



The Health Insurance Portability and Accountability Act (“HIPAA”)

COMMUNITY PHARMACY SERVICES 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.

Community Pharmacy Services (CPS), operated by Mirixa Corporation, provides you medication management services as a part of your health plan benefits. We are a contractor of your health plan, known as a business associate. We are required by law and our agreement with your health plan to protect the privacy of your protected health information (PHI). This Notice of Privacy Practices (the “Notice”) describes the privacy practices of CPS and how we may use and disclose your PHI. We are committed to protecting the privacy of your PHI that is in our possession and only using and disclosing your PHI as necessary to providing you healthcare services on behalf of your health plan. PHI is any information that we possess, use, and disclose that identifies you and relates to your past, current, and future physical and mental health condition or illness and the health care products and services that have been provided to you.

This Notice has been created to help you understand our legal duties to protect your PHI and how we may use and disclose your PHI in relation to your past, present, and future health condition or illness and its treatment. We will mainly use and disclose your PHI prescriptions. Specifically, we will use and disclose your PHI as necessary to provide medication management services to you, as described later in this Notice. This Notice also describes the legal rights that you have related to your PHI that is in our possession.

Your PHI will only be used and disclosed as described in this Notice. Should a need for use and disclosure of your PHI occur that is not described in this Notice, we will obtain your written authorization before the use and disclosure. At some future time, it may be necessary for us to revise this Notice. If that becomes necessary, we will post the revised Notice on the Mirixa Corporation website (www.mirixa.com) and, if you request, provide a written Notice to you.

How We May Use and Disclose Your PHI Without Your Permission:

PHI obtained by CPS will be used to provide medication management services on behalf of your health plan. We may receive PHI about you from you and your health plan and we may use and disclose your PHI in compliance with HIPAA, as your health plan directs us, to provide medication management services.

Treatment, Payment or Health Care Operations:

Treatment: We may maintain records about you, which may include information about your medical conditions and medications that you use; any allergies that you may have; and other information, such as your health insurance information. We may use and disclose your PHI in counseling you and your caregivers about your medications. For example, we may counsel you on the proper use of your medications and the availability of treatment alternatives (e.g. available generic products). We may also disclose your PHI to your prescriber, physician, or dispensing pharmacy to assist them in providing care to you.

Payment: We may use and disclose your PHI to obtain payment from your health plan for the services that we provide. Activities related to billing may include claims management and related health care data processing. We may use and disclose your PHI to carry out any activity necessary or required to obtain payment.

Health Care Operations: We may use and disclose your PHI for our health care operations and for the health care operations of your health plan. Health care operations are activities necessary for us and your health plan to operate our health care businesses. For example, we may use your PHI to monitor the

performance of the staff and pharmacists providing treatment to you. We may use your PHI as part of our efforts to continually improve the quality and effectiveness of the health care services we provide. We may also analyze PHI to improve the quality and efficiency of health care, for example, to assess and improve outcomes for health care conditions. We may also disclose your PHI to other HIPAA covered entities that have provided services to you so that they can improve the quality and effectiveness of the health care they provide.

Business Associates:

We use business associates to provide certain services for us. These contractors are required by law and their agreements with us to protect your PHI in the same way we do.

Other Limited Circumstances:

We may also use and disclose your PHI without your permission for the following limited purposes:

Individuals involved in your care or payment for care: We may disclose your PHI to a friend, personal representative, or family member involved in your medical care. For example, if we can reasonably infer that you agree, we may provide prescription related information to your caregiver on your behalf.

Disclosures to parents or legal guardians: If you are a minor, we may release your PHI to your parents or legal guardians when we are permitted or required under federal and applicable state law.

Worker's compensation: We may disclose your PHI to the extent authorized and necessary to comply with laws relating to worker's compensation or similar programs established by law.

Law enforcement: We may disclose your PHI in response to a court order, subpoena, warrant, summons, or similar process for law enforcement purposes; to identify or locate a suspect, fugitive, material witness, or missing person; as certain information about a death resulting from criminal conduct; about crimes on the premises or against a member of our workforce; and in emergency circumstances, to report a crime, the location, victims, or the identity, description, or location of the perpetrator of a crime.

As required by law: We must disclose your PHI when required to do so by applicable federal or state law.

