



## NOTICE OF PROTECTED HEALTH INFORMATION PRACTICES AND PRIVACY STATEMENT

### **HIPAA Privacy Notice**

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.

### **Who We Are**

This Notice describes the privacy practices of Orsini Specialty Pharmacy and its affiliates.

### **Our Privacy Obligations**

We are required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and implementing regulations to protect the privacy of protected health information ("PHI") about you. We are also required by law to provide you with this Notice of Privacy Practices (this "Notice") explaining our legal duties and privacy practices with respect to PHI. We are legally required to follow the terms of this Notice currently in effect. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice at any time. We reserve the right to make changes and to make the new Notice effective for all information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area and on our website.
- Have copies of the new Notice available upon request from our Privacy Officer.

This Notice:

- Discusses how we may use and disclose medical information about you.
- Explains your rights with respect to medical information about you.
- Describes how and where you may file a privacy-related complaint.

We are required by law to notify affected individuals following a breach of unsecured PHI.

### **Permissible Uses and Disclosures Without Your Written Authorization**

This section discusses how your PHI may be used or disclosed without an authorization. Not every use or disclosure in a category will be listed. Your PHI may be stored in paper, electronic or other form and may be disclosed electronically and by other methods.



## **Uses and Disclosures for Treatment, Payment, and Healthcare Operations**

We may use and disclose PHI, but not your “Highly Confidential Information” (defined below), in order to treat you, obtain payment for equipment and services provided to you and conduct our “health care operations” as detailed below:

**Treatment:** We use and disclose your PHI to provide treatment and other services to you -- for example, to treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.

**Payment:** We may use and disclose your PHI to obtain payment for equipment and services that we provide to you -- for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your healthcare (“Your Payors”) to verify that Your Payors will pay for healthcare rendered or for eligibility inquiries.

**Health Care Operations:** We may use and disclose your PHI in performing a variety of business activities we call “health care operations.” These activities allow us to improve the quality of care we provide and reduce healthcare costs. For example, we may use PHI to evaluate the competence of our pharmacists and other healthcare workers and to arrange for legal services. We may also disclose PHI to other entities covered by HIPAA to conduct certain health care operations, such as quality assessment and improvement activities, or for healthcare fraud and abuse detection or compliance. We may also make incidental disclosures of limited PHI.

**Disclosure to Relatives, Close Friends, and Other Caregivers:** We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if (1) we obtain your agreement; or (2) you do not object to the disclosure. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we will disclose only information that we believe is directly relevant to the person’s involvement with your healthcare or payment related to your healthcare. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition, or death.

If the patient is a minor, we may disclose PHI about the minor to a parent, guardian, or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors’ information, contact our corporate office via the information below.

**As Required by Law:** We will use and disclose your PHI whenever we are required by law. For example, we are required to disclose PHI to the U.S. Department of Health and Human Services if it requests such information to determine that we are complying with federal privacy law.

**Public Health Activities:** We may use or disclose your PHI for public health activities, such as the following: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability or aiding in disaster relief; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U. S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable



disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work- related illnesses and injuries or workplace medical surveillance.

**Victims of Abuse, Neglect or Domestic Violence:** If we reasonably believe you are a victim of abuse, neglect, or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

**Health Oversight Activities:** We may disclose your PHI to a health oversight agency that oversees the healthcare system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid. For example, a government agency may request information from us while they are investigating possible insurance fraud.

**Judicial and Administrative Proceedings:** We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

**Law Enforcement Officials:** We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

**Decedents:** We may disclose your PHI to a coroner or medical examiner as authorized by law and as necessary for these entities to carry out their lawful duties

**Organ and Tissue Procurement:** We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking, or transplantation.

**Research:** We may use or disclose your PHI without your consent or authorization for research if conducted in accordance with applicable law.

**Threat to Health or Safety:** We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

**Specialized Government Functions:** We may use or disclose PHI about you for certain government functions, including but not limited to military and veterans' activities; correctional institutions; national security and intelligence activities; or to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

**Workers' Compensation:** We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

**Business Associates:** There are some services provided in our organization through contracts with business associates. We may disclose your PHI to our business associates so they can perform the job we have asked them to do. However, we require the business associates to agree to protect your PHI.

**Limited Data:** We may remove most information that identifies you from a set of data and use and disclose this data set for research, public health, and health care operations, provided the recipients of the data set agree to keep it confidential.

