

Privacy Official contact information:

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Privacy Official Phone: 888.252.6748
Option Care Enterprises, Inc.
Effective Date: August 12, 2019



option care health™

Your Information. Your Rights. Our Responsibilities.

Patient Privacy Notice:

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: This notice applies to Option Care Enterprises, Inc. and its related companies under its common ownership or control that provide health-related services. These companies are operating as a single "affiliated covered entity" for purposes of HIPAA.

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

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| Get an electronic or paper copy of your medical record | <ul style="list-style-type: none"> 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. In some limited circumstances, we may say "no" to your request, and you can ask the denial to be reviewed. |
| Ask us to correct your medical record | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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. Except as otherwise required by applicable rules, 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 take reasonable measures if needed to confirm that 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 | <ul style="list-style-type: none"> You can complain if you feel we have violated your privacy rights by contacting our Privacy Officer via a letter sent to 3000 Lakeside Dr., Suite 300 N, Bannockburn, IL 60015 or by email to OC-Privacy@optioncare.com, or calling 1-888-252-6748. 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, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/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 if feasible or required by law.

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| In these cases, you have both the right and choice to tell us to: | <ul style="list-style-type: none"> Share information with your family, friends, or other people that you indicate are involved in your health 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 or unavailable, 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, unless allowed by applicable law, we never share your information unless you give us written permission: | <ul style="list-style-type: none"> Marketing purposes (except face-to-face communication or other permissible activities) Sale of your information Most sharing of psychotherapy notes |

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 to treat you, for our operations and for payment purposes. We have provided you with some specific examples, but not every way we use or share your information is listed below.

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| Treat you | <ul style="list-style-type: none"> We can use your health information and share it, electronically or otherwise, with other professionals who are treating you. If you are younger than 18, we may release your health information to your parents or legal guardians. | Example: Our pharmacists or nurses may discuss your care or overall health condition with your doctor or other healthcare professionals. These communications may occur verbally, in writing or electronically by e-mail. |
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| Run our organization | <ul style="list-style-type: none"> We can use and share your health information to run our business, improve your care, and contact you when necessary. We can also share for other health care operations purposes permitted by law or regulations. | Example: We use health information to manage your treatment and services. |
| Bill for your services | <ul style="list-style-type: none"> 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. <i>We may give information to entities that help us collect payments.</i> |
| 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: <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> We can use or share your information for health research as permitted by law. | |
| Comply with the law | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> We can share health information about you with organ procurement organizations and tissue banks. | |
| Work with a medical examiner or funeral director | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> We can use or share health information about you: <ul style="list-style-type: none"> For workers’ compensation claims For law enforcement purposes or with a law enforcement official or to a correctional institution. With health oversight agencies for activities authorized by law For special government functions such as military, national security, and presidential protective services | |
| Respond and participate in lawsuits and legal actions | <ul style="list-style-type: none"> We can share health information about you in response to a court or administrative order, or in response to a subpoena. | |

Other uses and disclosures

- Business Associates** - There are some health-related services provided through contracts with third parties, called "business associates," that may need the information to perform certain services on our behalf. Examples include software or technology vendors we may utilize to provide technical support, attorneys providing legal services to us, accountants, consultants, billing and collection companies, and others. When such a service is contracted, we may share your protected health information with such business associates and may allow our business associates to create, receive, maintain or transmit your information on our behalf in order for the business associate to provide services to us, or for the proper management and administration of the business associate. Business associates must protect any health information they receive from, or create and maintain on our behalf. In addition, business associates may re-disclose your health information for their own proper management and administration, to fulfill their legal responsibilities, and to business associates that are subcontractors in order for the subcontractors to provide services to the business associate. The subcontractors will be subject to the same restrictions and conditions that apply to the business associate. Whenever such an arrangement involves the use or disclosure of your information to our business associate, we will have a written contract with our business associate that contains terms designed to protect the privacy of your information.
- De-identified information** - We may use or disclose your health information to create de-identified information or limited data sets, and may use and disclose such information as permitted by law.
- Inmates** - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official as permitted by applicable laws and rules.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- While we take privacy and security very seriously, sometimes things go wrong. 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 and give you a copy of it.
- We will not use or share your 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.

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.

