

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE, AMENDED AS OF AUGUST 25, 2009, DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This is a joint Notice on behalf of the Accredo Health, Inc. family of companies: Accredo Health Group, Inc.; AHG of New York, Inc.; Biopartners In Care, Inc.; Home Health Care Resources, Inc.; Critical Care Systems, Inc.; Critical Care Systems of New York, Inc.; Infinity Infusion Care, Ltd.; Proherant Health, Inc.; and Accredo Care Network, Inc.

If you have any questions about this Notice or a complaint about our use or disclosure of your information, please call or write

Privacy Office 1640 Century Center Parkway, Suite 101, Memphis TN 38134; 901 385-3661

This Notice describes how we may use and disclose your protected health information to provide you with treatment, obtain payment for our services, conduct our health care operations and for other purposes permitted or required by law. This Notice also tells you how you may get a copy of and control your protected health information. "Your protected health information" is medical and billing information that may identify you and that relates to your health and the healthcare services and therapies you receive.

We are required by law to give you this Notice and to abide by the terms of the version of this Notice that is currently in effect. We may change the terms of our Notice, at any time. The new Notice will be effective for all protected health information that we maintain at that time. We will post any revised Notices on our website. If we believe that the revision to our Notice is material, we will distribute the revised Notice to you.

### **I. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

**A. Treatment.** We will use and disclose your protected health information to provide you with health care goods and services. This includes the coordination or management of your health care with other health care providers and others involved in the delivery of care or services, such as couriers. For example, we would disclose your protected health information to a home health agency that provides care to you and to physicians who are treating you. We may use your protected health information to counsel you on potential medication side effects or drug interactions, and the potential of your other medical conditions to affect your therapy. And, we may use and disclose your protected health information to contact you as a reminder that you need to order a refill or to schedule a delivery.

In addition, we may disclose your protected health information to healthcare providers for the purpose of arranging the transfer of your care or for the providers to become involved in assisting us in providing you with care. We sometimes have interns and students in our locations, and your protected health information may be disclosed to or used by them when they are involved in treatment activities. We may also use and disclose your protected health information to tell you about or recommend possible treatment options, services or alternatives that may be of interest to you.

Some prescriptions may be filled by a central fill pharmacy owned by Accredo. Accredo pharmacies provide a special customer care service to its customers. Under this program, we may contact you, consistent with applicable law, to provide refill reminders or information about

treatment alternatives or other health-related benefits and services that may be of interest to you.

**B. Payment.** Your protected health information will be used and disclosed to seek payment and collection or reimbursement for your health care services. This may include our disclosing your protected health information to payors and governmental agencies to: obtain a determination of your eligibility or coverage for insurance benefits, determine medical necessity, prepare utilization reports and participate in review activities. This may also include disclosing protected health information to collection services and attorneys.

**C. Healthcare Operations.** We may use or disclose your protected health information to support our business activities. These activities include, but are not limited to, quality assessment activities, risk management, accreditation activities, insurance activities, financial audits, payor and governmental audits, outcomes projects, employee review activities, training of students, licensing, scheduling deliveries, and conducting or arranging for other business activities.

For example, we may use your protected health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to students and interns for review and learning purposes.

We may disclose your protected health information to our “business associates” that perform various activities (e.g., shredding, delivery of goods, legal services) for us. If an arrangement between our business associate and us requires the use or disclosure of your protected health information, we will ask that the business associate protect the privacy of your protected health information.

**D. As Required By Law.** We will disclose protected health information when required to do so by federal, state or local law.

**E. Special Situations.**

**E.1. To Avert a Serious Threat to Health or Safety and Other Public Health Risks; Disaster Relief.** We may use and disclose protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care. We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition. We may also disclose medical information about you for public health activities. Examples of these activities include the following:

- to prevent or control disease, injury or disability
- to report abuse or neglect
- to report reactions to medications or problems with products
- to notify you of recalls of products you are using

**E.2. Research.** We may use and disclose protected health information for research purposes when authorized by law. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. Before we use or disclose protected health information for research, the project

will have been approved through a research approval process.

**E.3. Organ and Tissue Donation.** If you are an organ donor, we may disclose protected health information if requested by organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank.

**E.4. Workers' Compensation.** We may disclose protected health information for workers' compensation or similar programs.

**E.5. Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with various laws. We may disclose your protected health information as required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products, to enable product recalls, and as otherwise required.

**E.6. Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a subpoena, summons, complaint, other legal process, court order or administrative order.

**E.7. Law Enforcement.** We may disclose protected health information for law enforcement purposes.

These law enforcement purposes include (1) In response to a court order, subpoena, warrant, summons or similar process legal processes and otherwise required by law, (2) limited information requests for identification, apprehension or location of a suspect, fugitive, material witness, or missing person, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event criminal conduct on our premises and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

**E.8. Coroners, Medical Examiners and Funeral Directors.** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for other reasons authorized by law.

**E.9. National Security; Intelligence Activities; Military.** We may release your protected health information to officials for intelligence, counterintelligence, for the protection of the President, and other national security activities authorized by law. We may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services.

**E.10. Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your protected health information to the correctional institution or law enforcement official (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**E.11. Assumed Representative.** If you send someone to pick up your prescription or tell us to speak with your family member or friend about your treatment or payment matters, we will deliver the prescription to that person, and will disclose your protected health information to that person as your designee.

## **II. OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR OPPORTUNITY TO OBJECT**

You have the opportunity to object to our use or disclosure of all or part of your protected health information for fundraising purposes. If you object to one of the following two uses of your protected health information, please write to our Privacy Officer and title your letter "Objection to Use".

**A. Family and Friends Involved in Your Healthcare.** Unless you object, we may disclose your protected health information to a member of your family, a relative, or your close friend who guarantees or is otherwise responsible for payment for your care.

## **III. YOUR RIGHTS**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**A. You have the right to inspect and copy your protected health information,** however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. In some circumstances, you may have a right to ask us to review our decision. We may charge you for a copy of your record. Please contact our Privacy Officer if you have questions about access to your medical record.

**B. You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you request. If we agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by writing to Accredo Privacy Officer at the address listed above.

**C. You have the right to request to receive communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests to call you at work, to deliver packages to your office, etc. We may condition this accommodation by asking you for information as to whether you are still eligible to participate in a state or federal program, if your insurance coverage has changed, how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

**D. You may have the right to ask us to amend your protected health information.** You may request an amendment of your protected health information. We may deny your request for

an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare and provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your protected health information.

**E. You have the right to receive an accounting of certain disclosures we have made of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. We will not account for disclosures we may have made to you or to your personal representatives, or disclosures for your treatment or disclosures for payment, or for disclosures prior to April 14, 2003. Your right to receive this information is subject to certain exceptions.

**F. You have the right to obtain a paper copy of this Notice from us,** upon request, if you have obtained this Notice electronically.

#### **IV. COMPLAINTS**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint. You may contact our Privacy Office at 901 385-3661 for further information about the complaint process.