

# Your privacy is important to us.

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 can also be accessed online at [duetrx.com](http://duetrx.com).

When it comes to your health information, you have certain rights. This notice describes your rights and some of our responsibilities to help you.

## You have a right to:

### Get an electronic or paper copy of your medical record.

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct your medical record.

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### Request confidential communications.

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### Ask us to limit what we use or share.

- You can ask us not to use or share certain health information for treatment, payment or our operations.
- We are not required to agree to your request, and we might say “no” if it would affect your care or our business operations.
- If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### Get a list of those with whom we’ve shared your information.

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why.
- We will include all disclosures except for those about treatment, payment and healthcare operations and certain other disclosures such as any you asked us to make. We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice.

You can ask for a paper copy of this notice any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## File a complaint if you feel your rights have been violated.

You can complain if you feel we have violated your rights by contacting us at (650) 412-4545 or writing to:

Duet Pharmacy, c/o Alphascript  
Attn: Privacy Officer  
400 Industrial Road  
San Carlos, CA 94070

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling (877) 696-6775, visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints) or sending a letter to:

200 Independence Avenue S.W.  
Washington, D.C. 20201

We will not retaliate against you for filing a complaint.

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions. You have both the right and the choice to:

- Share information with your family, close friends or others involved in your care.
- Share information in a disaster relief situation.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We will use our professional judgment and experience to make reasonable inferences of your best interest in allowing a person to act on your behalf to pick up filled prescriptions, supplies or other similar forms of medical information. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## How do we typically use or share your health information?

We typically use or share your health information to:

### Treat you.

We can use your health information and share it with other professionals who are treating you. For example, we may share your health information with our affiliated pharmacies that are involved with your care. Additionally, a request may also be made by the pharmacy to Prescription Drug Monitoring Programs to obtain information on all covered substances dispensed to you and to

report prescription information as required by the state.

#### **Run our organization.**

We can use and share your health information to run our practice, improve your care and contact you when necessary. For example, we use your information to manage your treatment and services.

#### **Bill for your services.**

We can use and share your health information to bill and get payment from health plans and other entities. For example, we give information to your health insurance plan so it will pay for your services.

#### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

#### **We can use your information to:**

##### **Help with public health and safety issues.**

We can use and share health information about you for certain situations such as:

- Preventing disease.
- Helping with public recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

##### **Do research.**

We can use or share your information for health research.

##### **Comply with the law.**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

##### **Make disclosures to individuals involved in your care or payment for care.**

We may disclose your information to a family member, friend or personal representative involved in your care. For example, if we reasonably infer that you agree, we may provide prescriptions and related information to the family member, friend or personal representative on your behalf.

##### **Make disclosures to parents or guardians.**

If you are a minor, we may share your information with your parents or guardians when permitted or required by law.

##### **Respond to organ and tissue donation requests.**

We can share health information about you with organ procurement organizations.

##### **Work with a medical examiner or funeral director.**

We can share health information with a coroner, medical examiner or funeral director when an individual dies.

#### **Address workers' compensation, law enforcement and other government requests.**

We can share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security and presidential protective services.

#### **Respond to lawsuits and legal actions.**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

#### **De-identification.**

We can create and distribute de-identified health information by removing all reference to individually identifiable information.

#### **Our responsibilities:**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it if you request.
- We will not use or share your information other than as described here unless you tell us that we can in writing. If you tell us we can, you may change your mind at any time by notifying us in writing.
- In some cases, California law may further restrict how we use or share your information. In these cases, we will follow the stricter requirement under California law. For example, California has special laws that protect some types of health information such as mental health services, treatment for substance use disorders, and HIV/AIDS testing and treatment.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

Duet Pharmacy Privacy Officer: [Compliance@aprilrx.com](mailto:Compliance@aprilrx.com) - 650-412-4555

*We can change the terms of this notice and the changes will apply to all information that we have about you. The new notice will be available upon request in our office and on our website.*

Effective date: January 16, 2023