

FORM D-1: Notice of Privacy Practices

Acquaviva's Pharmacy, Acquaviva's LTC Pharmacy and Carl's Medical Supply
1555 Port Malabar Boulevard
Palm Bay, Florida 32905

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 Pharmacy 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 the Acquaviva's Pharmacy, Acquaviva's LTC Pharmacy, and Carl's Medical Supply ("the 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.

I. How We Will Use And Disclose Your PHI

- A. **To Provide Treatment.** We may use and disclose your PHI to provide, coordinate, or manage your treatment, medications and services you received from the 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.
- B. **To Obtain Payment.** We may also use and disclose your PHI, as needed, to obtain payment for services that we provide to you. This may include certain communications to your health insurer, a pharmacy benefit manager, health plan, or other health care payer, to confirm (1) your eligibility for health benefits, (2) the medical necessity of a particular service or procedure, or (3) any prior authorization or utilization review requirements. 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. We may also disclose your PHI to another provider involved in your care for the other provider's payment activities. For example, this may include disclosure of demographic information to another physician practice that is involved in your care, or to a hospital where you were recently hospitalized, for payment purposes.
- C. **To Perform Health Care Operations.** We may also use or disclose your PHI, as necessary, to carry on our day-to-day health care operations, and to provide quality care to all of our Patients, but only on a "need to know" basis. These health care operations may include such activities as: quality improvement; physician and employee reviews; health professional training programs, including those in which students, trainees, or practitioners in health care learn under supervision; accreditation; certification; licensing or credentialing activities; compliance reviews and audits; defending a legal or administrative claim; business management development; and other administrative activities. In certain situations, we may also disclose your PHI to another health care provider or health plan to conduct their own particular health care operation requirements.
- D. **To Contact You.** To support our treatment, payment and health care operations, we may also contact you at home, either by telephone or mail, from time to time (1) to remind you of prescription fills and refills, or an upcoming appointment date 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. We may also contact you by telephone to inform you of specific test results or treatment plans, but only with your prior written authorization.
- E. **To Be In Contact With Your Family or Friends.** Additionally, we may also disclose certain of your PHI to your family members or other relatives, 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.