



**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.**

*This Notice of Privacy Practices is provided on behalf of PromptCare Home Infusion, LLC, Boston Home Infusion, Inc., PromptCare Home Infusion of NY, LLC, Premier Specialty Infusion, LLC, PromptCare Florida, Inc., The PromptCare Companies, Inc., Hometown Oxygen Charlotte, LLC, and ARJ Infusion Services, LLC, and their other covered entity parents, affiliates, and subsidiaries, as well as their agents and employees (collectively “we”, “us” or “our”). These separate corporations are affiliated covered entities under HIPAA.*

**I. Our Duty to Safeguard Your Protected Health Information**

We are committed to preserving the privacy and confidentiality of your health information. We are required by state and federal regulations to implement policies and procedures to safeguard your health information. We are required to abide by the privacy practices described in this current Notice, including any future revisions that we may make to the Notice as may become necessary or as authorized by law. This Notice has been created to help you understand our legal duties, privacy practices and your patient rights under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

Individually identifiable information about your past, present, or future health or condition, the provision of healthcare to you, or payment for the healthcare treatment or services you receive is considered “protected health information” or “PHI.” We are required to provide you with this Privacy Notice that contains information regarding our privacy practices to explain how, when and why we may use or disclose your PHI and your rights and our obligations regarding such uses or disclosures.

We reserve the right to change the terms of this notice at any time and to make the revised or changed notice effective for PHI that we already have about you as well as any information we receive in the future about you. Should we revise/change this Privacy Notice, we will promptly post the revision on our internet website. You should periodically review our website to confirm you are aware of any such updates. You also may request and obtain a copy of any new/revised Privacy Notice from the contact person identified at the bottom of this notice. The Privacy Notice will contain an effective date at the bottom of the Privacy Notice. Should you have questions concerning our Privacy Notice, our contact information is listed at the bottom of this document.

**II. How We May Use and Disclose Your Protected Health Information (PHI)**

This Notice describes different ways that we use or disclose your PHI. For each of these categories of use or disclosure, we have provided a description and example below but not every use or disclosure for every category

is listed in this Notice. Any capitalized term not defined here will have the same meaning of that term as defined under HIPAA. Your PHI will only be used and disclosed as described in this Notice. If a need for use and disclosure of your PHI occurs that is not described in this Notice, we will obtain your written authorization.

As permitted by HIPAA, we can use or disclose your PHI, without your written consent or Authorization, for purposes of Treatment, Payment, or Health Care Operations as described below. Here are a few examples:

**1. Use and Disclosures Related to Treatment:**

We may use your PHI to provide or coordinate your health care. We may disclose your PHI to others involved in providing medical and nursing care services and treatments to you, e.g., nurses, nursing assistants, medication aides/technicians, medical and nursing students, therapists, other pharmacists, medical records personnel, physicians, etc. Treatment also includes coordination and consultations with other health care providers relating to your care and referrals for healthcare from one health care provider to another. We may also disclose your PHI to outside entities performing other services relating to your treatment; such as long-term care facilities, hospitals, diagnostic laboratories, home health/hospice agencies, family members, etc.

**2. Use and Disclosures Related to Payment:**

We may use or disclose your PHI to bill and collect payment for items or services provided to you, e.g., your insurance company, health plan, or other third party to obtain payment— unless you have requested that we not bill your health plan as discussed under the Requesting Restrictions section below. We may also provide your PHI to your other providers so that they may bill for their services. If you are insured under another person’s health insurance (e.g., parent, spouse, domestic partner or a former spouse), we may also send invoices to the subscriber whose policy covers your health services.

**3. Use and Disclosures Related to Health Care Operations:**

We may use and disclose PHI about you for our Health Care Operations, including care planning, case management, accreditation, quality improvement, and other management/administrative activities. For example, we may use your PHI to evaluate the quality and



effectiveness of the care and services you receive. We may disclose your PHI for auditing, educational/learning purposes, evaluating outcomes, and developing guidelines and protocols. We may combine your PHI with PHI from other health care providers for our internal purposes, such as to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may remove identifiers about you from this combined information to help protect your privacy. We may send you possible treatment options, alternatives, or health-related benefits or services that may be of interest to you.

**4. Additional Permitted Uses and Disclosures:** As permitted by HIPAA, we may use or disclose your PHI (including without your Authorization or consent) for the following purposes or categories:

**When Required by Law:** We may disclose your PHI when required by federal, state, or local law, including to report abuse, neglect, or domestic violence.

**Friends and Family Involved in Your Care:** We may disclose your PHI to a person involved in your care or who helps pay for your care, such as a family member or friend or anyone else you designate, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unable or unavailable to object, we will use our professional judgment to decide if the disclosure is in your best interests. We may use or disclose your PHI to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care, of your location and general condition. We will allow your family and friends to pick up filled prescriptions, medical supplies, and similar forms of PHI.

