

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **PLEASE REVIEW IT CAREFULLY.**

This notice applies to Option Care Enterprises, Inc. and its related companies under its common ownership or control that provide health-related services. These companies are operating as a single “affiliated covered entity” for purposes of HIPAA. These companies are referred to collectively as (“Option Care Health” “we” or “us”). The members of the affiliated covered entity will share medical information with each other for the treatment, payment, and health care operations of the affiliated covered entity and as permitted by HIPAA and this Notice. For a list of the members of the Option Care Health affiliated covered entity, please contact our Chief Privacy Officer using the contact information provided below.

This Notice of Privacy Practices (“Notice”) describes how we may use and disclose your medical information and your rights concerning your medical information. This Notice is provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (“HIPAA”). Generally, when this Notice uses the words “you” or “your,” it is referring to the patient who is the subject of PHI. However, when this Notice discusses rights regarding PHI, including rights to access or authorize the disclosure of PHI, “you” and “your” may refer to a patient’s parent(s), legal guardian or other personal representative.

OUR RESPONSIBILITIES		
We are required to (i) maintain the privacy of your medical information as required by law; (ii) provide you with this Notice stating our legal duties and privacy practices with respect to your medical information; (iii) abide by the terms of this Notice; and (iv) notify you following a breach of your medical information that is not secured in accordance with certain security standards.		
We reserve the right to change the terms of this Notice and to make the provisions of the new Notice effective for all medical information that we maintain, including any information created or received prior to the date of the new Notice. If we change the terms of this Notice, the revised Notice will be made available upon request and posted at our locations where we provide health care services. Copies of the current Notice may be obtained by contacting our Chief Privacy Officer. You can contact our Chief Privacy Officer using the contact information provided at the end of this Notice.		
USES AND DISCLOSURES WITHOUT YOUR AUTHORIZATION		
The following categories describe different ways that we use and disclose medical information without your written HIPAA authorization, subject to the requirements in 42 C.F.R. Part 2, as applicable, and other more strict applicable laws. For each category of uses or disclosures, we will explain what we mean and try to give an example. Not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose medical information without a HIPAA written authorization fall within one of the categories.		
Treatment	We may use and disclose your medical information to provide, coordinate and/or manage your treatment, health care, or other related services.	For example: Our pharmacists or nurses may discuss your care or overall health condition with your doctor or other health care professionals involved in your care. We may also use your medical information to remind you about an upcoming appointment.
Payment	We may use and disclose your medical information as needed to bill or obtain payment for the treatment and services provided.	For example: We may contact your health insurance plan to determine whether it will authorize payment for our services or to determine the amount of your co-payment or co-insurance. We may also submit information about you to your health insurance plan so that the health plan pays for services we have provided to you. We may share your information with entities that help us to collect payments owed to us for the services we have provided.
Healthcare Operations	We may use or disclose your medical information in order to carry out our operations related to providing health care, our general business activities or certain business activities. These activities include, but are not limited to, training and education; quality assessment/ improvement activities; risk management; claims management; legal consultation; licensing; and other business planning activities.	For example: We may use your medical information to evaluate the quality of care we are providing. We may also disclose your medical information to other HIPAA-covered entities that have provided services to you so that they can improve the quality and effectiveness of the health care services that they provide. We may also use your medical information to create de-identified information, meaning the data will no longer identify you, or to create a “limited data set” (i.e., a limited amount of medical information from which almost all identifying information such as your name, address, Social Security number and medical record number have been removed) and share it with those who have signed a contract promising to use it only for research, public health, or healthcare operations purposes and to protect its confidentiality.
Health Information Exchange (HIE)	We may participate in an electronic Health Information Exchange (“HIE”) to assist in the sharing of your medical information with other health care providers for treatment purposes. An HIE is a network of health care providers, such as doctors, pharmacists and other health care providers, who participate to exchange patient information in order to better coordinate your health care. There are many situations when it is helpful for another health care provider to be able to access patient medical records to coordinate health care.	For example: If you were taken to a hospital emergency room and were unconscious, it would be very helpful for the health care professionals in the emergency room who were treating you to know which medications you are currently taking as some of them may impact the care you would be provided. If you do not wish your medical information to be shared through the HIE, please contact our Chief Privacy Officer by email at OC-Privacy@optioncare.com or by phone at 312.940.2813.
