NOTICE OF PRIVACY PRACTICES

HOW YOUR MEDICAL INFORMATION MAY BE USED AND SHARED, AND HOW YOU CAN ACCESS IT. PLEASE READ THIS NOTICE CAREFULLY.

In compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), BioAccess Pharmacy has created this Notice of Privacy Practices (Notice). This Notice explains how BioAccess Pharmacy protects your Protected Health Information (PHI) and describes your rights concerning your PHI.

PHI means information about you—or information that can be used to identify you—related to your past or present physical and mental health care. HIPAA regulations require BioAccess Pharmacy to protect the privacy of any PHI it creates or receives. BioAccess Pharmacy will follow the terms outlined in this Notice.

For any uses or disclosures of your PHI not specifically mentioned below—including those related to psychotherapy notes, marketing, or the sale of PHI—BioAccess Pharmacy will obtain your written authorization. You have the right to revoke this authorization at any time, as explained further below. **BioAccess Pharmacy also reserves the right to change its privacy practices and this Notice as permitted by law.**

HOW BIOACCESS PHARMACY MAY USE AND SHARE YOUR PHI

Below is a summary of the ways BioAccess Pharmacy is legally allowed to use and share your PHI.

For treatment: We use your PHI to fill your prescriptions and to coordinate or manage your health care.

For payment: We may disclose your PHI to obtain payment or reimbursement from insurers for health care services provided to you.

For health care operations: We may use the minimum necessary PHI to conduct quality assessments, improvement activities, and to evaluate our workforce.

Below are additional ways BioAccess Pharmacy may use or disclose your PHI without your written authorization:

As required by law: We must use or disclose your PHI when required and as limited by law.

For public health activities: We may share your PHI with public health authorities authorized by law to help prevent or control disease, injury, or disability. This includes the FDA, which monitors adverse effects of drugs, foods, nutritional supplements, and other products as required by law.

Regarding victims of abuse, neglect, or domestic violence: We may share your PHI with government authorities if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

For health oversight activities, we may disclose your PHI to health oversight agencies for audits, investigations, inspections, licensure, or compliance with civil laws, as allowed by law.

To individuals involved in your care: We may share your PHI with people directly involved in your health care.

For judicial and administrative proceedings: We may disclose your PHI if appropriate documentation is provided.

For law enforcement purposes: We may disclose your PHI to law enforcement officials as required by law or in response to a court order or subpoena.

About the deceased: We may share PHI with coroners, medical examiners, and funeral directors as needed after an individual's death or in anticipation of death.

For organ, eye, or tissue donation: We may use and disclose PHI as needed for organ, eye, or tissue donation and transplantation purposes.

For research: We may use and disclose your PHI with proper approval from an institutional review board or privacy board. Otherwise, we will seek your signed authorization for research purposes.

To avert a serious threat to health or safety: We may use or disclose your PHI if we believe it is necessary to prevent a serious threat to health or safety, in line with the law and ethical standards.

For specialized government functions: We may use or disclose your PHI for functions such as military and veterans' activities, national security, protective services, Department of State duties, and situations involving correctional institutions or law enforcement custody.

For workers' compensation: We may disclose your PHI as needed to comply with workers' compensation laws or similar programs.

For disaster relief: We may disclose your PHI to authorized organizations to assist with disaster relief efforts or to notify your family or personal representatives, as allowed by law.

To business associates: We may share your PHI with business associates who help us provide quality health care. We require all business associates to protect your PHI through appropriate safeguards.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Below is a summary of your rights regarding your PHI. For more details, please contact BioAccess Pharmacy.

Request restrictions: You have the right to ask BioAccess Pharmacy to place additional restrictions on how it uses or discloses your PHI. While we are not required to agree to most requests, we must agree to restrict disclosures to health insurance plans if you pay in full out of pocket for a product or service.

Request confidential communications: You can ask us to communicate with you about your PHI by alternative means or at alternative locations. For example, you may request that we contact you at a different address or phone number. However, state and federal laws require us to have your current address and home phone number for emergencies. We will consider all reasonable requests.

Inspect and/or obtain a copy: You have the right to access or request a copy (paper or electronic) of your PHI for as long as we maintain it. We may charge a reasonable, cost-based fee for copies and will notify you in advance of any charges.

Request an amendment: If you believe your PHI is incorrect or incomplete, you may ask us to amend it. We may deny your request in certain circumstances, but you have the right to have the denial reviewed by someone who was not involved in the original decision. You may also request a review by the Secretary of the U.S. Department of Health and Human Services (HHS) or their designee.

Receive an accounting of disclosures: You may request a list of certain disclosures we have made of your PHI.

Request additional copies of this Notice: You may request extra paper copies of this Notice at any time, even if you have agreed to receive it electronically.

Notification of Breaches: You will be notified if a breach ever compromises your PHI privacy.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

BioAccess Pharmacy may change or update this Notice at any time. Any revised version will apply to all PHI we maintain, including information received before the effective date of the new Notice. We will post the updated Notice in our pharmacy.

HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with BioAccess Pharmacy and/or with the Secretary of the U.S. Department of Health and Human Services (HHS), or their designee. To file a complaint with BioAccess Pharmacy, please contact the Director of Pharmacy or the Senior Vice President of Operations.
You may also 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 1-877-696-6775
- Visiting www.hhs.gov/ocr/privacy/hipaa/complaints/

BioAccess Pharmacy will not take any adverse action against you for filing a complaint.

HOW TO CONTACT US

If you have any questions about BioAccess Pharmacy's privacy practices or need clarification about anything in this Notice, please contact:

BioAccess Pharmacy
120 N Fairway Lane, Suite A,
West Covina, CA 91791
(626) 999-3636