



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.

We at DigiRehab USA, LLC ("DigiRehab US") are required by law to maintain the privacy of Protected Health Information ("PHI") and to provide you with notice of our legal duties and privacy practices with respect to PHI. References to "DigiRehab US," "we," "us," and "our" include DigiRehab USA, LLC and those persons and entities with whom we have contracted to provide services. DigiRehab US has contracted with DigiRehab World, A/S a therapy business entity located in the nation of Denmark, to assist in the evaluation, assessment and reassessment of each Participant's ability to perform physical exercise, their likelihood of improving their physical ability, and to prescribe specific exercise routines. Some of your PHI will be securely transmitted to DigiRehab World, A/S for these purposes.

PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition, the provision of health care products and services to you or payment for such services. This Notice describes how we may use and disclose PHI about you, as well as how you obtain access to such PHI. This Notice also describes your rights with respect to your PHI. We are required by HIPAA to provide this Notice to you.

DigiRehab US is required to follow the terms of this Notice or any change to it that is in effect. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. If we do so, the updated Notice will be posted on our website and will be available from your therapist or other healthcare provider offering the DigiRehab program.

How We May Use and Disclose Your PHI

The following categories describe different ways that we use and disclose your PHI. We have provided you with examples in certain categories; however, not every permissible use or disclosure will be listed in this Notice. Note that some types of PHI, such as HIV information, genetic information, alcohol and/or substance abuse records, and mental health records may be subject to special confidentiality protections under applicable state or federal law and we will abide by these special protections.

I. Uses and Disclosures Of PHI That Do Not Require Your Prior Authorization

Except where prohibited by federal or state laws that require special privacy protections, we may use and disclose your PHI for treatment, payment and health care operations without your prior authorization as follows:

Treatment. We may use and disclose your PHI to provide and coordinate the treatment and services you receive. We may disclose PHI to pharmacists, doctors, nurses, technicians and other personnel involved in your health care to help coordinate your care and make sure that everyone who is involved in your care has the information that they need about you to meet your health care needs. We may contact your insurer, or other

health care payor to determine whether it will pay for our services and to determine the amount of your co-payment. We will bill you or a third-party payor for the cost of the services we provide to you and information on or accompanying the bill may include information that identifies you, as well as information about the services that were provided to you.

We may also use and disclose your PHI without your prior authorization for the following purposes:

Business Associates. We may contract with third parties to perform certain services for us, such as billing services, copy services or consulting services. These third party service providers, referred to as Business Associates, may need to access your PHI to perform services for us. They are required by contract and law to protect your PHI and only use and disclose it as necessary to perform their services for us. We may use your PHI to create de-identified data, which is stripped of your identifiable data and no longer identifies you.

To Communicate with Individuals Involved in Your Care or Payment for Your Care. We may disclose to a family member, other relative, close personal friend, or any other person you identify and approve, PHI directly relevant to that person's involvement in your care or payment related to your care. Additionally, we may disclose PHI to your "personal representative." If a person has the authority by law to make health care decisions for you, we will generally regard that person as your "personal representative" and treat him or her the same way we would treat you with respect to your PHI.

Public Health. We may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including the FDA. In certain circumstances, we may also report work-related illnesses and injuries to employers for workplace safety purposes.

As Required by Law. We will disclose your PHI when required to do so by federal, state or local law.

Health Oversight Activities. We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs and compliance with civil rights laws.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or administrative legal action, we may disclose your PHI in response to a subpoena, court order or administrative order after efforts have been made to inform you

Research. We may use your PHI to conduct research and we may disclose your PHI to researchers as authorized by law. For example, we may use or disclose your PHI as part of a research study when the 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.

Coroners, Medical Examiners and Funeral Directors. We may release your PHI to coroners or medical examiners so that they can carry out their duties. 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 consistent with applicable law to enable them to carry out their duties.

Organ or Tissue Procurement Organizations. Consistent with applicable law, 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.

Notification. We may use or disclose your PHI to notify or assist in notifying a personal representative, or another person responsible for your care, regarding your location and general condition.

Disaster Relief. We may use and disclose your PHI to organizations for purposes of disaster relief efforts.

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 individuals.

To Avert a Serious Threat to Health or 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.

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.

National Security, Intelligence Activities, and Protective Services for the President and Others. We may release PHI about you to federal officials for intelligence, counterintelligence, protection of the President, and other national security activities authorized by law.

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.

II. Uses and Disclosures of PHI that Require Your Prior Authorization

Specific Uses or Disclosures Requiring Authorization. We will obtain your written authorization for the use or disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI, except in limited circumstances where applicable law allows such uses or disclosure without your authorization.

Other Uses and Disclosures. We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or otherwise permitted by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

Your Health Information Rights:

Obtain a paper copy of the Notice upon request. You may request a copy of our current Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy at the site where you obtain health care services from us or by contacting the Privacy Office at

Request a restriction on certain uses and disclosures of PHI. You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request to the Privacy Office. We are not required to agree to the restrictions, except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you, or a person on your behalf, has paid in full.

