



SYNERGEN RX NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: 11/25/2019

IMPORTANT: This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully. If you have any questions about this notice, please contact the Compliance Officer at 404-585-7517.

WHAT IS PROTECTED HEALTH INFORMATION?

Protected health information is any individually identifiable information related to your past, present, or future health condition or treatment, including your demographic information and medical records.

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information;
- Provide you this notice of our legal duties and privacy practices regarding 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;
- Follow the terms of this notice.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

The following describes the ways we may use and disclose your Protected Health Information. Except for the purposes described below, we may only use and disclose your health information with your written permission. You may revoke such permission at any time by writing to our Compliance Officer. Note that some types of PHI, such as HIV information, genetic information, alcohol and/or substance abuse records, and mental health records may be subject to special confidentiality protections under applicable state or federal law and we will abide by these special protections.

1. For Treatment We may use and disclose your health information for your treatment and to provide you with treatment-related healthcare services. For example, we may disclose your health information to doctors, nurses, technicians or other healthcare personnel, including people outside our office who are involved in your medical care and need the information to provide you with medical care.

2. For Payment We may use and disclose health information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may provide your health plan with information about you so that they will pay for your treatment.
3. For Healthcare Operations We may use and disclose your health information for health care operations purposes, which are necessary to make sure that all our patients receive quality care and to operate and manage our office. For example, we may use your health information to conduct internal audits or for quality improvement initiatives.
4. Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services We may use and disclose health information to contact you to remind you about appointments or prescription refills. We also may use and disclose your health information to discuss treatment alternatives or other health-related services that may be of interest to you.
5. Individuals Involved in Your Care or Payment for Your Care When appropriate we may share your health information with a person who is involved in your medical care or the payment for your care, such as a family member. We may also notify your family about your general condition or disclose such information to an entity assisting in a disaster relief effort.
6. Research Under certain circumstances, we may use and disclose health information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we use or disclose health information for research, we will either remove data that personally identifies you, or we will go through a special approval process and established protocols to ensure the privacy of your information. In some circumstances, we may use your medical information to generate aggregate data (summarized data that does not identify you) to study outcomes, costs and provider profiles and to suggest benefit designs for your employer or health plan. These studies generate aggregate data that we may sell or disclose to other companies or organizations. Aggregate data does not personally identify you.
7. Business Associates We may arrange to provide some services through contracts with business associates. On occasion, we may disclose your medical information to business associates acting on our behalf. If any medical information is disclosed, we will protect your information from further use and disclosure using confidentiality agreements.
8. Abuse, Neglect or Domestic Violence We may disclose your medical information to a social service, protective agency or other government authority if we believe you are a victim of abuse, neglect or domestic violence. We will inform you of our disclosure unless informing you will place you at risk of serious harm.
9. Public Health We may disclose your medical information to a public health department, including the U.S. Food and Drug Administration, when required by law for the reporting or tracking of illnesses, injuries or dangerous preparations.
10. Health Oversight We may disclose medical information to a health oversight agency performing activities authorized by law, such as investigations and audits. These agencies include governmental agencies (state and federal) that oversee the healthcare system, government benefit programs and organizations subject to government regulation and civil rights laws.
11. To Avert Serious Threat to Health or Safety We may disclose your medical information to prevent or lessen an imminent threat to the health or safety of another person or the public. Such disclosure will only be made to someone in a position to prevent or lessen the threat.

12. Judicial Proceedings We may disclose your medical information in the course of any judicial proceeding in response to a court order, subpoena or other lawful process, but only after we have been assured that efforts have been made to notify you of the request.
13. Law Enforcement We may disclose your medical information, as required by law, in response to a subpoena, warrant, summons or, in some circumstances, to report crime.
14. Coroners and Medical Examiners We may disclose your medical information to a coroner or a medical examiner for the purpose of determining cause of death or other duties authorized by law.
15. Organ, Eye and Tissue Donation We may disclose your medical information to organizations involved in organ transplantation to facilitate donation and transplantation.
16. Workers Compensation We may disclose your medical information in order to comply with workers compensation laws and other similar programs.
17. Specialized Government Functions, Military and Veterans We may disclose your medical information to authorized federal officials to perform intelligence, counterintelligence, medical suitability determinations, Presidential protection activities and other national security activities authorized by law. If you are a member of the U.S. armed forces or of a foreign military force, we may disclose your medical information as required by military command authorities or law. If you are an inmate in a correctional institution or under the custody of a law enforcement official, we may disclose your medical information to those parties if disclosure is necessary for 1) the provision of your healthcare; 2) maintaining the health or safety of yourself or other inmates; or 3) ensuring the safety and security of the correctional institution or its agents.
18. As Otherwise Required by Law We will disclose medical information about you when required to do so by law. If federal, state or local law within your jurisdiction offers you additional protections against improper use or disclosure of medical information, we will follow such laws to the extent they apply.
19. Other Uses and Disclosures Other uses and disclosures of your medical information not listed in this notice will be made only with your written authorization. You may revoke this authorization at any time unless we have already taken action in reliance on the authorization.

Your Rights with Respect to Your Medical Information:

You have the following rights regarding medical information we maintain about you:

1. Right to Inspect and Copy Subject to some restrictions, you may inspect and copy medical information that may be used to make decisions about you. To do so, submit a written request to Synergen at the address listed below.
2. Right to Amend If you believe medical information about you is incorrect or incomplete, you may ask us to amend the information. Such request must be made in writing and submitted to Synergen Rx at the address listed below. In addition, you must provide a reason supporting your request to amend.
3. Right to an Accounting of Disclosures You have the right to request an accounting of disclosures of your medical information. This accounting identifies the disclosures we have made of your medical information other than for treatment, payment or healthcare operations. You must submit your request in writing to Synergen Rx at the address listed below. The provision of an accounting of disclosures is subject to certain restrictions.

4. Right to be Notified You have the right to be notified following a breach of unsecured PHI if your PHI is affected. This notification will be made by mail unless we do not have a correct mailing address for you, then we may use our web site, media stories or ads to inform you.
5. Right to Request Restrictions You have the right to request a restriction or limitation on the medical information we use and disclose about you for treatment, payment or healthcare operations. You also may request that your medical information not be disclosed to family members or friends who may be involved in your care or paying for your care. Your request must 1) be in writing; 2) state the restrictions you are requesting; and 3) state to whom the restriction applies. We are not required to agree to your request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment.
6. Right to Request Disclosures to your Insurance Plan You have the right to request that we do not disclose information to your insurance plan about services provided however you must pay for the services in full. If you do not pay for the services within 30 days of first statement date, the restriction is void and we may bill your insurance.
7. Confidential Communications You may ask that we communicate with you in a particular way and in a particular place to protect the confidentiality of your medical information. Your request must be submitted in writing to Synergen Rx at the address listed below and you must state an alternate method or location you would like us to use to communicate your medical information to you.
8. Right to a Paper Copy of This Notice You have the right to request a paper copy of this notice at any time. For information about how to obtain a copy of this notice and answers to frequently asked questions, please call (404) 585-7517. Even if we have agreed to provide this notice electronically, you are still entitled to a paper copy.
9. Right to File a Complaint If you believe we have violated your privacy rights you may file a written complaint to Synergen Rx at the address listed below. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. Written complaints and written requests for a copy of your medical information, amendment to your medical information, an accounting of disclosures, restrictions on your medical information or for confidential communications may be mailed to:

Synergen Rx, LLC
3990 Flowers Rd, Suite 530
Doraville, GA 30360

Please include your name, address. We reserve the right to revise this notice. A revised notice will be effective for information we already have about you as well as any information we may receive in the future.