

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.**

AssureRx Health, Inc. takes the privacy of your health information seriously. We are required by federal and state law to maintain the privacy of your health information and to provide you with this Notice of Privacy Practices including our legal duties and your rights with respect to using and disclosing your health information that is created or retained by AssureRx Health. If you have questions about any part of this notice or if you want more information about the privacy practices at AssureRx Health, please contact:

Privacy Officer  
AssureRx Health, Inc.  
6030 S. Mason-Montgomery Road  
Mason, Ohio 45040  
513.701.5000  
[privacy@assurerxhealth.com](mailto:privacy@assurerxhealth.com)

Effective Date of This Notice: May 1, 2013

I. WHO IS RESPONSIBLE TO FOLLOW THIS NOTICE:

All employees and personnel of AssureRx Health, including contracted staff and interns.

II. OUR PLEDGE REGARDING MEDICAL INFORMATION:

Any time your doctor requests a test to be performed by AssureRx Health; we keep a record of your test and store this information in our computer systems, which is your medical record. The medical record is the property of AssureRx Health, but the information in the medical record belongs to you. We need this record to provide you with quality care and to comply with certain legal requirements. AssureRx Health is committed to protecting the privacy of your health information. This notice will inform you about the ways in which we may use and disclose your medical information.

III. HOW ASSURERX HEALTH MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI):

We use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment, and/or our operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following offers more description and some examples of our potential uses/disclosures of your PHI.

IV. USES AND DISCLOSURES RELATED TO TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS:

Generally, we may use or disclose your PHI without your prior consent as follows:

1. **For treatment** - We may disclose your PHI to clinicians and their staff or other personnel who ordered your test.

2. **To obtain payment** - We may use/disclose your PHI so that we may bill and collect payment for your test. For example, some insurance companies require that we contact them with health information to obtain a prior authorization for a test before it is conducted for you. This enables us to submit a request for payment for the test after it is conducted. We may use or disclose your information so that a bill may be sent to you or your health insurer. The information on or accompanying the bill may include information that identifies you as well as services rendered.
3. **For our operations** - We may use/disclose your PHI in the course of operating our services. For example, we may use your PHI in evaluating the quality of services provided, or disclose your PHI to designated staff in our Customer Support department.
4. **Accrediting/Regulatory Bodies** - We are surveyed by organizations such as the New York State Department of Health and The College of American Pathologists who may have access to your PHI to ensure that we are providing quality services. Outcome studies may utilize this information to improve care and services provided to you.
5. **Required by Law** - We will disclose your PHI when required to do so by federal, state or local law.
6. **Law Enforcement Purposes** - We may disclose your PHI to the extent permitted:
  - To respond to a court order, subpoena, warrant, summons or similar process.
  - To identify or locate a suspect, fugitive, material witness or missing person.
7. **Judicial and Administrative Proceedings** - We may disclose your PHI in the course of any administrative or judicial proceeding.
8. **Public Health Purposes** - We may disclose your PHI as permitted for certain public health purposes, such as product recalls and control of communicable diseases, or to otherwise prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
9. **Military and Veterans** - If you are a member of the armed forces, we may disclose your PHI as required by the military command authorities.
10. **National Security and Intelligence Activities** - We may disclose your PHI to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law. We may also disclose your PHI to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons, or foreign heads of state.
11. **Correctional Facilities/Inmates** - If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose your PHI to the correctional institution or the law enforcement official.
12. **Coroners** - We may disclose PHI to coroners, funeral directors, and organ procurement organizations in accordance with such entities' needs for PHI about a particular decedent.
13. **Change of Ownership** - In the event that AssureRx Health is sold or merged with another corporation, your health information/record will become the property of the new owner.
14. **De-identified Information** - We may use your PHI to create "de-identified" information or we may disclose your information to a business associate so that the business associate can create de-identified information on our behalf. When we "de-identify" health information, we remove information that identifies you as the source of the information. Health information is considered "de-identified" only if there is no reasonable basis to believe that the health information could be used to identify you. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research and operations.

15. **Personal Representative** - If you have a personal representative, such as a legal guardian, we will treat that person as if that person is you with respect to disclosures of your PHI. If you become deceased, we may disclose your PHI to an executor or administrator of your estate to the extent that person is acting as your personal representative.

V. WHEN ASSURERX HEALTH MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION:

Other than disclosures to you, AssureRx Health will ask you for your written authorization before using or disclosing your PHI for any purpose not described above, including most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes or disclosures that would constitute a sale of PHI. If you do authorize us to use or disclose your health information, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization, except to the extent that we have already taken action in reliance on your authorization. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain our records of the care that we provided to you.

VI. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:

You have the following rights relating to your Protected Health Information (PHI):

1. **To request restrictions on uses/disclosures** - You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction except when you ask us not to disclose PHI to your health plan for payment or operations purposes and you have paid for your test in full. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.
2. **To choose how we contact you** - You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.
3. **To inspect and copy your PHI** - Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI upon your written request. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want written or electronic copies of your PHI, a charge for supplying those copies may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.
4. **To request amendment of your PHI** - If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (i) correct and complete; (ii) not created by us and/or not part of our records, or; (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.
5. **To find out what disclosures have been made** - You have a right to get a copy of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations; to you or your family; or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or disclosures made more than six

(6) years before the date of the request. We will respond to your written request for such a list within 60 days of receiving it. There will be no charge for up to one such accounting each year. There may be a charge for more frequent requests.

6. **To receive this notice** - You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request.
7. **To Receive Notice of a Breach** - We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by email), of any breaches of Unsecured PHI as soon as possible, but in any event, no later than 60 days following the discovery of the breach. "Unsecured PHI" is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the PHI unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include information about what happened and what may be done to mitigate any harm. In the event the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on the home page of our Web site or in a major print or broadcast media. If the breach involves more than 500 patients in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 patients, we are required to immediately notify the Secretary. We also are required to submit an annual report to the Secretary of a breach that involved less than 500 patients during the year and will maintain a written log of breaches involving less than 500 patients.
8. **More information** - If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Privacy Officer as noted at the beginning of this Notice.

VII. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES:

AssureRx Health, Inc. reserves the right to change this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all Information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, AssureRx Health is required by law to comply with this Notice.

VIII. COMPLAINTS:

Complaints about this Notice of Privacy Practices or how AssureRx Health handles your health information should be directed to the Privacy Officer as noted at the beginning of this Notice.

You may also submit a formal complaint to the Secretary of the U.S. Department of Health and Human Services by submitting a detailed written description of the issue to your regional Office for Civil Rights. Contact information for your regional office can be found online at <http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html>.