Inspect and obtain a copy of PHI. With a few exceptions, you have the right to access and obtain a copy of the PHI that we maintain about you. If we maintain an electronic health record containing your PHI, you have the right to request to obtain the PHI in an electronic format. To inspect or obtain a copy of your PHI, you must send a written request to the Privacy Office. You may ask us to send a copy of your PHI to other individuals or entities that you designate. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed.

Request an amendment of PHI. If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. To request an amendment, you must send a written request to the Privacy Office. You must include a reason that supports your request. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it.

Receive an accounting of disclosures of PHI. With the exception of certain disclosures, you have a right to receive a list of the disclosures we have made of your PHI, in the six years prior to the date of your request, to entities or individuals other than you. To request an accounting, you must submit a request in writing to the Privacy Office. Your request must specify a time period.

Request communications of PHI by alternative means or at alternative locations. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For instance, you may request that we contact you at a different residence or post office box, or via e-mail or other electronic means. Please note if you choose to receive communications from us via e-mail or other electronic means, those may not be a secure means of communication and your PHI that may be contained in our e-mails to you will not be encrypted. This means that there is risk that your PHI in the e-mails may be intercepted and read by, or disclosed to, unauthorized third parties. To request confidential communication of your PHI, you must submit a request in writing to the Privacy Office. Your request must tell us how or where you would like to be contacted. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

Notification of a Breach. You have a right to be notified following a breach of your unsecured PHI, and we will notify you in accordance with applicable law.

For more information, forms for submitting requests or to report a problem contact the Privacy Officer at DigiRehab USA, LLC, W156S7464 Martin Ct, Muskego WI 53150 or by telephone at (414) 531-3598. You can also visit www.digirehab.us to request these forms. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. You can also file a complaint through www.DigiRehabUS.com, and we will route your complaint to the Privacy Office. There will be no retaliation for filing a complaint.

Effective Date This Notice is effective as of August 1, 2023

STATE LAW SUPPLEMENT

ALABAMA

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Disclosure. We will not disclose your professional records to anyone without your authorization, except where it is in your best interest or where the law requires the disclosure.

Medicaid. For Medicaid recipients, we will disclose information pertaining to your treatment (including billing statements and itemized bills) only to:

1. (a) the Medicaid Fiscal Agent;
2. (b) the Social Security Administration;
3. (c) the Alabama Vocational Rehabilitation Agency;
4. (d) the Alabama Medicaid Agency;
5. (e) insurance companies requesting information about a Medicaid claim filed by the provider, an insurance application, payment of life insurance benefits, or payment of a loan; or
6. (f) other providers who need the information for treatment of a patient.

ALASKA

No supplemental material. Refer to the Notice of Privacy Practices.

ARIZONA

Communicable Diseases. We will not disclose any confidential communicable disease-related information about an individual, except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure.

ARKANSAS

No supplemental material. Refer to the Notice of Privacy Practices.

CALIFORNIA

Disclosure. California law limits disclosure of your medical information in ways that would otherwise be permitted under federal law. In the situations described below, the pharmacy will disclose your medical information as follows:

1. (a) the information may be disclosed to providers of health care, health care service plans, contractors or other health care professionals or facilities for purposes of diagnosis or treatment of the patient. This includes, in an emergency situation, the communication of patient information by radio transmission or other means between licensed emergency medical personnel at the scene of an emergency, or in an emergency medical transport vehicle, and licensed emergency medical personnel at a health facility;

2. (b) the information may be disclosed to an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor or any other person or entity responsible for paying for health care services rendered to the patient to the extent necessary to allow responsibility for payment to be determined and payment to be made. If the patient is, by reason of a comatose or other disabling medical condition, unable to consent to the disclosure or medical information and no other arrangements have been made to pay for the health care services being rendered to the patient, the information may also be disclosed to a governmental authority to the extent necessary to determine the patient's eligibility for, and to obtain, payment under a governmental program for health care services provided to the patient. The information may also be disclosed to another provider of health care or a health care service plan as necessary to assist the other provider or health care service plan in obtaining payment for health care services rendered by that provider of health care or health care service plan to the patient;
3. (c) the information may be disclosed to any person or entity that provides billing, claims management, medical data processing, or other administrative services for providers of health care or health care service plans or for any of the persons or entities specified above in paragraph (b). However, no information so disclosed may be further disclosed by the recipient in any way that would be violative of California laws governing the use and disclosure of medical information without authorization from the patient;
4. (d) the information may be disclosed to organized committees and agents of professional societies or of medical staffs of licensed hospitals, licensed health care service plans, professional standards review organizations, independent medical review organizations and their selected reviewers, utilization and quality control peer review organizations, contractor's or persons or organizations insuring, responsible for, or defending professional liability that a provider may incur, if the committees, agents, health care service plans, organizations, reviewers, contractors or persons are engaged in reviewing the competence or qualifications of health care professionals or in reviewing health care services with respect to medical necessity, level of care, quality of care, or justification of charges;
5. (e) a provider of health care or a health care service plan that has created medical information as a result of employment-related health care services to an employee conducted at the specific prior written request and expense of the employer may disclose to the employee's employer medical information that:
 6. (1) is relevant in a law suit, arbitration, grievance, or other claim or challenge to which the employer and the employee are parties and in which the patient has placed in issue his or her medical history, mental or physical condition, or treatment, provided that information may only be used or disclosed in connection with that proceeding;
 7. (2) describes functional limitations of the patient that may entitle the patient to leave from work for medical reasons or limit the patient's fitness to perform his or her present employment, provided that no statement of medical cause is included in the information disclosed;
8. (f) unless the provider of health care or the health care service plan is notified in writing of an agreement by the sponsor, insurer, or administrator to the contrary, the information may be disclosed to a sponsor, insurer, or administrator of a group or individual insured or uninsured plan or policy that the patient seeks coverage by or benefits from, if the information was created by the provider of health care or the health care service plan as the result of services conducted at the specific prior written request and expense of the sponsor, insurer, or administrator for the purpose of evaluating the application for coverage or benefits;

