

HIPAA NOTICE OF PRIVACY PRACTICES

Protected Health Information (PHI)

Initial Effective Date: Sep 2013, as updated June 2018

THIS NOTICE DESCRIBES HOW YOUR PERSONAL MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction:

In accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") Ahma Rx is required to inform you of its practices in relation to the protected health information ("PHI") that it maintains about you. HIPAA requires minimum standards that a covered entity, such as Ahma Rx, must maintain in relation to your PHI. This Notice of Privacy Practices is being given to you to help you understand how we meet those standards. It is also meant to inform you of ways that we may use PHI we collect about you and how we may disclose it.

I. Permitted Uses and Disclosures of PHI:

- (1) To the Individual. We may disclose PHI to the individual who is the subject of the information.
(2) Treatment, Payment, Health Care Operations. We may use and disclose PHI for our own treatment, payment, and health care operations activities.

A. Treatment is the provision, coordination, or management of health care and related services for an individual by one or more health care providers. This includes consultation between providers regarding a patient and referral of a patient by one provider to another. Treatment also includes clinical assessment by pharmacists on our staff. We may use this type of information, in coordination with your physician, to determine the best course of treatment for you

B. Payment: We may contact your insurer, payer or other agent and share your PHI with them to determine whether it will pay for your prescription and the payment amount. We may also contact you about a payment or balance due for prescriptions dispensed.

C. Health Care Operations includes such activities as: (a) quality assessment and improvement activities, including case management and care coordination; (b) competency assurance activities, including provider or health plan performance evaluation, credentialing, and accreditation; (c) conducting or arranging for medical reviews, audits, or legal services; (d) specified insurance functions, such as underwriting, risk rating, and reinsuring risk; (e) business planning, development, management, and administration; and (f) business management and general administrative activities

II. Other Uses and Disclosures:

There are a limited number of other uses and disclosures of PHI that do not require a specific authorization from you. We may, in the following circumstances, disclose your PHI:

- When we are required to do so by any federal, state or local law.
- To a legally authorized government authority, such as a social service or protective service agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence.
- To agencies authorized by law to conduct health oversight activities, including audits, investigations, licensing and similar activities.
- In response to a court or administrative order, and under certain conditions, a subpoena, discovery request or other lawful process.
- For certain public health activities and purposes.
- When contacting you to provide refill reminders or for billing or collections and may leave messages on your answering machine, voice mail or through other methods.

- To third parties known as "Business Associates" that perform various activities (e.g. Attorneys, accountants, delivery of goods) for us and that agree to protect the privacy of your PHI.

III. Uses and Disclosures which you authorize:

These are the certain types of disclosures for which we must obtain an authorization from you or your personal representative.

- Psychotherapy notes
- Marketing communications
- Health information being sold
- Disclosures made to an individual or organization for purposes other than treatment, payment, or operations.

IV. Your Rights:

In accordance with HIPAA you have the following rights in relation to your PHI. You may exercise these rights by submitting a written request to the Privacy Officer at the contact information listed at the end of this Notice. You have the right to:

- Request an amendment of your PHI if you believe such information is inaccurate or incomplete.
- Obtain a copy of this Notice of Privacy Practices. You may also obtain a copy of the current version of our HIPAA Notice of Privacy Practices at: www.ahmarx.com/legal
- Access, inspect and obtain a copy of your medical record, subject to certain limitations.
- Obtain an accounting of disclosures of your medical record for purposes other than treatment, payment, and healthcare operations.
- Request that we communicate with you in certain ways such as at an alternative address or through alternative means (e.g. electronically).
- Ask us not to use or disclose any of your PHI for treatment, payment, or health care operations. You may also request that we not disclose your PHI to family members or friends who may be involved in your care or for notification purposes as described in this Notice.

V. Our Responsibilities:

In accordance with HIPAA, we are required to maintain the confidentiality of your PHI. Your state laws may provide more protection than the federal laws and, in that case, we will abide by the more restrictive statute. We are required to abide by terms of this Notice as may be amended from time to time. If there is a change to our HIPAA Notice of Privacy Practices, we will provide you with a revised notice at the most current address you have supplied to us. If we discover a breach by us or our business associates involving your unsecured PHI, we are required to notify you of the breach by letter or other method permitted by law.

VI. For more information or To Report A Problem:

You have the right to express complaints to us and to the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint.

Contact Person/Privacy Officer:

The contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer. Information regarding matters covered by this Privacy Notice can be requested by contacting at:

**ahma Rx
c/o Mike D'Alessandro
2381 Frederick Douglass Blvd
New York City, NY
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