



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.***

The Health Insurance Portability and Accountability Act (HIPAA) was passed to promote standardization and efficiency within the healthcare industry. It also establishes certain privacy and security requirements that apply to Protected Health Information (PHI), which includes any information held by healthcare providers that relates to your past, present, or future medical conditions, the provision of health care to you, or the past, present or future payment for the provision of health care, and which may specifically identify you. We at GenRx Corp. (GenRx Pharmacy) would like to make you aware of your rights and our responsibilities with regard to your PHI, as identified by HIPAA.

USES AND DISCLOSURES

The following categories describe examples of the way we may use and disclose your PHI without your written authorization.

Treatment. We may use and disclose your PHI to provide you with medical treatment or services. For example, we may use your PHI during the preparation of your order. Your physician may be contacted in order for us to clarify or discuss treatment, as well as ask for refills and changes to your order, per your request.

Payment. We may use and disclose your PHI to obtain payment for the services we provide to you. For example, your third party payer may be contacted to determine coverage or eligibility, to discuss payment or reimbursement, or to gather additional information in an attempt to submit claims.

Health Care Operations: We may use and disclose PHI about you in the course of running our pharmacy business. These uses and disclosures are necessary to make sure that all of our patients receive quality care. For example, we may use PHI to evaluate the performance of our staff in caring for you. We may also combine PHI about many patients to decide what additional services we should offer, what services are not needed, or to assess how we is doing compared to other health care providers and to see where we can make improvements. We may also disclose your PHI to third party "business associates" that perform services on our behalf, such as billing and collection services. In these cases, we will enter into a written agreement with the business associate to ensure they protect the privacy of your PHI.

Persons Involved in Your Care or Payment for Your Care. We may disclose PHI about you to a relative, a friend, or any other person you identify who is involved in your care or who helps pay for your care. For example, if a family member or caregiver calls us with prior knowledge of a pharmacy order, we may confirm whether or not the order has been filled. To ensure seamless service, please request a HIPAA Authorization form from GenRx by mail, or download one on GenRx's website. Refer to the GenRx contact information at the bottom of this document.



Required by Law. We may disclose your PHI when required by law to do so.

Public Health Reporting. We may disclose your PHI to public health agencies as authorized by law. For example, we may share your PHI with the U.S. Food and Drug Administration about medicines you are taking.

Reporting Victims of Abuse or Neglect. We may disclose your PHI to the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence. GenRx will only make this disclosure if you agree, or when required or authorized by law to do so.

Health Care Oversight. We may disclose your PHI to authorities and agencies for oversight activities allowed by law, including audits, investigations, inspections, licensure, and disciplinary actions, or civil, administrative, and criminal proceedings, as necessary for oversight of the health care system, government programs, and civil rights laws.

Legal Proceedings. We may disclose your PHI pursuant to a court order if you are involved in a legal proceeding. Under most circumstances when the request is made through a subpoena, a discovery request, or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.

Law Enforcement. We may disclose your PHI to a law enforcement official for certain specific purposes, such as reporting certain types of injuries.

Deceased Persons. We may disclose your PHI to coroners, medical examiners, or funeral directors so that they can carry out their duties. We may also share your PHI with friends or family who helped take care of you right before you died. Your PHI may be shared for other reasons after you have been dead for fifty years.

Research. Under certain circumstances, we may disclose your PHI to researchers who are conducting a specific research project. For certain research activities, an Institutional Review Board (IRB) or Privacy Board may approve uses and disclosures of your PHI without your authorization.

To Avoid a Serious Threat to Health or Safety. If there is a serious threat to your health and safety or the health and safety of the public or another person, GenRx may use and disclose your PHI in a very limited manner to someone able to help prevent the threat.

Specialized Government Functions. In certain circumstances, HIPAA authorizes us to use or disclose your PHI to authorized federal officials for the conduct of national security activities and other specialized government functions.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official to assist them in providing you health care, protecting your health and safety or the health and safety of others, or for the safety of the correctional institution.



Workers' Compensation. We may disclose your PHI as necessary to comply with laws related to workers' compensation or other similar programs.

Please be aware that some state and federal laws may have additional requirements that we must follow, or may be more restrictive than HIPAA on how we use and disclose your PHI. If there are specific more restrictive requirements, even for some of the purposes listed above, we may not disclose your PHI without your written permission as required by such laws. We may also be required by law to obtain your written authorization to use and disclose your information related to treatment for a mental illness, developmental disability, or alcohol or drug abuse.

USES AND DISCLOSURES WHERE YOUR AUTHORIZATION IS REQUIRED

Disclosure of your PHI or its use for any purpose other than those listed above requires your specific written authorization. Some examples include:

- **Marketing:** We will not use or disclosure your PHI for marketing purposes without your written authorization except as permitted by law.
- **Sale of Your PHI:** We do not usually sell our patients' PHI, either during or after treatment with us. If we do consider the sale of PHI in the future, we will not sell your health information without your written authorization except as otherwise permitted by law.

