

## NOTICE OF PRIVACY PRACTICES/HIPAA RELEASE

**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.**

If you have any questions about this notice, please contact HealthQuest at 832.612.3500.

When this Notice of Privacy Practices (or 'Notice') refers to HealthQuest, it is referring to HealthQuest Therapeutics LLC and each of the following HealthQuest subsidiaries and affiliates: HealthQuest Pharmacy and HealthQuest Infusion Services.

Each of the HealthQuest subsidiaries and affiliates listed above is a covered entity under the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively, HIPAA).

Pursuant to 45 C.F.R. § 164.105(b), each of the HealthQuest Pharmacy and HealthQuest Infusion Services and its affiliates hereby designates itself as a single covered entity for purposes of compliance with HIPAA. The single covered entity shall be known as HealthQuest. This designation may be amended from time to time to add new covered entities that are under the common control and ownership of HealthQuest Therapeutics LLC.

HealthQuest is required under HIPAA to protect the privacy of your Protected Health Information (PHI), provide you with notice of our legal duties and privacy practices with respect to PHI, and abide by the terms of the Notice currently in effect for HealthQuest. This Notice describes how HealthQuest may use and disclose your PHI, and your rights to access and amend your PHI.

### HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following describes the ways we may use and disclose your PHI. Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to:

HealthQuest Infusion & Specialty  
Attn: Office Administrator  
1311 W Sam Houston Pkwy N, Ste 100  
Houston, TX 77043

**For Treatment:** We may use and disclose your PHI to healthcare professionals or other third parties to provide, coordinate, and manage the delivery of your health care. For example, your pharmacist may disclose PHI about you to your healthcare provider and to other health care personnel to coordinate the prescribing and delivery of your medications. We may also provide you with treatment reminders and information about potential side effects, drug interactions, recalls, and other treatment-related issues related to your medication.

**For Payment:** We are permitted to use and disclose your PHI for the purpose of determining coverage, billing and reimbursement. For example, we may give PHI to your health plan to confirm your eligibility for pharmacy benefits, or we may submit claims to your insurance company, third party payor, or other authorized entity or person involved in the payment of your claims, and may include copies or portions of your medical record which are necessary for payment.

**For Health Care Operations:** We may use and disclose your PHI for our health care operations, including, but not limited to: quality assurance, auditing, licensing or credentialing activities, and for educational purposes. For example, we may use and disclose your PHI to assess efficacy of certain drugs, monitor drug or medical protocols.

**Information Related to Your Care:** We may disclose your PHI to contact you about treatment options relevant to you. For example, we may contact you regarding expired prescriptions and alternative drugs.

**Uses and Disclosures Required by Law:** We may use and disclose your PHI when required to do so by law, including, but not limited to: reporting abuse, neglect and domestic violence; in response to judicial and administrative proceedings; in response to a law enforcement request for information; or in some circumstances to report a crime.

**Public Health Activities:** We may disclose your PHI for public health reporting purposes, such as reporting adverse events, post marketing surveillance related to FDA-regulated entities' legal obligations, and product recalls. We may also disclose your PHI to a person or company that is regulated by the U.S. Food and Drug Administration for the purposes of tracking product defects, product recalls, or monitoring the performance of a product.

**Abuse and Neglect:** We may disclose your PHI to a local, state, or federal government authority, including social services or a protective services agency authorized by law to receive such reports if we have a reasonable belief of abuse, neglect, or domestic violence.

**Regulatory Agencies:** We may disclose your PHI to a health oversight agency for activities authorized by law, including, but not limited to: licensure, investigations, inspections, government benefit programs, health care systems, and civil rights laws.

**Threats to Health and Safety:** We may use or disclose your PHI if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public, or is necessary for law enforcement to identify, or apprehend an individual.

**Specialized Government Functions:** If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI to authorized federal officials for national security reasons and the Department of State for medical suitability determinations.

**Workers' Compensation:** We may disclose your PHI to your employer to the extent necessary to comply with Workers' Compensation laws and other similar programs.

**Marketing:** We may use or disclose your PHI to make a marketing communication to you that occurs in a face-to-face encounter with our workforce, or which concerns a promotional gift of nominal values provided by us. Any uses or disclosures of PHI for marketing purposes will require an authorization. The sale of PHI will require an authorization.

**Appointment Reminders/Treatment Alternatives:** We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us, or to provide you with information regarding treatment alternative, or other health-related benefits and services that may be of interest to you.

**Business Associates:** We may disclose your PHI to business associates who provide services to us. Our business associates are required to protect the confidentiality of your PHI.

**Other Uses and Disclosures:** In addition to the reasons outlined above, we may use and disclose your PHI for other purposes permitted by the Privacy Rule.

**USES AND DISCLOSURES WHICH REQUIRE PATIENT OPPORTUNITY TO VERBALLY AGREE OR OBJECT**

Under the Privacy Rules, we are permitted to use and disclose your PHI: (i) for the creation of directories, (ii) to disaster relief agencies, and (iii) to family members, close personal friends or any other person identified by you, if the information is directly relevant to that person's involvement in your care or treatment. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your PHI.

*You may request a full and detailed copy of our privacy policy by calling our office at 832.612.3500.*