

## **NOTICE OF PRIVACY PRACTICES, Effective Date: August 1<sup>st</sup>, 2005**

THIS NOTICE SHOWS HOW MEDICAL & PERSONAL INFORMATION ABOUT YOU MAY BE USED & DISCLOSED & HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **WHO WILL FOLLOW THIS NOTICE**

This notice describe our practices & those of all departments & units of the facilities & all employees, staff & other facility personnel & participating members of our staff. All these entities, sites & locations follow the terms of this notice. In addition, these entities, sites & locations may share medical & personal information with each other as permitted by law.

### **OUR PLEDGE REGARDING MEDICAL & PERSONAL INFORMATION**

We understand that medical & personal information about you is personal. We are committed to protecting medical & personal information about you. We create a record of the services you receive at MyFreeMedicine.com, LLC. We need this record to provide you with quality care & to comply with certain legal requirements. This notice will tell you about the ways in which we may use & disclose medical & personal information about you. We also describe your rights & certain obligations we have regarding the use & disclosure of medical & personal information. We are required by law to insure that medical & personal information which identifies you is kept private; give you this notice of our legal duties & privacy practices with respect to medical information about you; & obtain an acknowledgement from you of your receipt of this notice; & follow the terms of the notice that are currently in effect.

### **HOW WE MAY USE & DISCLOSE MEDICAL & PERSONAL INFORMATION ABOUT YOU**

The following categories describe different ways we use & disclose medical & personal information. For each category of uses or disclosures, we will explain with we mean. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use & disclose information will fall within one of these categories. **For Application Processing & Payment.** We may disclose medical or personal information about you to doctors, nurses, social workers, pharmacists, or other personnel who may be involved in the application process. Different departments of MyFreeMedicine.com, LLC also may share medical or personal information about you in order to coordinate the different things you need, such as prescriptions. We also may disclose medical or personal information about you to people outside MyFreeMedicine.com, LLC who may be involved with the application process such as family members, vendors, clergy, or others we use to provide services to you. We may use & disclose medical & personal information about you so that the services you receive may be billed to & payment may be collected from you or a third party. **For MyFreeMedicine.com, LLC Operations.** We may use & disclose medical & personal information about for MyFreeMedicine.com, LLC operations. These uses & disclosures are necessary to run our facilities & make sure that all of our clients receive quality service. We may also combine medical & personal information about MyFreeMedicine.com, LLC clients to decide what additional services we should offer, what services are not needed & we may disclose information to personnel for review & learning purposes. **Refill/MedicationUpdate & Renewal Reminders.** We may use & disclose medical & personal information to outside vendors to mail important information to you necessary so that we may provide or continue to provide the best quality service to you. **Health-Related Benefits & Services.** We may use & disclose medical & personal information to outside vendors to tell you about health-related benefits or services that may be of interest to you. These communications my include information to help you manage & improve your health. If you do not want to receive this type of information, you may write to: MyFreeMedicine.com, LLC, P.O. Box 99489, Louisville, KY 40269-0489. **Individuals Involved in Your Care & Payment of Your Services.** We may release medical & personal information about you to a friend or family member who is involved in your medical care & give information to someone who helps pay for your services. **To Avoid a Serious Threat to Health or Safety.** We may use & disclose medical & personal information about you when required by law to prevent a serious & imminent threat to your health & safety or the health & safety of another person. Any disclosure, however, would only be to the potential victim or to the police department closest to your & the victim's residences or other persons, as required by state law. **As Required by Law.** We will disclose medical & personal information about you when required to do so by federal, state, or local law. **Public Health Risks.** We may disclose medical & personal information about you for public health activities. Generally, these activities include to report reactions to medications or problems with products; or, to notify the appropriate government authority if we believe a client 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. **Lawsuits & Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical & personal information about you in response to a court order or administrative order. We may also disclose medical & personal information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. **Law Enforcement.** We may release medical & personal information if asked to do so by law enforcement official iIn response to a valid court order, subpoena, warrant, summons or similar process; &/or in an investigation of a client's alleged unlawful attempt to obtain a controlled substance through falsification of documents. **National Security & Intelligence Activities.** We may release medical & personal information about you to authorized federal officials for intelligence, counterintelligence, &

other national security activities authorized by law. **Protective Services for the President & Others.** We may disclose medical & personal information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

#### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you: **Right to Inspect & Copy.** You have the right to inspect & copy medical & personal information that may be used to make decisions about your care. Usually, this includes medical, personal & billing records. To inspect & copy medical, personal & billing records your request must be submitted in writing to MyFreeMedicine.com, LLC. Your first copy of medical, personal & billing records is free; if you request additional copies we may charge a fee for the costs of copying, mailing or other supplies associated with your requests. We may deny your request to inspect & copy in certain circumstances. If you are denied access to medical & personal information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. **Right to Amend.** If you feel that medical & personal information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility. To request an amendment you must make your request in writing & submit it to MyFreeMedicine.com, LLC. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that was not created by us, unless you provide us with a reasonable basis to believe the person or entity that created the information is no longer available to make the amendment; is not part of the medical or personal information kept by or for MyFreeMedicine.com, LLC; is not part of the information which you would be permitted to inspect or copy; or is accurate & complete. **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of medical & personal information about you for purposes other than for services we provide, inclusion of information to persons involved with direct solicitation, national security or intelligence purposes, or law enforcement officials, or for disclosures made after February 1, 2005. To request this list or accounting of disclosures, you must submit your request in writing to MyFreeMedicine.com, LLC. Your request must state a time period which may not include dates before February 1, 2005. The first list you request within a twelve-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you the cost involved & you may choose to withdraw or modify your request at that time before any costs are incurred. **Right to Request Restrictions.** You have the right to request a restriction on the medical & personal information we use or disclose about you for the services we provide. You also have the right to request a limit on the medical & personal information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. **We are not Required to Agree to Your Request.** If we do agree, we will comply with your request. To request restrictions, you must make your request in writing to MyFreeMedicine.com, LLC. In your request, you must tell us what information you want to limit; whether you want to limit our use, disclosure, or both; &, to whom you want the limits to apply. **Right to Request Confidential Communications.** You have the right to ask that we communicate with you about medical & personal matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to MyFreeMedicine.com, LLC. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may ask us to give you 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 this notice. You may obtain a copy of this notice at our website, [www.MyFreeMedicine.com](http://www.MyFreeMedicine.com). To obtain a paper copy of this notice contact MyFreeMedicine.com, LLC. **Complaints.** If you believe your privacy rights have been violated, you may file a complaint with MyFreeMedicine.com, LLC or with the State Attorney General’s Office. To file a complaint with MyFreeMedicine.com, LLC contact us directly. All complaints must be submitted in writing. You will not be penalized for filing a complaint. **OTHER USES OF MEDICAL INFORMATION.** Other uses & disclosures of medical & personal information not covered by this notice or the laws that apply to us will be made only with your written permission or as otherwise permitted by law. If you provide us with permission to use or disclose medical & personal 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 medical or personal 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, & that we are required to retain our records of service that we provided to you.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice & to make the revised or changed notice effective for medical or personal 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.MyFreeMedicine.com](http://www.MyFreeMedicine.com). The notice will contain on the first page, in the top right-hand corner, the effective date.