

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 carefully.

I. Our Duty to Safeguard Your Protected Health Information

We are committed to preserving the privacy and confidentiality of your health information. Under current law, pharmacies are required to protect the privacy of patient health information, otherwise referred to as your Protected Health Information ("PHI"). As health care providers, we are required to abide by the terms of this notice and provide you with information regarding our policies and procedures concerning your PHI. Except in specified circumstances, we must use or disclose only the minimum amount of PHI necessary to accomplish the intended purpose of the use or disclosure of such information. We reserve the right to change this notice at any time and to make the revised or changed notice effective for PHI that we already have about you as well as any information we receive in the future about you. Should you have questions concerning our Privacy Notice, our contact information is listed on the last page of this document.

II. How We May Use and Disclose Your Protected Health Information

We have a limited right to use and/or disclose your PHI for purposes of treatment, payment, or for health care operations. For other uses and disclosures, you must give us your written authorization to release your PHI unless the law permits or requires us to make the use or disclosure without your authorization. The privacy law permits us to make some uses or disclosures of your PHI without your consent or authorization. Below are examples of how Federal law permits use or disclosure of your PHI for these purposes without your permission:

1. *Treatment:* Dispensing medications. PHI obtained by the pharmacy will be used to dispense prescription medications. We will document information related to the medications dispensed and services provided in your record. Patient Contacts. We may contact you to provide treatment-related services, such as refill reminders, treatment alternatives (e.g., available generic products), and other health related benefits and services that may be of interest to you.

2. *Payment:* We may contact your insurer, payor, or other agent and share your PHI with that entity to determine whether it will pay for your prescription and the payment amount. We may also contact you about a payment or balance due for prescriptions dispensed to you at Seven Cells Pharmacy.

3. *Health care operations: Service.* Your PHI may be used to monitor the effectiveness of our services. Transfer. Your PHI may be transferred for purposes of carrying out the pharmacy services if we buy or sell pharmacy locations. Benefits/Research. We may also use your PHI to tell you about opportunities that may be of interest to you, such as benefits for preferred Seven Cells Pharmacy customers or clinical research projects.

III. Uses and Disclosures Requiring Your Written Authorization

For uses and disclosures of your protected health information beyond the above-expected purposes, we are required to have your written authorization, except as otherwise required or permitted by law. You have the right to revoke an authorization at any time to stop future uses or disclosures of your information except to the extent that we have already undertaken an action in reliance upon your authorization. Your revocation request must be provided to us in writing. Please contact us for purposes of revoking your authorization.

IV. Uses and Disclosures of Information That Do Not Require Your Consent or Authorization

State and federal laws and regulations in some instances either require or permit us to use or disclose your PHI without your consent or authorization. The uses or disclosures that we may make without your consent or authorization include, but are not limited to, the following:

We are likely to use or disclose PHI for the following purposes:

Business associates: There are some services provided by us through contracts with business associates. When these services are contracted for, we may disclose PHI about you to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payor for services rendered. To protect PHI about you, we require business associates to appropriately safeguard the PHI.

Communication with individuals involved in your care or payment for your care: Health professionals such as pharmacists, using their professional judgment, may disclose to a family member, other relative, close personal friend or any person you identify, PHI relevant to that person's involvement in your care or payment related to your care.

Health-related communications: We may contact you to provide refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Worker's compensation: We may disclose PHI about you as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by law.

Public health: As required by law, we may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena or other

legal process.

As required by law: We must disclose PHI about you when required to do so by law.

Health oversight activities: We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and administrative proceedings: If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the requested PHI.

We are permitted to use or disclose PHI about you for the following purposes:

Coroners, medical examiners, and funeral directors: We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to carry out their duties.

Fundraising: As permitted by applicable law, we may contact you to provide you with information about our fundraising programs. You have the right to "opt out" of receiving these communications and such fundraising materials will explain how you may request to opt out of future communications if you do not want us to contact you further for fundraising efforts.

Notification: We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and your general condition.

Correctional institution: If you are or become an inmate of a correctional institution, we may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.

To avert a serious threat to health or safety: We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and veterans: If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

National security and intelligence activities: We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

V. Your Rights Regarding Your Protected Health Information

You have the following rights concerning the use or disclosure of your protected health information that we create or that we may maintain about you:

1. **To Request Restrictions on Uses and Disclosures of Your Protected Health Information:** you have the right to request additional restrictions of our uses and disclosures of your PHI but we are not required to accommodate a request. This includes the right to restrict disclosures to Insurances for those products and services you pay out-of-pocket for.
2. **The Right to Inspect and Copy Your Health and Billing Records:** with a few exceptions, you have the right to access and obtain a copy of the PHI that we maintain about you. If we maintain an electronic health record containing your PHI, you have the right to request to obtain the PHI in an electronic format. To inspect or obtain a copy of your PHI, you must send a written request to the Privacy Officer. There may be a reasonable cost charge for photocopying documents.
3. **The Right to Amend or Correct Your Protected health information** if you feel the information we maintain about you is incomplete or incorrect:
4. **The Right to Request Confidential Communications:** you may request that we communicate with you about health matters in a certain way or at a certain location.
5. **The Right to Request an Accounting of Disclosures of Protected Health Information:**
6. In the event of a security breach involving your PHI, you have the right to be notified and a notice will be provided to you.

You may request a copy of our current Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy at the site where you obtain health care services from us or by contacting the Privacy Officer.

Effective Date: This Notice is effective as of August 20, 2020.

For More Information or to Report a Problem

If you have questions or would like additional information about Seven Cell's Pharmacy's privacy practices, you may contact the Privacy Officer. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Privacy Officer
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