Family, Friends and Others Involved in Your Care	Unless you tell us otherwise, we may disclose your medical information to a family member, friend or other individual who is involved in your medical care or to someone who helps pay for your care. Also, if you cannot agree due to an emergency, we may share needed medical information about you with your family, friends or others who are involved in your care, based on professional judgment of what is in your best interest. We may also use or disclose your medical information to notify (or assist in notifying) a family member, legally authorized representative or other person responsible for your care of your location, general condition or death. If you are a minor, we may release your medical information to your parents or legal guardians when we are permitted or required to do so under federal and applicable state law.	
Disaster Relief Efforts	We may use or disclose your medical information to an authorized public or private entity to assist in disaster relief efforts. You may have the opportunity to object unless it would impede our ability to respond to emergency circumstances.	
Fundraising Activities	We may contact you for fundraising purposes and you have the right to opt out of receiving these types of communications. In addition to general fundraising efforts, if we intend to use or disclose medical information subject to 42 C.F.R. Part 2 for fundraising for our benefit, we must first provide you a clear and conspicuous opportunity to elect not to receive any fundraising communications.	
Third Parties	We may disclose your medical information to third parties, often referred to as business associates, with whom we contract to perform services on our behalf. If we disclose your information to these entities, we will have an agreement with them to safeguard your information. Examples of these third parties include, but are not limited to, accreditation agencies, management consultants, quality assurance reviewers, collection agencies, transcription services, etc.	
Required by Law	We may use or disclose your medical information to the extent the use or disclosure is required by law. Any such use or disclosure will be made in compliance with the law and will be limited to what is required by the law.	
Public Health Activities	We may disclose your medical information for public health activities. These activities generally include the following: • To prevent or control disease, injury or disability • To report child abuse or neglect • To report reactions to medications or problems with products • To notify people of recalls of products they may be using • To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition • To report findings to your employer concerning a work-related illness or injury or workplace-related medical surveillance • To notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when otherwise required by law to the make the disclosure.	
Health Oversight Activities	We may disclose your medical information to a health oversight agency for activities authorized by law.	For example: These oversight activities include, audits; investigations, proceedings or actions; inspections; and disciplinary actions; or other activities necessary for appropriate oversight of the health care system, government programs and compliance with applicable laws.
Law Enforcement	We may disclose your medical information to law enforcement in compliance with certain warrants, subpoenas and court orders, as required by certain laws and in very limited circumstances, such as to identify or locate suspects, fugitives, witnesses or victims of a crime, to report deaths from a crime, and to report crimes that occur on our premises or crime in emergencies.	
Judicial and Administrative Proceedings	We may disclose information about you in response to an order of a court or administrative tribunal as expressly authorized by such order, or in response to a subpoena, warrant, summons or other lawful process.	
To Avert a Serious Threat to Health or Safety	We may use or disclose your medical information when necessary to prevent a serious and imminent threat to your health or safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat of harm.	
Coroners, Medical Examiners and Funeral Directors	We may disclose medical information consistent with applicable law to coroners, medical examiners and funeral directors only to the extent necessary to assist them in carrying out their duties.	
Organ and Tissue Donation	We may disclose medical information consistent with applicable law to organizations that handle organ, eye or tissue donation or transplantation, only to the extent necessary to help facilitate organ or tissue donation or transplantation.	
Research	Under certain circumstances, we may also use and disclose information about you for research purposes. Research projects are subject to a special approval process through an appropriate committee.	
Workers' Compensation	We may disclose your medical information as authorized by law to comply with workers' compensation laws and other similar programs established by law.	
Military, Veterans, National Security and Other Government Purposes	If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose your medical information to authorized federal officials for intelligence and national security purposes to the extent authorized by law.	
Correctional Institutions	If you are or become an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose to the institution or law enforcement official information necessary for the provision of health services to you, your health and safety, the health and safety of other individuals and law enforcement on the premises of the institution and the administration and maintenance of the safety, security and good order of the institution.	