9. (g) the information may be disclosed to a health care service plan by providers of health care that contract with the health care service plan and may be transferred among providers of health care that contract with the health care service plan, for the purpose of administering the health care service plan. Medical information may not otherwise be disclosed by a health care service plan except in accordance with the provisions of this part;
10. (h) the information may be disclosed to an insurance institution, agent or support organization of medical information if the insurance institution, agent, or support organization has complied with all requirements for obtaining the information pursuant to the requirements of the California Insurance Code provisions.
11. (i) the information may be disclosed to an organ procurement organization or a tissue bank processing the tissue of a decedent for transplantation into the body of another person, but only with respect to the donating decedent for the purpose of aiding the transplant;
12. (j) the information may be disclosed to a third party for purposes of encoding, encrypting, or otherwise anonymizing data. However, no information may be further disclosed by the recipient in any way that would be unauthorized manipulation of coded or encrypted medical information that reveals individually identifiable medical information;
13. (k) for purposes of disease management programs and services, information may be disclosed to any entity contracting with a health care service plan or the health care service plan's contractors to monitor or administer care of enrollees for a covered benefit, provided that the disease management services and care are authorized by a treating physician or to any disease management organization that complies fully with the physician authorization requirements, provided that the health care service plan or its contractor provides or has provided a description of the disease management services to a treating physician or to the health care service plan's or contractor's network of physicians.

COLORADO

No supplemental material. Refer to the Notice of Privacy Practices.

CONNECTICUT

Disclosure. We will not disclose information about pharmaceutical services rendered to you to third parties without your consent, except to the following persons:

1. (a) the prescribing practitioner or a pharmacist or another prescribing practitioner presently treating you when deemed medically appropriate;
2. (b) a nurse who is acting as an agent for a prescribing practitioner that is presently treating you or a nurse providing care to you in a hospital;
3. (c) third party payers who pay claims for pharmaceutical services rendered to you or who have a formal agreement or contract to audit any records or information in connection with such claims;
4. (d) any governmental agency with statutory authority to review or obtain such information;
5. (e) any individual, the state or federal government or any agency thereof or court pursuant to a subpoena; and
6. (f) any individual, corporation, partnership or other legal entity which has a written agreement with the pharmacy to access the pharmacy's database provided the information accessed is limited to data which does not identify specific individuals.

Sale of Information. We will not sell your individually identifiable medical record information.

DELAWARE

No supplemental material. Refer to the Notice of Privacy Practices.

DISTRICT OF COLUMBIA

No supplemental material. Refer to the Notice of Privacy Practices.

FLORIDA

Disclosure. We will not disclose your pharmacy records without your written authorization, except to:

1. (a) you;
2. (b) your legal representative;
3. (c) the Department of Health pursuant to existing law;
4. (d) in the event that you are incapacitated or unable to request your records, your spouse; and
5. (e) in any civil or criminal proceeding, upon the issuance of a subpoena from a court of competent jurisdiction and proper notice to you or your legal representative, by the party seeking the records.

GEORGIA

Disclosure. Unless authorized by you, we will not disclose your confidential information to anyone other than you or your authorized representative, except to the following persons or entities:

1. (a) the prescriber, or other licensed health care practitioners caring for you;
2. (b) another licensed pharmacist for purposes of transferring a prescription or as part of a patient's drug utilization review, or other patient counseling requirements;
3. (c) the Board of Pharmacy, or its representative; or
4. (d) any law enforcement personnel duly authorized to receive such information.

We may also disclose your confidential information without your consent pursuant to a subpoena issued and signed by an authorized government official or a court order issued and signed by a judge of an appropriate court.

