

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 IT CAREFULLY.

Introduction

All of us at PFSP value your relationship with us, and we know that respect for your privacy is the foundation of that relationship. We are committed to protecting the privacy of your protected health information (“PHI”) that is in our possession, and only using and disclosing your PHI as permitted by applicable laws and regulations. PHI is any information that we possess, use, and disclose that identifies you and relates to your past, current, or future physical and mental health condition or illness and the health care products and services that have been provided to you. This Notice of Privacy Practices (“Notice”) has been created to help you understand our legal duties under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to protect your PHI and how we may use and disclose your PHI. We will mainly use and disclose your PHI in relation to the health care products and services that we provide you, such as dispensing your prescriptions. Specifically, we will use and disclose your PHI as necessary to provide treatment to you, to obtain payment for health care products and services provided to you, and other health care operations and activities as described later in this Notice. This Notice also describes the legal rights that you have related to your PHI that is in our possession. We take the matters described in this Notice very seriously because of our relationship with you and the requirement that we comply with this Notice. Your PHI will only be used and disclosed as described in this Notice. Should a need for use and disclosure of your PHI occur that is not described in this Notice, we will obtain your written authorization before the use and disclosure. At some future time, it may be necessary for us to revise this Notice. If such becomes necessary, we will post the revised Notice in the pharmacy, on PFSP’s website and, if you request, provide a written Notice to you.

Your Rights with Respect to Your PHI

HIPAA provides you with several rights related to your PHI. These rights are summarized below. If you would like more information about any of these, please contact our Privacy Officer at the addresses or telephone numbers indicated at the end of this Notice.

1. You have the right to receive this written Notice of Privacy Practices describing how we will protect your PHI and your rights related to PHI. You are entitled to request this written Notice at any time.
2. You have the right to request a limitation on our use and disclosure of your PHI. But please be aware that we may not be able to agree to your requested limitation if it results in our not being able to provide health care products and services to you or if we are required to use and disclose the PHI under federal or state law. PFSP intends to honor requests by you not to disclose PHI to your health plan if the PHI relates solely to an item or service for which you have already paid in full. All requests for limitation on the use and disclosure of your PHI must be submitted in writing, using a form that we will provide, to our Privacy Officer. The addresses and telephone numbers for our Privacy Officer are listed at the end of this Notice.
3. You have the right to review or receive photocopies of our records that contain your PHI, to the extent that these records are part of a “designated record set” as defined by HIPAA. The most common such records are your prescriptions on file with us and our patient profile for you, as well as our billing records for health care products and services that have been provided to you. We will be pleased to allow you to review such records at no charge during normal business hours. If we are unable to provide our records to you, we will provide you a written explanation of why we are not able to provide the records. Depending on the reason, you may submit a written request for us to reconsider. All requests to review or receive photocopies of our records that contain your PHI must be submitted in writing, using a form that we will provide, to our Privacy Officer. The addresses and telephone numbers for our Privacy Officer are listed at the end of this Notice.
4. You have the right to request changes in the content of your PHI contained in our records where you believe the content is incomplete, inaccurate, or for some other reason needs to be changed. We may not be able to agree to your requested change if we no longer have the records or if the requested change would cause your PHI to become inaccurate. If we are not able to agree to your requested change, we will notify you in writing as to why we are not able to agree. You will then have the right to submit to us a written statement of disagreement, to which we may elect to further respond in writing to you. All requests for changes to your PHI in our records must be submitted in writing, using a form that we will provide, to our Privacy Officer. The addresses and telephone numbers for our Privacy Officer are listed at the end of this Notice.
5. You have the right to request that we communicate with you about your PHI in a confidential manner and only to locations (such as a post office box) or by particular means (such as personal cellular telephone) specified by you. All requests for confidential communications must be submitted in writing, using a form

that we will provide, to the Pharmacy Manager of the pharmacy location which serves you. The addresses and telephone numbers for our pharmacy locations are listed on the first page of this Notice.

