

IMPORTANT

Yes, I have received AptivaRx's Privacy Notice

YOUR SIGNATURE

DATE

Please return this form to AptivaRx®

By signing this form and entering today's date, I acknowledge that AptivaRx has provided me with a Privacy Notice informing me of their practices regarding the use and disclosure of my medical information. It also informs me on how I can access this information. A record of this acknowledgement will be maintained in my file.

HIPAA-0519

PLEASE CUT ALONG THE DOTTED LINE.

PRIVACY NOTICE

FOR THE USE AND DISCLOSURE OF MEDICAL INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND/OR DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

AptivaRx ("we" or "AptivaRx") provide health related products, services and information to patients ("you") through mail or package delivery, telephone, and online communications. In order to provide these products, services and information, AptivaRx uses and discloses medical information about patients as described in this Privacy Notice.

AptivaRx is required by law to maintain the privacy of legally protected individually identifiable health-related information (referred to below as "your medical information") about you and to provide you with this notice of our legal duties and privacy practices with respect to this information.

Please note that AptivaRx may share your information with third parties when the data that we share has been edited to remove your identifying information. This de-identified information may be used for research or other purposes.

How AptivaRx Uses And Discloses

Your Medical Information

- **Your medical information will be used or disclosed in connection with your health care treatment.** For example, your medical information may be used to provide health-related products to you and to coordinate with your doctor to ensure that you receive the products that your doctor has prescribed to you.
- **Your medical information will be used and disclosed as needed to collect payments for the products and services that you receive,** such as when AptivaRx bills Medicare, your private insurance carrier, or you for the items you receive.
- **Your medical information will be used and disclosed as needed to manage and improve the quality of AptivaRx's internal health care operations,** including uses such as quality assessments, audits, and other similar functions. Limited medical information about you may also be disclosed to your insurers or doctors for managing their internal health care operations.
- **Your medical information may be disclosed to third parties that provide certain services to us,** such as data processing, billing, legal, or accounting services, under contracts that protect your medical information from unauthorized use or disclosure.

- **Your medical information may be disclosed to family members, other relatives, close personal friends,** or other persons whom you may authorize, as we determine in our professional judgment to be relevant to their involvement in your health care.
- **We may contact you to provide prescription refill reminders** or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Your medical information may be used or disclosed to the Food and Drug Administration ("FDA")** or to entities regulated by the FDA relative to adverse events involving products or to enable product recalls, repairs, or replacements of products; to public health or legal authorities responsible for safeguarding public health or preventing injury or disease; or to health oversight agencies for activities such as audits, investigations, inspections, or other proceedings to monitor our operations, the health care system, government health programs, or compliance with civil rights laws.
- **Your medical information may be disclosed to provide information needed for law enforcement purposes or for a legal proceeding.** Your medical information may be disclosed for judicial or administrative proceedings pursuant to a court or administrative order or in response to a subpoena, discovery request or other lawful process, provided that in the absence of a court or administrative order, reasonable efforts are made to notify you of the request or to secure a protective order preventing the information from being used for other purposes.
- **We are permitted to disclose your medical information to social services, protective services or other government authorities** if we reasonably believe that you are a victim of abuse, neglect, or domestic violence, provided that the disclosure is either required by law, authorized by you, allowed by law and necessary to prevent harm to you or someone else, or a law enforcement or public official represents that the information is necessary and will not be used against you.

Send your replies to:

APTIVARX
8881 S. U.S. Highway 1
Port St. Lucie, FL 34952



PLEASE CUT ALONG THE DOTTED LINE.

- **In addition, federal regulations allow us to use or disclose your medical information for other specific purposes**, including: compliance with worker's compensation laws; assisting coroners, medical examiners and funeral directors in performing their functions; aiding organ or tissue procurement organizations in performing their donation, banking, or transplantation functions; notifying family members, personal representatives, or caregivers of your location and general condition; providing information to military command authorities if you are in a military service, a correctional institution if you are an inmate, or legally authorized national security, intelligence, or protective service authorities; or for research under approved protocols to protect your privacy.

- **Your medical information may be disclosed to provide emergency information** to law enforcement, emergency response, or disaster relief officials; to avert a serious threat to the health or safety of you, the public, or another person; or as otherwise required by law.

- **We will obtain your written authorization before we use or disclose your medical information** for purposes other than those described above or as otherwise permitted or required by law. You may revoke an authorization in writing at any time, requiring us to stop using or disclosing your medical information except to the extent that we have already acted in reliance on your authorization.

- **We will obtain your written authorization before we use or disclose PHI** for third-party marketing purposes or for the sale of PHI.

Your Rights Concerning Your Medical Information

- **You have the right to inspect and copy your medical information and to amend your medical information** by sending a written request to the Privacy Officer at the address provided below. We may deny requests for access and amendment in certain instances. You have a right to ask that most denials of access be reconsidered, and you have a right to submit a statement disagreeing to a decision to reject a proposed amendment, to which we may respond.

- **You have the right to request and receive an accounting of disclosures of your medical information** that we or our business associates may make to certain third parties without your authorization on or after April 14, 2003, for most purposes other than treatment, payment or health care operations. We may charge a fee if you request more than one accounting during any 12-month period. Your request must specify the time period to be covered in the accounting, up to 6 years.

- **You have the right to request reasonable arrangements** to ensure that communications containing your medical information are provided to you in a confidential manner or to an alternative location.

- **You have the right to request restrictions on certain uses and disclosures** of your medical information, although we are not required to agree to a requested restriction.

- **You have the right to request and receive a copy of this Privacy Notice.**

- **You have the right to be notified in case of a breach of unsecured PHI.**

- **If you believe that your privacy rights have been violated**, you have a right to complain to AptivaRx, or to the U.S. Department of Health and Human Services. You may contact AptivaRx's Privacy Officer at the address or phone number provided below. No adverse action or retaliation will be taken against you for filing a complaint.

We are required to abide by the terms of this Privacy Notice currently in effect. We reserve the right to change the terms of this notice and make the new notice effective for all of the medical information about you that we maintain. Any revised Privacy Notice will be posted on our web site, inserted in packages that we send to patients, and provided in response to written, telephone or e-mail requests.

For further information about our privacy policies and practices, or to exercise any of your rights as described above, please contact:

Privacy Officer
8881 S. U.S. Highway 1
Port St. Lucie, FL 34952

1-800-235-8596

This Privacy Notice is effective February 2017

AptivaRx