HIV/AIDS. We will not disclose AIDS confidential information, except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure.

HAWAII

HIV/AIDS. We will not disclose any HIV/AIDS/ARC-related information, except in situations where the subject of the information has provided us with prior written consent allowing the release or where we are authorized or required by state or federal law to make the disclosure.

IDAHO

Disclosure. We will not release your identifiable prescription information to anyone other than you or your designee, unless requested by any of the following persons or entities:

1. (a) the Board of Pharmacy, or its representatives, acting in their official capacity;
2. (b) the practitioner, or the practitioner's designee, who issued your prescription;
3. (c) other licensed health care professionals who are responsible for the your care;
4. (d) agents of the Department of Health and Welfare when acting in their official capacity with reference to issues related to the practice of pharmacy;
5. (e) agents of any board whose practitioners have prescriptive authority, when the board is enforcing laws governing that practitioner;
6. (f) an agency of government charged with the responsibility for providing medical care for you;
7. (g) the federal Food and Drug Administration, for purposes relating to monitoring of adverse drug events in compliance with the requirements of federal law, rules or regulations adopted by the FDA;and
8. (h) the authorized insurance benefit provider or health plan that provides your health care coverage or pharmacy benefits.

ILLINOIS

No supplemental material. Refer to the Notice of Privacy Practices.

INDIANA

Disclosure. We will disclose your confidential information only when it is in your best interests, when the information is requested by the Board of Pharmacy or its representatives or by a law enforcement officer charged with the enforcement of laws pertaining to drugs or devices or the practice of pharmacy, or when disclosure is essential to our business operations.

IOWA

HIV/AIDS. We will not disclose any HIV/AIDS-related information, except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure.

KANSAS

No supplemental material. Refer to the Notice of Privacy Practices.

KENTUCKY

Disclosure. We will not disclose your patient information or the nature of professional services rendered to you without your express consent or without a court order, except to the following authorized persons:

1. (a) members, inspectors, or agents of the Board of Pharmacy;
2. (b) you, your agent, or another pharmacist acting on your behalf;
3. (c) another person, upon your request;
4. (d) licensed health care personnel who are responsible for your care;
5. (e) certain state government agents charged with enforcing the controlled substances laws;
6. (f) federal, state, or municipal government officers who are investigating a specific person regarding drug charges; and
7. (g) a government agency that may be providing medical care to you, upon that agency's written request for information.

Minimum Necessary. We will only use your information to provide pharmacy care.

LOUISIANA

No supplemental material. Refer to the Notice of Privacy Practices.

MAINE

Disclosure. We will not disclose your health care information for fundraising purposes or to coroners or funeral directors, without your authorization.

Communicable Diseases. We will only disclose patient identifiable communicable disease information to the Department of Human Services for adult or child protection purposes or to other public health officials, agents or agencies or to officials of a school where a child is enrolled, for public health purposes. In a public health emergency, as declared by the state health officer, we may also release your information to private health care providers and agencies for the purpose of preventing further disease transmission.

MARYLAND

No supplemental material. Refer to the Notice of Privacy Practices.

MASSACHUSETTS

Medicaid. For Medicaid recipients, we will restrict disclosure of your information to purposes directly connected with the administration of the Medicaid program.

MICHIGAN

Disclosure. Unless authorized by you, we will not disclose your prescription or equivalent record on file, except to the following persons:

1. (a) you, or another pharmacist acting on your behalf;
2. (b) the authorized prescriber who issued the prescription, or a licensed health professional who is currently treating you;
3. (c) an agency or agent of government responsible for the enforcement of laws relating to drugs and

- devices; or
4. (d) a person authorized by a court order.

HIV/AIDS. We will not disclose AIDS-related information about an individual except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure.

MINNESOTA

Minnesota Law requires your consent for disclosure of treatment, payment and operations information unless the disclosure is to a related entity.

We can use your health information and share it with other professionals who are treating you only if we have your consent. We can only release your health records to health care facilities and providers outside our network without your consent if it is an emergency and you are unable to provide consent due to the nature of the emergency. We may also share your health information with a provider in our network.

MISSISSIPPI

No supplemental material. Refer to the Notice of Privacy Practices.

MISSOURI

Medicaid. For Medicaid recipients, we will restrict disclosure of your information to purposes directly related to your treatment, for promotion of improved quality of care, and to assist with an investigation, prosecution, or civil or criminal proceeding related to the administration of the Medicaid program.

HIV/AIDS. We will not disclose any HIV/AIDS-related information, except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure.

MONTANA

Children's Health Insurance Program. For CHIP participants, we will restrict disclosure of your information to purposes related to the administration of the CHIP program.

Medicaid. For Medicaid recipients, we will only use your information for purposes related to administration of the Montana Medicaid program. We will not disclose your information without your written consent, except to state authorities.