**Business Associates:** We may disclose your PHI to our vendors (known as business associates), which are other companies or individuals that need PHI to provide services to us or assist us in providing services to you. Our business associates are required, under written contract with us and by law, to protect the privacy and security of your information and are not allowed to use or disclose any information other than as specified in our contract or as permitted by HIPAA. For example, we may provide information to companies that assist us with accreditation and billing of our services, or to collection agencies to obtain payment when necessary.

**Abuse, Neglect, or Domestic Violence:** As required or permitted by law, we may disclose PHI about you to a state or federal agency to report suspected abuse, neglect, or domestic violence. If such a report is optional, we will use our professional judgment in deciding whether or not to make such a report. If feasible, we will inform you promptly that we have made such a disclosure.

**Disaster Relief:** We may disclose PHI about you to government entities or those assisting in disaster relief efforts (such as the Red Cross) so that others can be notified about your condition, status and location to assist in disaster relief efforts.

**Food and Drug Administration (FDA):** We may disclose PHI about you to the FDA, or to a person/entity regulated by the FDA, for activities related to quality, safety, or effectiveness of FDA-regulated products or services and to report medication reactions or problems with products.

**For Public Health Activities:** As required or permitted by law, we may disclose PHI about you to a public health authority, e.g., to report disease, injury, disability, child abuse or neglect, or vital events such as death. This also includes notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, and to notify the appropriate government authority if we believe an adult patient has been the victim of abuse, neglect, or domestic violence (if the patient agrees or when required or authorized by law).

**For Health Oversight Activities:** We may disclose your PHI to a federal or state health oversight agency, e.g. an agency that monitors the health care system, reports or investigates unusual incidents, or ensures that we are in compliance with applicable state and federal laws and regulations, including civil rights laws. Health oversight activities authorized by law also include disclosures for audits, investigations, inspections and licensure.

**To Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations or Tissue Banks:** We may disclose your PHI to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine cause of death. We may disclose your PHI to a funeral director to carry out your wishes and/or for the funeral director to perform his/her necessary duties. We may use or disclose PHI about you for the purpose of facilitating authorized organ, eye, or tissue donation and transplantation.

**For Research Purposes:** We may use or disclose your PHI in limited circumstances for Research purposes without your authorization as permitted by HIPAA, e.g., when an Institutional Review Board or privacy board has reviewed and approved the research proposal and established protocols in a clinical trial or study, where you have authorized such disclosure to us, or the information does not identify you directly.

**To Avert a Serious Threat to Health or Safety:** We may disclose your PHI to avoid or lessen a serious threat to your health or safety or to the health or safety of another person, others, or the public or as necessary for law enforcement authorities to identify or apprehend an individual. When such disclosure is necessary,



information will only be released to those law enforcement agencies or individuals who have the ability or authority to prevent or lessen the threat of harm.

**For Judicial or Administrative Proceedings:** We may disclose PHI about you in the course of a judicial or administrative proceeding, in accordance with our legal obligations. We may disclose your PHI to comply with a court or administrative order, including in a lawsuit or dispute in which you are involved. We may disclose your PHI in response to a subpoena, discovery request or other legal process, but generally only if efforts have been made to tell you about the request or to seek/obtain an order of protection for the requested information.

**To Law Enforcement:** We may disclose PHI to law enforcement officials for certain purposes as permitted by HIPAA, e.g., in response to an administrative request, court order, warrant, investigative demand or similar legal process, or for officials to identify or locate a suspect, fugitive, material witness, or missing person. We may disclose PHI to Law Enforcement agencies if we reasonably believe an individual is a victim of abuse, neglect, domestic violence; the disclosure is about a death we believe may be the result of criminal action or otherwise to report a crime (including on our premises).

**Minors:** For an unemancipated minor as defined under state law, there may be circumstances in which we disclose PHI about the minor to a parent, guardian, or other person acting in loco parentis, as authorized by law and in the exercise of our professional judgment.

**Parents:** If you are a parent of an unemancipated minor, and are acting as the minor's personal representative, we may disclose PHI about your child to you under certain circumstances, e.g., if we are legally required to obtain your consent as your child's personal representative in order for your child to receive care or services from us. In some circumstances, we may not disclose PHI about an unemancipated minor to you, e.g., if your child is legally authorized to obtain services (without separate consent from you), and does not request that you be treated as their personal representative.

**To Personal Representatives:** If you are an adult or emancipated minor, we may disclose PHI to a personal representative (a person authorized by law to act on your behalf in making decisions about your health care).

**For Specific Government Functions:** We may disclose PHI for certain specialized government functions, as authorized by law, e.g., military/veterans (if you are a member of the Armed Forces), determination of veteran's benefits; national security and intelligence activities authorized by law; and protection of the President, foreign heads of state and other authorized persons. If you are an inmate of a correctional institution or under the custody of

a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official as necessary to provide you with health care, to protect your/others' health and safety, or for the safety and security of the correctional institution.

