

## Your Information. Your Rights. Our Responsibilities.

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.**



### Your rights

#### You have the right to:

- Get a copy of your pharmacy records.
- Correct your health and claims records.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

**See page 2** for more information on these rights and how to exercise them.



### Your choices

#### You have some choices in the way that we use and share information as we:

- Answer pharmacy questions from your family and friends.
- Provide disaster relief.
- Communicate through mobile and digital technologies.
- Market our services and sell your information.

**See page 3** for more information on these rights and how to exercise them.



### Our uses and disclosures

#### We may use and share your information as we:

- Help manage the health care treatment you receive.
- Run our organization.
- Bill for your pharmacy services.
- Determine who is responsible for payment and the payment amount.
- Administer your medications and care plan.
- Coordinate your care among various health care providers.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director.
- Address worker's compensation, law enforcement and other government requests.
- Respond to lawsuits and legal actions.
- We may also de-identify PHI in accordance with applicable law. After PHI information is deidentified, it is no longer subject to this notice and we may use it for any lawful purpose.

**See pages 3, 4, and 5** for more information on these uses and disclosures.



## Your rights

**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

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| <b>Get a copy of your pharmacy records</b>                    | <ul style="list-style-type: none"><li>• You can ask to see or get a copy of your pharmacy records and other health information we have about you. Ask us how to do this.</li><li>• We will provide a copy or a summary of your pharmacy records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li></ul>  |
| <b>Ask us to correct pharmacy records</b>                     | <ul style="list-style-type: none"><li>• You can ask us to correct your pharmacy records if you think they are incorrect or incomplete.</li><li>• Ask us how to do this.</li><li>• We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li></ul>  |
| <b>Request confidential communications</b>                    | <ul style="list-style-type: none"><li>• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li><li>• We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.</li></ul>  |
| <b>Ask us to limit what we use or share</b>                   | <ul style="list-style-type: none"><li>• You can ask us not to use or share certain health information for treatment, payment, or our operations.</li><li>• We are not required to agree to your request, and we may say “no” if it would affect your care.</li></ul>  |
| <b>Get a list of those with whom we’ve shared information</b> | <ul style="list-style-type: none"><li>• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why.</li><li>• We will include all the disclosures except for those about treatment, payment and pharmacy operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li></ul>   |
| <b>Get a copy of this privacy notice</b>                      | <ul style="list-style-type: none"><li>• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li></ul>  |
| <b>Choose someone to act for you</b>                          | <ul style="list-style-type: none"><li>• 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 health information.</li><li>• We will make sure the person has this authority and can act for you before we take any action.</li></ul>   |
| <b>File a complaint if you feel your rights are violated</b>  | <ul style="list-style-type: none"><li>• You can complain if you feel we have violated your rights by contacting us at <b>1-855-287-7888</b>.</li><li>• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling <b>1-877-696-6775</b>, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>. The Utilization Review Accreditation Commission (URAC) by calling <b>1-202-216-9010</b>, or visiting <a href="http://www.urac.org/contact/file-a-grievance/">www.urac.org/contact/file-a-grievance/</a>. The Accreditation Commission for Health Care (ACHC) by calling <b>1-855-937-2242</b>, or emailing <a href="mailto:complaints@achc.org">complaints@achc.org</a>. The Florida Board of Pharmacy by calling <b>1-850-488-0595</b>, or visiting <a href="http://www.mqafihhealthcomplaint.doh.state.fl.us">www.mqafihhealthcomplaint.doh.state.fl.us</a>.</li><li>• We will not retaliate against you for filing a complaint.</li></ul> |



## Your choices

**For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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| <b>In these cases, you have both the right and choice to tell us to:</b>                     | <ul style="list-style-type: none"><li>• Share information with your family, close friends or others involved in payment for your care.</li><li>• Share information in a disaster relief situation.</li><li>• Share information with you through mobile and digital technologies (such as sending information to your email address or to your cell phone by text message or through a mobile app).</li></ul> <p>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information with others (such as to your family or to a disaster relief organization) if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. However, we will not use mobile and digital technologies to send you health information unless you agree to let us do so.</p> <p>The use of mobile and digital technologies (such as text message, email or mobile app) has a number of risks that you should consider. Text messages and emails may be read by a third party if your mobile or digital device is stolen, hacked or unsecured. Message and data rates may apply depending on your particular cell phone plan and carrier.</p> |
| <b>In these cases we never share your information unless you give us written permission:</b> | <ul style="list-style-type: none"><li>• Marketing purposes.</li><li>• Sale of your information.</li></ul>   |