Other State and Federal Laws

We provide healthcare services in various states. Your state may have privacy laws that provide greater limits on how we share your information. For example, your state may require that we obtain your consent or authorization before sharing certain medical information. For more information on the privacy laws of your particular state, please see our website or contact our Privacy Official as indicated above.



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Acknowledgement.

By signing below, I acknowledge that I have received a copy of Option Care Health’s Notice of Privacy Practices on the date signed below and I agree to its terms. I specifically authorize my protected health information to be used and disclosed as described in the Notice, including, but not limited to, information related to mental health, HIV/AIDs, sexually transmitted diseases, substance abuse, and other particularly sensitive conditions, to the extent applicable.

Patient name (printed)

Patient’s Signature

Date

If this form is signed by someone who is not the patient listed above (e.g. a parent/guardian/legal representative), please provide the signor's name and his or her authority to act for the patient.

Signed by (please print): _____

Authority to Sign on Patient’s Behalf: _____

Internal Use Only

If this acknowledgement is not signed, please provide a description of your efforts in obtaining the signed acknowledgement and the reason the acknowledgment was not obtained.

Print Name: _____

Date: _____

Exhibit A

Alabama

1. Disclosure. Option Care will not disclose your professional records to anyone without your authorization, except where it is in your best interest or where the law requires the disclosure.
2. Medicaid. For Medicaid recipients, we will disclose information pertaining to your treatment (including billing statements and itemized bills) only to:
 - a. the Medicaid Fiscal Agent;
 - b. the Social Security Administration;
 - c. the Alabama Vocational Rehabilitation Agency;
 - d. the Alabama Medicaid Agency;
 - e. insurance companies requesting information about a Medicaid claim filed by the provider, an insurance application, payment of life insurance benefits, or payment of a loan; or
 - f. other providers who need the information for treatment of a patient.

Alaska

1. Disclosure. Option Care may disclose your records to:
 - a. You or as you direct;
 - b. a practitioner or pharmacist when, in the pharmacist's professional judgment, release is necessary to protect the patient's health and well-being; and
 - c. other persons or governmental agencies authorized by law to receive confidential information.
2. Genetic information. We will not disclose genetic information without your informed and written consent.

Arizona

1. Communicable Diseases and HIV-related Information. Option Care will not disclose confidential communicable disease and HIV-related information without your written authorization or where Option Care is authorized or required by state or federal law to make the disclosure.

Arkansas

1. HIV/AIDS. Option Care will not disclose HIV/AIDS confidential information without your written authorization or where Option Care is authorized or required by state or federal law to make the disclosure.
2. Genetic information. Research records of individuals in genetic research studies will not be disclosed to an employer or health plan without your informed, written consent.

California

1. Disclosure. Unless authorized by you, Option Care will not disclose your confidential information to anyone other than you or your authorized representative, except your information may be disclosed as follows:
 - a. the information may be disclosed to providers of health care, health care service plans, contractors, or other health care professionals or facilities for purposes of diagnosis or treatment. This includes, in an emergency situation, the communication of patient information by radio transmission or other means between emergency medical personnel at the scene of an emergency, or in an emergency medical transport vehicle, and emergency medical personnel at a licensed health facility;
 - b. the information may be disclosed to an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor, or any other person or entity responsible for paying for health care services rendered to you, to the extent necessary to allow responsibility for payment to be determined and payment to be made. If you are, by reason of a comatose or other disabling medical condition, unable to consent to the disclosure of medical information and no other arrangements have been made to pay for the health care services being rendered to you, the information may be disclosed to a governmental authority to the extent necessary to determine your eligibility for, and to obtain, payment under a governmental program for health care services provided to you. The information may also be disclosed to another provider of health care or health care service plan as necessary to assist the other provider or health care service plan in obtaining payment for health care services rendered by that provider of health care or health care service plan to you;
 - c. the information may be disclosed to a person or entity that provides billing, claims management, medical data processing, or other administrative services for providers of health care or health care service plans or for any of the persons or entities specified in paragraph (b). However, information so disclosed shall not be further disclosed by the recipient in a way that would violate California law;
 - d. the information may be disclosed to organized committees and agents of professional societies or of medical staffs of licensed hospitals, licensed health care service plans, professional standards review organizations, independent medical review organizations and their selected reviewers, utilization and quality control peer review organizations as established by Congress, contractors, or persons or organizations insuring, responsible for, or defending professional liability that a provider may incur, if the committees, agents, health care service plans, organizations, reviewers, contractors, or persons are engaged in reviewing the competence or qualifications of health care professionals or in reviewing health care services with respect to medical necessity, level of care, quality of care, or justification of charges;
 - e. a provider of health care or health care service plan that has created medical information as a result of employment-related health care services to an employee conducted at the specific prior written request and expense of the employer may disclose to the employee's employer that part of the information that:
 - i. is relevant in a lawsuit, arbitration, grievance, or other claim or challenge to which the employer and the employee are parties and in which the patient has placed in issue his or her medical history, mental or physical condition, or treatment, provided that information may only be used or disclosed in connection with that proceeding.
 - ii. describes functional limitations of the patient that may entitle the patient to leave from work for medical reasons or limit the patient's fitness to perform his or her present employment, provided that no statement of medical cause is included in the information disclosed.
 - f. unless the provider of health care or health care service plan is notified in writing of an agreement by the sponsor, insurer, or administrator to the contrary, the information may be disclosed to a sponsor, insurer, or administrator of a group or individual insured or uninsured plan or policy that the patient seeks coverage by or benefits from, if the information was created by the provider of health care or health care service plan as the result of services conducted at the specific prior written request and expense of the sponsor, insurer, or administrator for the purpose of evaluating the application for coverage or benefits.

