

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Massey Drugs Inc. is required by law to maintain the privacy of certain health information about you, notify affected individuals following a breach of unsecured protected health information, and inform you of its practices concerning the privacy of that information. This Notice of Privacy Practices is being provided to inform you of how Massey Drugs Inc. may use the personal information it collects about you and how it may disclose that information.

Federal and state laws require healthcare providers to protect the privacy of information about your health, your health care, and payment for your health care if that information identifies you or could be used to identify you. The law permits us to use or disclose your protected health information only for certain specific purposes unless you give us written authorization permitting us to make other uses and disclosures. This notice describes the purposes for which we may use or disclose protected health information about you.

The law also gives you specific rights with respect to your protected health information. This notice provides a summary of those rights.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

We may use and disclose health information about you, including the disclosure of health information electronically, without your specific authorization for purposes of treatment, payment, and healthcare operations.

Treatment - As it pertains to Massey Drugs Inc, treatment means providing to you as ordered by your physician. Treatment also includes coordination and consultation with your physician and other healthcare providers. Massey Drugs Inc. may use your protected health information, in coordination with your physician, to determine the best course of treatment for you.

Payment - We may use and disclose health information for activities required to obtain payment from you or your insurance carrier for the services provided to you by Massey Drugs Inc. Examples of these activities are eligibility determination, pre-certification, billing, and collection.

Healthcare operations - Healthcare operations include a review of your protected health information by members of Massey Drugs Inc.'s professional staff to ensure compliance with all federal and state regulations. This information will be used to improve the quality and effectiveness of the services provided to you by Massey Drugs Inc. Healthcare operations also include Massey Drugs Inc's business management and general administrative activities.

OTHER USES AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION

There are a limited number of other purposes for which we may use or disclose your health information without written authorization from you.

- We may use or disclose protected health information when the use or disclosure is required by law.
- We may use or disclose protected health information to avert a serious threat to your health or safety or the health and safety of others.
- We may use or disclose protected health information for certain public health activities, such as reporting certain communicable diseases or reporting information to the Food and Drug Administration about treatments regulated by that agency.
- We may disclose protected health information to a legally authorized 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 may disclose protected health information to agencies authorized by law to conduct health oversight activities, such as licensing, inspections, and audits.
- We may disclose protected health information in response to court orders or subpoenas and for specific law enforcement purposes.
- We may disclose protected health information to coroners, medical examiners, and funeral directors to enable them to perform their duties.
- We may disclose protected health information to organizations that are involved in arranging for donation or transplantation of tissue and organs.
- We may disclose protected health information to authorized government agencies when necessary for national security or intelligence purposes or for certain military and veteran activities.
- We may disclose protected health information to attorneys, accountants, and others acting on our behalf, provided they have signed written contracts agreeing to protect the confidentiality of the information.
- Unless you object, we may disclose to a member of your family, another relative, a close personal friend, or any other person identified by you the protected health information directly relevant to that person's involvement with your health care or payment for your health care.

USES AND DISCLOSURES WITH YOUR AUTHORIZATION

We must obtain your prior authorization for [uses and disclosures of psychotherapy notes (where appropriate),] uses and disclosures of your protected health information for marketing purposes[,] and any sale of your protected health information. We will obtain your authorization for any use or disclosure of your protected health information for purposes other than those summarized above. You may revoke an authorization at any time, except to the extent we have acted in reliance on the authorization, by sending a written notice of revocation to the address on the last page of this notice.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights concerning your protected health information. You may exercise these rights by sending a written request to the address on the last page of this notice.

- You may request additional restrictions to the use or disclosure of your protected health information for treatment, payment or health care operations. However, in most cases we are not required to agree to the requested restrictions. [Health care providers only: We are required to agree to a request to restrict disclosure of your protected health information to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid out of pocket in full.]
- We normally contact you by telephone or mail at your home address. You may request that we contact you at another address or telephone number or by another method, such as e-mail. We will accommodate reasonable requests.
- You may inspect and obtain a copy of protected health information used to make decisions about your care or payment for your care. We may deny a request to inspect records only in a few limited circumstances. If you request copies of records, we may charge you a reasonable fee for the copies.
- You have the right to request an amendment to the protected health information we maintain about you. We may deny your request if we determine that the record is accurate and complete if we did not create the record, unless the creator of the record is no longer available, or if you do not have a right to access the record. If we deny your request, you have the right to submit a statement disagreeing with our decision and to have the statement attached to the record.
- You may request an accounting of certain disclosures we have made of your protected health information. The accounting is not required to include disclosures for treatment, payment, or health care operations, disclosures to persons involved in your health care or payment, disclosures for notification purposes, or disclosures with your written authorization. You may receive one accounting free of charge within a 12-month period. We may charge a reasonable fee for all subsequent requests during the same 12-month period.
- You have the right to receive notification in the event of an unpermitted use or disclosure of your unsecured protected health information, which compromises the security or privacy of your information.
- You have the right to obtain a paper copy of this notice upon request.

AMENDMENT OF THIS NOTICE

We reserve the right to change the terms of this Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. If we amend the terms of this notice. We will post the revised Notice on our website. You may also obtain a copy of the revised Notice by requesting the address below.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions or would like additional information about our privacy practices, please call or write:

Massey Drugs Inc
3501 Cloverdale Road
Florence, AL 35633
Attn: Corporate Privacy Officer
Telephone: 256-718-3500

You may file a written complaint at the address above if you believe your privacy rights have been violated. You may also file a complaint with the Secretary of Health and Human Services by writing or calling:

Mid-Atlantic Region
Office for Civil Rights, HHS
801 Market Street, Suite 9300
Philadelphia, PA 19107-3134
(800) 368-1019; (800) 537-7697 (TDD)
(202) 619-3818 FAX

This Notice of Privacy Practices is effective Jan 1st, 2024_.