



SENDERRA

Specialty Pharmacy

Your 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

You Have The Right To:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

See Page 2
for more information
on these rights and
how to exercise them

Your Choices

You Have Some Choices:

In the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

See Page 3
for more information
on these choices and
how to exercise them

Our Uses and Disclosures

We May Use and Share Your Information as We:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation request
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government request
- Respond to lawsuits and legal actions

See Page 3 and 4
for more information
on these uses and
disclosures

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.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health 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 in writing within 60 days.

Request confidential communications

- 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. You are not obligated to give a reason for your request.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- 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. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health 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, and healthcare operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a paper 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

- 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 health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 6.
- 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](https://www.hhs.gov/oc/privacy/hipaa/complaints/), calling 1-877-696-6775, or visiting www.hhs.gov/oc/privacy/hipaa/complaints/
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

If you give us your written permission to share your information for one of those purposes, you may revoke your permission at any time. After you revoke your permission, we will no longer use or disclose your health information for that purpose. Ask us how to revoke your written permission.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.



Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways. The following categories include examples of how we may use and disclose your health information within each category, meaning not every use or disclosure within each category will be listed.

When health information is disclosed pursuant to HIPAA, it is possible that the information could be re-disclosed by the recipient and no longer protected by HIPAA.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A pharmacist may consult your physician to determine how to best treat you.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with Public Health and Safety Issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do Research

- We can use or share your information for health research.

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.

Respond To Organ and Tissue Donation Requests

- We can share health information about you with organ procurement organizations

Work with a Medical Examiner, Coroner, or Funeral Director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address Workers' Compensation, Law Enforcement, and Other Government Requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
- Under certain circumstances, we may use or disclose the health information of inmates of a correctional institution or those in police custody.

Respond to Lawsuits and Legal Actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- If we receive records from substance use disorder treatment programs subject to federal privacy restrictions, such records or testimony about their content cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent or we receive a court order entered after notice and an opportunity to be heard is provided to the individual or us, as provided by federal privacy rules found at 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested substance use disorder record is used or disclosed.

To Our Business Associates

- We may share health information with third party business associates that perform various activities for us. These contractors are required by law and their contractual agreements with us to protect your health information in the same way we do.

Other Purposes

- We may remove most information that identifies you from a set of data and use and disclose this data set for research, public health and healthcare operations, provided the recipients of the data set agree to keep it confidential.
- We may de-identify your health information and use and disclose the de-identified information for purposes permitted by law.
- We may participate in one or more health information exchanges (HIEs) and may electronically share your health information for treatment, payment or healthcare operations and other permitted purposes with other participants of the HIE. HIEs allow your healthcare providers to efficiently access and use your health information as necessary for treatment and other lawful purposes.

Additional Restrictions on Information Related to Reproductive Healthcare

- When we disclose health information potentially related to reproductive healthcare for health oversight activities, judicial and administrative proceedings, law enforcement purposes, and to coroners or medical examiners, we must obtain an attestation from the recipient verifying that the information will not be further used or disclosed for a prohibited purpose.
- HIPAA prohibits the use and disclosure of health information to: (1) conduct criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive healthcare; (2) impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive healthcare; or (3) identify any person for one of these purposes. For example, if you received lawful reproductive healthcare, such as an abortion or contraception, we cannot disclose your health information in order for law enforcement to impose liability for seeking such care. In contrast, we may provide your health information to a State insurance commission to investigate potential billing fraud when the person requesting the information provides us with a valid attestation that it will not be used for a prohibited purpose.

Our Responsibilities

- We are required by law to maintain the privacy and security of 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 this notice 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/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date of Notice: March 21, 2025

This Notice of Privacy Practices applies to the following organizations.
Senderra RX Partners, LLC and its affiliated entities.