Sexually Transmitted Diseases. We will not disclose information concerning persons infected, or reasonably suspected to be infected with a sexually transmitted disease, except to:

1. (a) personnel of the Department of Public Health and Human Services;
2. (b) a physician who has obtained the written consent of the person whose record is requested; or
3. (c) a local health officer.

NEBRASKA

No supplemental material. Refer to the Notice of Privacy Practices.

NEVADA

Disclosure. We will not disclose the contents of your prescriptions or disclose any copies of your prescriptions, other than to you, except to:

1. (a) the practitioner who issued the prescription;
2. (b) the practitioner who is currently treating you;
3. (c) a member, inspector or investigator of the Board of Pharmacy, an inspector of the FDA, or an agent of the investigation division of the department of public safety;
4. (d) an agency of state government charged with the responsibility of providing medical care for you;
5. (e) an insurance carrier, on receipt of your written authorization or your legal guardian authorizing the release of information;
6. (f) any person authorized by an order of a district court;
7. (g) a member, inspector, or investigator of a professional licensing board that licenses the practitioner who orders the prescriptions filled at the pharmacy; and
8. (h) other registered pharmacists for the limited purpose of and to the extent necessary for the exchange of information regarding persons suspected of misusing prescriptions to obtain excessive amounts of drugs or failing to use a drug in conformity with the directions for its use, or taking a drug in combination with other drugs in a manner that could result in injury to that person.

Communicable Diseases. We will not disclose any personal information about an individual who has, or is suspected of having, a communicable disease, without the individual's written consent, except as follows:

1. (a) for statistical purposes, as long as the identity of the person is not discernible from the information disclosed;
2. (b) in a prosecution for a violation or a proceeding for an injunction brought pursuant to the communicable disease laws;
3. (c) in reporting the actual or suspected abuse or neglect of a child or elderly person;
4. (d) to any person who has a medical need to know the information for his own protection or for the well-being of a patient or dependent person, as determined by the health authority in accordance with regulations of the state board of health;
5. (e) pursuant to specified statutes that require the reporting of certain test results;
6. (f) if the disclosure is made to the department of human resources and the person about whom the disclosure is made has been diagnosed as having AIDS or an illness related to HIV and is a recipient of or an applicant for Medicaid;
7. (g) to a fireman, police officer or person providing emergency medical services if the board has determined that the information relates to a communicable disease significantly related to that occupation and the information is disclosed in the manner prescribed by the state board of health; and
8. (h) if the disclosure is authorized or required by specific statute.

NEW HAMPSHIRE

Disclosure. We will only disclose your professional records if:

1. (a) we have obtained your permission to do so;
2. (b) it is an emergency situation and it is in your best interest for us to disclose the information; or
3. (c) the law requires us to disclose the information.

Sales or Marketing. We will not use, release, or sell your identifiable medical information for the purposes of sales or marketing of services or products unless you have provided us with a written authorization permitting such activity.

NEW JERSEY

No supplemental material. Refer to the Notice of Privacy Practices.

NEW MEXICO

Disclosure. Unless we receive a written consent from you, we will not disclose your confidential information to anyone other than you or your authorized representative, except to the following persons or entities:

1. (a) pursuant to the order or direction of a court;
2. (b) to the prescriber or other licensed practitioner caring for you;
3. (c) to another licensed pharmacist where it is in your best interest;
4. (d) to the Board of Pharmacy or its representative or to such other persons or governmental agencies duly authorized by law to receive such information;
5. (e) to transfer a prescription to another pharmacy as required by the provisions of patient counseling;
6. (f) to provide a copy of a nonrefillable prescription to you;
7. (g) to provide drug therapy information to physicians or other authorized prescribers for their patients;
- or
8. (h) as required by the provisions of the patient counseling regulations.

NEW YORK

Common Electronic File/Database. We will not access a common electronic file or database used to maintain required personally identifiable dispensing information except upon your, or your agent's, express request.

NORTH CAROLINA

Unless you object, we may use or disclose your PHI in the following circumstances:

Hospital or Facility Directories. We may share your location in the facility and your general condition (critical, serious, etc.) in our patient listing with people who ask for you by name. We also may share your religious affiliation with clergy.

Individuals Involved in Your Care or Payment of Your Care. We may share your health information with a family member, personal representative, friend or other person you identify when information is directly related to their involvement in your care or payment for your care.

Emergency Circumstances and Disaster Relief. We may share with a public or private agency (for example, American Red Cross) your PHI for disaster relief purposes. Even if you object, we may still share the PHI if necessary for the emergency circumstances. In an emergency, or if you are unable to make decisions for yourself, we will use our professional judgment to decide if it is in your best interest to share your PHI with a person involved in your care.

North Carolina laws may provide you with more protection for specific types of information than federal laws protecting the privacy of your PHI, and where applicable, we will follow the requirements of North Carolina law. North Carolina law generally requires that we obtain your written consent before we may disclose health information related to your mental health, developmental disabilities, or substance abuse services. There are some exceptions to this requirement.

