

OUR COMMITMENT TO YOUR PRIVACY

As your specialty pharmacy, US Bioservices understands that protected health information (“PHI”) about you and your health is private and personal. We are committed to protecting your information. When you receive services from us, we create a specific patient record for you. We need these records to provide you with quality care and comply with certain legal requirements. This Notice of Privacy Practices applies to all the records that the Company creates about you. This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and obligations we have regarding the use and disclosure of PHI.

We are required by law to make sure that information that identifies you and your health information is kept private. We are required to provide you with a copy of this Notice and follow the terms of the Notice.

PERMITTED USES AND DISCLOSURES

The U.S. Department of Health and Human Services issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). The Privacy Rule standards address the use and disclosure of individual’s health information. In accordance to these rules we are permitted, but not required, to use and disclose protected health information, without an individual’s authorization, for the following purposes or situations:

1. **To the Individual:** We may disclose PHI to the individual who is the subject of the information.
2. **For Treatment, Payment and Health Care Operations:** We may use and disclose PHI for treatment, coordination of care or services as well as consultation between providers regarding the patient. This may include: refill reminders or to inform you of possible treatment options/alternatives that may be of interest to you. Payment activities include collection and transmission of information to obtain information related to insurance coverage, or to obtain reimbursement for care delivered. Healthcare Operations activities include quality improvement, accreditation, underwriting, risk rating and business planning.
3. **Opportunity to Agree or Object:** Informal permission may be obtained by asking you outright, or by circumstances that clearly give you the opportunity to agree, question or object. The Pharmacist and other clinical staff will use professional judgment determined to be in the best interest of the patient. As a pharmacy, we may need to rely on your informal permission to disclose PHI to someone who is involved in your care or the payment of your care, like a family member or friend. This allows the Pharmacist to dispense filled prescriptions to a person acting on behalf of the patient.
4. **Incident to an otherwise permitted use and disclosure:** The privacy rule does not require that every risk of an incidental use or disclosure of PHI be eliminated. Such disclosures may result or otherwise be permitted if the provider adopts reasonable safeguards, as required by the Privacy Rule, and the information shared was limited to the “minimum necessary”.
5. **For Public Interest and Benefit Activities as outlined by the 12 national priority purposes listed below:**

i. As required by Law,	ii. Public Health Activities
iii. Victims of abuse, neglect, or domestic violence	iv. Health Oversight Activities
v. Judicial and Administrative Proceedings	vi. Law Enforcement Purposes
vii. Cadaveric organ, eye, or tissue donation	viii. Decedents
ix. Serious Threat to Health or Safety	x. Research
xi. Essential Government Functions	xii. Worker’s Compensation
6. **Limited Data Set for the purpose of research, public health, or healthcare operations:** A limited data set is PHI from which certain specified direct identifiers of individuals have been removed.

NOTICE OF PRIVACY PRACTICES

YOUR RIGHTS REGARDING HEALTH INFORMATION

You have the following rights regarding the PHI we maintain about you:

- 1. Right to Inspect and Copy:** You have the right to inspect and receive a copy of PHI that may be used to make decisions about your care. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request. We may deny your request for copies in certain limited situations. If you are denied access to PHI, you may request that the denial be reviewed.
- 2. Right to Request an Amendment:** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for US Bioservices. You must provide a reason that supports your request. In certain case, we may deny your request for the amendment.
- 3. Right to an Accounting Disclosure of PHI:** You have the right to request an accounting of disclosures. This is a list of the disclosure(s) we made of PHI about you. Your request must state the time period for which the list of disclosures is sought. This period may not be longer than six (6) years and may not include dates prior to April 14, 2003. The first list you request within a 12 month period of time will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.
- 4. Right to Request Restrictions:** You have the right to request additional restrictions or limitations on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. We are not required to agree to your request. We cannot agree to restrictions on uses or disclosures that are legally required, or which are necessary to manage our business.
- 5. Right to Request Confidential Communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at a specific telephone number or by mail. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.
- 6. Right to a Paper Copy of this Notice:** You have the right to request a copy of our current Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a copy. You may also obtain a copy of this Notice at our Website: www.USBioservices.com or by calling 888-418-7246.

DIRECTIONS FOR OBTAINING FORMS OR FOR SUBMITTING WRITTEN REQUESTS

Please contact the US Bioservices Privacy Officer either by mail at: 3101 Gaylord Parkway, MS#1E-E144, Frisco, TX 75034 or by calling 888-518-7246. You may also request to be contacted through our website at www.USBioservices.com , under the "Contact Us" tab.

QUESTIONS OR COMPLAINTS

If you have any questions about this Notice or US Bioservices privacy practices, please contact our Privacy Officer at the address or by telephone listed below. If you believe your rights have been violated, you may file a complaint with the Company, or have the right to file a formal complaint with the Secretary of the Department of Health and Human Services. All complaints to Department of Health and Human Services must be made in writing to the Office for Civil Rights, www.hhs.gov/ocr/privacy

US Bioservices – Privacy Officer
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Frisco, Texas 75034
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