

EFFECTIVE DATE OF NOTICE OF PRIVACY PRACTICES: MARCH 1, 2020

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

Section A: Purpose of this Notice

Coordinated Care Network Pharmacy is committed to preserving the privacy of your protected health information. We are providing you with this Notice of Privacy Practices (“Notice”) to inform you of your rights, our responsibilities, and our privacy practices regarding your protected health information. This Notice will explain how we can and cannot use and disclose your protected health information, and will also tell you about your rights and our legal duties concerning your protected health information.

Section B: Routine uses and disclosures

Coordinated Care Network Pharmacy is permitted to routinely use and to make certain disclosures of your protected health information for treatment, payment, and healthcare operations purposes. In this regard, we may obtain from and share your protected health information with other healthcare providers to help us provide you with quality medical treatment, to bill for services provided to you, and to effectively run our organization. We may also document, use and disclose your protected health information for the purpose of assisting us in managing your medication

therapy or your overall health. The following are descriptions of these types of uses and disclosures:

1. Treatment purposes: We may use and disclose your protected health information for treatment purposes. Treatment related uses and disclosures may take place while providing, coordinating, or managing your healthcare and related services. Example: Your doctor asks our pharmacist to confirm your medications.
2. Payment purposes: We may use and disclose your protected health information in order to receive payment for the services we provide to you. Example: we may send your information to your health insurance plan so it will pay for the services you receive from us. Your information may also be disclosed to intermediaries employed by your plan sponsor including but not limited to, insurers, pharmacy benefits managers, and claims administrators.
3. Healthcare operations purposes: We will use and disclose your protected health information for the purposes of pharmacy operations, and for improving our organization’s operational activities and delivery of healthcare, which may include quality assessments and improvement; provider review and training; underwriting activities; reviews and compliance activities; and planning, development, management and administration. Example: we may use your health information to evaluate the performance of our staff that provided services to you.

We may also contract with individuals or entities known as “business associates” to perform various functions on our behalf or to provide certain services. To protect your information, all business associates are required to comply with all applicable privacy regulations.

In order to perform services, business associates may receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a business associate to administer claims or to provide support services, such as pharmacy benefit management, but only after the business associate enters into a business associate contract with us.

Section C: Your rights and choices

We want you to be aware of the following rights you have as they relate to your health information:

- Request restrictions on certain uses and disclosures of your health information: We are not required to agree with your request and may disagree if it would negatively impact your healthcare.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- Confidential communications: You have the right to ask us to contact you in a

specific way (for example, home or office phone) or to send mail to a different address. Please provide any confidential communication requests in writing to us or contact us for more information on this process.

- Right to inspect or get an electronic or paper copy: With some exceptions, you have the right to see or get an electronic or paper copy of your health information that we use to make decisions about your care. Please contact us directly if you need to exercise this right. We may deny your request to inspect or copy in limited circumstances. If we do this, you may request that the denial be reviewed.
- Request to amend: You have the right to request an amendment to your health information maintained by or used by Coordinated Care Network Pharmacy to make decisions about your healthcare if you think the information is incorrect or incomplete. Please contact us directly for more information on how to amend your health records if needed. If we determine that an amendment is not necessary, we will notify you within sixty (60) days.
- Right to accounting: You have the right to request a list (an accounting) and description of certain disclosures of your health information made by us in the past six (6) years. We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures such as ones you asked us to make.
- Paper copy of this Notice: You have a right to receive a paper copy of this Notice at any

time, even if you have agreed to receive this Notice electronically. We will provide you with a paper Notice promptly after receiving your request.

Section D: Our Responsibilities

We want you to be aware of our responsibilities as they relate to your protected health information:

- **Notice of Privacy Practices:** We are required by law to maintain the privacy and security of your protected health information and to provide you with notice of our legal duties and privacy practices (this Notice) with respect to protected health information.
- **Notice of breach:** We will notify you promptly in the event that we or a business associate discovers a breach of unsecured protected health information.
- **Abide by the Terms:** Coordinated Care Network Pharmacy is required to abide by the terms of this Notice currently in effect.
- **Changes to Notice:** Coordinated Care Network Pharmacy reserves the right to amend, change, alter, or add to this Notice as required or otherwise permitted by law. Any change or addition to this Notice is effective for all protected health information maintained by CCN, including all protected health information collected while a prior Notice was in effect. The new Notice will be available upon request, in our office, and on our web site.

Section E: Power of Attorney

Power of attorney: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your healthcare information.

Unless you clearly object, we may disclose to one of your family members, a relative, a close personal friend or any other person identified by you, your protected health information that directly relates to that person's involvement with your healthcare or payment for your healthcare. We may also use or disclose your protected health information to notify or assist in notifying a member of your family, your personal representative, or another person responsible for your care of your location, general condition or death. We may also use and disclose your protected health information to certain disaster relief agencies or organizations in applicable situations. We may also contact you for fundraising efforts. If you are incapacitated or otherwise unable to object or agree to any of the above types of uses and disclosures, we may use and disclose your protected health information if we determine that it is in your best interests based on our professional judgment. We will also use our judgment and experience regarding your best interest in allowing people to pick up filled prescriptions, or other similar forms of protected health information on your behalf.