**For Workers' Compensation:** We may disclose PHI about you for purposes related to workers' compensation or similar benefit programs for work-related injuries or illnesses, as required and authorized by law.

**Requests by the Secretary of the U.S. Department of Health,** including to assess HIPAA compliance.

**As otherwise permitted by HIPAA, which includes but is not limited to De-Identifying PHI and also creating or disclosing a Limited Data Set, if certain assurances are provided to us.** A "limited data set" means certain identifiers such as names and contact information have been removed. The recipient of a limited data set must enter into a written agreement with us.

Note: incidental uses and disclosures of PHI sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

### III. Uses and Disclosures Requiring Your Written Authorization

Subject to limited HIPAA exceptions, we will not use or disclose your PHI for "Marketing" purposes (making communications about products or services that encourage the purchase or use of other products or services) or a "Sale" of your PHI (disclosing your PHI in exchange for payment or other benefit), unless you have signed an authorization. We will obtain your written authorization to provide PHI to another individual or facility, where no other exception from the written authorization requirement applies.

Except as otherwise described in this Notice, we will not use or disclose PHI without your written authorization. You may revoke a HIPAA Authorization at any time by submitting a written request to the address below. If you revoke an authorization, we will no longer use or disclose your PHI under the authorization, except to the extent we have already used or disclosed your PHI prior to receipt of your revocation. Upon request, we can provide you with forms for Authorizations and Revocations.

### IV. Your Rights Regarding Your Protected Health Information (PHI)

You have the following rights concerning the use or disclosure of your PHI that we create or that we may maintain about you:

**1. To Request Restrictions on Uses and Disclosures of Your Protected Health Information:** You have the right to request in writing that we agree to restrictions on certain uses and disclosures of your PHI for Treatment, Payment or Health Care Operations. You have the right to limit the PHI we disclose about you to someone who is involved in your care or the payment for your care or services, e.g., you could request that we not disclose to family members or friends information about a medical treatment you received. You also have the right to limit the PHI we send to health plans for Payment or Health Care Operations purposes, if the PHI concerns only a health care item or service for which you have (or someone on your behalf has) paid us in full out-of-pocket and the disclosure is not otherwise required by law.

A request for such a restriction must be made in writing and mailed to the address at the bottom of this document.

We are not required to agree to your request, unless it is to restrict certain disclosures of health information by us to a health plan concerning a health care item or service for which you have paid in full out-of-pocket, as described above. You will be informed if we decline your request. If we accept your request, we will comply with it except where we need to provide emergency care or treatment.

**2. To Inspect and Copy Your Health and Billing Records:** You have the right to inspect and copy your PHI, including your prescription and billing records. This right applies to both paper and electronic information. If you request access to electronic information, you have a right to receive an electronic copy of your PHI in the form and format requested by you, if it is readily producible in such form and format; or, if not, then in a readable electronic form or such other form and format agreed to by you and us. You also have a right to designate another person to receive your PHI, after clearly identifying this person to us in writing and where to send the copy of the PHI. In some cases, you may also receive a summary of your health information. In order to inspect and/or copy your PHI, you must submit a written request to us. If you request a copy of your prescription or billing information or other records, we may charge you a reasonable cost-based fee for the costs of labor involved in fulfilling your requests. We will inform you of the cost prior to performing such service. Such requests should be submitted in writing at the address at the bottom of this form. We will respond within thirty (30) days of receipt of such requests, except as otherwise permitted by HIPAA. Should we deny your request, we will provide you with written notice of our reasons and your rights for requesting a review of the denial, if any. If your request for information is denied, you may request that the denial be reviewed as permitted by HIPAA; however, HIPAA does not provide for a review for all denials. In the event of a review, we will select a licensed healthcare professional not involved in the original denial process to review your request and our reasons for denial. We will abide by the reviewer's

decision concerning your inspection/copy requests. Your denial review request should be submitted to the address at the bottom of this form.

You have the right to inspect and copy your PHI consistent with HIPAA, except (for example):

- psychotherapy notes, (i.e., notes that have been recorded by a mental health professional documenting counseling sessions and have been separated from the rest of your medical record),
- information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding,
- if we obtained or created PHI as part of a research study, if you agreed to the temporary denial of access when consenting to participate in the research; and
- PHI obtained from someone other than us under a promise of confidentiality when the access requested would be reasonably likely to reveal the source of the information.

Also, if there is a potential harm to yourself or others, we may deny a request to access PHI. If we deny the request, you have the right to have our denial reviewed in accordance with the requirements of applicable law.