6. You have the right to obtain an accounting of some of our disclosures of your PHI. By an accounting, we mean a written record of these disclosures. Some of our disclosures of your PHI are not required by HIPAA to be included in the accounting unless they are maintained in an electronic health record. Most notable among these are disclosures for purposes of treatment, obtaining payment, and carrying out health care operations. Other disclosures of your PHI that are not required to be included in the accounting are disclosures made directly to you or that you have authorized, made to family, friends, and others who assist you or are involved with your care (caregivers) and made for other purposes allowed by HIPAA. Please consult with our Privacy Officer, at the addresses or telephone numbers indicated at the end of this Notice, for more information on the disclosures not required to be including in the accounting. The period of time for which we are required to provide the accounting is the six-year period immediately prior to the date of your request for the accounting, except for disclosures for treatment, payment, and health care operations of an electronic health record, for which the period is three years. However, your request for an accounting can be for a shorter period of time. For disclosures by our business associates, we may provide you with a list of those business associates, in which case you may request an accounting of disclosures from them. You may obtain from us, without charge, one accounting during a 12-month period. All requests for an accounting of our disclosures of your PHI must be submitted in writing, using a form that we will provide, to our Privacy Officer. The addresses and telephone numbers for our Privacy Officer are listed at the end of this Notice.
7. We are obligated to notify you if a breach occurs that may have compromised the privacy or security of your PHI.
8. You have the right to file a complaint if you believe that we have violated your rights as described above, and to not fear retaliation or adverse action by us against you for exercising your right. You can file the complaint with us directly, or with the United States Department of Health and Human Services (“HHS”). Please be assured that we will work with you to resolve any complaint that you contact us to discuss. IF YOU HAVE QUESTIONS ABOUT ANY OF YOUR RIGHTS AS DESCRIBED ABOVE, PLEASE CONTACT FTHE ADDRESSES OR TELEPHONE NUMBERS INDICATED AT THE END OF THIS NOTICE. You also may visit the following website for information on filing a complaint with the United States Department of Health and Human Services:<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

Ways That We May Use and Disclose Your PHI

HIPAA requires that this Notice tell you how we may use and disclose your PHI including, in some instances, uses and disclosures that are permitted without your authorization. These uses and disclosures are summarized below, but if you would like more information about any of these please contact our Privacy Officer at the addresses or telephone numbers indicated at the end of this Notice.

1. Treatment. Generally, HIPAA defines treatment as the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another. We will maintain records that contain your PHI, and we will use and disclose your PHI as necessary to provide health care products and services to carry out and support your treatment. As a pharmacy, we may use and disclose your PHI as necessary to maintain a patient profile on you, which may include: information about you; your medical condition, medications, and prescription devices that you use; any allergies that you may have; and other information, such as any health insurance that you may have. We may use and disclose your PHI in dispensing prescription medicines and related products and services, including counseling you and your caregivers about proper use of your medications. We may discuss such problems with your other health care professionals, such as your physician or dentist, for purposes of your care and treatment, and through such discussions we may use and disclose your PHI. Finally, we may use and disclose your PHI to you and your caregivers in our discussions with you and your caregivers about your treatment.
2. Payment. Generally, HIPAA defines payment, in relation to health care providers such as us, as activities to obtain reimbursement for the health care products and services that we provide to you. These activities include primarily billing you directly or someone who pays for your health care, such as a family member or health insurance company, for health care products and services that we provide to you. Activities related to billing may include claims management, collections, and related health care data processing. Depending on who pays for the health care products and services that we provide you, other activities may include determination of eligibility or coverage; medical necessity; review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;

utilization review activities, including precertification and preauthorization of services; concurrent and retrospective review of services; and disclosure to consumer reporting agencies of some or all of the following PHI necessary for collection of payment: name and address; date of birth; social security number; payment history; account number or numbers; and name and address of the health care provider and/or health plan. We will use and disclose your PHI to carry out the above activities as necessary or required to obtain payment for the health care products and services that we provide to you. In relation to this, public and private health care insurance programs that may provide or pay for your health care can conduct audits, inspections, and investigations of us in relation to our activities and your activities. We may be required to disclose your PHI to these programs for purposes of audits, inspections, and investigations.