- g. the information may be disclosed to a health care service plan by providers of health care that contract with the health care service plan and may be transferred among providers of health care that contract with the health care service plan, for the purpose of administering the health care service plan. Medical information shall not otherwise be disclosed by a health care service plan except in accordance with California law;
 - h. the information may be disclosed to an organ procurement organization or a tissue bank processing the tissue of a decedent for transplantation into the body of another person, but only with respect to the donating decedent, for the purpose of aiding the transplant;
 - i. the information may be disclosed to a third party for purposes of encoding, encrypting, or otherwise anonymizing data. However, no information so disclosed shall be further disclosed by the recipient in a way that would violate California law, including the unauthorized manipulation of coded or encrypted medical information that reveals individually identifiable medical information;
 - j. for purposes of disease management programs and services, information may be disclosed as follows:
 - i. to an entity contracting with a health care service plan or the health care service plan's contractors to monitor or administer care of enrollees for a covered benefit, if the disease management services and care are authorized by a treating physician, or
 - ii. to a disease management organization that complies fully with the physician authorization requirements, if the health care service plan or its contractor provides or has provided a description of the disease management services to a treating physician or to the health care service plan's or contractor's network of physicians.
2. HIV. Option Care will not disclose or use HIV information without your prior authorization unless you are an injured worker claiming to be infected with or exposed to HIV through an exposure incident arising out of and in the course of employment.
 3. Genetic information. We will not disclose your genetic information without your informed, written consent.

Colorado

1. Disclosure. Option Care will not disclose your records without your written authorization, except to:
 - a. you or your agent;
 - b. a practitioner or pharmacist if the disclosure is necessary to protect your health and well being;
 - c. the Board of Pharmacy or to another state or federal agency authorized to receive the confidential record;
 - d. an insurance carrier or other third party payor authorized by you to receive the information.
2. HIV/AIDS. Reports and records concerning individuals diagnosed with AIDS and HIV-related illnesses are strictly confidential and Option Care will not disclose such confidential information without your written authorization or where Option Care is authorized or required by state or federal law to make the disclosure.
3. Genetic Information. Any release, for purposes other than diagnosis, treatment, or therapy, of genetic information that identifies the person tested with the test results released will require your specific written consent.

