

ONEPOINT PATIENT CARE'S NOTICE OF PRIVACY PRACTICES

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

OnePoint is required by law to provide you with this Notice so that you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as Protected Health Information (“PHI”) or simply “health information.” We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact OnePoint’s Privacy Officer.

UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION.

Each time OnePoint dispenses medication(s) to you, a record of the medication(s) dispensed is made containing health information. OnePoint’s record of you may also contain financial information. Typically, this record contains information about your condition, the medication(s) we provide and payment for the treatment. We may use and/or disclose this information to: (1) plan for your medication; (2) communicate with other health professionals involved in your care; (3) document the medications you receive; (3) educate health professionals; (4) provide information for medical research; (5) provide information to public health officials; (6) evaluate the medications we provide; (7) obtain payment for the care we provide; and, (8) understanding what is in your record and how your health information is used helps you to: (a) ensure it is accurate; (b) better understand who may access your health information; and, (c) make more informed decisions when authorizing disclosure to others.

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

The following categories describe the ways that we use and disclose your PHI. Not every use or disclosure in a category will be listed.

Treatment. We may use or disclose health information about you to provide you with medical treatment. We may disclose health information about you to doctors, nurses, therapists or other personnel who are involved in your care. For example, we may disclose PHI to pharmacists, doctors, nurses, technicians and other personnel involved in your health care. We may also disclose your PHI with other third parties, such as hospice personnel, hospitals, other pharmacies and other health care facilities and agencies to facilitate the provision of health care services, medications, equipment and supplies you may need. This helps to coordinate your care and make sure that everyone who is involved in your care has the information that they need about you to meet your health care needs. We may also disclose health information about you to people who may be involved in your medical care and this may include family members or nurses visiting your home or at a facility to provide for your care.

Payment. We may use and disclose your PHI in order to obtain payment for the medication products and services that we provide to you and for other payment activities related to the services that we provide. For example, we may contact your hospice, assisted living facility, insurer, pharmacy benefit manager or other health care payor to determine whether it will pay for the medication products and services you need and to determine the amount of your co-payment. We will bill your hospice, you or a third-party payor for the cost of medication products and services we provide to you. The information on or accompanying the bill may include information that identifies you, as well as information about the services that were provided to you or the medications you are taking. We may also disclose your PHI to other health care providers or HIPAA covered entities who may need it for their payment activities.

Health Care Operations. We may use and disclose health information about you for our day-to-day health care operations. Health care operations are activities necessary for us to operate our business. For example, we may use your PHI to monitor the performance of our pharmacists, pharmacy technicians and other staff that provide medication(s) to you. We may use your PHI as part of our efforts to continually improve the quality and effectiveness of the medications and services we provide. We may also analyze PHI to improve the quality and efficiency of health care, for example, to assess and improve outcomes. We may also disclose your PHI to other HIPAA covered entities that have provided services to you so that they can improve the quality and effectiveness of the health care services that they provide. PHI about you may be used by our corporate office for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems and programs. We may also use and disclose information for professional review, performance evaluation, and for training programs. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, pharmacy reviews, legal services and compliance programs. Your health information may be used and disclosed for the business management and general activities of OnePoint including resolution of internal grievances, customer service and due diligence in connection with a sale or transfer of OnePoint. In limited circumstances, we may disclose your health information to another entity subject to HIPAA for its own health care operations. We may remove information that identifies you so that the health information may be used to study health care and health care delivery without learning the identities of patients.

OTHER ALLOWABLE USES OF YOUR HEALTH INFORMATION WITHOUT YOUR PRIOR AUTHORIZATION

Business Associates. There are some services provided to you through contracts with business associates. Examples include hospice nurses, hospice medical directors, doctors and outside attorneys and a copy service we may use when making copies of your health record. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Providers. Many services provided to you are offered by participants in one of our organized healthcare arrangements. These participants include a variety of providers such as hospice personnel, nurses, and physicians.

Medication Alternatives. We may use and disclose health information to tell you about possible medication options or alternatives that may be of interest to you.

Health-Related Benefits and Services and Reminders. We may contact you to provide medication reminders or information about medication alternatives or other health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care.

As Required By Law. We will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.

Military and Veterans. If you are a member of the armed forces, we may disclose health information about you as required by military authorities.

Research. Under certain circumstances, we may use and disclose your PHI for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. Your PHI will only be disclosed after the research study has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Workers' Compensation. We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Reporting. Federal and state laws may require or permit OnePoint to disclose certain health information related to the following: (1) *Public Health Risks.* We may disclose PHI about you for public health purposes, including: (a) prevention or control of disease, injury or disability; (b) reporting births and deaths; (c) reporting child abuse or neglect; (d) reporting reactions to medications or problems with products; (e) notifying people of recalls of products; (f) notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease; (g) notifying the appropriate government authority if we believe a resident has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law. (2) *Health Oversight Activities.* We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. (3) *Judicial and Administrative Proceedings.* If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. (4) *Reporting Abuse.* Neglect or Domestic Violence: Notifying the appropriate government agency if we believe a resident has been the victim of abuse, neglect or domestic violence.

Law Enforcement. We may disclose health information when requested by a law enforcement official: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) about you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct in connection with your care or our dispensing of medications; or, (6) in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of others.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Although your health record is the property of OnePoint, the information belongs to you. You have the following rights regarding your health information:

Right to Inspect and Copy. With some exceptions, you have the right to review and copy your health information. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend. If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for OnePoint. In addition, you must provide a reason for your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the health information kept by or for OnePoint; or (3) is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures”. This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations. Your request must state a time period which may not be longer than six years from the date the request is submitted. Your request should indicate in what form you want the list (for example, on paper or electronically).

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment for your care. We will honor your reasonable request, but we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Request Alternate Communications. You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on our website, www.oppc.com. If material changes are made to this Notice, the Notice will contain an effective date for the revisions and copies can be obtained by contacting the any OnePoint pharmacy.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with OnePoint or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

NOTICES

Any and all notices, requests or questions in connection with this Privacy Notice should be sent to the following address:

OnePoint Patient Care, LLC, 8130 Lehigh Ave., Morton Grove IL 60053, Attn: Privacy Officer.

Effective Date: This Notice is effective as of February 14, 2014.