

CareKinesis Inc., and CareKinesis

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.

CareKinesis Inc., and CareKinesis are required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to take reasonable steps to protect the privacy of Protected Health Information ("PHI") and to provide notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify a patient and that relates to past, present or future physical or mental health or condition and related health care services. PHI includes prescription medication records maintained by CareKinesis. This Notice of Privacy Practices ("Notice") describes how we may use and disclose your PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. This Notice also describes your rights with respect to your PHI. CareKinesis is required to follow the terms of this Notice. We will not use or disclose your PHI without your written authorization, except as described in this Notice. We reserve the right to change our privacy practices and this Notice and to make the new Notice effective for all PHI we maintain. Any revised Notice is available at www.carekinesis.com/privacy-policy/ and, upon your request; we will provide such revised Notice to you.

Your Health Information Rights

You have the following rights with respect to your PHI:

The right to obtain a paper copy of the Notice

upon request. You may request a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, contact CareKinesis at the address at the end of this Notice. You may also obtain a copy of this Notice at www.carekinesis.com/privacy-policy/

The right to request a restriction on certain uses

and disclosures of your PHI. You have the right to request a restriction or limitation on the PHI we use and disclose about you for treatment, payment or healthcare operations. You may also request your PHI not be disclosed to family members or friends who may be involved in your care or paying for your care. Your request must: 1. be in writing; 2. state the restrictions you are requesting; and 3. state to whom the restriction applies. We are not required to agree to your request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment. We will agree to your request to restrict PHI disclosed to a health plan for payment or healthcare operations (that is, non-treatment) purposes if the information is about a medication for which you paid us, out-of-pocket, in full.

The right to inspect and obtain a copy of your

PHI. You have the right to access and copy your PHI contained in a designated record set for as long as we maintain your PHI. The designated record set usually will include prescription and billing records. To inspect or copy your PHI, you must submit a written request to CareKinesis at

the address at the end of this Notice. If the request can be granted, then CareKinesis will mail the copy to the address specified in the request. We may charge you a fee for the costs of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your PHI, you may request that this denial be reviewed. If we maintain an electronic health record containing your PHI, you have the right to request that we send a copy of your PHI in an electronic format to you or a third party that you identify in your request.

The right to request an amendment of your PHI.

If you feel that your PHI that we maintain is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain your PHI. To request an amendment, you must submit a written request to the Privacy Officer at the address at the end of this Notice. If the request can be granted, then CareKinesis will amend the appropriate record(s). In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with our denial and we may record a rebuttal to your statement.

The right to receive an accounting of disclosures

of your PHI. You have the right to receive an accounting of the disclosures we have made of your PHI. This accounting includes only those PHI disclosures required to be accounted for under HIPAA. This accounting is also limited to the time period that these disclosures need to be accounted for under HIPAA. The right to receive an accounting is subject to certain other

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exceptions, restrictions and limitations. To request an accounting, you must submit a written request to the Privacy Officer at the address at the end of this Notice. Your request must specify the time period, which may not be longer than the time period that these PHI disclosures need to be accounted for under HIPAA. The first accounting you request within a 12-month period will be provided free of charge, but we may charge you for additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

The right to request communications of your PHI by alternative means or at alternative locations.

You have the right to request communications of your PHI by alternative means or at alternative locations. For example, you may request that we contact you about medical matters only in writing, or at a different residence or post office box. To request confidential communication of your PHI, you must submit a written request to the Privacy Officer at the address listed at the end of the Notice. We will accommodate all reasonable requests; however, in case of emergency situations, we may contact you by whatever means we deem necessary.

The right to receive written notification of a

breach of your unsecured PHI. You have the right to receive written notification of a breach where your unsecured PHI has been accessed, used, acquired, or disclosed to an unauthorized person as a result of such breach, and the breach compromises the security and privacy of your PHI. Unless specified in writing by you to receive this breach notification by electronic mail, we will provide this notification by first-class mail or, if necessary, by such other substituted forms of communication allowable under the law.

How We May Use and Disclose Your PHI

The following are descriptions and examples of ways we may use and disclose your PHI:

We may use your PHI for treatment. Treatment is the provision, coordination or management of health care and related services. It also includes, but is not limited to, consultations and referrals between one or more health care providers. For example, we may obtain health information about

you from health care providers for our use in dispensing prescription medications to you. We may also discuss your health information and provide your PHI to a prescribing physician or other health care providers as may be necessary for your treatment. We may document in your treatment record information related to the medications dispensed to you and other pharmacy services that we may provide to you.

We may use your PHI for payment.

Payment includes, but is not limited to, actions to make coverage determinations and receive payment (including billing, claims management, subrogation, plan reimbursement and utilization review and pre-authorizations). For example, we may contact your insurer or pharmacy benefit manager to determine whether it will pay for your prescription and the amount of your copayment. We may also use your PHI to bill you or a third-party payer 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.

We may use your PHI for health care operations.

Health care operations include, but are not limited to, quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions, including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. For example, we may use PHI in your treatment record to monitor the performance of the pharmacists providing treatment to you. The PHI in your treatment records may be used in an effort to continually improve the quality and effectiveness of the health care-related services we provide.