**Health Information Exchanges:** We may participate in one or more Health Information Exchanges (HIEs) and may electronically share your PHI for treatment, payment, healthcare operations and other permitted purposes with other participants in the HIE. HIEs allow your health care providers to efficiently access and use your PHI as necessary for treatment and other lawful purposes.



### **Uses and Disclosures Requiring Your Written Authorization**

Other uses and disclosures of PHI not described above in this Notice will be made only with a written authorization signed by you or your representative. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use, or disclose your PHI for marketing purposes, or sell your PHI unless you have signed an authorization. If you or your representative authorizes us to use or disclose your PHI, you may revoke that authorization in writing at any time to stop future uses or disclosures. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your PHI that occurred before you notified us of your decision to revoke your authorization.

**Uses and Disclosures of Your Highly Confidential Information:** In addition, federal and state law requires special privacy protections for certain highly confidential information about you ("Highly Confidential Information"). To the extent applicable to us and required by law, we will comply with such special privacy protections which may cover the subset of your PHI that: (1) is about mental health and developmental disabilities services; (2) is about alcohol and drug abuse prevention, treatment and referral; (3) is about HIV/AIDS testing, diagnosis or treatment; (4) is about venereal disease(s); (5) is about genetic testing; (6) is about child abuse and neglect; (7) is about domestic abuse of an adult with a disability; (8) is about sexual assault; or (9) is about abortion.

### **Your Rights Regarding Your Protected Health Information**

**Right to Inspect and Copy Your Health Information:** You may request access to or receive copies of your medical records, billing records and other records used to make decisions about you or direct us to send a copy of your electronic information to another person designated by you in writing. There may be a fee for obtaining paper copies of your records that is consistent with HIPAA and applicable state laws. Records may also be sent electronically via a secure message. If you desire access to your records, please submit a written request to our Patient Care Department at the address below at the end of this notice or **download a copy of our HIPAA release form** and either fax it to (847-725-8104) or scan and email it to [patientcare@orsinihc.com](mailto:patientcare@orsinihc.com).

**Right to Request Restrictions:** You may request restrictions on our use and disclosure of your PHI: (1) for treatment, payment and healthcare operations; (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care; or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for restrictions carefully, we are not required to agree to a requested restriction, except that we must agree to a restriction relating to a disclosure of PHI to a health plan for the purposes of carrying out payment or healthcare operations in which the PHI pertains solely to a healthcare item or service for which the healthcare provider has already been paid out of pocket in full and the disclosure is not required by law. If you wish to request restrictions, please submit a written request to Patient Care Privacy Officer (see address below). A form to request restrictions is available upon request from the contact information below.

**Right to Receive Confidential Communications:** You may request, and we will accommodate, reasonable written requests for you to receive your PHI by alternative means of communication or at alternative locations.



**Right to Revoke Your Authorization:** You may revoke any written authorization obtained in connection with your PHI, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to Patient Care Attn: Privacy Officer (see address below). A form of written revocation is available upon request at the same address below

**Right to Amend Your Records:** You have the right to request that we amend your PHI. If you desire to amend your records, please send a written request for the amendment, including the reason for the amendment, to Patient Care (see address below). You may obtain a form to request an amendment from Patient Care. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

**Right to Receive an Accounting of Disclosures:** Upon request to our Patient Care Department, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years.

**Right to Receive Paper Copy of This Notice:** Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically by contacting our Patient Care Department.

**For Further Information, Complaints:** If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Patient Care Privacy Officer:

**Orsini Specialty Pharmacy**

ATTN: Patient Care Privacy Officer  
1111 Nicholas Boulevard  
Elk Grove Village, IL 60007  
Phone: (800) 410-8575  
Fax: (847) 725-8104  
Email: [patientcare@orsinihc.com](mailto:patientcare@orsinihc.com)

You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health, and Human Services. 200 Independence Ave, SW Room 509F, HHH Building Washington, DC 20201. You will not be retaliated for filing a complaint with the Director.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures, or practices, you can contact our Privacy Officer at 847-734-7373.

**Personal Representatives:** If you have given another individual a medical power of attorney, if another individual is appointed as your legal guardian or if another individual is authorized by law to make health care decisions for you (known as a "personal representative"), that individual may exercise any of the above rights listed for you.

**Effective Date of This Notice**

This Notice is effective as of MAY 2022.

The Office for Civil Rights and Office of the National Coordinator for Health Information Technology collaborated to develop these model Notices of Privacy Practices.