

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are committed to protecting privacy of your medical information. While you receive pharmacy services from us, we create records of the pharmacy services that we provide to you. We need these records to provide you with quality pharmacy services and to comply with law. This Notice describes your rights with respect to your medical information. This Notice also describes certain duties we have regarding your medical information and how we may use and disclose your medical information.

Who Will Follow This Notice

The privacy practices described in this Notice will be followed by PharMerica and the entities under common ownership or control of PharMerica Corporation, among which are Onco360, CareMed Specialty Pharmacy, Amerita and Chem Rx, which together form an affiliated covered entity under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the HIPAA privacy rules (collectively referred to as “We” or “Us” in this Notice).

Your Rights Regarding Your Medical Information

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

- **Right to Review and Receive a Copy.** You have the right to review and receive a paper or electronic copy of your medical information. You may request that we send a copy of your medical information to a third party. To review and request a copy your medical information, you must submit your request in writing to our Privacy Officer. Under certain circumstances, we may deny your request. We may charge a reasonable cost based fee for providing you with a copy of your records.
- **Right to Request a Restriction on Uses and Disclosures.** You have the right to ask us not to use or disclose your medical information for purposes of treatment, payment or health care operations or to individuals who are involved in your care. To request a restriction, you must submit your request in writing to our Privacy Officer. In your request, you must tell us what information you want us not to use or disclose and to whom you want the restriction to apply (for example, disclosures to a certain family member). We are not required to agree to your request and we will notify you if we don’t agree. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer, and we will agree to such request unless a law requires us to share that information. If we agree to your request, we will comply with the restriction unless the information is needed to provide emergency treatment to you. Even if we agree to your request, we may still disclose your medical information to the Secretary of the Department of Health and Human Services and for certain other purposes described below for which disclosure is permitted without your authorization. We may end a restriction to which we previously agreed if we inform you that we plan to do so.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you in a specific way or at a specified location. For example, you can ask that we only contact you at a certain phone number or only send mail to a certain address. To make such

request, you must submit your request in writing to our Privacy Officer. In your request, you must tell us how or where you wish to be contacted and to what address we may send bills for medications and services provided to you. We will not ask you about the reason for your request. We will agree to all reasonable requests.

- **Right to Request Amendment.** You have the right to request that we correct your medical information if you believe it is incorrect or incomplete. You have this right for as long as the information is kept by us. To make this request, you must submit your request in writing to our Privacy Officer and explain why a correction is needed. We may deny your request if it is not in writing or does not include a reason for your request. We may also deny your request if you ask us to correct information that we did not create (unless the person or entity that created the information is no longer available to make the correction), is not part of the medical information kept by us, is not part of the medical information which you may inspect and copy, or if we determine that your medical information is accurate and complete. If we accept your request, we will inform you about our acceptance and make the appropriate corrections. If we deny your request, we will inform you and give you a chance to submit to us a written statement disagreeing with the denial. We will add your written statement to your record and include it whenever we disclose the part of your medical information to which your written statement relates.
- **Right to Request Accounting of Disclosures.** You have the right to request a list of the times we have shared your medical information for six years prior to the date of your request, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures. To request this list, you must submit your request in writing to our Privacy Officer. Your request must state a time period for which you want to receive the accounting. We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within twelve months. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.
- **Right to Receive Breach Notice.** You have the right to receive notice following a breach of your medical information which results in such information being compromised.
- **Right to Choose Someone to Act For You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your medical information. We will make sure the person has this authority and can act for you before we take any action.
- **Right to Receive Copy of This Notice.** You have the right to receive a 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 may still ask for a paper copy of this Notice at any time. You may obtain a copy of this Notice at our website, www.pharmerica.com. To obtain a paper copy of this Notice, please contact our Privacy Officer at 866-209-2178.

Our Duties Regarding Your Medical Information

We are required by law to:

- Maintain the privacy and security of your medical information,
- Provide you with this Notice about our legal duties and privacy practices with respect to your medical information,

- Provide you with notice if a breach occurs that may have compromised the privacy or security of your medical information,
- Abide by the terms of this Notice.

How We May Use and Disclose Your Medical Information

We may use and disclose your medical information without obtaining your authorization as described below.