3. Health care operations. Generally, HIPAA defines health care operations as those activities necessary and related to our providing of health care products and services to you. These activities include, but may not be limited to, the following:
 - a. Conducting quality assessment and improvement activities, case management and care coordination, and contacting of health care providers and patients with information about treatment alternatives and related functions that do not include treatment.
 - b. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs.
 - c. Our pharmacy management and general administrative activities, including, but not limited to, activities relating to implementation of and compliance with the requirements of HIPAA. We will use and disclose your PHI to carry out the above activities as necessary or required, and especially to monitor and improve the quality of the health care products and services that are provided to you by us and other health care professionals. In addition to treatment, payment, and health care operations as described above, we may use and disclose your PHI for the following purposes listed below.
4. Business associates. The nature of the health care system is such that we may not be able to provide health care products and services to you without the involvement of other businesses or persons. Depending on what these other businesses or persons do for us, they may become business associates as defined by HIPAA. In many situations, it will be necessary for us to provide your PHI to these business associates so that they can carry out the activities that we need to have performed in order to provide you with health care products and services. Contracts have or will be submitted to the business associates to whom we provide your PHI so that they can carry out their activities on our behalf. Very importantly to you, these contracts require our business associates to give us their assurance that they, like us, will protect the privacy of your PHI. Examples of business associate's services include quality improvement, legal, data analysis/aggregation, and accounting.
5. Disclosures of your PHI not involving treatment, payment, and health care operations. In providing health care products and services to you, we may find it necessary to communicate with businesses and individuals not already described above. Most of these disclosures will be related to providing treatment to you, and to carrying out payment and health care operations as discussed above. In addition to communicating with these businesses and individuals, we may also communicate with you directly, as well as others who assist you with your health care, commonly referred to as caregivers. We will disclose your PHI to these caregivers, or appropriate others, as we believe necessary and appropriate for your health care.
6. Communications with you concerning your health and treatment. We want to assist you with maintaining your health and obtaining the most benefit from your treatment. We routinely monitor your prescription medications for appropriateness and take other steps to help you use your medication properly. For example, if our records show that a refill of your medication is due, we may contact you to remind you to obtain the refill. We may also call you or send you materials regarding products and services that we believe may be of benefit to you. As another example, in the event of a medication recall, we may contact you, if you are taking the medication subject to the recall. In addition to face-to-face discussions and telephone conversations with you, we will communicate PHI to you by means of letters that are enclosed in sealed envelopes, emailing you at the e-mail address you provide to us, and/or by leaving messages on your answering machine, voice mail or other similar automated system. We will not leave a message with another person which would disclose your particular prescriptions but may leave a message as a refill reminder or to request that you contact a particular member of the Pharmacy's staff. We may deliver your prescriptions to you or to a person you designate.
7. Federal and state government agencies. We may disclose your PHI to federal and state government agencies for a variety of purposes, most of which are directed at monitoring health care quality and safety, and government programs related to health care and our compliance with laws applicable to health care. For

example, the United States Drug Enforcement Administration (“DEA”) monitors the distribution and usage of controlled substances, while the United States Food and Drug Administration (“FDA”) monitors adverse drug events. We may disclose your PHI to such agencies where required by the agency so that the agency can carry out its required activities. Related to this, some private businesses, such as the manufacturers of medications and medical devices, are legally required to conduct post-marketing surveillance in order to ensure the safety of their products. Disclosing your PHI for such surveillance may be necessary. Our disclosures to federal and state government agencies will take place only as permitted by HIPAA or other applicable laws.

