



## 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.**

HatchRx Compounding Pharmacy is committed to protecting your privacy and understands the importance of safeguarding your personal health information. This Notice of Privacy Practices (the "Notice") describes the privacy practices of HatchRx Compounding Pharmacy. The members of HatchRx Compounding Pharmacy will share Protected Health Information ("PHI") with each other for the treatment, payment and health care operations as permitted by HIPAA and this Notice. State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this Notice. We are required to abide by the terms of this Notice of Privacy Practices. This Notice will remain in effect until it is amended or replaced by us. We reserve the right to change our privacy practices provided law permits the changes. Before we make a significant change, this Notice will be amended to reflect the changes and we will make the new Notice available upon request. We reserve the right to make any changes in our privacy practices and the new terms of our Notice effective for all health information maintained, created and/or received by us before the date changes were made. You may request a copy of our Privacy Notice at any time by contacting our Privacy Officer. Information on contacting us can be found at the end of this Notice.

### I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

#### **A. Routine Uses and Disclosures of Protected Health Information for Treatment, Payment, or Health Care Operations.**

HatchRx Compounding Pharmacy is permitted under federal law to use and disclose PHI without your specific permission for three types of routine purposes: treatment, payment, and health care operations.

Your PHI may be used and disclosed by your pharmacist, pharmacy staff, and others outside of the pharmacy involved in your care and treatment. Set out below are examples of the uses and disclosures of your PHI we are permitted to make for these routine purposes.

##### ***Treatment***

Your PHI can be used and disclosed by HatchRx Compounding Pharmacy for treatment purposes. For example, your PHI will be used by our pharmacists to fill your prescription and to counsel you about the appropriate use of your medication.

We may also use and disclose your PHI to provide you with information about our health-related products and services. We may also send you compliance communications, such as reminders to refill or renew your prescription, information about generic alternatives for your prescription, or information about ways to enhance or improve your treatment outcomes.

### ***Payment***

We may use and disclose your health information to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations, collections or other third parties that may be responsible for such costs, such as family members. We may contact you about a payment or balance due for prescriptions dispensed to you at HatchRx Compounding Pharmacy or may disclose your PHI to other health care providers, health plans or other HIPAA Covered Entities who may need it for their payment activities.

### ***Health Care Operations***

Your PHI can be used and/or disclosed to allow us to conduct health care operations, which are generally administrative activities that we undertake in order to operate our pharmacy.

For example, we may use your PHI to:

- Monitor the quality of our health care services, to provide customer services to you, to resolve complaints and to coordinate your care.
- Transfer or receive your PHI if we buy or sell pharmacy locations.
- Use and disclose your PHI to contact you about health-related products, services or opportunities that may interest you.
- Disclose your PHI to other HIPAA Covered Entities that have provided services to you so that they can improve the quality and efficacy of the health care services they provide and/or for their health care operations.
- Create de-identified data, which no longer identifies you, and which may be used and/or disclosed for analytics, business planning or any other purposes.

## **B. Other Uses and Disclosures of Protected Health Information that Do Not Require Authorization.**

In general, we are required to obtain your specific written authorization to use or disclose your PHI for purposes unrelated to treatment, payment, or health care operations. However, there are exceptions to this general rule under which we are permitted or required to make certain uses and disclosures of your PHI without your authorization.

These situations include:

### ***Required by the Secretary of Health and Human Services***

We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the federal privacy law.

### ***Required by Law***

We may use or disclose your PHI to the extent that the use or disclosure is otherwise required by state or federal law.

### ***Public Health and Safety Purposes***

We may disclose your PHI in certain situations to help with public health and safety issues when we are required or permitted to do so, for example to: prevent disease; report adverse reactions to medications; report suspected abuse, neglect or domestic violence; or to prevent or reduce a threat to anyone's health or safety.

***Abuse or Neglect***

If you have been a victim of abuse, neglect, or domestic violence, we may disclose your PHI to the government agency authorized to receive such information.