OTHER USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION, CONSENT OR ATTESTATION		
If we wish to use or disclose your medical information for a purpose not set forth in this Notice, we will seek your authorization.		
Specific examples of uses and disclosures of medical information requiring your authorization include: (i) most uses and disclosures of your medical information for marketing purposes; (ii) disclosures of your medical information that constitute the sale of your medical information; and (iii) most uses and disclosures of psychotherapy notes (private notes of a mental health professional kept separately from a medical record). You may revoke an authorization in writing at any time, except to the extent that we have already taken action in reliance on your authorization.		
Uses and disclosures of certain medical information subject to federal regulations governing substance use disorder treatment records (42 C.F.R. Part 2) may require your written consent: We may not use or disclose your medical information in response to a request associated with a civil, criminal, administrative, or legislative proceeding related to substance use disorder treatment records received from programs subject to 42 C.F.R. Part 2, or testimony relating the content of such records, unless we have written consent or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in 42 C.F.R. Part 2. For purposes of medical information protected by 45 C.F.R. Part 2, if we obtain a court order authorizing the use or disclosure of such records or testimony, we must also obtain a subpoena or other legal requirement compelling disclosure before the request is completed.		
YOUR MEDICAL INFORMATION RIGHTS		
Inspect and/or obtain a copy of your medical information	You have the right to inspect and/or obtain a copy of your medical information maintained in a designated record set. If we maintain your medical information electronically, you may obtain an electronic copy of the information or ask us to send it to a person or organization that you identify. To request to inspect and/or obtain a copy of your medical information, you must submit a written request to our Chief Privacy Officer. If you request a copy (paper or electronic) of your medical information, we may charge you a reasonable, cost-based fee.	
Request a restriction on certain uses and disclosures of your medical information	You have the right to ask us not to use or disclose any part of your medical information for purposes of treatment, payment or healthcare operations. While we will consider your request, we are only required to agree to restrict a disclosure to your health plan for purposes of payment or healthcare operations (but not for treatment) if the information applies solely to a healthcare item or service for which we have been paid out of pocket in full. If we agree to a restriction, we will not use or disclose your medical information in violation of that restriction unless it is needed to provide emergency treatment. We will not agree to restrictions on medical information uses or disclosures that are legally required or necessary to administer our business. To request a restriction, you must submit a written request to our Chief Privacy Officer.	
Request confidential communications	You have the right to request that we communicate with you in a certain way or at a certain location.	For example: You can ask that we only contact you at work or by mail. To request a confidential communication of your medical information, you must submit a written request to our Chief Privacy Officer stating how or when you would like to be contacted. We will not require you to provide an explanation for your request. We will accommodate all reasonable requests.
Request an amendment or correction to medical information	If you believe that any information in your medical record is incorrect or if you believe important information is missing, you may request that we amend the existing information. To request such an amendment, you must submit a written request to our Chief Privacy Officer.	
Request an accounting of certain disclosures	You have the right to receive an accounting of certain disclosures we have made of your medical information. To request an accounting, you must submit a written request to our Chief Privacy Officer. The first accounting you request within a 12-month period will be provided free of charge. We may charge you for any additional requests in that same 12-month period.	
Obtain a paper copy of this Notice	You have the right to obtain a paper copy of this Notice upon request, even if you agreed to accept this Notice electronically. To obtain a paper copy of this Notice, contact our Chief Privacy Officer.	

STATE LAW

We will not use or share your information if state law prohibits it. Some states have laws that are stricter than the federal privacy regulations, such as laws protecting HIV/AIDS information or mental health information. If a state law applies to us and is stricter or places limits on the ways we can use or share your medical information, we will follow the state law. If you would like to know more about any applicable state laws, please ask our Chief Privacy Officer.

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Contact your Option Care Health team for additional details.

QUESTIONS, CONCERNS OR COMPLAINTS

If you have any questions or want more information about this Notice or how to exercise your medical information rights, you may contact our Chief Privacy Officer by email at OC-Privacy@optioncare.com or by phone at 312.940.2813.

If you believe your privacy rights have been violated, you may file a complaint with our Chief Privacy Officer or with the Office for Civil Rights: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201 or OCRComplaint@hhs.gov. **We will not retaliate against you or take action against you for filing a complaint.**