**3. To Amend or Correct Your Protected Health Information:** You have the right to request that your PHI be amended or corrected if you have reason to believe that certain information is incomplete or incorrect. You have the right to make such requests of us for as long as we maintain/retain your PHI. Your requests must be submitted to us in writing and list the reason for your request. We will respond within sixty (60) days of receiving the written request, unless an extension is necessary, in which case you will be notified during the initial 60 days, and receive the response to your request within an additional thirty (30) day period. If we approve your request, we will make such amendments/corrections and notify those with a need to know. Any agreed upon amendment will be included as an addition to, and not a replacement of already existing records.

We may deny your request if:

- Your request is not submitted in writing
- Your written request does not contain a reason to support your request
- The information was not created by us, unless the person or entity that created the information is no longer available to make the amendment





- It is not a part of the PHI kept by us and used by us to make decisions about your care
- It is not part of the information which you would be permitted to inspect and copy, and/or
- The information is already accurate/complete.

If your request is denied, we will provide you with a written notification of the reason(s) of such denial and your rights to have the request, the denial, and any written response (of reasonable length) you may have relative to the information and denial process appended to your PHI.

Your request should be submitted to the contact information listed at the bottom of this document.

**4. To Request Confidential Communications:** You have the right to request in writing that we communicate with you about your health matters by alternative means or to an alternative address. For example, you may request that we send communications to a particular residential address or Post Office Box. We will agree to your request as long as it is reasonable for us to do so. You may submit your request by contacting the person listed at the bottom of this document.

**5. To Request an Accounting of Disclosures of Protected Health Information:** You have the right to request in writing an accounting of certain disclosures of PHI we have made for up to six years prior to the date of request. This right does not include disclosures to you, disclosures authorized by you in writing, disclosures for Treatment, Payment, and Health Care Operations, or other disclosures for which HIPAA does not require us to provide an accounting (as summarized below). Your request must state a time period, which may not begin more than six years prior to the date of the request.

This right does not apply to disclosures which are (i) incidental to a use or disclosure otherwise permitted or required by applicable law; (ii) pursuant to an authorization; (iii) for a facility to persons involved in your care; (iv) for other notification purposes as provided by law; (v) for national security or intelligence purposes as provided by law; (vi) to correctional institutions or law enforcement officials as provided by law; and (vii) which are part of a Limited Data Set as provided by law. The right to an accounting can be temporarily suspended in certain circumstances as specified by a health oversight agency or law enforcement official.

The first accounting you request during a twelve (12) month period will be free. There may be a reasonable fee for additional requests within the twelve (12) month period. We will notify you in advance of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred. You may

submit your requests to the contact listed at the bottom of this document.

**6. To be Notified in Event of a Breach:** You have a right to be notified if we or our Business Associate experience a Breach that affects your Unsecured PHI, as defined by HIPAA. We will follow HIPAA to notify affected individuals.

**7. To Receive a Paper Copy of This Notice:** If you are accessing an electronic version of this Notice of Privacy Practices, you have the right to receive a paper copy even though you may have agreed to receive an electronic copy already. You may also obtain a copy of this Notice from our website. Our contact information is listed at the bottom of this document.

## V. Other Applicable Laws

In addition to HIPAA, other federal and state privacy laws may apply and limit our ability to use and disclose your PHI beyond what we are allowed to do under HIPAA, e.g., laws related to (i) Alcohol and Drug Abuse, (ii) HIV/AIDS, (iii) Mental Health, (iv) Genetic Information, (v) Sexually Transmitted Diseases and Reproductive Health, and (vi) Abuse or Neglect. These laws have been taken into consideration in developing our policies regarding use/disclosure of your health information. If a use or disclosure of health information described above is prohibited or limited by another applicable federal or state law, we will meet the more stringent requirement.

## VI. How to File a Complaint About Our Privacy Practices

If you have reason to believe we have violated your privacy rights or our privacy policies and procedures, you have the right to file a complaint with us or the Secretary of the U.S. Department of Health and Human Services. We will not retaliate or take action against you or any individual for filing a complaint. You may submit your complaint to the contact information listed at the bottom of this document.

## Effective Date of This Privacy Notice:

The effective date of this Privacy Notice is September 1, 2014. It was last updated on January 1, 2023.



**Contact Information for Questions, Complaints or Requests Regarding Your Health Information:**

**PromptCare Privacy Officer  
PromptCare  
41 Spring Street  
New Providence, NJ 07093  
Phone: (866) 776-6782  
Fax: (732) 381-3831**

For more information about your privacy rights or to file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights, contact:

**U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, DC 20201  
Toll-free: (800) 368-1019; TDD toll-free: (800) 537-7697  
<https://www.hhs.gov/ocr/index.html>**

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**Acknowledgement of Receipt of this Notice of Privacy Practices:**

Please sign below to acknowledge receipt of this Notice and return the same to PromptCare at the address indicated above.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_