

Notice of Privacy Practices

PLEASE READ CAREFULLY

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.

This Notice of Privacy Practices (the "Notice") describes the privacy practices of WellDyneRx, LLC and its affiliated covered entities, U.S. Specialty Care, LLC and HealthDyne, LLC (collectively, "we", "us", "our" or the "HealthDyne ACE"). An affiliated covered entity is a group of legally separate covered entities under common ownership or control that designate themselves as a single entity for purposes of compliance with the Health Insurance Portability and Accountability Act ("HIPAA"). The members of the HealthDyne ACE may share Protected Health Information ("PHI") with each other for the treatment, payment, and health care operations as permitted by HIPAA and this Notice.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We are required to follow the terms of the Notice which is currently in effect. We reserve the right to change the terms of this Notice, the practices described within this Notice, and to make the Notice effective for all protected health information maintained by us. If we make a material change to our privacy practices, we will promptly revise this Notice. We will post the revised Notice at our facilities, make revised Notice copies available upon request, and post the revised Notice on our website, www.HealthDyne.com.

Uses and Disclosures of Protected Health Information. Protected health information includes demographic and medical information that concerns the past, present, or future physical or mental health of an individual. Demographic information could include your name, address, telephone number, social security number and any other means of identifying you as a specific person. Protected health information contains specific information that identifies a person or can be used to identify a person.

Protected health information is health information created or received by a health care provider, health plan, employer, or health care clearinghouse. We may act as each of the above business types. Protected health information is used by us in many ways while performing normal business activities. Your protected health information may be used or disclosed by us for purposes of treatment, payment and health care operations.

The following descriptions and examples are ways we may use and disclose your protected health information without your written authorization:

- We may use or disclose protected health information for treatment. Example: PHI obtained by a pharmacist may be used to dispense prescription medications to you, contact prescribers and counsel you and other caregivers.
- We may use or disclose protected health information for payment. Example: We may disclose PHI to your insurer, pharmacy benefit manager, or other entity involved in payment, to determine whether it will pay for your prescription and the amount of your copayment.
- We may use or disclose protected health information for health care operations. Example: We may use protected health information in your health record to monitor the performance of the pharmacists providing treatment to you. Health care operations include activities such as training, legal services, auditing and compliance, customer service and other management and administration.

We may also use or disclose protected health information without your authorization as allowed by law. Examples may include:

- **Business associates:** There are some services provided by us through contracts with business associates. Examples include liability insurers, attorneys, data conversion processors, collection agencies, and software and systems providers. When these services are provided through a contract, we may disclose protected health information about you so business associates can perform their services. We require business associates to protect your PHI in the same manner as us.
- **Communication with individuals involved in your care or payment for your care:** Health professionals such as pharmacists and our other employees, using their professional judgment, may disclose protected health information to a person that has been designated by you and/or is acting as your "agent" or authorized representative, as permitted under state law. We may disclose protected health information relevant to that person's involvement in your care, or payment related to your care. For example, we may disclose protected health information to a person designated by you to order a prescription.
- **Health-related communications:** We may contact you to provide refill reminders, information about treatment alternatives or other health-related benefits and services that may be of interest to you. This communication may be via phone, mail, e-mail or other form of communication.
- **Food and Drug Administration (FDA):** We may disclose to the FDA, or persons under the jurisdiction of the FDA, protected health information relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- **Worker's compensation:** We may disclose protected health information about you as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs.
- **Public health:** As required by law, we may disclose protected health information about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Law enforcement:** We may disclose protected health information about you for law enforcement purposes as specifically required or permitted by law. For example, we may disclose your PHI to law enforcement officials to identify or locate a suspect, fugitive, material witness, or missing person.
- **As required by law:** We must disclose protected health information about you when required to do so by law.
- **Health oversight activities:** We may disclose protected health information about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Judicial and administrative proceedings:** We may disclose protected health information about you in response to a valid court or administrative order or warrant or grand jury subpoena.
- **Research:** Under certain circumstances, We may disclose protected health information about you for research purposes. Before we use or disclose protected health information to researchers, the research must be approved by an institutional review board or a privacy board and

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have established protocols to ensure the privacy of your information.