***Health Oversight***

We may disclose PHI to a health oversight agency for activities authorized by law, such as: civil or criminal investigations; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight of retail pharmacies, governmental health benefit programs, or for compliance with any state or federal law.

***Judicial and Administrative Proceedings***

We may disclose PHI in response to a court or agency order, and in some cases, in response to a subpoena or other lawful process not accompanied by a court order.

***Law Enforcement***

We may disclose your PHI to law enforcement officials as permitted or required by law. For example, we may use or disclose your PHI to report certain injuries or to report criminal conduct that occurred on our premises. We may also disclose your PHI in response to a court order, subpoena, warrant or other similar written request from law enforcement officials.

***Coroners, Medical Examiners, and Funeral Director***

We may disclose PHI to a coroner, medical examiner, or funeral director if it is needed to carry out their duties.

***Research***

We may disclose your PHI to researchers when the research is being conducted under established protocols to ensure the privacy of your information.

***Serious Threat to Health or Safety***

Your PHI may be disclosed if we believe it is necessary to prevent a serious and imminent threat to the public health or safety. The disclosure may be to anyone we reasonably believe is in a position to prevent or lessen the threat.

***Specialized Government Functions***

We may disclose PHI for purposes related to military or national security concerns, such as for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits.

***Correctional Institution***

If you are or become an inmate of a correctional institution, we may disclose your PHI to the institution or its agents to assist them in providing your health care, protecting your health and safety or the health and safety of others.

***Workers' Compensation***

Your PHI may be disclosed to comply with workers' compensation laws and other similar programs.

### ***Organ or Tissue Donation***

We may disclose your PHI to organ procurement organizations.

### ***Individuals Involved in Your Care or Payment for Your Care***

We may disclose your PHI to a friend, personal representative, family member or any other person you identify as a caregiver, who is involved in your care or the payment related to that care. For example, we may provide prescriptions and related information to your caregiver on your behalf. We may also make these disclosures after your death unless doing so is inconsistent with any prior expressed preference documented by HatchRx Compounding Pharmacy. Upon your death, we may disclose your PHI to an administrator, executor or other individual authorized under law to act on behalf of your estate

### ***Notice to Minors***

If you are a minor who has lawfully provided consent for treatment and you wish to be treated as an adult for purposes of access to, and disclosure of, records related to such treatment, please notify a pharmacist or our Privacy Office.

### ***Disclosures to Business Associates for Conducting Permitted Activities***

At HatchRx Compounding Pharmacy, we may conduct the above-described activities ourselves, or we may use Business Associates to perform those operations. In those instances where we disclose your PHI to a third party acting on our behalf, we will protect your PHI through an appropriate privacy agreement, referred to as a Business Associate Agreement. In addition to these contractual obligations, Business Associates have independent HIPAA compliance obligations.

## **C. Other Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization.**

Use and disclosure of your PHI for other purposes may be made only with your written authorization and unless we have your authorization we will not:

- Use or disclose your PHI for marketing purposes.
- Sell your PHI to third parties (except in connection with the transfer of a business to another health care provider required to comply with HIPAA).
- Share psychotherapy notes (to the extent we have any).

We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or otherwise permitted by law. You may revoke your authorization at any time by submitting a written notice to the HatchRx Compounding Pharmacy's Privacy Office. Your revocation will be effective upon receipt; however, it will not undo any use or disclosure of your PHI that occurred before you notified us, or any actions taken based upon your authorization.

