



Acelpa Health – Notice of Privacy Practices

As Required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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

A. OUR DUTIES UNDER HIPAA

Acelpa Health, its affiliates and subsidiaries, including California Specialty Pharmacy, LLC D/B/A California Specialty Pharmacy, Hawaii Rx, LLC D/B/A Hawaii Specialty Pharmacy and ContinuumRx Services, Inc. (hereinafter collectively referenced as "our" or "we") is dedicated to maintaining the privacy of your identifiable health information. In providing services to you, we will create and maintain records containing your identifiable health information, referred to as "protected health information."

We are required by law to maintain the privacy of protected health information. We are also required to notify affected individuals in the event of an unsecured breach of protected health information. We also are required by law to provide you with this Notice of our legal duties and privacy practices concerning your protected health information. We may store, use and disclose health information in paper form or electronically.

This Notice provides you with the following important information:

- How we may use and disclose your protected health information
- Your privacy rights in your protected health information
- Our obligations concerning the use and disclosure of your protected health information.

By law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We may revise this Notice and any revision to this Notice will be effective for all of your records we have created or maintained in the past, and for any of your records we may create or maintain in the future. We will post a copy of our current Notice in our offices in a prominent location, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Compliance Officer

Acelpa Health

Address: 12110 Hadley St, Whittier, CA 90601



Website: www.acelpahealth.com

Phone Number: (877) 602-7779

C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN THE FOLLOWING WAYS WITHOUT YOUR AUTHORIZATION

The following categories describe the different ways in which we may use and disclose your protected health information without your authorization. The following includes examples of how we may use and disclose your protected health information within each category, but not every use or disclosure within each category will be listed. When protected health information is disclosed pursuant to HIPAA, it is possible that the information could be re-disclosed by the recipient and no longer protected by HIPAA.

1. **Treatment.** We may use and disclose your health information to treat you, including disclosures to others who may assist in your care, such as your physician, therapists, spouse, children, or parents. For example, we may perform a follow-up interview, and we may use the results to help protected us modify your treatment plan.
2. **Payment.** We may use and disclose your protected health information in order to bill and collect payment for the services and items you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your protected health information to obtain payment from third parties who may be responsible for such costs, such as family members. Also, we may use your protected health information to bill you directly for services and items.
3. **Healthcare Operations.** We may use and disclose your protected health information to operate our business. For example, we may use your health information to evaluate the quality of care you received from us, to conduct cost-management and business planning activities and to arrange for legal services. We may use and disclose your protected health information to contact you and remind you of visits/deliveries and to inform you of health-related benefits or services that may be of interest to you.
4. **Release of Information to Family/Friends.** We may release your identifiable health information to a friend or family member who is helping you pay for your healthcare of who assists in taking care of you with your written consent.
5. **Required By Law.** We will use and disclose your protected health information when we are required to do so by federal, state, or local law. For example, we may disclose your protected health information to the U.S. Department of Health and Human Services if it requests such information to determine that we are complying with federal privacy law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

6. **Public Health.** We may use or disclose your protected health information for public health activities, such as disclosures to a public health authority or other government agency that is permitted by law to collect or receive the information (e.g., the Food and Drug Administration).
7. **Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the healthcare system in general.
8. **Judicial and Administrative Proceedings.** We may use and disclose your protected health information in response to a court or administrative order. We also may disclose your protected health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested. If we receive records from substance use disorder treatment programs subject to federal privacy restrictions, such records or testimony about their content cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent or we receive a court order entered after notice and an opportunity to be heard is provided to the individual or us, as provided by federal privacy rules found at 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.
9. **Law Enforcement.** We may disclose your protected health information to a law enforcement official for law enforcement purposes, such as reporting a crime that occurred on our premises.
10. **Threats to Health or Safety.** We may use and disclose your protected health information when necessary to reduce or prevent a serious threat to the health and safety of an individual or the public. Under these circumstances, we will only make disclosures to a person or organization reasonably able to help prevent or lessen the threat.
11. **National Security.** We may use or disclose your protected health information for special government functions such as military, national security, and intelligence, counterintelligence, and presidential protective services as authorized by law.
12. **Inmates.** Under certain circumstances, we may use or disclose the protected health information of inmates of a correctional institution or those in police custody.
13. **Workers' Compensation.** We may release your protected health information for workers' compensation and similar programs as permitted by law.