- **Treatment.** We may use and disclose your medical information to provide you with pharmacy products and services. We may disclose your medical information to doctors, nurses and other health care providers who provide health care services to you. For example, a doctor prescribing medications for you may need to know what other medications you are taking to protect against harmful drug interactions. We also may use your medical information to contact you about an appointment, to remind you to refill a prescription or to follow up on your care.
- **Payment.** We may use and disclose your medical information so we can bill and receive payment for medications and pharmacy services we provide to you from your insurance company or other responsible for payment party. For example, we may give your health insurance company information about what medications were provided to you, so that your insurance may pay us or reimburse you for the medications. We may also tell your health insurance company about a prescription that you need to obtain prior approval or check if your insurance will pay for the medication.
- **Health Care Operations.** We may use and disclose your medical information for purposes of health care operations, which are various activities necessary to run our business, provide quality pharmacy services and contact you when necessary. For example, we may use and disclose your medical information to evaluate the performance of our staff and for quality improvement activities. We may use medical information about you to manage the provision of pharmacy services to you. We may disclose your medical information to pharmacists, pharmacy technicians, pharmacy students and other trainees for review and learning purposes.
- **Family Members and Friends Involved in Your Care.** We may disclose to your family members, close friends or to any other person you identify your medical information relevant to such person's involvement in your care or payment for your care. If you are present, we may make disclose the information if either you agree to the disclosure, we provide you with an opportunity to object to the disclosure and you do not say no, or if we reasonably infer that you do not object to the disclosure. If you are not present, we may disclose your medical information that is directly relevant to the person's involvement with your care if we determine this is in your best interest. We may also use and disclose your medical information in the event of disaster to organizations assisting in disaster relief efforts so that your family can be notified of your condition and location.
- **Compliance With Law.** We may disclose your medical information to the Secretary of the Department of Health and Human Services and as required by Federal or state law.
- **Public Health Activities.** We may disclose your medical information for public health activities to public health or other governmental authorities authorized by law to receive such information. This may include disclosing your medical information to report certain diseases, report child abuse or neglect, report information to the Food and Drug Administration if you experience an adverse

reaction from a medication, to enable product recalls or disclosing medical information for public health surveillance, investigations or interventions.

- **Health Oversight Activities.** We may disclose your medical information to governmental agencies so they can monitor, investigate, inspect, discipline or license those who work in the health care and engage in other health care oversight activities.
- **Workers Compensation.** We may disclose your medical information for workers compensation or similar programs providing benefits for work-related injuries or illnesses.
- **Lawsuits and Legal Actions.** We may disclose your medical information in response to a court or administrative order, subpoena, discovery request or other lawful process, subject to applicable procedural requirements.
- **Law Enforcement.** We may disclose your medical information to law enforcement officials to report or prevent a crime and as otherwise authorized or required by law.
- **Specialized Government Functions.** We may disclose your medical information for special government functions such as military, national security and presidential protective services.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose your medical information to coroners, medical examiners and funeral directors so that they can carry out their duties or for identification of a deceased person or determining cause of death.
- **Organ, Eye and Tissue Donation.** We may disclose your medical information to organ procurement organizations as necessary for organ procurement, donation or transplantation.
- **Research.** We may use or disclose your medical information for research purposes provided that we comply with applicable laws.
- **Abuse, Neglect and Domestic Violence.** We may disclose your medical information to a governmental authority authorized by law to receive reports of abuse, neglect or domestic violence, if we reasonably believe that you are a victim of abuse, neglect or domestic violence, if the disclosure is required or authorized by law.
- **Serious Threat to Health and Safety.** We may disclose your medical information as necessary to prevent or lessen a serious threat to health or safety of a person or the public.
- **Correctional Institutions.** If you are in the custody of law enforcement or a correctional institution, we may disclose your medical information to the law enforcement official or the correctional institution as necessary for health and safety of you or others, provision of health care to you or certain operations of the correctional institution.
- **Limited Data Sets.** We may use or disclose a limited data set (which is medical information in which certain identifying information has been removed) for purposes of research, public health, or health care operations. We require any recipient of such information to agree to safeguard such information.

- **Business Associates.** We may share your medical information with third party business associates, which are vendors that perform various services for us. For example, we may disclose your medical information to a vendor that provides billing or collection services for us. We require our business associates to safeguard your medical information.

Other Uses and Disclosures of Your Medical Information

Other uses and disclosures of your medical information not covered by this Notice will be made only with your written authorization. Your authorization is required for most uses and disclosures of psychotherapy notes, most uses and disclosures of your medical information for marketing purposes and for sale of your medical information. In addition, certain Federal and state laws may require special protections for certain medical information, including information that pertains to HIV/AIDS, mental health, alcohol or drug abuse treatment services or certain other information. If these laws do not permit disclosure of such information without obtaining your authorization, we will comply with those laws.

How You May Revoke Your Authorization

If you provide us with an authorization to use and disclose your medical information, you may revoke your authorization at any time. However, the uses and disclosures of medical information before the revocation will not be affected by your action and we cannot take back any medical information that has already been disclosed by us in reliance on your previously provided authorization permitting the disclosure. To revoke any previously provided authorization you must submit a written request for revocation to our Privacy Officer.

Changes to This Notice

We reserve the right to change the terms of this Notice at any time and to apply the revised Notice to all medical information that we maintain about you. We will post a copy of the current Notice on our website at www.pharmerica.com. The Notice will specify the effective date of the Notice. Each time you visit our website, you will see a link to the current Notice in effect. In addition, at any time you may request a copy of the Notice currently in effect.

For More Information or to Report a Complaint

If you have questions or would like more information about our privacy practices, you may contact our Privacy Officer at 866-209-2178 or by mail at the address noted below. If you believe your privacy rights have been violated, you may file a written complaint with our Privacy Officer or with U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint. To file a complaint with us, please direct your complaint to our Privacy Officer:

Privacy Officer
PharMerica
1901 Campus Place
Louisville, KY 40299
Phone: 866-209-2178

Effective Date: March 3, 2018