Connecticut

1. Disclosure. Option Care will not disclose your information without your consent, except to:
 - a. you;
 - b. a practitioner presently treating you when deemed medically appropriate;
 - c. a nurse who is acting as an agent for a prescribing practitioner that is presently treating you or a nurse providing care to you in a hospital;
 - d. third party payors who pay claims for pharmaceutical services rendered to you or who have a formal agreement or contract to audit any records or information in connection with such claims; and
 - e. any governmental agency with statutory authority to review and obtain the information.
2. Confidential HIV-Related Information. Option Care will not disclose confidential HIV-related information without your authorization, except to:
 - a. you, your legal guardian or a person authorized to consent to health care for you;
 - b. any person who secures a release of confidential HIV-related information;
 - c. a federal, state or local health officer when such disclosure is mandated or authorized by federal or state law;
 - d. a health care provider or health facility when knowledge of the HIV-related information is necessary to provide appropriate care or treatment to the protected individual or a child of the individual or when confidential HIV-related information is already recorded in a medical chart or record and a health care provider has access to such record for the purpose of providing medical care to the protected individual;
 - e. a medical examiner to assist in determining the cause or circumstances of death;
 - f. health facility staff committees or accreditation or oversight review organizations which are conducting program monitoring, program evaluation or service reviews;
 - g. a health care provider or other person in cases where such provider or person in the course of his occupational duties has had a significant exposure to HIV infection, provided certain criteria are met;
 - h. employees of hospitals for mental illness operated by the Department of Mental Health and Addiction Services if the infection control committee of the hospital determines that the behavior of the patient poses a significant risk of transmission to another patient of the hospital;
 - i. employees of facilities operated by the Department of Correction to provide services related to HIV infection or if the medical director and chief administrator of the facility determine that the behavior of an inmate poses significant risk of transmission to another inmate or has resulted in a significant exposure of another inmate of the facility;
 - j. any person allowed access to such information by a court order which is issued in compliance with Connecticut law;
 - k. life and health insurers, government payors and health care centers and their affiliates, reinsurers, and contractors, except agents and brokers, in connection with underwriting and claim activity for life, health, and disability benefits;
 - l. any health care provider specifically designated by you to receive such information received by a life or health insurer or health care center pursuant to an application for life, health or disability insurance; and
 - m. a procurement organization for the purposes of assessing donor suitability.
3. Sale of Individually Identifiable Medical Record Information. Option Care will not sell or offer for sale individually identifiable medical record information.
4. Marketing. Option Care will not use or disclose individually identifiable medical record information for marketing purposes without your prior written consent.

Delaware

1. HIV/AIDS. Option Care will not disclose HIV/AIDS information without your written authorization or where Option Care is authorized or required by state or federal law to make the disclosure.
2. Genetic Information. Option Care will not disclose your genetic information in a manner that permits your identification without first obtaining your written informed consent, unless such disclosure is permitted by law.

District of Columbia

No additional information. Refer to the Notice of Privacy Practices.

Florida

1. Disclosure. Option Care will not disclose your records without your written authorization, except to:
 - a. you;
 - b. your legal representative;
 - c. the Department of Health pursuant to existing law;
 - d. in the event that you are incapacitated or unable to request your records, your spouse; and
 - e. in any civil or criminal proceeding, upon the issuance of a subpoena from a court of competent jurisdiction and proper notice to you or your legal representative, by the party seeking the records.
2. HIV/AIDS. Option Care will not disclose HIV/AIDS confidential information without your written authorization allowing the release or where Option Care is authorized or required by state or federal law to make the disclosure.
3. Controlled Substances. Option Care is required by law to disclose inventory and prescription records for controlled substances to law enforcement officers whose duty it is to enforce Florida laws relating to controlled substances. Law enforcement officers are not required to obtain a subpoena, court order, or search warrant in order to obtain access to or copies of such records.
4. Genetic Information. Option Care will not disclose your genetic information without your consent, unless such disclosure is authorized by law.

Georgia

1. Disclosure. Unless authorized by you, Option Care will not disclose your confidential information to anyone other than you or your authorized representative, except to the following persons or entities:
 - a. the prescriber, or other licensed health care practitioners caring for you;
 - b. another licensed pharmacist for purposes of transferring a prescription or as part of a patient's drug utilization review, or other patient counseling requirements;
 - c. the Board of Pharmacy, or its representative; or
 - d. any law enforcement personnel duly authorized to receive such information.Option Care may also disclose your confidential information without your consent pursuant to a subpoena issued and signed by an authorized government official or a court order issued and signed by a judge of an appropriate court.
2. HIV/AIDS. Option Care will not disclose AIDS confidential information, except in situations where the subject of the information has provided Option Care with a written authorization allowing the release or where Option Care is authorized or required by state or federal law to make the disclosure.
3. Controlled Substances. Option Care is required by law to disclose prescription records for controlled substances to the Georgia Drugs and Narcotics Agency in accordance with the Prescription Drug Monitoring Program.

