other health care providers to assist them in providing care to you or for care coordination.

Payment: We may use or disclose your medical information to your insurance company to obtain payment for your prescriptions under your insurance coverage. For example, we may:

- Share your PHI with your insurer, pharmacy benefit manager (PBM), or other health care payer to determine whether it will pay for the health care products and services you need, and to determine the payment amount you may owe.
- Contact you about a payment or balance due for prescription medication dispensed to you from Cottrill's Pharmacy, Inc. or may disclose your PHI to other health care providers, health plans or other HIPAA covered entities who may need it for their payment activities.

Health Care Operations: We may use or disclose your PHI during the course of running our pharmacy business, for operational activities such as quality assessment and improvement; licensing; accreditation by independent organizations' performance measurement and outcomes assessment; health services research; and preventative health, disease management, case management and care coordination. For example, we may:

- Use and disclose your PHI to monitor the quality of our pharmacy and nursing services, to provide customer service to you, to resolve complaints and to coordinate your care.
- Use your PHI to create de-identified data (which no longer identifies you), and which may be used or disclosed for analytics, business planning or other purposes.

Disclosures to Other Covered Entities: We may disclose your personal information to other covered entities, or business associates of those entities for treatment, payment and certain health care operations purposes. For example, we may contact your prescriber to confirm the details of your prescription or to discuss care coordination issues.

OTHER USES AND DISCLOSURES OF YOUR PHI THAT DO NOT REQUIRE AUTHORIZATION

We may use or disclose PHI in providing you with medication reminders, nursing services or other health-related services. We also may disclose such information in support of:

- **Business Associates** – when we contract with third parties to perform certain services for us, such as billing or consulting. These third-party service providers may need to access your PHI to perform these services. They are required by law and their agreements with us, to protect your PHI in the same way we do.
- **Individuals involved in your care or payment for your care** – we may disclose PHI to a family member, friend, personal representative or any other person you identify as a caregiver, who is involved in your care or the payment related to that care. For example, we may provide prescriptions and related information to your caregiver on your behalf.
- **Health-related communications** – we may contact you to provide refill reminders, information about treatment alternatives and other health-related benefits and services that may be of interest to you.
- **Food and Drug Administration (FDA)** - We may disclose your medical information 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.
- **Workers' Compensation** - we may disclose your PHI as necessary to comply with laws related to workers' compensation or similar programs.
- **As Required by Law** - We may use or disclose your PHI when required to do so to comply with federal, state or local law.
- **Public Health** – as required 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.

- **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.
- **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 healthcare system, government programs and compliance with civil rights laws.
- **Research** – to researchers, provided measures are taken to protect your privacy.
- **Notification** – we may use or disclose PHI about you to notify or assist in notifying a family member, legal representative or responsible party, 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.
- **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.
- **Protective services for the President and others** – we may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Victims of abuse, neglect or domestic violence** – we may disclose PHI about you to a government authority, such as 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. Law enforcement or the public official that is to receive the report must represent that it is necessary and will not be used against you.
- **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.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

In all situations other than those described above, we will ask for your written authorization before using or disclosing PHI about you. For example, we will get your authorization:

- To use or disclose your PHI for marketing purposes
- For other reasons as required by law

We will not use or disclose your medical information for purposes other than those mentioned above or as otherwise permitted or required by law without your written consent. You may revoke your authorization at any time by submitting a written notice to the Cottrill's Pharmacy, Inc. Privacy Officer. Your revocation will be effective upon receipt; however, it will not undo any use or disclosure of your PHI that occurred before you notified us, or any actions taken based upon your authorization. You may reach us at 1-844-COTTRILLS (1-844-268-8745) or (716)508-8481 or TTY 1-800-833-6386.

YOUR HEALTH INFORMATION RIGHTS

Written Requests and Additional Information: you may request additional information about Cottrill's Pharmacy Inc.'s privacy practices or obtain forms for submitting written requests by contacting our Privacy Officer: Cottrill's Pharmacy, Inc., Privacy Officer, 4919 Ellicott Road, Orchard Park NY 14127 or toll-free at 1-844-COTTRILLS (1-844-268-8745) or (716)508-8481 or TTY 1-800-833-6386. You can also visit www.cottrillspharmacy.com for more information.

Obtain a copy of the notice: you have the right to obtain a paper copy of our current privacy notice at any time. This can be obtained from our website www.cottrillspharmacy.com or by contacting our Privacy Officer.

Inspect and obtain a copy of your PHI: With a few exceptions, you have the right to see and get a copy of the PHI we maintain about you. You may request access to your PHI electronically or in writing. To inspect or obtain a copy of your PHI, submit a written request to our Privacy Officer. You may also ask us to provide a copy of your PHI to another person or entity. A reasonable fee may be charged for the expense of fulfilling your request as permitted under HIPAA and/or state law. We may deny your request to inspect your record in certain limited circumstances. If we deny your request, we will notify you in writing and let you know if you may request a review of the denial.

Request an Amendment: If you feel the PHI we maintain about you is incomplete or incorrect, you may request that we amend it. To request an amendment, submit a written request to our Privacy Officer. You must include a reason that supports your request. If we deny your request for an amendment, we will provide you a written explanation of why your request was denied.

Receive an Accounting of Disclosures: You have the right to request an accounting of disclosures we make of your PHI for purposes other than treatment, payment or pharmacy operations. Please note that certain other disclosures do not need to be included in the accounting we provide you. To obtain an accounting, submit a written request to our Privacy Officer. We will provide one accounting per 12-month period at no cost, but you may be charged for the cost of any subsequent accountings. We will notify you in advance of the cost, and you may choose to withdraw or modify your request at that time.

Request a Restriction on Certain Uses and Disclosures: You have the right to request additional restrictions on our use and disclosure of your PHI by sending a written request to our Privacy Officer. While we will consider all requests for additional restrictions carefully, we are not required to agree to most requested restrictions. We will honor a request to restrict our disclosure to a health plan/insurance company for payment or pharmacy operations purposes if the disclosure is not required by law and the information pertains solely to a service for which you (or someone on your behalf other than the health plan) has paid us out of pocket in full. If you do not want a claim for payment submitted to your health plan on record, please discuss with the Pharmacist or a member of our team when service is rendered.

Request Confidential Communications: You have the right to request that we communicate with you in a certain way or at a certain location. For example, you may request that we ship medications to you at a specific address. To request confidential communication of your PHI, submit a written request to our Privacy Officer. Your request must state how, where or when you would like to be contacted. We will accommodate all reasonable requests.

Notification of Breach: You have the right to be notified in the event there is a breach of your unsecured PHI as defined by HIPAA.

FOR ADDITIONAL INFORMATION OR TO REPORT A PROBLEM

If you believe your privacy rights have been violated, you can file a complaint with the Cottrill's Pharmacy, Inc. Privacy Officer or the United States Department of Health and Human Services Secretary. All complaints must be submitted in writing. *You will not be penalized or otherwise retaliated against in any way for filing a complaint.*

Written complaints, written revocation of authorization to use or disclose PHI, written requests for a copy of your PHI, amendment to your PHI, an accounting of disclosures, restrictions on your PHI or confidential communications may be mailed to:

Cottrill's Pharmacy, Inc.
Privacy Officer
4919 Ellicott Road
Orchard Park, NY 14127

CHANGES TO THIS NOTICE

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all the information that we already have about you, as well as any information that we may receive or hold in the future.

Any revised Notice of Privacy Practices is posted on our website: www.cottrillspharmacy.com