Judicial and administrative proceedings: If you are involved in a lawsuit or a legal dispute, we may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Public health: We may disclose your PHI to federal, state, or local authorities, or other entities charged with preventing or controlling disease, injury, or disability for public health activities.

Health oversight activities: We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for government monitoring of the health care system, government programs, and compliance with federal and applicable state law.

United States Department of Health and Human Services: Under federal law, we are required to disclose your PHI to the U.S. Department of Health and Human Services to determine if we are in compliance with federal laws and regulations regarding the privacy of health information. *Although we may not engage in the following activities, under federal or applicable state law, we are allowed to use or disclose your PHI without your permission for these purposes:*

Research: *Under certain circumstances, we may use or disclose your PHI for research purposes. However, before disclosing your PHI, the research project must be approved by*

an institutional review board or privacy board that has reviewed the research proposal and established protocols to protect your PHI.

Coroners, medical examiners, and funeral directors: *We may disclose PHI to a coroner or medical examiner to assist in identifying a deceased person or to determine the cause of death, and to funeral directors to carry out their duties.*

Administrator or executor: *Upon your death, we may disclose your PHI to an administrator, executor, or other individual so authorized under applicable state law.*

Organ or tissue procurement organizations: *Consistent with applicable law, we may disclose your PHI to organizations 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 assist in a disaster relief effort so that your family, personal representative, or friends may be notified about your condition, status, and location.*

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 others.*

To avert a serious threat to health or safety: *We may use and disclose your PHI to appropriate authorities when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public.*

Military and veterans: *If you are a member of the US armed forces or a foreign military, we may disclose your PHI as required by military command authorities if certain conditions are met.*

National security and intelligence activities: *We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.*

Protective services for the President and others: *We may disclose your PHI to authorized federal officials so that they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations.*

We May Use or Disclose Your PHI for Other Purposes Only WITH YOUR AUTHORIZATION

In addition to the above situations, any other uses and disclosures of your PHI not described elsewhere in this Notice will be made only with your prior written authorization. You may revoke any such authorizations at any time by submitting a written notice that you have signed to: Mirixa Privacy Officer, 11600 Sunrise Valley Drive, Suite 100, Reston, Va. 20191. Your revocation will become effective upon our receipt of your signed, written notice.

Your rights with respect to your PHI: You have the following rights with respect to your PHI:

Receive a paper copy of this Notice: You have the right to receive this written Notice of Privacy Practices describing how we will protect your PHI and your right to PHI. You are entitled to request this written Notice at any time.

Inspect and obtain a copy of your PHI: You have the right to see and get a copy of your PHI records that we maintain, to the extent that these records are a part of a designated record set as defined



by HIPAA.

Request an amendment: If you feel that your PHI that we maintain is incomplete or incorrect, you may request that we amend it. You may update or correct your PHI that we maintain when our pharmacist is providing the medication management service to you. We will provide the new information that you provide to your prescriber to the extent that it is possible under your health plan's program.

Receive an accounting of disclosures: You have the right to request an accounting of disclosures of your PHI for purposes other than treatment, payment, or health care operations. This accounting will also exclude disclosures: made directly to you, made with your authorization, made incidentally, made to caregivers, made for notification purposes, and certain other disclosures.

Request communications of PHI by alternative means or at alternative locations: You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. For example, you may request that we contact you only in writing at a specific address.

Complaints: If you believe your privacy rights have been violated, you can file a complaint with us directly at the address below or with the Secretary of the United States Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized in any way for filing a complaint.

PLEASE CONTACT THE MIRIXA PRIVACY OFFICER ABOUT HOW TO EXERCISE ANY OF YOUR RIGHTS AS DESCRIBED ABOVE AT:

Mirixa Corporation
11600 Sunrise Valley Drive, Suite 100, Reston, VA 20191
ATTN: Mirixa Privacy Officer

Changes to this Notice. We reserve the right to change our privacy practices. We reserve the right to make the revised Notice effective for PHI we already have about you as well as any information we receive in the future, as of the effective date of the revised Notice. We will post the revised Notice on our corporate Web site at www.mirixa.com and we will provide it to you upon your request.

Effective Date. This Notice is effective as of September 15, 2016.