8. Federal and state government health care insurance programs. If you apply for and receive benefits from federal and state health care programs, such as Medicare, Medicaid, Tricare or Champus, your PHI may be disclosed to the agency granting these benefits. If you are employed by a business that is required to carry workers-compensation insurance, and you are injured in such a way that the workers-compensation plan covers your health care, it may be necessary to disclose your PHI to the workers-compensation plan. Such plans have a right to conduct audits, inspections, and investigations of our activities and your activities, and where required, we will disclose your PHI for these activities.
9. Matters of public health and safety; reporting required by law. There are a number of federal and state laws that require health care providers to report to various government agencies matters related to public health. If your physical or mental health condition and illness is of a nature that federal or state law requires that it be reported, then we will disclose your PHI to the appropriate government agency in order to comply with these laws. This includes government public health activities as authorized by law to prevent or control disease, injury or disability. In addition to reporting about physical and mental health conditions and illnesses, we may also disclose your PHI to government agencies in other situations where we are required by law to submit reports, such as suspected domestic, child or elder abuse, or neglect or breaches of unsecured PHI.
10. Law enforcement and/or health oversight activities. A number of federal, state, and local government agencies are charged with enforcing the health care and drug laws, and other laws in relation to the health care products and services that we may provide to you. In addition, as a state licensed pharmacy, a variety of federal, state, and local health care agencies, such as the state board of pharmacy, regulate our activities. These agencies may engage in a number of activities designed to monitor and improve federal and state health care programs and systems, government benefit programs, and government regulatory programs, including inspections, audits and investigations of our activities and the health care products and services that we provide to our patients. At any time that we are required by federal or state laws, or by court order, subpoena or other legal mandate, to disclose your PHI, we will do so as necessary. Additionally, as permitted by HIPAA, disclosures to law enforcement can include information for identification and location purposes (e.g., suspect or missing person); information regarding a person who is or is suspected to be a crime victim; in situations where the death of an individual may have resulted from criminal conduct; or to a coroner or medical examiner for the purpose of identification or determining cause of death.
11. Legal disputes. Lawsuits and other legal disputes may involve your PHI that we possess. In the event that you are involved in a lawsuit or other legal proceeding, whether as a plaintiff or a defendant, and without regard to the basis for the lawsuit, such as medical malpractice or divorce, we will disclose your PHI when required to comply with a court order, subpoena, discovery proceeding, such as a deposition, or other legal mandate served upon us.
12. Disclosures for the benefit of you and others. A variety of events could occur where we would use and disclose your PHI for your benefit and to prevent or reduce the risk of harm to you. For example, if you are in a car accident and are unconscious in a hospital emergency room and the emergency room medical staff calls us with a request for your PHI, we may disclose it for the purpose of assisting in your prompt medical treatment. Finally, we may disclose your PHI where necessary to protect the health and safety of others.
13. Disclosures for national security and intelligence. We are legally required to disclose your PHI where necessary for national security activities and intelligence and counterintelligence activities. Disclosures related to this may also include those where required in relation to the protection of the President of the United States. Any disclosure for these purposes would be made only to authorized government officials.
14. Disclosures if you are in the military or a veteran. We may use or disclose PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; or (2) for the purpose of a determination by the Department of Veteran Affairs of eligibility for benefits. This includes any branch of the Armed Forces and whether on active or reserve status as required by the U.S. Military. If you are a veteran, we may release your PHI, particularly if you are receiving health care products and

services from Veterans Services or the Veterans Administration. Any disclosure for these purposes would be made only to authorized government officials.