Hawaii

1. HIV/AIDS/ARC. Option Care will not disclose HIV/AIDS/ARC related information, unless you or your representative have provided Option Care with written authorization allowing the release or where Option Care is authorized or required by state or federal law to make the disclosure.

Idaho

1. Disclosure. Option Care will not disclose your identifiable prescription information without your consent, unless to:
 - a. you or your designee;
 - b. the Board of Pharmacy, or its representatives, acting in their official capacity;
 - c. the practitioner, or the practitioner's designee, who issued the prescription;
 - d. other licensed health care professionals who are responsible for your direct and acute care;
 - e. agents of the Department of Health and Welfare when acting in their official capacity with reference to issues related to the practice of pharmacy;
 - f. agents of any board whose practitioners have prescriptive authority, when the board is enforcing laws governing that practitioner;
 - g. an agency of government charged with the responsibility for providing medical care for you (written requests by authorized agents of the agency requesting such information are required);
 - h. the federal Food and Drug Administration (FDA), for purposes relating to monitoring of adverse drug events in compliance with the requirements of federal law, rules or regulations adopted by the federal food and drug administration;
 - i. your authorized insurance benefit provider or health plan providing health care coverage or pharmacy benefits to you.
 - j. a court of competent jurisdiction pursuant to an order.

Illinois

1. *Mental Health and Disability*. Option Care will not disclose your records and communications without your written authorization, unless such disclosure is authorized or required by law.
2. *Medicaid*. Option Care will not disclose your personal information without your written consent.
3. *HIV/AIDS*. Option Care will not disclose HIV/AIDS information without your consent, except to the certain persons as designated by law that include but are not limited to:
 - a. you or your legally authorized representative;
 - b. any person that you or your representative designate in a legally effective release of the test results;
 - c. an authorized agent or employee of a health care facility or health care professional or referring, treating or consulting health care professional of the test (with certain requirements specified by law);
 - d. the Department of Public Health or the local health authority, in accordance with rules for reporting and controlling the spread of disease, or as otherwise provided by state law; or

- e. A health care facility or health care professional which procures, processes, distributes or uses a human body part from a deceased person with respect to medical information regarding the person; or semen prior to September 21, 1987, for the purpose of artificial insemination.

Indiana

1. *Disclosure*. Option Care will only disclose confidential information when it is in your patient's best interests, when the information is requested by the Board of Pharmacy or its representatives or by a law enforcement officer charged with the enforcement of laws pertaining to drugs or devices or the practice of pharmacy, or when disclosure is essential to the pharmacy's business operations.
2. *Mental Health*. Option Care will not disclose your mental health record without your consent, unless the disclosure is authorized by law.
3. *Medicaid*. Option Care will not disclose your personal information without your written consent.

Iowa

1. *Disclosure*. Option Care will not disclose any HIV/AIDS-related information without your written authorization or where we are authorized or required by state or federal law to make the disclosure.
2. *Mental Health*. Option Care will not disclose your mental health or psychological information unless you consent to or authorize the disclosure.

Kansas

1. HIV/AIDS. Option Care will not disclose HIV/AIDS confidential information without your written authorization allowing the release or where Option Care is authorized or required by state or federal law to make the disclosure.
2. Medicaid. Where applicable, Option Care will not disclose your Medicaid-related information without your written authorization, except where such disclosure is authorized or required by law.

Kentucky

1. Disclosure. Option Care will not disclose your patient information or the nature of professional services rendered to you without your express consent or without a court order, except to the following authorized persons:
 - a. Members, inspectors, or agents of the Board of Pharmacy;
 - b. You, your agent, or another pharmacist acting on your behalf;
 - c. Another person, upon your request;
 - d. Licensed health care personnel who are responsible for your care;
 - e. Certain state government agents charged with enforcing the controlled substance laws;
 - f. Federal, state, or municipal government officers who are investigating a specific person regarding drug charges; and
 - g. A government agency that may be providing medical care to you, upon that agency's written request for information.

Minimum Necessary. Option Care will only use your information to provide pharmacy care.

2. *Mental Health and Disability*. Option Care will not disclose your records and communications without your written authorization, unless such disclosure is authorized or required by law.
3. *Substance Abuse*. Option Care will not disclose your substance abuse records without your written authorization, unless such disclosure is authorized or required by law.