Special provisions for minors under North Carolina Law: Under North Carolina law, minors, with or without the consent of a parent or guardian, have the right to consent to services for the prevention, diagnosis and treatment of certain illnesses including: venereal disease and other diseases that must be reported to the State of North Carolina; pregnancy; abuse of controlled substances or alcohol; and emotional disturbance. If you are under the age of 18, are not married and have not been legally emancipated or have joined the armed forces, you can consent to treatment for pregnancy, drug and/or alcohol abuse, venereal disease, or emotional disturbances without an adult's consent. This information will remain confidential, unless your doctor determines your parents or guardian need to know this information because there is a serious threat to your life or health, or your parents or guardian have specifically asked about your treatment. Note that minors are still required to get parental or court consent for an abortion or court consent for sterilization.

NORTH DAKOTA

Disclosure. We will not disclose the nature of the services we provide to you to anyone other than you, without first obtaining your oral or written consent, except that we may disclose such information:

1. (a) to other pharmacies;
2. (b) to your physician; or
3. (c) as ordered or directed by a court.

OHIO

Disclosure. Unless we have obtained your written consent, we will only disclose your pharmacy records to:

1. (a) you;
2. (b) the prescriber who issued the prescription or medication order;
3. (c) certified/licensed health care personnel who are responsible for your care;
4. (d) a member, inspector, agent, or investigator of the state board of pharmacy or any federal, state, county, or municipal officer whose duty is to enforce the laws of this state or the United States relating to drugs and who is engaged in a specific investigation involving a designated person or drug;
5. (e) an agent of the state medical board when enforcing the statutes governing physicians and limited practitioners;

6. (f) an agency of government charged with the responsibility of providing medical care for you, upon a written request by an authorized representative of the agency requesting such information;
7. (g) an agent of a medical insurance company who provides prescription insurance coverage to you, upon authorization and proof of insurance by you or proof of payment by the insurance company for those medications whose information is requested;
8. (h) an agent who contracts with the pharmacy as a "business associate" in accordance with the regulations promulgated by the secretary of the United States department of health and human services pursuant to the federal standards for privacy of individually identifiable health information; or
9. (i) in emergency situations, when it is in your best interest.

OKLAHOMA

Disclosure. We will not divulge the nature of your problems or ailments or any confidence you have entrusted to the pharmacist in his professional capacity, except in response to legal requirements or where it is in your best interest.

Communicable and Venereal Diseases. We will not disclose information which identifies any person who has or may have a communicable or venereal disease, unless authorized by the individual or as otherwise permitted under state law. Whenever possible, we will de-identify such information prior to disclosure.

OREGON

No supplemental material. Refer to the Notice of Privacy Practices.

PENNSYLVANIA

HIV/AIDS. We will not disclose any HIV-related information, except in situations where the subject of the information has provided us with a written consent allowing the release or where we are authorized or required by state or federal law to make the disclosure.

PUERTO RICO

We will not disclose your health information without your written consent, and in any case, will disclose such information solely for medical or treatment purposes, including:

1. (a) the continuation or modification of medical care or treatment;
2. (b) prevention or quality control purposes; or
3. (c) regarding payment for medical health care services.

RHODE ISLAND

Disclosure. We will not disclose your confidential health care information without your consent, except in the following situations:

1. (a) to a physician, dentist, or other medical personnel who believe in good faith that the information is necessary to diagnose or treat you in a medical or dental emergency;

2. (b) to qualified personnel for the purpose of conducting scientific research, management audits, financial audits, program evaluations, actuarial, insurance underwriting, or similar studies, provided that personnel does not identify, directly or indirectly, you in any report of that research, audit, or evaluation, or otherwise disclose your identity in any manner;
3. (c) to appropriate law enforcement personnel, or to a person if the pharmacist believes that you may pose a danger to that person or his or her family; or to appropriate law enforcement personnel if you have attempted or are attempting to obtain narcotic drugs from the pharmacy illegally; or to appropriate law enforcement personnel or appropriate child protective agencies if you are a minor child who the pharmacist believes, after providing services to you, to have been physically or psychologically abused;
4. (d) between or among qualified personnel and health care providers within the health care system for purposes of coordination of health care services given to you and for purposes of education and training within the same health care facility;
5. (e) to third party health insurers for the purpose of adjudicating health insurance claims including to utilization review agents;
6. (f) to a malpractice insurance carrier or lawyer if we have reason to anticipate a medical liability action;
7. (g) to our own lawyer or medical liability insurance carrier if you initiate a medical liability action against our pharmacy;
8. (h) to public health authorities in order to carry out their designated functions. These functions include, but are not restricted to, investigations into the causes of disease, the control of public health hazards, enforcement of sanitary laws, investigation of reportable diseases, certification and licensure of health professionals and facilities, and review of health care such as that required by the federal government and other governmental agencies;
9. (i) to the state medical examiner in the event of a fatality that comes under his or her jurisdiction;
10. (j) in relation to information that is directly related to a current claim for workers' compensation benefits or to any proceeding before the workers' compensation commission or before any court proceeding relating to workers' compensation;
11. (k) to our attorneys whenever we consider the release of information to be necessary in order to receive adequate legal representation;
12. (l) to a law enforcement authority to protect the legal interest of an insurance institution, agent, or insurance-support organization in preventing and prosecuting the perpetration of fraud upon them;
13. (m) to a grand jury or to a court of competent jurisdiction pursuant to a subpoena or subpoena duces tecum when that information is required for the investigation or prosecution of criminal wrongdoing by a health care provider relating to his or her or its provisions of health care services and that information is unavailable from any other source; provided, that any information so obtained is not admissible in any criminal proceeding against you;
14. (n) to the state board of elections pursuant to a subpoena or subpoena duces tecum when the information is required to determine your eligibility to vote by mail ballot and/or the legitimacy of a certification by a physician attesting to a voter's illness or disability;
15. (o) to certify the nature and permanency of your illness or disability, the date when you were last examined and that it would be an undue hardship for you to vote at the polls so that you may obtain a mail ballot;
16. (p) to the Medicaid fraud control unit of the attorney general's office for the investigation or prosecution of criminal or civil wrongdoing by a health care provider relating to his or her or its provision of health care services to then Medicaid eligible recipients or patients, residents, or former

