

## Your Health Information. Your Rights. Our Responsibilities.

**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.**

### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you. If you have requests associated with these rights, call us at the toll free number associated with your co-pay program.

#### Get an electronic or paper copy of your record

- We have limited information about your medical conditions – only that which is required to administer the Co-Pay assistance program. You can ask to see or get an electronic or paper copy of the information we have about you.
- We will provide a copy of the information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Request Restrictions on Certain Uses and Disclosures

- You can contact us as set forth in this Notice to request that we restrict our uses or disclosures of your health information to carry out treatment, payment, or health care operations functions, if any.
- We are not required to agree to a requested restriction unless the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, or the health information pertains solely to a health care item or service for which you, or person other than the health plan on your behalf, has paid for in full.

#### Ask us to correct your records

- You can ask us to correct certain information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why when you contact us.

#### Request that we communicate with you confidentially, or in a specific manner.

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### Request a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment – including the co-pay program, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- You can designate others to act or call us on your behalf with respect to your co-pay program and you can also tell us if there are those who you do not wish to act on your behalf.
- We will make sure the person has this authority and can act for you before we take any action.  
*If you are not able to tell us your preference, for example if you are unable to communicate with us due to language or ability, we may allow others to call us or act on your behalf if we believe it is in your best interest. Parents or guardians are permitted to act on the behalf of unemancipated minors unless we receive instructions to the contrary.*

#### File a complaint if you feel your rights are violated

- You can file a complaint if you feel we have violated your rights by contacting our Chief Privacy Officer at the number below.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

#### We never share your information without your consent

- We will use or provide your information to others for marketing purposes and to help improve the Co-Pay assistance programs, if you authorize us to do so.
- We do not sell your information or use it for fundraising purposes.

- Other uses and disclosures not described in this notice will be made only with your written authorization, which may be revoked as provided by federal privacy law at 45 CFR § 164.508(b)(5).

## Our Uses and Disclosures

We do not use your health information for any treatment purposes. *Example: We do not use any of your health information to assist in making treatment decisions about what medicines are best for you.*

We can use and share your health information to run and ensure continued proper operations of the co-pay assistance programs, and contact you when necessary. *Example: We use health information about you to determine if you are eligible to participate in co-pay assistance programs.*

We can use and share your health information to bill and get payment from health plans or other entities, or to remind you to use the program or take your medication. *Example: We may give information about you to your health care provider so it can facilitate your enrollment and participation in a co-pay program.*

## How else can we use or share your health information?

We are also allowed or required to share your information without your authorization in other ways – such as to comply with the law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. We can also share health information about you to:

- Comply with the law, when required by state or federal laws including cooperating with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- To assist law enforcement officials in official investigation or duties.
- With health oversight agencies for activities authorized by law.
- In response to lawsuits and legal actions, in response to a court or administrative order, or in response to a subpoena.
- With your permission, TMG will share your information with the pharmaceutical company sponsoring your co-pay program, who, along with their affiliates and vendors, may contact you by mail or email with information about the administration of this program or information about

other products or programs. If you later wish to opt out of receiving this information, you may cancel your enrollment in this program.

We have to meet many conditions before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We are required to provide you with notice of our legal duties and privacy practices regarding your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in the notice currently in effect and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/not-icepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/not-icepp.html).

## Changes to the Terms of this Notice

- We can change the terms of this notice and we reserve the right to make the new provisions effective for all the information we have about you. The new notice will be available on co-pay program web sites, and will be mailed or emailed to you at the address we have on record during the next enrollment period if you re-enroll in a program.

## For Further Information

- This Notice of Privacy Practices applies to The Macaluso Group, LLC, which administers your co-pay program.
- If you have any requests related to these privacy practices call us at the toll free number associated with your co-program.
- If you have any questions about or require further information about our privacy practices, please contact our Chief Privacy Officer at (973) 244-9110 extension 551.