



1120 W. Township Line Rd., Suite 300  
Havertown, PA 19083

## NOTICE OF PRIVACY PRACTICES (NOPP)

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.

DATE OF NOTICE: 2022

Axiva Wellness Centers, values your privacy and trust. To serve you, we need personal information from you and your healthcare provider. This includes things like your name, mental and physical health conditions, address and other things that identify you. This information is called **protected health information**. We'll abbreviate **protected health information** in the rest of this document by calling it **PHI**. The law requires us to protect your **PHI**. We take that requirement seriously. We use and disclose **PHI** only as allowed by law. For example, when we provide you your prescriptions, we will use and disclose your **PHI**.

The law also requires us to let you know how we use and protect your **PHI**. We've put together this document, called a **Notice of Privacy Practices** to help you understand how we use, protect and disclose your **PHI**. We'll abbreviate **Notice of Privacy Practices** in the rest of this document by calling it **NOPP**. The **NOPP** helps us tell you that you have legal rights related to your **PHI**. We'll tell you what your rights are and how to exercise them. The law also requires us to give you a copy of this **NOPP**.

We're going to ask that you acknowledge you've received, read and understand this **NOPP**.

Your **PHI** will only be used and disclosed as described in the **NOPP**. If we need to use and disclose your **PHI** in a way not described, we will get your written authorization before the use and disclosure. We might need to change this **NOPP** in the future. If this happens, we will give you the new **NOPP** within 60 days of changing it.

### SECTION A: Uses and Disclosures of Protected Health Information

- 1. For treatment:** The law lets us use and disclose your **PHI** for treatment. We get information from your doctor or other health care provider to provide your prescriptions and keep track of your treatment. We keep records about our management of your medication and information that helps us do that. This means that we are communicating with your healthcare team to treat you and provide your medication. For example, the pharmacist may talk to your doctor about your medications, treatment, condition or other information like how you are doing with your treatment. We may use and disclose your **PHI**, without your authorization when the pharmacy needs to contact a physician or physician's staff. We may use and disclose your **PHI** if we are contacted by another pharmacy who tells us they have your request and consent to transfer pharmacy records to them.
- 2. Storage and Backup:** We store some of your **PHI** electronically on computers. We backup our electronic records frequently and securely. We store the backups off site. We also use other precautions to reasonably safeguard your **PHI**. Even with those safeguards, a computer crash, disaster, technological failure or emergency could cause the loss of your **PHI**.
- 3. Other Communication:** We may contact you to provide refill reminders, health screenings, wellness events, inoculations, vaccinations or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- 4. Business Associates:** Sometimes, our Pharmacy works with other companies or people to operate our business who aren't directly employed by us. These are people or companies who work with us under contract or as we need them. If those companies or people have access to your **PHI**, they are called **Business**

**Associates.** Shredding companies, records storage providers, and medical transcriptionists are examples of business associates. **Business associates** may use, change or create **PHI**. We require **business associates** to protect your **PHI** in the same way we do. We have agreements with our **business associates** where they promise to keep your **PHI** private. We only give **business associates** the information they need to do their jobs.

- 5. Other Disclosures:** There are other times that we can use or disclose your **PHI** without your authorization. However, Wells Pharmacy Network may never have reason to make these disclosures.
  - a. To Communicate with Individuals Involved in Your Care.** We may disclose to a family member, other relative, close personal friend or any other person you identify, **PHI** that helps the person care for you.
  - b. Food and Drug Administration (FDA).** We may disclose to the FDA, or people working for the FDA, **PHI** about adverse events involving drugs, foods, supplements, products and product defects, or post-marketing surveillance information that helps the FDA do product recalls, repairs, or replacements.
  - c. Worker's Compensation.** We may disclose your **PHI** to the extent authorized by and to the extent necessary to comply with worker's compensation or other similar programs established by law.
  - d. Public Health.** As required by law, we may disclose your **PHI** to public health or legal authorities who work to prevent or control disease, injury, or disability.
  - e. Law Enforcement.** We may disclose your **PHI** to law enforcement as required by law or in response to a subpoena or court order.
  - f. Health Oversight Activities.** We may disclose your **PHI** to an oversight agency for activities like audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and civil rights laws.
  - g. Judicial and Administrative Proceedings.** If you are involved in a lawsuit or dispute, we may disclose your **PHI** if we get a court or administrative order. We may also disclose health information about you if we get a subpoena, discovery request, or other lawful process instituted by someone else, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.
  - h. Research.** We may disclose your **PHI** to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.
  - i. Coroners, Medical Examiners, and Funeral Directors.** We may release your **PHI** 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 disclose **PHI** to funeral directors to allow them to carry out their duties.