15. Marketing. We may only use and/or disclose your PHI for marketing activities if we obtain from you a prior written authorization. For this purpose, “marketing” activities generally include communications to you that encourage you to purchase or use a product or service and, potentially, communications to you in the context of treatment and health care operations where we receive remuneration (monies) from a third party for making the communications. We may provide refill reminders or communicate with you about a drug or biologic that is currently prescribed to you so long as any payment we receive for making the communication is reasonably related to our cost of making the communication.
16. Other types of disclosures. This last category of disclosures includes a variety of disclosures that we may make in accordance with HIPAA. We may be required to disclose your PHI if you are placed into the custody of a federal or state correctional system, if necessary, to protect the health and safety of you and others. We may disclose your PHI to a person who, under law, has the authority to represent you in making health care decisions. Your PHI may be “de-identified” so that your PHI is changed by removing certain information (e.g., your name, address) so that it does not identify you. Also, health care is an area where much research is being conducted, and as permitted by HIPAA we may disclose your PHI for purposes of a research project, and we may use or disclose de-identified information for a variety of purposes, including but not limited to research, analysis or other health-related studies. We may disclose your PHI to organizations that manage organ transplantation programs as permitted by HIPAA. We may use a sign-in-sheet at the pharmacy, we may call your name in the waiting area at the pharmacy, and we may provide you with refill or prescription reminders as well as information about products and services which may be helpful to you. We will not make any disclosure of PHI that is a sale of PHI without your authorization.

IF YOU HAVE QUESTIONS ABOUT WAYS THAT WE MAY USE AND DISCLOSE YOUR PHI AS DESCRIBED ABOVE, PLEASE CONTACT OUR PRIVACY OFFICER AT THE ADDRESSES OR TELEPHONE NUMBERS INDICATED AT THE END OF THIS NOTICE.

Uses and Disclosures Not Contained in this Notice. If a use and disclosure of your PHI is not contained in this Notice, then we will obtain your or your authorized representative’s written authorization before the use and disclosure. You may have the right to refuse to authorize the use and disclosure, or if you grant the authorization, to revoke the authorization at any time, except to the extent PFSP has taken an action in reliance on the authorization. If such authorization is requested, we will provide you with a form that describes the proposed use and disclosure and your rights related to the requested authorization.

Conclusion

HIPAA requires that we give you this Notice of Privacy Practices and make a good faith effort to obtain your written acknowledgment that you were given this Notice. Upon giving you this Notice, you will be asked to sign a document acknowledging that you received this Notice. We appreciate your cooperation in reviewing this Notice and in giving us your written acknowledgment.

HIPAA requires that this Notice, at a minimum, cover the following three areas:

1. How we will use and disclose your protected health information;
2. Your rights with respect to your protected health information; and
3. Our legal duties to protect the confidentiality of your protected health information and to notify you if a breach occurs that may have compromised the privacy or security of your protected health information.

In preparing this Notice, we made every effort to comply with this HIPAA requirement. Also, we want to advise you that in addition to the privacy and other rights given to you by HIPAA, our state may from time to time enact laws that also provide you privacy and other rights in relation to your health care and your protected health information.

If you have any questions or want more information concerning your privacy rights under HIPAA or under the laws of our state or concerning our privacy practices, please consult our Privacy Officer: by phone at 844.527.9486 or by email at mesposito@pfsprx.com or by mail at 398 W.Grand Avenue, Rahway, NJ 07065. Also, you should contact our Privacy Officer if you wish to file a complaint about our privacy practices or if you believe we have violated any of your rights as described in this Notice.

Thank you for allowing us the privilege of being your pharmacy. We look forward to continuing to be of service to you.

ACKNOWLEDGMENT RECEIPT: HIPAA NOTICE OF PRIVACY PRACTICES

In signing this form, you agree that you have received our Notice of Privacy Practices. This Notice, among other points, explains how we plan to use and disclose your protected health information for the purposes of treatment, payment and health care operations.

You have the right to review our Notice of Privacy Practices prior to signing this form. It provides more detail on how we may use and disclose your information. The Notice of Privacy Practices may change. A current copy may be requested by contacting 844.527.9486

By signing this form, you acknowledge you have received our Notice of Privacy Practices and that PFSP can use and disclose your protected health information in accordance with HIPAA.

NAME

SIGNATURE

DATE

Relationship to patient/legal authority (if applicable)

Effective Date: April 15, 2003; Last Revised Nov 2017