Louisiana

1. *Mental Health and Disability*. Option Care will not disclose your records and communications without your written authorization, unless such disclosure is authorized or required by law.
2. HIV/AIDS. Option Care will not disclose HIV/AIDS confidential information without your written authorization allowing the release or where Option Care is authorized or required by state or federal law to make the disclosure.

Maine

1. *Disclosure*. Option Care will not disclose health care information for fundraising purposes or to coroners or funeral directors, without patient authorization.
2. *Communicable Diseases*. We will only disclose patient identifiable communicable disease information to the state for adult or child protection purposes or to other public health officials, agents or agencies or to officials of a school where a child is enrolled, for public health purposes. In a public health emergency, as declared by the state health officer, we may also release patient information to private health care providers and agencies for the purpose of preventing further disease transmission.
3. *Marketing/Sale of Information*. Option Care will not license, use, sell, transfer or exchange for value, for any marketing purpose, prescription drug information that identifies you directly or indirectly.
4. *Medicaid*. Option Care will not release your MaineCare (Medicaid) information without your authorization, except where medically necessary such information must be shared between providers for your well being or for those involved with the administration of the MaineCare program.
5. *Mental Health*. Option Care will not disclose information regarding your mental health care and treatment except with proper informed consent and other disclosures to family and clinical providers as provided by law.

Maryland

1. *Mental Health*. When a medical record developed in connection with the provision of mental health services is disclosed without the authorization of a person in interest, only the information in the record relevant to the purpose for which disclosure is sought may be released.
2. *HIV*. Option Care will not disclose HIV-related information without your written authorization allowing the release or where Option Care is authorized or required by state or federal law to make the disclosure.

Massachusetts

1. *Medicaid*. For Medicaid recipients, disclosure of patient information is restricted to purposes directly connected with the administration of the Medicaid program.
2. *HIV/AIDS*. Option Care will not disclose HIV/AIDS information without your authorization unless such disclosure is authorized or required by law.

Michigan

1. *Disclosure*. Unless authorized by the patient, we will not disclose prescription or equivalent records, except to the following persons:
 - a. patient, or another pharmacist acting on patient's behalf;
 - b. the authorized prescriber who issued the prescription, or a licensed health professional who is currently treating the patient;
 - c. an agency or agent of government responsible for the enforcement of laws relating to drugs and devices;

- d. a person authorized by a court order; or
 - e. a person engaged in research projects or studies with protocols approved by the Board of pharmacy.
2. *HIV/AIDS*. Option Care will not disclose HIV/AIDS-related information except in situations where you have provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure.

Minnesota

1. *Disclosure*. Option Care will not disclose your pharmacy records without prior consent, except:
- a. for a medical emergency when the provider is unable to obtain patient consent due to your condition or the nature of the medical emergency; or
 - b. to other providers within related health care entities when necessary for your current treatment.

Option Care will not disclose prescription orders or the contents thereof, except to:

- a. you, your agent, or another pharmacist acting on your behalf or agent's behalf;
- b. the licensed practitioner who issued the prescription;
- c. the licensed practitioner who is currently treating you;
- d. a member, inspector, or investigator of the board or any federal, state, county, or municipal officer whose duty it is to enforce the laws of this state or the United States relating to drugs and who is engaged in a specific investigation involving a designated person or drug;
- e. an agency of government charged with the responsibility of providing medical care for you;
- f. an insurance carrier or attorney on receipt of written authorization signed by you or your legal representative, authorizing the release of such information; and
- g. any person duly authorized by a court order.

Unless we have obtained patient's oral or written consent, we will not disclose the nature of pharmaceutical services rendered to you, except as follows:

- a. pursuant to an order or direction of a court;
- b. to other pharmacies;
- c. to you; or
- d. drug therapy information to your physician.

Mississippi

1. *Medicaid and Public Assistance*. Where applicable, Option Care will not disclose your confidential information without your written authorization.