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- j. **Organ or Tissue Procurement Organizations.** We may disclose your **PHI** to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- k. **Notification.** We may use or disclose your **PHI** to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and general condition.
- l. **Fundraising.** You may opt out of fundraising communications at any time.
- m. **Correctional Institution.** If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents **PHI** necessary for your health and the health and safety of other people.
- n. **To Avert a Serious Threat to Health and Safety.** We may use and disclose your **PHI** when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- o. **Military and Veterans.** If you are a member of the armed forces, we may release **PHI** about you as required by military command authorities. We may also release **PHI** about foreign military personnel to the appropriate foreign military authority.
- p. **National Security, Intelligence Activities and Protective Services for the President and Others.** We may release **PHI** about you to federal officials for intelligence.
- q. **Victims of Abuse or Neglect.** We may disclose **PHI** about you to a government authority if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law. If you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.
- r. **Other uses and disclosures.** These may be made only with your written authorization and include, but are not limited to:
- Most uses and disclosures of psychotherapy notes
  - Uses and disclosures of **PHI** for marketing
  - Disclosures that involve sale of your **PHI**
  - Payment for products and services
  - Healthcare operations
- You may revoke your authorization by notifying us as described in Section C.
- s. **Your filled prescription contains PHI.** We will use our judgment and experience regarding your best interest in allowing people to pick-up filled prescriptions, or other similar forms of **PHI**.

## **SECTION B: Your PHI RIGHTS**

1. You may ask us to restrict uses and disclosures of your **PHI** to carry out treatment, or to restrict uses and disclosures to family members, relatives, friends, or other persons identify by you who are involved in your care. However, **we are not required to agree to your request if we think it is unreasonable.** If you want us to restrict uses and disclosures, please request this in writing and let us know: (i) the information to be restricted, (ii) the type of restriction being requested (for example, on the use of information, the disclosure of information, or both), and (iii) to whom the limits should apply.
2. You have the right to request the following with respect to your **PHI**: (i) inspection and copying; (ii) amendment or correction; (iii) an accounting of the disclosures of this information by us (we are not required to account to you for disclosures made for treatment, disclosures to you, disclosures to your caregivers, for notify otherwise excluded by law); and (iv) the right to receive a paper copy of this notice upon request. We may require you to pay for this request to cover our costs of copying, labor and postage.
3. You may request, and we must accommodate the request, if reasonable, to receive communications of **PHI** by alternative means or at alternative locations. To make this request please contact, in writing:

4. You have the right to get notice of a security breach. We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breach of your Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days after we discover the breach. "Unsecured Protected Health Information" is **PHI** that has not been made unusable, unreadable, and undecipherable to unauthorized users. The notice will give you the following information:
  - a short description of what happened, the date of the breach and the date it was discovered;
  - the steps you should take to protect yourself from potential harm from the breach;
  - the steps we are taking to investigate the breach, mitigate losses, and protect against further breaches; and
  - contact information where you can ask questions and get additional information.

If the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on our website or in a major print or broadcast media.

5. If you are paying for your prescriptions yourself, and not claiming reimbursement from your insurance company, you may ask that we not disclose your **PHI** to your insurance company. **We are required to honor that request.**
6. If you are a minor who has lawfully provided consent for treatment and you wish for Axiva Wellness Centers to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify a staff member, pharmacist or the Privacy Officer.
7. If you believe that your privacy rights have been violated, you may complain to us at the location described in Section C or to the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. **You will not be retaliated against for filing a complaint.**

## **SECTION C: Contacting Us**

You may contact us for further information at:

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Privacy Officer  
1120 W. Township Line Rd., Suite 300  
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