We are likely to use or disclose your PHI for the following purposes:

Use of Business Associates: There are some services provided by us through arrangements with our business associates. Examples of our business

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associates include claims processors or administrators, pharmacy benefit managers, etc. When these services are contracted for, we may disclose your PHI to our business associate so that they can perform the job we have asked them to do. We may, for example, use a business associate to bill you or your third-party payer for services rendered. To protect your PHI, we require the business associate to enter into a confidentiality agreement with us to safeguard your PHI. In some cases, our business associates may subcontract with vendors to assist them in doing business with us. In such cases, our business associates will enter into a confidentiality agreement with the vendor which protects your information from unauthorized use and disclosure.

Communication with individuals involved in your care or payment for your care: Healthcare professionals, such as our pharmacists, using their professional judgment, may disclose your PHI to a family member, other relative, close personal friend or any person you may identify, when such communication is relevant to that person's involvement in your care or payment related to your care.

Health-related communications: We may contact you to provide prescription refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose your PHI to the FDA, or persons under the jurisdiction of the FDA, as may be necessary to enable product recalls, to make repairs or replacements, to conduct post-marketing surveillance, or to report information pertaining to adverse events with respect to drugs, foods, supplements, products or product defects.

Workers' compensation: We may disclose your PHI as authorized by, and as necessary to comply with, laws relating to workers' compensation or similar programs established by law.

Public health: As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law enforcement: We may disclose your PHI for law enforcement purposes as required by law or

in response to a valid subpoena or other legal process.

As required by law: We must disclose your PHI when required to do so by law.

Health oversight activities: We may disclose your PHI 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 health care system, government programs and compliance with civil rights laws. For patients living in Colorado: if you live in Colorado and you receive controlled substances, your prescription information is submitted to the PDMP (Prescription Drug Monitoring Program). This prescription information may be queried by specific individuals for a limited number of purposes as authorized by CO statute (Code of Colorado Regulations 3 CCR 719-123.00.60).

Judicial and administrative proceedings: If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order and, under certain conditions, we may also disclose your PHI in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

In addition, we are permitted to use or disclose your PHI for the following purposes:

Research: Under certain circumstances, we may use and disclose PHI about you for research purposes. Before we use or disclose PHI about you, we will either remove information that personally identifies you, obtain your written authorization, or gain approval through a special approval process designed to protect the privacy of your PHI. In some circumstances, we may use your PHI to generate aggregate data (summarized data that does not identify you) to study outcomes, costs and provider profiles, and to suggest benefit designs for your employer or health plan. These studies generate aggregate data that we may sell or disclose to other companies or organizations. Aggregate data does not personally identify you.

Creation of De-Identified Health Information: We may use your PHI to create data that cannot be linked to you by removing certain elements from

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your PHI, such as your name, address, telephone number, and member identification number. We may use this de-identified information to conduct certain business activities; for example, to create summary reports and to analyze and monitor industry trends.

Coroners, medical examiners and funeral directors:

We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose your PHI to funeral directors consistent with applicable law to carry out their duties.

Organ or tissue procurement organizations:

Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Notification: We may use or disclose your PHI to notify or assist in notifying a family member, personal representative or another person responsible for your care, your location, and your general condition.

Correctional institution: If you are, or become an inmate of a correctional institution, we may disclose your PHI to the institution or its agents when necessary for your health or the health and safety of others.

To avert a serious threat to health or safety: We may use or disclose your PHI 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 your PHI 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 your PHI 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 your PHI 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 your PHI to a government authority, such as a 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, or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

Other Uses and Disclosures of PHI

Most uses and disclosures of sensitive PHI, such as psychotherapy notes or HIV-related information (where appropriate), uses and disclosures for marketing purposes and disclosures that constitute a sale of PHI require an authorization. We will obtain your written authorization before using or disclosing your PHI for purposes other than those listed in this document or as otherwise permitted or required 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 taken action in reliance on the authorization. When using or disclosing your PHI or requesting your PHI from another covered entity, we will make reasonable efforts to limit such use, disclosure, or request, to the extent practicable, to the PHI maintained in a limited data set, or if needed, to the minimum necessary to accomplish the intended purpose of such use, disclosure, or request, respectively.

For More Information or to Report a Problem

If you have questions or would like additional information about CareKinesis privacy practices, you may contact our Privacy Officer by any of the means provided below. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer at the below address or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

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CareKinesis Inc.
Attn: Privacy Officer
228 Strawbridge Drive, Ste. 100
Moorestown, NJ 08057
1-888-9-PharmD (1-888-974-2763)
e-mail: Privacy@CareKinesis.com

CareKinesis pharmacists are available to assist you 24 hours a day, seven days a week.

Effective Date:

This Notice is effective as of February 12, 2010
Updated per HIPAA Final Rule issued January 17, 2013
Updated 9/8/2017

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CareKinesis Notice of Privacy Practices (HIPAA)

Signature Page

This signature page is in reference to the form entitled CareKinesis Patient Privacy Notice.

If you did not receive this document, or have misplaced it, please ask for another copy.

This signature page is in reference to the Federal HIPAA Privacy Regulations requirements. The undersigned certifies that he/she has received a copy of the CareKinesis Notice of Privacy Practices (HIPAA), and is a patient of CareKinesis, or is duly authorized by the patient as the patient's representative. If a more detailed verbal explanation is needed, in addition to the one you received, please request one now by calling 888-9-PharmD (888-974-2763) and pressing zero (0), and we will be pleased to assist you. CareKinesis pharmacists are available 24 hours a day, seven days a week.

The HIPAA document can be found on the CareKinesis website www.CareKinesis.com, by clicking on the "Privacy" link at the bottom of any page, then clicking on the "Notice of Privacy Practices (HIPAA)" link.

Patient Signature (or Patient's Representative)

Date