

### 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.

We understand that medical information about you and your health is personal. Linden Care is required by law to maintain the privacy of your health information, to follow the terms of this Notice, and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are required to follow the terms of the Notice that is currently in effect. A paper copy of this notice may be obtained at ABD upon request.

#### How Linden Care May Use or Disclose Your Health Information

Linden Care protects the privacy of your health information. For some activities, we must have your written authorization to use or disclose your health information. However, the law permits Linden Care to use or disclose your health information for the following purposes without your authorization:

- **For Treatment** Information obtained by the pharmacy will be used to dispense prescriptions to you. We may disclose health information about you to pharmacists and other persons who are involved in dispensing your prescriptions.
- **For Payment** We may use and disclose your health information so that your pharmacy services may be billed to, and payment collected from you, an insurance company, or a third party.
- **For Health Care Operations** We may use and disclose health information about you for pharmacy operations. Unless you provide us with alternative instructions, we may send refill reminders and other materials related to your health care to your home. These uses and disclosures are necessary to run the pharmacy and make sure that you receive quality service.
- **As Required by Law** We will disclose health information about you when required to do so by Federal and State Law.
- **To Avert a Serious Threat to Health or Safety** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be only to a person able to help prevent the threat.
- **Public Health Risks** We may disclose health information about you for public health activities. Those activities generally include the following: (1) to prevent or control disease, injury or disability (2) to report reactions to medications or problems with products. (3) to notify people of product recalls (4) to notify a person that may be exposed to a disease or may be at risk of spreading a disease (5) to notify the appropriate government authority if we believe a person has been the victim of abuse, neglect, or domestic violence.
- **Health Oversight Activities** We may disclose health information to a health oversight agency for activities authorized by law.
- **Lawsuits and Disputes** If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court order or administrative order. We may disclose information about you in response to a subpoena, or other lawful process, but only if efforts have been made to tell you about the request.
- **For Specific Government Functions** We may disclose health information for the following specific government functions (1) health information of military personnel, as required by military authorities (2) health information of inmates to a correctional institution or law enforcement official (3) in response to a request from law enforcement, if certain conditions are satisfied, and (4) for national security reasons.

#### When Linden Care May NOT Use or Disclose Your Health Information

Except as described in the Notice, Linden Care will not use or disclose your health information without your written authorization. We will ask your written permission before promoting a product or service to you for which we will be paid by a company, and generally before sharing your health information in a way that is considered a sale under the law. If you do authorize Linden Care to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time, except where we have already shared your information based on your permission.

#### You Have the Following Rights With Respect to Your Health Information

- You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to the restrictions that you request. If we do agree to any restrictions, we will put the agreement in writing and follow it except in emergency situations. We cannot agree to limit the disclosure of any information that is required by law.
- However, if you wish to restrict certain sensitive or other health information from your insurer after you or your personal representative have paid out of pocket in full for your services, please discuss this request with us. We will honor your request where we are not required by law to make the disclosure. If your insurance plan “bundles” your services together so that we cannot withhold only one item or service from your claim, we will discuss your options with you.
- You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.
- You have the right to access, inspect and copy your health information as long as the Pharmacy maintains the health information. To inspect a copy of your records, you must submit a request in writing. We may charge a fee for the costs of copying, mailing, or supplies necessary to grant your request. In certain limited situations, we may deny your request. If your request is denied, you may request that the denial be reviewed.
- You may ask us to provide your electronic record in electronic format. If we are unable to provide your record in the format you request, we will provide the record in a form that works for you and our office. You may ask us to transmit your record to a specific person or entity by making a written, signed request.
- Under certain circumstances, your provider may not allow you to see or access certain parts of your record. You may ask that this decision be reviewed by another licensed professional.
- You may have the right to request amendment of your protected health information. While we cannot erase your record, we may add your written statement to your protected health information to correct or clarify the record where your provider approves. If the provider disapproves, you may submit a statement of disagreement and we may submit a rebuttal, which will remain with your record.
- You have the right to receive an accounting of certain disclosures we have made of your protected health information. Please speak with us if you have this request.
- You may request communication of your health information by alternative means or at alternative locations. You may request that we contact you only in writing or at a different residence or post office box. To request confidential communication of your health information, you must submit a written request. We will accommodate all reasonable requests.

**Breach Notification.** We are required to have safeguards in place that protect your health information. In the event that there is a breach of these protections, we will notify you, the U.S. Department of Health and Human Services and others, as the law requires.

**For More Information or to File a Complaint.** If you have questions or would like additional information about Pharmacy privacy practices, you may contact the Privacy Officer, Linden Care, LLC 130 Crossways Park Drive, Ste 101, Woodbury, NY 11797 or phone 1-877-954-6336. You may file a complaint with us by notifying our Privacy Officer with your written complaint. We will not retaliate against you for filing a complaint with us or the Office of Civil Rights. You may complain to the Office of Civil Rights at the Department of Health and Human Services (OCR) if you believe your privacy rights have been violated by us. You may contact the OCR in writing at: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

**Fundraising.** You have the right to opt-out of any fundraising solicitation or communication.

#### Changes to this Notice of Privacy Practices

Linden Care reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we have previously obtained about you as well as any information we receive in the future. Any revised Notice will be posted in the pharmacy or on our website. Upon request we will provide a revised Notice to you.

Revised Date 12/15/2015