

PRIVACY NOTICE

InfuCare Rx is required to maintain the confidentiality of your healthcare information. The following notice describes how your medical information may be used and disclosed by InfuCare Rx as well as your rights regarding access to this information. Please review this notice carefully.

Your confidential healthcare information may be released:

- ✓ To healthcare professionals within our organization for the purposes of providing you with quality home care
- ✓ To Physicians, healthcare agencies and pharmaceutical providers who are directly involved with your care
- ✓ To your insurance provider for the purpose of receiving payment for the healthcare services provided to you
- ✓ To other healthcare providers in the event that you need emergency care
- ✓ To Public or Law enforcement officials in the event of an investigation of a crime in which you are a victim

Your confidential healthcare information **MAY NOT** be released for any other purpose than that which is identified in this notice. Your confidential healthcare information may be released to individuals or entities not set forth in this notice only after receiving written permission from you. You also have the right to revoke this permission to release confidential healthcare information at any time.

You have certain rights regarding your confidential healthcare information which include:

- ✓ The right to restrict the use of your confidential healthcare information. However, InfuCare Rx may refuse your restriction if it is in conflict with applicable federal or state laws, the delivery of quality healthcare or in the event of an emergency situation.
- ✓ The right to receive confidential communication about your health status
- ✓ The right to review and photocopy and/all portions of your healthcare information
- ✓ The right to make changes to your healthcare information.
- ✓ The right to request an accounting of the uses and disclosure of your confidential healthcare information for a period of six years prior to your request. This accounting applies to disclosures to individuals or business associates other than for the purposes of treatment, payment and healthcare options.
- ✓ The right to receive information regarding InfuCare Rx duties, use and disclosure practices associated with confidential healthcare information
- ✓ The right to receive a copy of this Privacy Notice upon request, which can be in electronic or paper form

You have the right to further information regarding this Privacy Notice, as well as the right to complain to our facility if you believe your rights to privacy have been violated. All complaints to our facility will be investigated and held confidential without fear of reprisal. For further information and/or to submit a complaint you may contact the individual named below by telephone or by mailing your inquiry and or complaint to:

Andrew Wee, PharmD
InfuCare Rx, Inc.
2540 Market Street, Suite 1
Aston PA 19104
877-828-3940

This notice is effective March 1, 2015. If the patient lacks the capacity to sign this service agreement, this agreement may be signed by an individual or entity legally authorized to represent the patient.

Signature or Patient or Legal Representative _____ Date _____

Print Name of Patient or Legal Representative _____ Date _____