Missouri

1. *Disclosure*. Option Care will not release your records to anyone without your authorization, except to:
- a. you or another person authorized by you to receive such information;
 - b. a health care provider involved in your treatment activities;
 - c. a court or grand jury pursuant to a lawful request;
 - d. a person authorized by a court order;
 - e. to assist in the transfer of information between licensed pharmacists as provided by law; and
 - f. government agencies acting within the scope of their statutory authority.
2. *Medicaid*. If applicable, Option Care will restrict disclosure of your information to purposes directly related to your treatment, for promotion of improved quality of care, and to assist with an investigation, prosecution, or civil or criminal proceeding related to the administration of the Medicaid program.
3. *Genetic Information*. Option Care will not disclose your genetic information without your written authorization, except where the release is authorized by law.
4. *HIV/AIDS*. Option Care will not disclose confidential HIV/AIDS information without your written authorization, except where Option Care is authorized or required to release the information pursuant to state or federal law.

Montana

1. *Children's Health Insurance Program*. Option Care will restrict disclosures of your information to purposes related to the administration of the CHIP program.
2. *Medicaid*. Option Care will only use your information for purposes related to administration of the Montana Medicaid program. We will not disclose your information without your written consent, except to state authorities.
3. *Sexually Transmitted Diseases*. We will not disclose information concerning persons infected, or reasonably suspected to be infected with a sexually transmitted disease, except to:
- a. personnel of the Department of Public Health and Human Services;
 - b. a physician who has obtained the written consent of the person whose record is requested; or
 - c. a local health officer.

Nebraska

1. *Substance Abuse*: Option Care will not disclose your substance abuse records without your written authorization, unless such disclosure is authorized or required by law.
2. *Genetic Information*. Option Care will not disclose your genetic information without your written authorization, unless such disclosure is authorized by law.

Nevada

1. *Disclosure*. Option Care will not disclose the contents of your prescriptions or disclose any copies of your prescriptions, other than to you, except to:
- a. the practitioner who issued the prescription;
 - b. the practitioner who is currently treating you;
 - c. a member, inspector or investigator of the Board of Pharmacy, an inspector of the FDA, or an agent of the investigation division of the department of public safety;
 - d. an agency of state government charged with the responsibility of providing medical care for you;
 - e. an insurance carrier, on receipt of your written authorization or your legal guardian authorizing the release of information;
 - f. any person authorized by an order of a district court;
 - g. a member, inspector, or investigator of a professional licensing board that licenses the practitioner who orders the prescriptions filled at the pharmacy; and
 - h. other registered pharmacists for the limited purpose of and to the extent necessary for the exchange of information regarding persons suspected of misusing prescriptions to obtain excessive amounts of drugs or failing to use a drug in conformity with the directions for its use, or taking a drug in combination with other drugs in a manner that could result in injury to that person.
 - i. a peace officer employed by a local government for the limited purpose of and to the extent necessary to investigate an alleged crime committed at the pharmacy and

reported by an employee or to carry out a search warrant or subpoena issued pursuant to a court order.

2. *Communicable Diseases*. Option Care will not disclose any personal information about an individual who has, or is suspected of having, a communicable disease, without the individual's written consent, except as follows:
- a. for statistical purposes, as long as the identity of the person is not discernible from the information disclosed;
 - b. in a prosecution for a violation or a proceeding for an injunction brought pursuant to the communicable disease laws;
 - c. in reporting the actual or suspected abuse or neglect of a child or elderly person;
 - d. to any person who has a medical need to know the information for his own protection or for the well-being of a patient or dependent person, as determined by the health authority in accordance with regulations of the state board of health;
 - e. pursuant to specified statutes that require the reporting of certain test results;
 - f. if the disclosure is made to the department of human resources and the person about whom the disclosure is made has been diagnosed as having AIDS or an illness related to HIV and is a recipient of or an applicant for Medicaid;
 - g. to a fireman, police officer or person providing emergency medical services if the board has determined that the information relates to a communicable disease significantly related to that occupation and the information is disclosed in the manner prescribed by the state board of health; and
 - h. if the disclosure is authorized or required by specific statute.
3. *Genetic Information*. Option Care will not disclose your genetic information without your written authorization, unless such disclosure is authorized by law.
4. *Substance Abuse*: Option Care will not disclose your substance abuse records without your written authorization, unless such disclosure is authorized or required by law.