### **Cell Phone Communication:**

We may contact you via your mobile phone for purposes related to your prescriptions and pharmacy services, including refill reminders, pickup notifications, medication adherence messages, delivery updates, insurance or account information, and important safety alerts. By

providing your mobile number, you consent to receive calls, SMS text messages, or other notifications from our pharmacy as permitted by law; however, you are not required to consent to marketing messages to receive our services. Standard message and data rates may apply. You may opt out of non-essential or promotional texts at any time by calling our team member or following the opt-out instructions in our messages, though you may still receive important service or health-related communications. We collect and store your phone number and communication preferences solely to provide and manage these services and do not share or sell your number for unrelated purposes. We take reasonable steps to protect your information, and any third-party messaging providers we use are required to comply with HIPAA and other applicable privacy laws.

## II. YOUR RIGHTS

As a patient, you have certain rights regarding your PHI. We require that you submit a written request to exercise a patient right, addressed to our HIPAA Privacy Officer and delivered during regular business hours sufficiently in advance to allow us to administer your request as required. These rights include:

### ***Request a Restriction on Certain Uses and Disclosures:***

You have the right to request additional restrictions on our use and disclosure of your PHI by sending a written request to the Privacy Officer. We are not required to agree to your request except where the disclosure is to a health plan or insurer for purposes of carrying out payment or health care operations, is not otherwise required by law and the PHI is related to a health care item or service for which you, or a person on your behalf, has paid in full and out-of-pocket. If you do not want a claim for payment submitted to your health plan on record, please discuss with the pharmacist or health care provider when you check in for care or before your prescription is sent to the pharmacy. Even if we agree to your request, we will abide by your restriction unless we need to use your PHI to provide emergency treatment. In addition, we may elect to terminate the restriction at any time.

### ***Receive an Accounting of Disclosures:***

You have the right to request an “accounting of disclosures” of your protected information if the disclosure was made for purposes other than providing services, payment, and/ or business operations. In light of the increasing use of Electronic Medical Record technology (EMR), the HITECH Act allows you the right to request a copy of your health information in electronic form if we store your information electronically. Disclosures can be made available for a period of 6 years prior to your request and for electronic health information 3 years prior to the date on which the accounting is requested. If for some reason we are not capable of an electronic format, a readable hardcopy will be provided. To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer. Lists, if requested, will be charged for each page and the staff time including the time required to locate and copy your health information. Please contact our Privacy Officer for an explanation of our fee structure.

### ***Request Confidential Communications:***

You have the right to request that we communicate with you in a certain way or at a certain location. For example, you may request that we send written communications to an alternative address. We will attempt to accommodate all reasonable requests and will not request an

explanation from you as to the basis for your request. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and state to whom you want the restriction to apply.

***Access:***

If you would like to see or obtain copies of your PHI that we maintain in a designated record set, we are required to provide you access to your PHI for inspection and copying within 30 days after receipt of your request (60 days if the information is stored off-site). Alternatively, you have the right to request an electronic copy of your PHI, and we are required to provide it to you in a readable electronic form and format. We may charge you a reasonable, cost-based fee to cover duplicating and mailing costs or the costs of preparation and transmission of PHI in electronic form. In addition, there may be situations where we may decide to deny your request for access.

***Amendment:***

You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. We will respond to your request within 60 days (with up to a 30-day extension, if needed). Under certain circumstances, your request may be denied.

***Obtain a Copy of the Notice:***

You have the right to obtain a paper copy of our current Notice at any time. You may do so by going to the website where you obtain health care services from us or by contacting our HIPAA Privacy Officer.

***Notification of Breach:***

You have a right to be notified in the event there is a breach of your unsecured PHI as defined by HIPAA. You will be notified of the situation and any steps you should take to protect yourself against harm due to the breach.

### III. COMPLAINTS

#### **Questions and Complaints**

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our HIPPA Privacy Officer. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us in writing. Request a Complaint Form from our Privacy Officer. We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

You may contact our HIPAA Privacy Officer at (516) 387-0155, at [hello@hatchrx.com](mailto:hello@hatchrx.com) or at 2107 Hillside Ave, New Hyde Park, NY 11040 for further information about the complaint process or any other information covered by this Notice.

This notice is effective as of October 1, 2022.