We will never share your information without your authorization for purposes of marketing, the sale of your protected health information, or the sharing of certain psychotherapy notes. We do not create or

maintain hospital directories or psychotherapy notes. If you have a clear preference for how we share your information in the situations described above, please contact us at 877-349-6330 to tell us your preferences.

Section F: How else can we use or share your protected health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good – such as public health or research. We have to meet many legal requirements and conditions before we can share your information for these purposes. The following provides descriptions of these types of uses and disclosures:

1. Help with public health and safety issues: We may share your protected health information in certain situations such as: preventing diseases; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; and preventing or reducing a serious threat to anyone's health or safety.
2. Research: We can use or share your information for purposes of healthcare research.
3. Comply with the law: We may share your protected health information if required by state or federal law, including as may be required by the Department of Health and Human Services to evaluate whether we are complying with federal privacy law.
4. Respond to organ or tissue donation requests: We may share health information

about you with organ procurement organizations.

5. Work with a medical examiner or funeral director: We may share your protected health information with a coroner, medical examiner, or funeral director in the event of your death.

6. Address workers' compensation, law enforcement, and other government requests: We may share your protected health information to address workers' compensation claims; law enforcement requests for information; health oversight agency activities authorized by law; and for special government functions such as military, national security, and protective services.

7. Respond to lawsuits and legal actions: We may share your protected health information in response to court, administrative or other legal orders, including in response to a subpoena.

Section G: Reminders and additional information

Coordinated Care Network Pharmacy may use your protected health information to provide you with appointment reminders, refill reminders, health screenings, or information about your treatment or alternatives to treatment, or other healthcare related benefits and services that may be available to you.

We may also store some of your protected health information in electronic records. We backup our electronic records and employ other reasonable precautions to safeguard

the integrity of your protected health information.

Despite these precautions, it is possible but unlikely, that a computer crash or other technological failure could cause the loss of data.

Other types of restricted uses and disclosures will be made only with your written authorization. Any written authorization you provide to us, may be revoked at any time, by notifying us in writing at the following address: Privacy Officer, Coordinated Care Network Pharmacy, 300 Penn Center Blvd., Suite 505, Pittsburgh, PA 15235.

We may use your name to reference your prescriptions and pharmaceutical care services. You may be required to sign a signature log form to acknowledge receipt of service, to acknowledge receipt of this notice and the disclosures of protected health information as outlined in this Notice. We are able to provide treatment services to you even if you object to sign the acknowledgment of the receipt of this

Notice or if we decide not to honor a request regarding the information in this document. In the event of an emergency or your incapacity, we will do in our reasonable judgment what is consistent with your known preference, and what we determine to be in your best interest. We will inform you of any such uses or disclosures if uses and disclosures would require your signed authorization under such circumstances and give you an opportunity to object as soon as practicable.

Section H: Complaints

If you believe that your privacy rights have been violated, you may file a written complaint at the following address: Privacy Officer, Coordinated Care Network Pharmacy, 300 Penn Center Blvd., Suite 505, Pittsburgh, PA 15235. You may also file a complaint with the Secretary of the Department of Health and Human Services Office of Civil Rights. No action will be taken against you for filing any such complaint.

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NOTICE OF PRIVACY PRACTICE ACKNOWLEDGEMENT (Please complete & return)

We recognize that each of our customers comes to us with individualized medication needs. We respect the privacy of each of our customer’s personal information and understand the importance of keeping this information confidential and secure. We are committed to maintaining the privacy and security of our customer’s personal information.

Coordinated Care Network Pharmacy is a fully licensed pharmacy that operates under state and federal laws. The records we create and maintain related to patients and medication dispensing history are considered to be medical records. Consistent with privacy laws, personally identifiable information may be provided to patients, doctors or healthcare providers, as well as to patients’ insurance companies as part of the billing process.

What is HIPAA?

The Health Insurance Portability and Accountability Act (HIPAA) is meant to provide patients with an additional level of privacy and accountability in the healthcare service they receive from their providers. The privacy rule of HIPAA affects the way your doctor(s), pharmacy, and other healthcare team members communicate and use your health information. HIPAA is meant to better protect your right to the privacy of your information.

The information included with this acknowledgement will better detail for you how we are committed to protecting your privacy. Please take a moment to review the Notice, then sign and send back your acknowledgement of receipt of our privacy practices.

The quality care that we provide, respect for your right to privacy, and our top-notch service standards are just a few of the ways you can count on us to deliver for you.

Contacting Our Facility

If you have any questions or concerns regarding our practices or services that you have received from this facility, please contact:

Coordinated Care Network Pharmacy Case Management

300 Penn Center Blvd Suite 505, Pittsburgh Pa. 15235
Pharmacy Phone: 1-877-349-6330 | Pharmacy Fax: 412-825-3525

Acknowledgement of Receipt of Notice of Privacy Practices

Please sign your name and date on this acknowledgement form. Return your signed acknowledgement in the postage-paid envelope. Or send it independently to the Privacy Officer at the address listed above.

First Name, Middle Initial, Last Name: _____

Date of Birth MM/DD/YEAR: _____

Parent or Guardian Name: _____

Relationship to Patient: _____

Signature: _____ Date: _____



CCN AMERICA, LP

300 Penn Center Blvd., Suite 505, Pittsburgh, PA 15235

1.877.349.6330 | coordinatedcarenetwork.com