You can request a HIPAA Authorization form from GenRx. See contact information at bottom of document.

You may revoke this authorization at any time by notifying us in writing at GenRx Pharmacy, Attention: Privacy Officer, 17250 N Hartford Dr. Suite 115 Scottsdale AZ 85255. Revoking the authorization will not affect or undo any use or disclosure of your PHI that occurred before you notified us of your decision, or any actions that we have taken based upon your authorization.

INDIVIDUAL RIGHTS

This section describes your rights regarding the PHI we maintain about you. All requests or communications to us to exercise your rights discussed below must be submitted in writing to GenRx Pharmacy, GenRx Pharmacy, Attention: Privacy Officer, 17250 N Hartford Dr. Suite 115 Scottsdale AZ 85255.

Right to Inspect and Copy. You have the right to inspect and receive a copy of your PHI. We have up to 30 days to make your PHI available to you unless we notify you in writing that an additional 30 days is necessary to respond to the request and the reasons for the delay. We may charge you a cost-based fee for the labor, supplies, and postage required to meet your request. You may request access to your PHI in a certain electronic form and format, if readily producible, or, if not readily producible, in a mutually agreeable electronic form and format. Further, you may request in writing that we transmit such a copy to any person or entity you designate. Your written, signed request must clearly identify



such designated person or entity and where you would like us to send the copy.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed by a licensed health care professional chosen by us. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. You have the right to request that we amend or correct your PHI that you believe is incorrect or incomplete. For example, if your date of birth is incorrect, you may request that the information be corrected. To request a correction or amendment to your PHI, you must make your request in writing and provide a reason for your request. You have the right to request an amendment for as long as the information is kept by or for us. Under certain circumstances we may deny your request. If your request is denied, we will provide you with information about our denial and how you can file a written statement of disagreement with us that will become part of your medical record.

Right to Request Confidential Communications. You have the right to request that we communicate your PHI to you in a certain manner or at a certain location.

Right to Request Restrictions. You have the right to request restrictions on how your PHI is used or disclosed for treatment, payment, or health care operations activities. However, we are not required to agree to your requested restriction unless that restriction is regarding disclosure of PHI to your health insurance company and: (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the PHI pertains solely to a health care item or service for which you or another person (other than your health insurance company) paid for in full. If we agree to your requested restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to an Accounting of Disclosures. You have the right to request a list of all disclosures of your PHI that we have made to others. Please note that certain disclosures need not be included in the accounting we provide to you. Your request must state a time period which may not go back further than six years. You will not be charged for this accounting, unless you request more than one accounting per year, in which case we may charge you a reasonable cost-based fee for providing the additional accounting(s). We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.

Right to Breach Notification. You have the right to be notified upon a breach of any of your unsecured Protected Health Information, and a notice will be mailed to you if this should occur.

Right to a Paper Copy of this Notice: You have the right to receive a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically. A paper copy of this Notice can be obtained from the GenRx website at www.genrx2u.com or by mail at:



GenRx Pharmacy,
Attention: Privacy Officer,
17250 N Hartford Dr. Suite 115 Scottsdale AZ 85255

LEGAL DUTIES

We have a legal duty to protect the privacy of your information, to provide and make available our Notice of Privacy Practices and legal duties, including updates and revisions to the Notice, and to abide by the terms of this Notice currently in effect. This Notice may be updated and revised over time. We reserve the right to make the new Notice provisions effective for all PHI we currently maintain, as well as any PHI we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Each version of the Notice will have an effective date and revision date listed on the first page. If we change this Notice, you can access the revised Notice on our website at www.genrx2u.com or from the receptionist at the GenRx Pharmacy.

COMPLAINTS

You have the right to file a complaint if you believe that your privacy rights have been violated or if you disagree with a decision that has been made with regard to your records. If you would like to file a complaint about our privacy practices, you can do so by sending a letter outlining your concerns to GenRx Pharmacy, Attention: Privacy Officer, 17250 N Hartford Dr. Suite 115 Scottsdale AZ 85255.

You may also contact your state's Board of Pharmacy. Finally, you have the right to file a complaint with the Secretary of the Department of Health and Human Services. In accordance with 45 C.F.R. section 160.306, your complaint must be filed in writing within 180 days of the violation, unless good cause is found to waive this time limit. The complaint must list the name of the entity thought to be in violation and describe the acts or omissions believed to be in violation of the applicable standards, requirements, or specifications. GenRx will not retaliate against any person who files a complaint.

CONTACT INFORMATION

To submit requests for records, to correct or add information or restrictions to your record, or to receive more details about HIPAA and GenRx's privacy practices, please visit our web site at www.genrx2u.com. You may also contact our Privacy Officer by mail at:

GenRx Pharmacy,
Attention: Privacy Officer,
17250 N Hartford Dr. Suite 115 Scottsdale AZ 85255.