

Last Updated: January 1, 2024

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.

I. Who We Are

This Notice of Privacy Practices (“Notice”) describes the privacy practices of **Libra Rx** and its affiliates, including certain affiliated professional entities, their physicians, healthcare practitioners, and other personnel (“we” or “us”).

II. Our Privacy Obligations

We are required by law to maintain the privacy of your health information (“Protected Health Information” or “PHI”) and to provide you with this Notice of our legal duties and privacy practices with respect to your PHI. We are also obligated to notify you following a Breach of unsecured PHI. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

III. Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, which we describe in Section IV below, we must obtain your written authorization to use and/or disclose your PHI. We do not need any type of authorization, however, for the following uses and disclosures:

A. Uses and Disclosures For Treatment, Payment, and Health Care Operations

We may use and disclose PHI, but not your “Highly Confidential Information” (defined in Section IV.B below), to treat you, obtain payment for services provided to you, and conduct our “Healthcare Operations” as detailed below:

- **Treatment:** We may use and disclose your PHI to provide treatment, for example, to diagnose and treat your injury or illness. We may also disclose PHI to other healthcare providers involved in your treatment.
- **Payment:** We may use and disclose your PHI to obtain payment for services that we provide to you.
- **Healthcare Operations:** We may use and disclose your PHI for our healthcare operations, which include internal administration and planning and various activities that improve the quality and cost-effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians and other healthcare practitioners.

B. Disclosure to Relatives, Close Friends, and Other Caregivers

We may use or disclose your PHI to a family member, other relative, a close personal friend, or any other person identified by you when you are present for, or otherwise available prior to the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure, and you do not object; or (3) reasonably infer that you do not object to the disclosure.

C. Public Health Activities

We may disclose your PHI for the following public health activities:

- To report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability.
- To report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports.
- To report information about products and services under the jurisdiction of the U.S. Food and Drug Administration.

D. Victims of Abuse, Neglect, or Domestic Violence

If we reasonably believe you are a victim of abuse, neglect, or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agency.

E. Health Oversight Activities

We may disclose your PHI to a health oversight agency that oversees the healthcare system and is charged with responsibility for ensuring compliance with government health programs.

F. Judicial and Administrative Proceedings

We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

G. Law Enforcement Officers

We may disclose your PHI to the police or other law enforcement officials as required or permitted by law.

H. Decedents

We may disclose your PHI to a coroner, medical examiner, or funeral director as authorized by law.

I. Research

We may use or disclose your PHI without your consent or authorization if an Institutional Review Board or Privacy Board approves a waiver of authorization for disclosure.

J. Health or Safety

We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

K. Specialized Government Functions

We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State.

L. Workers' Compensation

We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

M. As Required By Law

We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

IV. Uses and Disclosures Requiring Your Written Authorization

A. Use or Disclosure with Your Authorization

We must obtain your written authorization for uses and disclosures of PHI for marketing purposes and disclosures that constitute the sale of PHI. Other uses of PHI not described in this Notice will be made only when you give us your written permission on an authorization form.

B. Uses and Disclosures of Your Highly Confidential Information

This includes mental health, substance abuse, HIV/AIDS, genetic testing, and certain other highly confidential information that requires additional consent for disclosure.

C. Revocation of Your Authorization

You may withdraw (revoke) your Authorization by delivering a written statement to the Privacy Officer identified below.

V. Your Rights Regarding Your Protected Health Information

A. For Further Information and Complaints

If you would like more information about your privacy rights or if you believe your privacy rights have been violated, please contact our Compliance and Privacy Officer at:

Libra Rx

2225 Sycamore St. #5032

Harrisburg, PA 17111

Email: support@getlibrarx.com

Phone: 844.923.5500

You may also file a complaint with the U.S. Department of Health and Human Services.

B. Right to Request Additional Restrictions

You have the right to request a restriction on the use and disclosure of your PHI for treatment, payment, and healthcare operations purposes.

C. Right to Receive Confidential Communications

You may request, and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

D. Right to Inspect and Copy Your Health Information

You may request access to your medical record file and billing records maintained by us.

E. Right to Request to Amend Your Records

You have the right to request that we amend PHI maintained in your medical record file or billing records.

F. Right to Receive An Accounting of Disclosures

Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time.

G. Right to Receive A Copy of this Notice

You may obtain a copy of this Notice at any time by contacting the Privacy Officer.

VI. Effective Date and Duration of This Notice

Effective Date: January 1, 2024.

We may change the terms of this Notice at any time. The new notice will be posted on our website.

Privacy Officer Contact

Libra Rx

2225 Sycamore St. #5032

Harrisburg, PA 17111

Email: support@getlibrarx.com