patients or residents of long term residential care facilities; provided, that any information obtained is not admissible in any criminal proceeding against you;

17. (q) to the state department of children, youth, and families pertaining to the disclosure of health care records of children in the custody of the department;
18. (r) to the foster parent or parents pertaining to the disclosure of health care records of children in the custody of the foster parent or parents; provided, that the foster parent or parents receive appropriate training and have ongoing availability of supervisory assistance in the use of sensitive information that may be the source of distress to these children; or
19. (s) to the workers' compensation fraud prevention unit for purposes of investigation.

SOUTH CAROLINA

Disclosure. We will not disclose your prescription drug information without first obtaining your consent, except in the following circumstances:

1. (a) the lawful transmission of a prescription drug order in accordance with state and federal laws pertaining to the practice of pharmacy;
2. (b) communications among licensed practitioners, pharmacists and other health care professionals who are providing or have provided services to you;
3. (c) information gained as a result of a person requesting informational material from a prescription drug or device manufacturer or vendor;
4. (d) information necessary to effect the recall of a defective drug or device or protect the health and welfare of an individual or the public;
5. (e) information whereby the release is mandated by other state or federal laws, court order, or subpoena or regulations (e.g., accreditation or licensure requirements);
6. (f) information necessary to adjudicate or process payment claims for health care, if the recipient makes no further use or disclosure of the information;
7. (g) information voluntarily disclosed by you to entities outside of the provider-patient relationship;
8. (h) information used in clinical research monitored by an institutional review board, with your written authorization;
9. (i) information which does not identify you by name, or that is encoded so that identifying you by name or address is generally not possible, and that is used for epidemiological studies, research, statistical analysis, medical outcomes, or pharmaco-economic research;
10. (j) information transferred in connection with the sale of a business;
11. (k) information necessary to disclose to third parties in order to perform quality assurance programs, medical records review, internal audits or similar programs, if the third party makes no other use or disclosure of the information;
12. (l) information that may be revealed to a party who obtains a dispensed prescription on your behalf; or
13. (m) information necessary in order for a health plan licensed by the South Carolina Department of Insurance to perform case management, utilization management, and disease management for individuals enrolled in the health plan, if the third party makes no other use or disclosure of the information.

Disclosure. We will not disclose your information or the nature of professional pharmacy services rendered to you, without your express consent or the order or direction of a court, except to:

1. (a) you, or your agent, or another pharmacist acting on your behalf;
2. (b) the practitioner who issued the prescription drug order;
3. (c) certified/licensed health care personnel who are responsible for your care;
4. (d) an inspector, agent or investigator from the Board of Pharmacy or any federal, state, county, or municipal officer whose duty is to enforce the laws of South Carolina or the United States relating to drugs or devices and who is engaged in a specific investigation involving a designated person or drug; and
5. (e) a government agency charged with the responsibility of providing medical care for you upon written request by an authorized representative of the agency requesting the information.

SOUTH DAKOTA

Social Services. For Medical Assistance recipients, we will only use your information for purposes directly connected to the administration of the medical assistance program. We will not disclose your information without obtaining your approval.

TENNESSEE

Disclosure. We will not disclose your name and address or other identifying information, except to:

1. (a) a health or government authority pursuant to any reporting required by law;
2. (b) an interested third-party payer for the purpose of utilization review, case management, peer reviews, or other administrative functions; or
3. (c) in response to a subpoena issued by a court of competent jurisdiction.

