LEVEL CARE PHARMACY
Notice of Privacy Practices
(Effective August 1, 2018)

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

In accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Level Care Pharmacy is required to inform you of its practices in relation to the protected health information that it maintains about you. HIPAA mandates minimum standards that a covered entity such as Level Care Pharmacy must maintain in relation to your protected health information. This Notice of Privacy Practices is being provided to help you understand how Level Care Pharmacy meets these minimum standards. It is also meant to inform you of the ways that Level Care Pharmacy may use the protected health information it collects about you and how it may be disclosed.

UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION

When you receive care from a healthcare provider, a record of that treatment is made. This record will typically contain information on your diagnosis, treatment, and future plan of treatment and is often collectively referred to as your medical record. This medical record includes protected health information and lays the foundation for determining your plan of care and treatment and allows for a successful means of communication between all healthcare professionals that contribute to your care.

HIPAA protects information in your medical record. The information protected by HIPAA includes:

1. Any information related to your past, present or future physical or mental health;
2. The past, present or future payment for health services you have received;
3. The specific care that you have received, are receiving or will receive;
4. Any information that identifies you as the individual receiving the care;
5. Any information that someone could reasonably use to identify you as receiving the care;
6. Any genetic information about an individual for underwriting purposes.

This information is referred to as Protected Health Information throughout this Notice.

TREATMENT, PAYMENT AND HEALTH OPERATIONS

As a Covered Entity, Level Care Pharmacy is required to inform you how it may use your protected health information. In providing treatment to you, Level Care Pharmacy will use your protected health information for the purposes of treatment, payment and healthcare operations.

Treatment - As it pertains to Level Care Pharmacy, treatment means providing drugs, medications, supplies and durable medical equipment services as ordered by your physician. Treatment also includes coordination and consultation with your physician and other health care providers. As Level Care Pharmacy provides these services to you, information obtained during this process will be recorded in your medical record. Level Care Pharmacy will use this information, in coordination with your physician, to determine the best course of treatment for you.
**Payment** - Payment purposes consist of activities required to obtain reimbursement from your insurance carrier for the services ordered by your physician and provided to you by Level Care Pharmacy. This includes, but is not limited to, eligibility determination, pre-certification, billing and collection activities, obtaining documentation required by your insurer, and when applicable, disclosure of limited information to consumer reporting agencies.

**Healthcare Operations** - Operations can include, but are not limited to, review of your protected health information by members of the Level Care Pharmacy professional healthcare staff to ensure compliance with all federal and state regulations. This information will then be utilized to continually improve the quality and effectiveness of the services provided to you. Healthcare operations also include the Level Care Pharmacy’s business management and general administrative activities.

**OTHER USES AND DISCLOSURES**

In order to release information contained in your medical record for most purposes other than treatment, payment or healthcare operations, Level Care Pharmacy must obtain a specific signed authorization from you. You may revoke such authorization at any time, except to the extent Level Care Pharmacy has taken action in reliance on the authorization. Level Care Pharmacy will obtain an authorization from you for any sale of your protected health information, any use of your protected health information for marketing purposes, and any other use or disclosure not authorized by HIPAA.

There are a limited number of other uses and disclosures of protected health information that do not require a specific authorization from you. Level Care Pharmacy may, in the following circumstances, disclose your protected health information without your authorization.

1. Level Care Pharmacy may disclose limited health information about you to notify local agencies (i.e. power, gas, phone company, and emergency medical services), in the event of an emergency (i.e. flood, hurricanes, etc.), of your need for life sustaining equipment or assistance due to your medical condition.
2. Level Care Pharmacy may disclose to a member of your family, other relative, or a close personal friend, or any other person identified by you, the protected health information directly relevant to such person’s involvement with your care or payment related to your care.
3. Level Care Pharmacy may disclose protected health information to others as required by law.
4. Level Care Pharmacy may disclose protected health information for certain public health activities and purposes.
5. Level Care Pharmacy may disclose protected health information to a legally-authorized 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.
6. Level Care Pharmacy may disclose protected health information for law enforcement purposes and in response to court orders or subpoenas.
7. Level Care Pharmacy may disclose protected health information to agencies authorized by law to conduct health oversight activities, including audits, investigations, licensing and similar activities.
8. Level Care Pharmacy may disclose protected health information to attorneys, accountants, and others acting on behalf of Level Care Pharmacy provided they have signed written contracts agreeing to safeguard the confidentiality of the information.

**YOUR RIGHTS UNDER HIPAA**

In accordance with HIPAA, you have the following rights in relation to your protected health information.

1. You may request, in writing, additional restrictions to the use or disclosure of your protected health information; however, Level Care Pharmacy is not required to agree to the requested restrictions, except that Level Care Pharmacy is required to agree to restrict disclosures of protected health information to a health plan if the protected health information pertains solely to a health care item or service for which you have paid out-of-pocket in full, unless the disclosure is required by law.
2. You have the right to request amendments to your medical record.
3. You have the right to obtain a copy of this Notice of Privacy Practices.
4. You have the right to access and inspect or obtain a copy of your medical record, subject to certain limitations.
5. You have the right to obtain an accounting of certain disclosures of your medical record.
6. You have the right to request communications by alternative means (i.e. electronically) or at alternative locations if normal methods of communication may endanger you.
7. You have the right to revoke an authorization to use or disclose your protected health information except to the extent that action has already occurred.

RESPONSIBILITIES OF LEVEL CARE PHARMACY
In accordance with HIPAA, Level Care Pharmacy is required to:
1. Maintain the confidentiality of your protected health information. Your state laws may provide more protection than federal laws and, in that case, we will abide by the more restrictive statute.
2. Provide you with notice of our legal obligations and privacy practices and we are obligated to abide by the terms of the current notice.
3. Notify you if we are unable to agree to requested restrictions, and make every effort to accommodate reasonable requests for communication of health information by alternate means.
4. Post our Notice of Privacy Practices on our website.
5. Provide notice of a Breach of PHI to affected individuals, including unauthorized acquisition, access, use, or disclosure of unsecured PHI that compromises privacy and security.

Please be advised that in addition to these responsibilities, Level Care Pharmacy reserves the right to change the terms of its Notice of Uses and make those changes applicable to all protected health information maintained at that time. If there is a change to our Notice of Privacy Practices, we will provide you with a revised notice sent to the most recent address you have supplied to us.

Level Care Pharmacy will not use or disclose your protected health information without your authorization, except as described in this notice.

TO REPORT A PRIVACY CONCERN
If you have questions, would like additional information or, if you suspect misuse of your protected health information and believe that your rights have been violated, you may, without fear of retaliation, contact: Privacy Officer, Maxor National Pharmacy Services, LLC., 320 S Polk, Suite 900 Amarillo, TX 79101 (800) 658-6146; privacy@maxor.com
Or
The Office of Civil Rights, U.S. Department of Health & Human Services, 200 Independence Avenue SW Room 509F, HHH Building, Washington D.C. 20201; 1(800) 368-1019