

## NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices described the privacy practices of Alius Health, LLC (“Alius Health”). It describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Protected Health Information (PHI) generally refers to demographic information, medical history, tests and laboratory results, prescriptions, insurance information and other data that a healthcare professional collects to identify an individual and determine appropriate care. It may relate to your past, present or future physical or mental health or condition, or the provision and payment of services provided to you.

By law, Alius Health is required to protect the privacy of your PHI and provide this Notice of Privacy Practices, outlining your rights and our responsibilities.

### 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.

- You can ask to receive a copy of your health and claims records and other health information we have about you.
- We will provide a copy or summary of your health and claims records, within 15 days of your request.
- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. We may say “no” to your request, but we will tell you why in writing within 60 days.
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to you at a different address. We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
- You can ask us not to use or share certain health information for treatment, payment or our operations.
- You can ask for a list (accounting) of the times we have shared your health information for the six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures, except for those about treatment, payment, and health care operations, and certain other disclosures (such as ones you asked us to make). We will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another within 12 months.
- 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 within 15 days of receiving your request.
- 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. We will make sure the person has the authority to act for you before we take any action.

- You can make a complaint if you feel we have violated your rights. Contact us using the following contact information:

Alius Health, LLC.  
PO Box 71  
Worthington, Ohio 43085  
P: (740) 661-4463  
F: (740) 305-0596  
Pharmacysupport@aliushealth.com
- 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 1-877-696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint.

## 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 do our best to follow your instructions.

- Share information with your family, close friends, or others involved in payment for your care. Share information in a disaster relief situation.
- If you are not able to tell us your preference, (for example, if you are unconscious) we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious or imminent threat to health or safety.
- We will never share your information for marketing purposes or sell your information, unless you give us written permission.

## OTHER USES AND DISCLOSURES

How do we typically use or share your health information?

- We can use your health information to help manage the health care treatment you receive, by sharing it with professionals who are treating you.
- We can use and disclose your information to run our organization and contact you when necessary.
- We can use and disclose your health information as we pay for your health services.
- We may disclose information to your health plan sponsor for plan administration.
- We are allowed or required to share your information in other ways, usually ways that contribute to the public good, such as public health and research. We have to meet many conditions before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

- We can share health information about you in certain situations, such as preventing disease, 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.
- 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 are complying with federal privacy laws.
- We can share health information about you with organ procurement organizations. We can share health information with a coroner, medical examiner or funeral director when an individual dies.
- We can use or share health information about you for worker's compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

#### OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your 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 information other than as described here unless you tell us we can in writing. If you tell us, 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)

11/15/2015 Effective Date of Notice