

**ANOVORX GROUP, LLC**  
**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED,**  
**2855,772,322855,856,0,7867** **272, 803,17**  
**31,1,15,856,5,792,21252,21** **22855,76**  
**EFFECTIVE DECEMBER 28, 2012, WAS REVISED AS OF 85<**

We are required by law to protect the privacy of your personally identifiable health information. This may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future health condition. We are also required by law to provide you with this Notice of Privacy Practices, explaining our legal duties and privacy practices with respect to health information. We are legally required to follow the terms of this Notice. We are only allowed to use & disclose health information in the manner that we have described in this Notice. We may change the terms of this Notice in the future provided that such changes are not material or contrary to law. We reserve the right to make changes and to make the new Notice effective for all health information that we maintain. If we make changes to the Notice, we will post the new Notice in our counseling area and have copies of the new Notice available upon request (you may write our Privacy Officer at AnovoRx, 1710 N. Shelby Oaks Drive, Suite 2, Memphis, TN 38134 or email to officialcontact@anovorx.com for a copy of the current Notice). If you have questions about information in this Notice or about our privacy policies write our Privacy Officer at AnovoRx, 1710 N. Shelby Oaks Drive, Suite 2, Memphis, TN 38134 or email officialcontact@anovorx.com.

**WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES** We use and disclose health information about patients every day. This section of our Notice explains how we may use and disclose your health information to provide health care, obtain payment for that health care, and operate our business. This section also describes other circumstances in which we may use or disclose your health information.

**1. Treatment**

We may use and disclose your health information to provide health care treatment. We may use and disclose your health information to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers about your treatment and coordinating and managing your health care with others. Example: Jane is a patient of our pharmacy. The receptionist may use Jane's health information to schedule a medication delivery. The pharmacist will use Jane's health information to review and fill Jane's prescription. If the pharmacist determines that the prescription could have an adverse reaction with Jane's other medications, the pharmacist will disclose health information about Jane to the prescriber to assist the prescriber in providing appropriate care to Jane.

**Payment**

We may use and disclose your health information to obtain payment for your health care services. This means that we may disclose your health information to others (such as insurers). In some instances, we may disclose your health information to an insurance plan before you receive health care services because we want to know whether the insurance plan will pay for a particular service. Example: Jane is a patient and she has private insurance. The pharmacist has a prescription for Jane. The pharmacy may call Jane's insurance company before the pharmacist fills the prescription to determine whether the plan/insurer would pay for the prescription.

**Healthcare Operations**

We may use and disclose your health information to perform a variety of business activities that we call "health care operations." These "health care operations" activities allow us to meet our legal obligations or for example, improve the quality of care we provide and reduce health care costs. For example, we may use or disclose your health information for the following activities:

- x Reviewing and evaluating the skills, qualifications, and performance of pharmacists filling your medication.
- x Providing training programs for students/trainees/pharmacists/ to help them practice or improve their skills.
- x Cooperating with outside organizations that evaluate, certify or license health care providers.
- x Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- x Improving health care and lowering costs for groups of people who have similar health problems, helping manage & coordinate the care for these groups of people.
- x Cooperating with outside organizations that assess quality of the care.
- x Planning for our organization's future operations.  
Resolving grievances within our organization.
- x Reviewing our use or disclosure of health information in the event that control of our organization significantly changes.
- x Working with others who assist us (e.g. lawyers, accountants) to comply with this Notice and other applicable laws.

**4. Persons Involved in Your Care**

We may disclose your health information to your FDUHJL yrluative, friend or other person Llyou GHVLJQWll person to rece e yo r protecte hea th ormat o and the information is relevant to your care. If the patient is a minor, we may disclose health information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances.

We may also use or disclose your health information to your relative, a person involved in your care or a disaster relief organization (such as the Red Cross) in an emergency situation if we need to call someone about your location or condition. You may ask us at any time not to disclose health information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

## **5. Required by Law**

We will use and disclose your health information whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose health information. For example, state law requires us to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

## **6. National Priority Uses and Disclosures**

When permitted by law, we may use or disclose your health information without your permission for various activities that are recognized as “national priorities.” The government has determined that under certain circumstances (described below), it is so important to disclose health information that it is acceptable to disclose health information without the individual’s permission. We will only disclose your health information in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by law. We may use or disclose health information about you:

- **Threat to health or safety:** if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** for public health activities. Public health activities require the use of health information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** to a governmental agency if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** to a health oversight agency, which is basically an agency responsible for overseeing the health care system or certain government programs. Example: a government agency may request information from us while investigating possible insurance fraud.
- **Court proceedings:** pursuant to a subpoena. For example, we would disclose health information about you to a court if a judge orders us to do so.
- **Law enforcement:** to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited health information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** to a coroner, health examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers’ compensation:** in order to comply with workers’ compensation laws.
- **Research organizations:** to research organizations if the organization has satisfied certain conditions about protecting the privacy of health information.
- **Certain government functions:** for certain government functions, including but not limited to military & veterans’ activities and national security and intelligence activities. We may also use or disclose your health information to a correctional institution in some circumstances.