## Our uses and disclosures

**How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

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| <b>Help manage the health care treatment you receive</b> | We can use your health information and share it with professionals who are treating you.  | <b>Example:</b> A prescriber sends us information about your prescriptions and diagnosis so we can arrange or make referrals for additional health care services. |
| <b>Run our organization</b>                              | <ul style="list-style-type: none"><li>• We can use and disclose your information to run our organization and contact you when necessary. For example, if we need to contact you about one of your prescriptions.</li><li>• We are not allowed to use genetic information to decide whether we will provide medications or care management services.</li></ul> | <b>Example:</b> We use health information about you to develop better services for you.   |
| <b>Bill for services</b>                                 | We can use and disclose your health information as we bill for your health services.  | <b>Example:</b> We share information about you to bill your health plan and coordinate payment for your health services.  |

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| <b>Administer your medications or care plan</b>                 | We may disclose your medication and health information for plan administration.   | <b>Example:</b> We share health information with others who we contract with for administrative services.                               |
| <b>Coordinate your care among various health care providers</b> | <p>Our contracts with various programs require that we participate in certain electronic Health Information Networks (“HINs”) and/or Health Information Exchanges (“HIEs”) so that we are able to more efficiently coordinate the care you are receiving from various health care providers.</p> <p>If you are enrolled/enrolling in a government-sponsored program, such as Medicaid or Medicare, please review the information provided to you by that program to determine your rights with respect to participating in an HIN or HIE.</p> | <b>Example:</b> We share health information through an HIN or HIE to provide timely information to providers rendering services to you. |

**How else can we use or share your health information?** PerformSpecialty takes our patients’ right to privacy seriously. To provide you with your specialty pharmacy benefits, PerformSpecialty creates and/or receives personal information about your health. This information comes from you, your physicians, hospitals, and other health care services providers. This information, called protected health information, can be oral, written or electronic.

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| <b>Help with public health and safety issues</b>  | <p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> <li>• Preventing disease.</li> <li>• Helping with product recalls.</li> <li>• Reporting adverse reactions to medications.</li> <li>• Reporting suspected abuse, neglect or domestic violence.</li> <li>• Preventing or reducing a serious threat to anyone's health or safety.</li> </ul> |
| <b>Do research</b>  | <ul style="list-style-type: none"> <li>• We can use or share your information for health research.</li> </ul>   |
| <b>Comply with the law</b>  | <ul style="list-style-type: none"> <li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.</li> </ul>   |
| <b>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</b> | <ul style="list-style-type: none"> <li>• We can share health information about you with organ procurement organizations.</li> <li>• We can share health information with a coroner, medical examiner or funeral director when an individual dies.</li> </ul>  |

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| <b>Address workers' compensation, law enforcement and other government requests</b> | <p>We can use or share health information about you:</p> <ul style="list-style-type: none"><li>• For workers' compensation claims.</li><li>• For law enforcement purposes or with a law enforcement official.</li><li>• With health oversight agencies for activities authorized by law.</li><li>• For special government functions such as military, national security and presidential protective services.</li></ul> |
| <b>Respond to lawsuits and legal actions</b>  | <ul style="list-style-type: none"><li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li></ul>   |
| <b>Additional restrictions on use and disclosure</b>                                | <ul style="list-style-type: none"><li>• Certain federal and state laws may require greater privacy protections. Where applicable, we will follow more stringent federal and state privacy laws that relate to uses and disclosures of health information concerning HIV/AIDS, cancer, mental health, alcohol and/or substance abuse, genetic testing, sexually transmitted diseases and reproductive health.</li></ul>  |

## Our responsibilities

PerformSpecialty takes its patients' right to privacy seriously. To provide you with your benefits, PerformSpecialty creates and/or receives personal information about your health. This information comes from you, your physicians, hospitals, other health care services providers, and health plans. This information, called protected health information, can be oral, written or electronic.

- We are required by law to maintain the privacy and security of your protected health information.
- We are required by law to obligate certain third parties that assist us with your treatment, payment of claims, or our health care operations to maintain the privacy and security of your protected health information in the same way.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your protected health information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your protected health information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our website, and we will mail a copy to you.

**Effective date of this notice: December 21, 2022**

### Privacy Office

200 Stevens Drive Philadelphia, PA 19113

**1-800-521-6860 or TTY 1-800-684-5505**

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