

# Notice of Pharmacy Privacy Practices

The Pharmacy is required by law to maintain the privacy of Protected Health Information (“PHI”) and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition and related healthcare services or payment for those services. This Notice of Privacy Practices (“Notice”) describes how we may use and disclose PHI to carry out treatment, payment, or healthcare operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you. The Pharmacy is required to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide any revised Notice to you. We will also post the new Notice on our website, [www.zealsp.com](http://www.zealsp.com)

## Your Health Information Rights

You have the following rights with respect to PHI about you:

*Obtain a paper copy of the Notice upon request.* You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, contact **Zeal Specialty Pharmacy, 100 Business Center Drive, Suite 300, Pittsburgh, PA 15205**. You may obtain an electronic copy of this Notice at [www.zealsp.com](http://www.zealsp.com).

*Request a restriction on certain uses and disclosures of PHI.* You have the right to request additional restrictions on our use of disclosure of PHI about you by sending a written request to **Zeal Specialty Pharmacy, 100 Business Center Drive, Suite 300, Pittsburgh, PA 15205**. We are not required to agree to those restrictions; unless the restriction is for a disclosure to a health plan for health services or items paid out-of-pocket in full, unless such a disclosure is required by law. Our Pharmacy generally transmits prescriptions electronically to health plans when your prescription is received electronically (not when you pick up the prescription). If you wish to request that we not disclose the prescription to your health plan, you should obtain a paper prescription and make the request for restriction at the time you present the paper prescription to our Pharmacy.

*Inspect and obtain a copy of PHI.* You have the right to access and copy PHI about you contained in a designated record set for as long as the Pharmacy maintains the PHI. The designated record set usually will include prescription and billing records. We may impose charges for the cost involved in providing copies, such as labor, supplies, and postage, as permitted by law. If your records are maintained electronically, you have the right to specify that the records you requested are to be provided in electronic form. We will accommodate your request for a specific electronic form or format if we are able to readily produce a copy in the requested form or format. To inspect or copy PHI about you, you must send a written request to **Zeal Specialty Pharmacy, 100 Business Center Drive, Suite 300, Pittsburgh, PA 15205** (certain requests may be verbal). We may charge you a fee for the costs of copying, mailing, and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI about you, you may request that the denial be reviewed.

*Request an amendment of PHI.* If you feel that the PHI we maintain about you in a designated record set is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI in a designated record set. To request an amendment, you must send a written request to **Zeal Specialty Pharmacy, 100 Business Center Drive, Suite 300, Pittsburgh, PA 15205**. You must include a reason that supports your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may give a rebuttal to your statement.

*Receive an accounting of disclosures of PHI.* You have the right to receive an accounting of the disclosures we have made of PHI about you for most purposes other than treatment, payment, or healthcare operations. The

accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to **Zeal Specialty Pharmacy, 100 Business Center Drive, Suite 300, Pittsburgh, PA 15205**. Your request must specify the period, but the time period may not be longer than six years prior to the date you make your request. The first accounting period you request within a 12-month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

*Request communications of PHI by alternative means or at alternative locations.* For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of PHI about you, you must submit a request in writing to **Zeal Specialty Pharmacy, 100 Business Center Drive, Suite 300, Pittsburgh, PA 15205**. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests.

### Examples of How We May Use and Disclose PHI

The following are descriptions and examples of ways we use and disclose PHI:

*We will use PHI for treatment.* Example: Information obtained by the Pharmacist will be used to dispense prescription medications to you. We will document in your record information related to the medications dispensed to you and services provided to you as part of our interest in your treatment. We may also send you refill reminders, new product offers, and other services information.

*We will use PHI for payment.* Example: We will contact your insurer or pharmacy benefit manager to determine whether it will pay for your prescription and the amount of your copayment. We will bill you or a third-party payor for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the prescriptions you are taking.

*We will use PHI for healthcare operations.* Example: The Pharmacy may use information in your health record to monitor the performance of the Pharmacists providing treatment to you. This information will be used to continually improve the quality and effectiveness of the healthcare and service we provide.

### We are likely to use or disclose PHI for the following purposes:

*Business associates:* There are some services provided by us through contracts with business associates who may require access to your PHI. Examples include accountants, auditors, and others who provide services involving your PHI such as records storage or destruction companies. When these services are contracted for, we may disclose PHI about you to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payor for services rendered. To protect PHI about you, we require the business associate to enter into written agreements to appropriately safeguard the PHI.

*Communication with individuals involved in your care or payment for your care:* Health professionals such as Pharmacists, using their professional judgment, may disclose to a family member, other relative, close friend, or any person you identify, PHI relevant to that person's involvement in your care or payment related to your care.

*Health-related communications:* We may contact you to provide refill reminders or information about treatment alternatives to other health-related benefits and services that may be of interest to you.

*Food and Drug Administration (FDA):* We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI 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 PHI about you as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by law.

*Public Health:* As required by law, we may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Law enforcement:* We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.

*As required by law:* We must disclose PHI about you when required to do so by law.

*Health oversight activities:* We may disclose PHI 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 healthcare system, government programs, and compliance with civil rights laws.

*Judicial and administrative proceedings:* If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

### **We are permitted to use or disclose PHI about you for the following purposes:**

*Research:* We may disclose PHI about you to researchers when their research has been approved by and institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

*Coroners, medical examiners, and funeral directors:* We may release PHI 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 PHI to funeral directors consistent with applicable law to carry out their duties.

*Notification:* We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and your general condition.

*Correctional institution:* If you are or become an inmate of a correctional institution, we may disclose PHI 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 PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public of another person.

*Military and veterans:* If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

*National security and intelligence activities:* We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

*Protective services for the President and others:* We may disclose PHI 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.

*Victims of abuse, neglect, or domestic violence:* We may disclose PHI 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, if you agree to the disclose, or

if the disclose is allowed by law and we believe it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report that represents that it is necessary and will not be used against you.

### Other Uses and Disclosures of PHI

The Pharmacy will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above, or as otherwise permitted or required by law. We are required to obtain your authorization to use and disclose your PHI for most marketing purposes, and to sell your PHI.

You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already acted in reliance on the authorization.

### For More Information or to Report a Problem

If you have questions or would like additional information about the Pharmacy's privacy practices, you may contact the **Pharmacy Privacy Officer, Zeal Specialty Pharmacy, 100 Business Center Drive, Suite 300, Pittsburgh, PA 15205**. If you believe your privacy rights have been violated, you can file a complaint with the **Pharmacy Privacy Officer, Zeal Specialty Pharmacy, 100 Business Center Drive, Suite 300, Pittsburgh, PA 15205** or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date: March 29, 2023