Disclosure. We will obtain your authorization before we disclose your patient records for any reason, except where:

1. (a) the disclosure is in your best interest;
2. (b) the law requires the disclosure; or
3. (c) the disclosure is to an authorized prescriber or to communicate a prescription order where necessary to:
 4. (1) carry out prospective drug use review as required by law;
 5. (2) assist prescribers in obtaining a comprehensive drug history on you; or
 6. (3) prevent abuse or misuse of a drug or device and the diversion of controlled substances.

Sale of Information. We will not sell your name and address or other identifying information for any purpose.

TEXAS

Disclosure. We will only release your confidential record to you, your agent, or to:

1. (a) a practitioner or another pharmacist if, in the pharmacist's professional judgment, the release is

necessary to protect your health and well-being;

2. (b) the pharmacy board or another state or federal agency authorized by law to receive the record;
3. (c) a law enforcement agency engaged in investigation of a suspected violation of the controlled substances laws, or the Comprehensive Drug Abuse Prevention and Control Act of 1970;
4. (d) a person employed by a state agency that licenses a practitioner, if the person is performing the person's official duties; or
1. (f) to a health care provider who is the successor in interest to the pharmacy;
2. (g) to a person who obtains information for purposes of an audit, if that person agrees in writing to remove or destroy, at the earliest opportunity consistent with the purpose of the audit, information that would enable you to be identified and not to disclose the information further, except to accomplish the audit or report unlawful or improper conduct involving fraud in payment for health care by a health care provider or patient, or other unlawful conduct by the pharmacy;
3. (h) to an official of a penal or other custodial institution in which you are detained; or to provide directory information, unless you have instructed the pharmacy not to make the disclosure.

Sexually Transmitted Diseases. We will not disclose any information regarding an individual's treatment for a sexually transmitted disease, except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure.

WEST VIRGINIA

Mental Health. We will not disclose confidential information relating to an individual who is obtaining or has obtained treatment for a mental illness, without the individual's written consent, except in the following circumstances:

1. (a) with the signed, written consent of the individual or his legal guardian;
2. (b) in certain proceedings involving involuntary examinations;
3. (c) pursuant to a court order in which the court found the relevance of the information to outweigh the importance of maintaining the confidentiality of the information;
4. (d) to protect against clear and substantial danger of imminent injury by the individual to himself or another; or
5. (e) to staff of the mental health facility where the individual is being cared for or to other health professionals involved in treatment of the individual, for treatment or internal review purposes.

WISCONSIN

Disclosure. We will not disclose your prescription records to anyone other than you or someone authorized by you without first obtaining your written informed consent.

WYOMING

Disclosure. Unless we have received an authorization from you, we will only disclose your confidential information to:

1. (a) you, or as you direct;
2. (b) to those practitioners and other pharmacists where, in the pharmacist's professional judgment such release is necessary for treatment or to protect your health and well being;
3. (c) to such other persons or governmental agencies authorized by law to investigate controlled substance law violations;
4. (d) a minor's parent or guardian;
5. (e) your third party payer; or
5. (e) an insurance carrier or other third party payer authorized by the patient to receive the information.

UTAH

Disclosure - Pharmacist-Specific. We will not release or discuss information in your prescription or medication profile to anyone except:

1. (a) you or your legal guardian or designee;
2. (b) a lawfully authorized federal, state, or local drug enforcement officer;
3. (c) a third party payment program authorized by you;
4. (d) another pharmacist, pharmacy intern, pharmacy technician, or prescribing practitioner providing services to you or to whom you have requested us to transfer a prescription;
5. (e) your attorney, with a written authorization signed by:
 6. (1) you before a notary public;
 7. (2) your parent or lawful guardian, if you are a minor;
 8. (3) your lawful guardian, if you are incompetent; or
 9. (4) your personal representative, in the case of deceased patients.

VERMONT

No supplemental material. Refer to the Notice of Privacy Practices.

VIRGINIA

No supplemental material. Refer to the Notice of Privacy Practices.

WASHINGTON

Disclosure. Unless authorized by you, we will not disclose your health care information, except if the recipient needs to know the information and the disclosure is:

1. (a) to a person who the pharmacist reasonably believes is providing health care to you;
2. (b) to any other person who requires health care information for health care education, or to provide

planning, quality assurance, peer review, or administrative, legal, financial, or actuarial services to the pharmacy; or for assisting the pharmacy in the delivery of health care and the pharmacist reasonably believes that the person will not use or disclose the health care information for any other purpose and will take appropriate steps to protect the health care information;

3. (c) to any other health care provider reasonably believed to have previously provided health care to you, to the extent necessary to provide health care to you, unless you have instructed the pharmacy in writing not to make the disclosure;
4. (d) to any person if the pharmacist reasonably believes that disclosure will avoid or minimize an imminent danger to your or another individual's health or safety, however there is no obligation on the part of the pharmacist to so disclose;
5. (e) oral, and made to your immediate family members, or any other individual with whom you have a close personal relationship, if made in accordance with good medical or other professional practice, unless you have instructed us in writing not to make the disclosure;
6. (f) your agent.