## **7. Authorizations**

Other than the uses and disclosures described above (#1-6), we will not use or disclose your health information without the “authorization” or permission of you or your personal representative. In some instances, we may wish to use or disclose health information about you and we may call you to ask you to sign an authorization form. In other instances, you may call us to ask us to list someone as your designee with whom we may disclose your protected health information (for example, to your caregiver). If you sign a written authorization allowing us to disclose health information, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization. Any letter you write requesting disclosure of your health information must comply with HIPAA requirements. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

## **YOU HAVE RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have several rights with respect to your health information. This section of the Notice will briefly mention each of these rights. To exercise a right, send a written request to our Privacy Officer at 1710 N. Shelby Oaks Drive, Suite 2, Memphis, TN 38134 or email [officialcontact@anovorx.com](mailto:officialcontact@anovorx.com).

### **1. Right to a Copy of This Notice**

You have a right to have a paper copy of our Notice of Privacy Practices at any time. This Notice is sent with your Welcome Packet. If you would like to have an additional copy of our Notice, ask the pharmacist for a copy. In addition, a copy of this Notice will always be posted in our counseling area.

### **2. Right to Receive a Record Copy**

You have the right to receive a copy of your health information that we maintain. If we maintain your health records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your health records. You may also instruct us in writing to send an electronic copy of your health records to a third party. If you would like to receive a

copy of your health information, you must send a written request to our Privacy Officer at 1710 N. Shelby Oaks Drive, Suite 2, Memphis, TN 38134 or email [officialcontact@anovorx.com](mailto:officialcontact@anovorx.com). Any request for a copy of your health information must comply with HIPAA requirements. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person. If you would like a copy of your health information we may charge you a small fee in an amount permitted by law.

### **3. Right to Have Health Information Amended**

You have the right to have us amend (which means correct or supplement) your health information. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and call others who have copies of the inaccurate or incomplete information. If you would like us to amend information, write to our Privacy Officer at 1710 N. Shelby Oaks Drive, Suite 2, Memphis, TN 38134 or [officialcontact@anovorx.com](mailto:officialcontact@anovorx.com). We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request & we will share your statement whenever we disclose the information in the future.

### **4. Right to an Accounting of Disclosures We Have Made**

You have the right to receive an accounting (which means a detailed listing) of certain disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send a letter requesting an accounting to our Privacy Officer. The accounting will not include several types of disclosures, including disclosures for treatment, payment or health care operations. If we maintain your health records in an Electronic Health Record (EHR) system, you may request that include disclosures for treatment, payment or health care operations. If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

### **5. Right to Request Restrictions on Uses and Disclosures for Payment**

You have the right to request that we limit the use and disclosure of health information about you for payment. Except as otherwise required by law, we will comply with your requested restriction(s) if the disclosure is to a health plan/insurer for purpose of payment (and is not for purposes of carrying out treatment); and the health information pertains solely to a health care item or service for which you or another has paid out-of-pocket in full. If we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

### **6. Right to Request an Alternative Method of Contact**

You have the right to request to be contacted at a different address. For example, you may prefer to have information mailed to your work address rather than to your home address. We will agree to a reasonable request for alternative methods of contact. If you would like to request an alternative contact method, call our pharmacy team.

## **YOU MAY FILE A COMPLAINT CONCERNING A PRIVACY OR SECURITY VIOLATION OR VIOLATION OF YOUR RIGHTS.**

We will not take any action against you or change our treatment of you in any way if you file a complaint. If you believe that your privacy rights have been violated or you are dissatisfied with our privacy practices, you may file a written complaint with us or the federal government.

To file a written complaint with us, email it to the Privacy Office at [officialcontact@anovorx.com](mailto:officialcontact@anovorx.com) or mail it to the following address:

AnovoRx Group, LLC  
ATTN: PRIVACY OFFICE  
1710 N. Shelby Oaks Drive, Suite 2  
Memphis TN 38134

To file a written complaint with the federal government, use the following information:

U.S. Department of Health and Human Services  
Office for Civil Rights  
200 Independence Ave, S.W., Rm. 509F, HHH Bldg.  
Washington, D.C. 20201  
Toll-Free Phone: (800) 368-1019  
TDD Toll-Free: (800) 537-769

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