- **Coroners, medical examiners and funeral directors:** We may release protected health information about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose protected health information to funeral directors consistent with applicable law to carry out their duties.
- **Organ or tissue procurement organizations:** Consistent with applicable law, we may disclose protected health information about you to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- **Correctional institution:** If you are or become an inmate of a correctional institution, We may disclose protected health information to the institution or its agents when necessary for your health or the health and safety of others.
- **To avert a serious threat to health or safety:** We may use and disclose protected 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.
- **National security and intelligence activities:** We may release protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Victims of abuse, neglect, or domestic violence:** We may disclose protected health information about you to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law.

We must receive your written authorization before use or disclosure of protected health information for purposes other than those described by this Notice or otherwise permitted by law. We will obtain your written permission before we use or disclose the following types of protected health information:

- Sharing psychotherapy notes.
- Certain marketing activities, including if we are paid by a third party for marketing statements as described in your executed authorization.
- Sale of your protected health information except certain purposes permitted under the regulations.

Individual Rights. You have the following rights with respect to your protected health information:

- **Right to Request Restrictions.** You have the right to make a request for restrictions on the use or disclosure of your protected health information. For example, you may request a limitation of use or disclosure of protected health information to individuals involved in your care. We are not required to agree to a restriction except where the disclosure is to a health plan for the purpose of carrying out payment or health care operations and is not otherwise required by law and the PHI pertains solely to a health care item or service for which you, or a person on your behalf, has paid out-of-pocket in full. You may request a restriction by submitting a written request to our Privacy Office.
- **Right to Receive Confidential Communications.** You have the right to request we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that us contact

you at home or only through telecommunications. To request confidential communication, submit a written request to our Privacy Office.

- **Right to Inspect and Copy.** You have the right to inspect and copy your protected health information contained in a designated record set for so long as we maintain the protected health information. In order to receive and inspect copies of your protected health information you must send a written request to our Privacy Office. We may charge you fees associated with the costs of retrieving, copying, and delivering your protected health information to the extent permitted by law. We may deny your request to inspect and copy your protected health information in certain cases. In the event we deny your request to inspect and copy your protected health information, we will provide you a written statement of the basis for the denial and your review rights.
- **Right to Amend.** You have the right to make a request for an amendment if you feel protected health information about you is incomplete or inaccurate. You may request an amendment for so long as we maintain your protected health information. In order to request an amendment, you must send us a written request, including the reason for your request to our Privacy Office. We may deny your request to amend your protected health information in certain cases. In the event we deny your request to amend your protected health information, we will provide you with a written statement of the basis for the denial and you may file a statement of disagreement.
- **Right to an Accounting of Disclosures.** You have the right to receive a list of certain disclosures we have made of your protected health information, subject to certain restrictions, limitations, and exceptions. You may not request an accounting of disclosures for more than a six (6) year period prior to the date of your request. An accounting of disclosures will not include certain disclosures, including disclosures which have been made to you, other disclosures authorized by you, and disclosures made to carry out treatment, payment, or healthcare operations. The first accounting of disclosures request made by you within a twelve (12) month period will be free of charge, but you may be charged for the cost of additional requests. To receive an accounting of disclosures submit a written request to our Privacy Office.

Right to Notice of Privacy Practices. You have the right to a paper copy of this Notice. You may ask us for a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of the current Notice in effect.

Complaints. If you believe your privacy rights have been violated, you can file a complaint. If you file a complaint, no retaliation will be taken against you. A complaint must be in writing and addressed to our Privacy Office. You may also file a complaint with the Secretary of the United States Department of Health and Human Services.

Contact Information
Privacy Office:

HealthDyne ACE
ATTN: Privacy Officer
500 Eagles Landing Drive
Lakeland, FL 33810
1-888-479-2000

Effective Date. This Notice is effective beginning May 22, 2023, and shall be in effect until a new Notice is approved and posted.

Notice of Privacy Practices Acknowledgement

I acknowledge receipt of the Notice of Privacy Practices of HealthDyne ACE.

Patient Name: _____

Signature: _____

Print Name (Patient/Legal Representative): _____

Date: _____

Detach and return this completed portion by mail:

HealthDyne ACE
ATTN: Member Services
500 Eagles Landing Drive
Lakeland, FL 33810