

HIPPA Notices of Privacy Policy

Who Will Follow This Notice

This notice describes Gold Stallion, LLC's privacy practices and that of its affiliates, including their physicians, pharmacists, other healthcare practitioners and other personnel (collectively, "UCRx," "we" or "us").

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal and we are committed to protecting it. We create a record of the care and services you receive at UCRx. We need this record to provide you with quality care and to comply with certain legal requirements. This notice is required by law and applies to all of the records of your care generated by us.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private (with certain exceptions)
- give you this notice of our legal duties and privacy practices with respect to medical information about you and
- follow the terms of the notice that is currently in effect

How We May Use And Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other UCRx personnel who are involved in providing UCRx's services. For example, UCRx personnel may discuss your prescription with your doctor to ensure we dispense the appropriate drug.

For Payment

We may use and disclose medical information to obtain payment for the services we provided to you. For example, we may need to give your health plan information about your prescription so your health plan will pay us.

For Healthcare Operations

We may use and disclose medical information about you for healthcare operations. These uses and disclosures are necessary to run UCRx and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine the medical information we have with medical information from other providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

We may also use and disclose your medical information to other providers when necessary for them to treat you, receive payment for services they have rendered to you. Additionally, we may disclose your medical information in order to resolve any complaints you may have.

To You

We may use and disclose medical information to contact you as a reminder that you have an upcoming refill.

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

We may use and disclose medical information to tell you about our health--related products or services that may be of interest to you.

We have the right to use medical information about you to contact you in an effort to encourage you to purchase or use a health care related product or service from us. If we receive any direct or indirect payment for making such a communication, however, we would need your prior written permission to contact you. The only exceptions for seeking such permission are when our communication (i) describes only a drug or medication that is currently being prescribed for you and our payment for the communication is reasonable in amount or (ii) is made by one of our business partners consistent with our written agreement with the business partner.

Individuals Involved In Your Care

We may release medical information about you to a friend or family member who is involved in your medical care provided we (a) obtain your consent, (b) provide you an opportunity to object and you do not object; or (c) can make a reasonable inference that

you do not object. We may also give information to someone who helps pay for your care.

Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are a part of UCRx. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research

Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process and before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave UCRx's possession. We will always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are.

To Avert A Serious Threat To Health Or Safety

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations

Workers' Compensation

We may release medical information about you for workers' compensation or similar programs as required by state law. These programs provide benefits for work--related injuries or illness.

Public Health Risks

We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability
- to report deaths
- to report the abuse or neglect of children, elders and dependent adults
- 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 notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits And Disputes

We may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena,

discovery request, or other lawful process, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

Law Enforcement

We may release medical information to authorized law enforcement officials as required by law or due to a court order, grand jury, or administrative subpoena.

Coroners, Medical Examiners And Funeral Directors

We may release medical information to a coroner, medical examiner, or funeral director as required by law.

Specialized Government Functions

We may disclose medical information about you to U.S. government entities with special functions, such as the military or Department of State under certain circumstances when required by law.

Legal Requirement

We may release your medical information when required by other law not specifically referenced in the preceding categories.

HIPAA Forms

If you would like us to share your Protected Health Information with anyone besides you, we will need you to complete and sign an [Authorization for the Use/Disclosure of Health Information](#). Please fill out [this form](#) instead if you are from Texas, or [this form](#) if you are from New Jersey.

If you previously provided us with an Authorization for the Use/Disclosure of Health Information and would now like to revoke it, please complete and sign a [Revocation of Authorization to Disclose Protected Health Information](#). Please fill out [this form](#) instead if you are from Texas, or [this form](#) if you are from New Jersey.

If you would like to request a copy of your medical records, please fill out and sign the [Patient Request for Health Information](#). Please fill out [this form](#) instead if you are from Texas, or [this form](#) if you are from New Jersey.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right To Inspect And Copy

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information. If your medical information is maintained in an electronic health record, you may obtain an electronic copy of your medical information and, if you choose, instruct us to transmit such copy directly to an entity or person you designate in a clear, conspicuous and specific manner.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to UCRx's Privacy Officer at the address listed at the end of this notice. An authorization form must be completed. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. Our fee for providing you an electronic copy of your medical information will not exceed our labor costs in responding to your request for the electronic copy (or summary or explanation).

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by UCRx will review your request and the denial. 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

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for UCRx.

To request an amendment, your request must be made in writing and submitted to UCRx's Privacy Officer at the address listed at the end of this notice. In addition, you must provide a reason that supports your request.

We will not process your request if it is not in writing or does not tell us why you think the amendment is appropriate. We will act on your request within 60 days (or 90 days if the extra time is needed), and will inform you in writing as to whether the amendment will be made or denied.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- is not part of the medical information kept by or for UCRx
- is not part of the information which you would be permitted to inspect and copy or
- is accurate and complete

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

Right To An Accounting Of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations, (as those functions are described above) and with other expectations pursuant to the law. The list will not include certain disclosures that are a byproduct of another use or disclosure permitted under our privacy policies or by law, those made under an authorization provided by you, those made directly to you or your family or friends or for disaster relief purposes. Neither will the list include disclosures we have made for national security purposes or to law enforcement personnel, or disclosures made more than six years prior to the date of the request.

To request this list or accounting of disclosures, you must submit your request in writing to UCRx's Privacy Officer at the address listed at the end of this notice. Your request must state a time period that may not be longer than six years and may not include dates more than six years prior to the date of the request. We will respond to your request within 60 days (or 90 days if the extra time is needed). Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12--month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and

you may choose to withdraw or modify your request at that time before any costs are incurred.

Right To Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a service you had.

We are not required to agree to your request, unless the disclosure is to a health plan for a payment or health care operation purpose and the medical information relates solely to a health care item or service for which we have been paid out--of--pocket in full. If we honor your request, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to UCRx's Privacy Officer at the address listed at the end of this notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right To Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request to UCRx's Privacy Officer at the number provided at the end of this notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right To A Paper Copy Of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website at www.ucrxspecialty.com.

To obtain a paper copy of this notice contact UCRx's Privacy Officer at the number provided at the end of this notice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with UCRx or with the Office of Civil Rights, U.S. Department of Health and Human Services. To file a complaint with UCRx, contact UCRx's Privacy Officer at the address listed at the end of this notice. All complaints must be submitted in writing. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Director.

We will not retaliate against you if you file a complaint with us or the Director.

Other Uses Of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us

permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

To the extent required by law, when using or disclosing your medical information or when requesting your medical information from another covered entity, we will make reasonable efforts not to use, disclose or request more than the minimum amount of medical information necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

Changes To This Notice

We reserve the right to change our privacy practices and to make any such change applicable to the PHI we obtained about you before the change. If a change in our practices is material, we will revise this Notice to reflect the change. We will post a copy of the current notice on www.ucrxspecialty.com. You also may obtain any new notice by contacting the Privacy Officer.

Contact Information

Address all correspondence in writing to UCRx's Privacy Officer at:

Privacy Officer

26046 Eden Landing Rd.

Suite 5

Hayward, CA 94545

info@ucrxspecialty.com