

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.

This Notice of Privacy Practices ("Notice") describes the privacy practices of Infuserve America, Inc. (hereinafter referred to as "the Pharmacy", "We", "Us") and applies to all Protected Health Information (PHI) created or maintained by the Pharmacy. PHI is information about you, including demographic information that may identify you and relate to your past, present, or future physical or mental health or condition and related health care services.

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 with respect to PHI. We are committed to protecting your privacy.

1. Our Responsibilities Regarding Your PHI

We are required by law to:

- make sure that medical information that identifies you is kept private,
- give you this Notice of our legal duties and privacy practices with respect to your medical information,
- follow the terms of the Notice that is currently in effect,
- notify you if a breach occurs that may have compromised the privacy or security of your information.

2. How We May Use and Disclose Your PHI

The following categories describe different ways that we may use and disclose PHI. For each category of use or disclosure, we will explain what we mean and provide an example. Not every use or disclosure in a category will be listed.

- **For Treatment:** We may use and disclose PHI to provide, coordinate, or manage your health care and any related services. This includes coordinating your care with other health care providers, such as your physician, nurses, or other pharmacies involved in your care.
- **For Payment:** We may use and disclose PHI so that we can bill and collect payment from you, your insurance company, or a third party.
- **For Healthcare Operations:** We may use and disclose PHI for our internal operations necessary to run our pharmacy and improve the quality of care we provide. This includes activities such as quality assessment and improvement, conducting training programs, accreditation, certification, licensing, and general administrative activities.
- **To Individuals Involved in Your Care or Payment for Your Care:** We may disclose PHI about you to a family member, relative, close friend, or any other person you identify who is involved in your care or payment for your care, if you tell us, you have no objection or if we infer your permission.
- **For Appointment Reminders/Treatment Alternatives/Health-Related Services:** We may use and disclose PHI to contact you with appointment reminders, or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **For Research Purposes:** We may use or disclose your PHI for research purposes under certain limited circumstances, such as when approved by an Institutional Review Board (IRB) or Privacy Board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

- **Required by Law:** We will disclose PHI about you when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.
- **Law Enforcement:** We may disclose PHI if asked to do so by a law enforcement official:
 - in response to a court order, subpoena, warrant, summons, or similar process,
 - to identify or locate a suspect, fugitive, material witness, or missing person,
 - about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement,
 - about a death we believe may be the result of criminal conduct,
 - about criminal conduct at the pharmacy,
 - in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
- **Judicial and Administrative Proceedings:** We may disclose PHI during any judicial or administrative proceeding in response to a court order, subpoena, discovery request, or other lawful process.
- **Coroners, Medical Examiners, and Funeral Directors:** We may disclose PHI to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.
- **Organ and Tissue Donation:** We may disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue to facilitate organ or tissue donation and transplantation.
- **Military and Veterans:** We may disclose PHI about you as required by military command authorities if you are a member of the armed forces.
- **Workers' Compensation:** We may disclose PHI for workers' compensation programs or similar programs that provide benefits for work-related injuries or illnesses.
- **Public Health Activities:** We may disclose PHI to public health authorities authorized by law to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; or notify people of product recalls.
- **Victims of Abuse, Neglect, or Domestic Violence:** We may disclose your PHI to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence if we believe that you have been a victim of abuse, neglect, or domestic violence.
- **Correctional Institutions:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI to the correctional institution or law enforcement official as necessary for your health and the health and safety of other individuals.

3. Uses and Disclosures Requiring Your Written Authorization

We will not use or disclose your PHI for purposes other than those described in this Notice without your written authorization. Specifically, your written authorization will be required for:

- marketing: Most uses and disclosures of PHI for marketing purposes,
- sale of PHI: Disclosures that constitute a sale of PHI,
- psychotherapy Notes: Most uses and disclosures of psychotherapy notes (if applicable).

You may revoke an authorization at any time, in writing, except to the extent that we have already acted in reliance on the authorization.

We may use or disclose information that has been de-identified in accordance with HIPAA standards. De-identified information does not identify you personally and may be used for purposes such as quality improvement, operational analysis, research, or educational initiatives.

4. Your Rights Regarding Your PHI

You have the following rights regarding your PHI:

- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of PHI that may be used to make decisions about your care. We may charge a reasonable, cost-based fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed.
- **Right to Amend:** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Pharmacy. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:
 - was not created by us, unless the person or entity that created the information is no longer available to make the amendment,
 - is not part of the PHI kept by or for the Pharmacy,
 - is not part of the information which you would be permitted to inspect and copy,
 - is accurate and complete.

If we deny your request, we will provide you with a written explanation of the denial. You have the right to submit a statement of disagreement with our denial.

- **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we have made of your PHI. This list will not include disclosures made for treatment, payment, or healthcare operations, or disclosures made to you, or disclosures for which you provided authorization. To request an accounting of disclosures, you must submit a request in writing, stating the period desired (which may not be longer than six years prior to the date of your request). The first accounting you request within a 12-month period will be free. For additional accounting, we may charge a cost-based fee.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

- We are not required to agree to your request, unless you request that we restrict disclosure of your PHI to a health plan for a healthcare item or service for which you have paid out-of-pocket in full, and the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law.
- If we do agree to a restriction, we will comply with your request unless the information is needed to provide emergency treatment.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will accommodate all reasonable requests.
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice. You may ask us for a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically.

5. Changes to This Notice

We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for medical information we have about you as well as any information we receive in the future. We will post a copy of the current Notice on our website at <https://www.infuserveamerica.com> and in our pharmacy premises. You may also obtain a copy of the current Notice by contacting the Privacy Officer.

6. Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Pharmacy or with the Secretary of the Department of Health and Human Services. To file a complaint with the Pharmacy, please contact:

Privacy Officer:

Sarkis Knyazyan

Phone: (800)-886-9222

E-mail: sarkis@infuserveamerica.com

Mailing Address: 11880 28th St, St. Petersburg, FL 33716

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775 (toll-free), or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.