

## McKesson Patient Care Solutions

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# Your Information. Your Rights. Our Responsibilities.

### **NOTICE OF PRIVACY PRACTICES FOR MCKESSON PATIENT CARE SOLUTIONS INC.**

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 protected health information (“health information”)
- Correct your paper or electronic health information
- Request confidential communication
- Ask us to limit the health information we share
- Get a list of those with whom we’ve shared your health 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 health information as we:**

- Tell family and friends about your condition
- Provide disaster relief
- Market our services

**See page 3** for more information on these choices and how to exercise them.

#### **Our Uses and Disclosures**

##### **We may use and share your health information as we:**

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

**See page 3-4** 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 health information**

- You can ask to see or get an electronic or paper copy of any 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 health information**

- 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.
- 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 your health 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 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 will 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**

- 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 privacy rights are violated**

- You can complain to us or to the U.S. Department of Health and Human Services Office for Civil Rights if you feel we have violated your privacy rights in your health information. You can contact our Privacy Officer at the address or toll-free telephone number listed on page 5 to do so or to learn more about the complaint process.
- 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 your health information with your family, close friends, or others involved in your care
- Share your health information in a disaster relief situation

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

#### Unless you give us written permission, we won't:

- Sell your health information.
- Use your health information to send you marketing communications, except in those limited circumstances permitted under law.
  - We may, however, communicate with you about products and services as described in Our Uses and Disclosures below without your written permission.

#### We do not:

- Create or maintain a hospital directory
- Create or maintain psychotherapy notes
- Conduct fundraising efforts

## 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.

#### Treat you

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

**Example:** We may discuss product and treatment options with the doctor treating you for an injury.

#### Run our organization

We can use and share your health information to run our company, 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 our services.

**Communicate about products and services**

- We can use your health information to communicate with you about our products or services.
- Unless we receive financial remuneration from a company whose product or service is being described in exchange for making the communication, we can also use your health information to:
  - Communicate with you about products or services relating to your treatment, case management or care coordination.
  - Communicate with you about alternative treatments, therapies, providers or care settings that we direct or recommend.

**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

**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.

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

We are allowed or required to share your health 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 under the law before we can share your health information for these purposes. Please contact our Privacy Officer for more information.

**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

**Comply with the law**

We will share health 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.

**Do research**

In those limited circumstances permitted under law, we can use or share your health information for health research.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
  - If the law of the state where you live places greater limits on our use or disclosure of your health information than the federal healthcare privacy law, then your state law will govern our use or disclosure of your health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your health 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.

## **Our Contact Information**

You may contact our Privacy Officer at the address and toll-free telephone number listed below for further explanation of this Notice.

540 Lindbergh Drive  
Moon Township, PA 15105  
855.404.6727

## **Changes to the Terms of this Notice**

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

Effective Date of this Notice: May 3, 2016