14. **Coroners, Medical Examiners, and Funeral Directors.** We may release your protected health information 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 release your protected health information to funeral directors consistent with applicable law to carry out their duties.
15. **Organ or Tissue Donation.** Consistent with applicable law, we may release your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
16. **Research.** We may use or disclose your protected health information for research in compliance with federal privacy standards.
17. **Health Information Exchanges.** We may participate in one or more health information exchanges ("HIEs") and may electronically share your protected health information for treatment, payment or healthcare operations and other permitted purposes with other participants of the HIE. HIEs allow your healthcare providers to efficiently access and use your identifiable health information as necessary for treatment and other lawful purposes.
18. **Business Associates.** We may share your protected health information with third party business associates that perform various activities for us. These contractors are required by law and their agreements with us to protect your protected health information in the same way we do.
19. **Disclosures to Parents or Legal Guardians.** If you are a minor, we may release your protected health information to your parents or legal guardians when we are permitted or required under federal and applicable state law.
20. **Abuse, Neglect or Domestic Violence.** If we reasonably believe you have been a victim of abuse, neglect, or domestic violence, we may use disclose your protected health information to the government agency authorized to receive such information.

Additional Restrictions on Information Related to Reproductive Healthcare: When we disclose protected health information potentially related to reproductive healthcare for health oversight activities, judicial and administrative proceedings, law enforcement purposes, and to coroners or medical examiners, we must obtain an attestation from the recipient verifying that the information will not be further used or disclosed for a prohibited purpose. HIPAA prohibits the use and disclosure of protected health information to: (1) conduct criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive healthcare; (2) impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive healthcare; or (3) identify any person for one of these purposes.

D. RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES



We will obtain your written authorization for uses and disclosures that are not identified in Section C of by this Notice. An authorization is required for most uses and disclosures of psychotherapy notes and protected health information for marketing purposes and disclosures that constitute the sale of protected health information.

You may revoke your authorization at any time. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization. To revoke your authorization, please contact us using the contact information provided in Section B of this Notice.

E. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding the identifiable health information that we maintain about you. If you have given another individual a medical power of attorney, if another individual is appointed as your legal guardian or if another individual is authorized by law to make healthcare decisions for you (known as a "personal representative"), that individual may exercise any of the rights listed below for you.

1. **Confidential Communications.** You have the right to request that we communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than work. To request a type of confidential communication, you must make a written request to the Compliance Officer of Acelpa Health specifying the requested method of contact or the location where you wish to be contacted. We will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Request Restrictions.** You have the right to request a restriction on how we use or disclose your protected health information for treatment, payment, or healthcare operations. We are not required to agree to your requested restriction(s), except we must agree to restrict disclosures of your protected health information for payment or healthcare operations purposes not required by law to a health plan where you, or someone other than your health plan, pay in full for the healthcare service. In order to request a restriction, you must make your request in writing to the Compliance Officer of Acelpa Health. Your request must describe: (a) the information you wish restricted; (b) the type or purpose of the use, disclosure, or both; and (c) to whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of (or request that we send a copy to a designated third party of) your protected health information that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to the Compliance Officer of Acelpa Health. We may charge a reasonable cost-based fee for the costs of copying, mailing, labor, and supplies associated with your request.

4. **Amendment.** You may ask us to amend your protected health information if you believe it is incorrect or incomplete. You must make your request in writing and submit it to the Compliance Officer of Acelpa Health. We may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the identifiable health information kept by or for the organization; (c) not part of the protected health information which you would be permitted to inspect and copy; or (d) not created by us, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain disclosures we have made of your protected health information. In order to obtain an accounting of disclosures, you must submit your request in writing to the Compliance Officer of Acelpa Health. All requests for an “accounting of disclosures” must state a time period which may not be longer than six years. The first list you request within a 12-month period is free of charge, but we may charge you for additional lists within the same 12-month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Paper Copy of This Notice.** You are entitled to obtain a paper copy of this Notice at any time, even if you agreed to receive this Notice electronically.
7. **File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

This Notice is effective as of September 9, 2024.