New Hampshire

1. *Disclosure*. Option Care will only disclose professional records if:
- a. we have obtained your permission to do so;
 - b. it is an emergency situation and it is in your best interest to disclose the information; or
 - c. the law requires Option Care to disclose the information.
2. *Sales or Marketing*. Outside of purposes of pharmacy reimbursement, formulary compliance, care management, utilization review by health care provider, patient insurance company review and health care research, Option Care will not use, release, sell, license or transfer patient identifiable medical information for the purposes of sales or marketing of services or products unless you have provided us with a written authorization permitting such activity. Such mandate applies to records involving controlled substances.
3. *HIV*. Option Care will not disclose HIV-related information without your written consent unless the disclosure is authorized or required by law.
4. *Medicaid*. Where applicable, Option Care will not disclose your confidential information without your written authorization, unless the disclosure is permitted or required by law.

New Jersey

1. *Medicaid*. For PAAD (Pharmaceutical Assistance to the Aged and Disabled Program) and Medicaid recipients, Option Care will not disclose personally identifiable information without your or your agent's consent, except for purposes directly connected to the administration of these programs (as applicable) or as otherwise permitted by state or federal law.
2. *HIV*. Option Care will not disclose HIV-related information without your prior written consent, or as otherwise permitted or required by law.

New Mexico

1. *Disclosure*. Unless Option Care receives a written consent from you, we will not disclose your confidential information to anyone other than you or your authorized representative, except to the following persons or entities:
- a. pursuant to the order or direction of a court;
 - b. to the prescriber or other licensed practitioner caring for you;
 - c. to another licensed pharmacist where it is in your best interest;
 - d. to the Board of Pharmacy or its representative or to such other persons or governmental agencies duly authorized by law to receive such information;
 - e. to transfer a prescription to another pharmacy as required by the provisions of patient counseling;
 - f. to provide a copy of a non-refillable prescription to you;
 - g. to provide drug therapy information to physicians or other authorized prescribers for their patients; or
 - h. as required by the provisions of the patient counseling regulations.

New York

1. *Controlled Substances*. Option Care may not disclose your confidential information without your authorization unless such disclosure is authorized or required by applicable state or federal law.
2. *HIV/AIDS*. To the extent applicable, Option Care will not disclose confidential HIV-related information without your authorization or where the disclosure is authorized or required by law.
3. *Common Electronic File/Database*. Option Care will not access a common electronic file or database used to maintain required personally identifiable dispensing information except upon patient, or patient's agent's, express request.

North Carolina

1. *Disclosure*. Option Care will not disclose or provide a copy of your prescription orders on file, except to:
- a. you;
 - b. your parent or guardian or other person acting in loco parentis if you are a minor and have not lawfully consented to the treatment of the condition for which the prescription was issued;
 - c. the licensed practitioner who issued the prescription or who is treating you;
 - d. a pharmacist who is providing pharmacy services to you;
 - e. anyone who presents a written authorization for the release of pharmacy information signed by you or your legal representative;
 - f. any person authorized by subpoena, court order or statute;
 - g. any firm, company, association, partnership, business trust, or corporation who by law or by contract is responsible for providing or paying for medical care for you;
 - h. any member or designated employee of the Board of Pharmacy;
 - i. the executor, administrator or spouse of a deceased patient;
 - j. Board-approved researchers, if there are adequate safeguards to protect the confidential information; and
 - k. the person who owns Option Care or his licensed agent.

North Dakota

1. *Disclosure.* Option Care will not disclose the nature of the services we provide to you to anyone other than you, without first obtaining your oral or written consent, except that we may disclose such information:
 - a. to other pharmacies;
 - b. to your physician; or
 - c. as ordered or directed by a court.
2. *HIV/AIDS.* Option Care will not disclose HIV/AIDS confidential information without your written authorization, except as required or permitted by federal or state law, including any rule considered necessary for public health or health care purposes.
3. *Mental Health and Substance Abuse.* Option Care will not disclose your records and communications without your written authorization, unless such disclosure is authorized or required by law.

Ohio

1. *Disclosure.* Unless we have obtained patient written consent, Option Care will only disclose your pharmacy records to:
 - a. you;
 - b. the prescriber who issued the prescription or medication order;
 - c. certified/licensed health care personnel who are responsible for your care;
 - d. a member, inspector, agent, or investigator of the state board of pharmacy or any federal, state, county, or municipal officer whose duty is to enforce the laws of this state or the United States relating to drugs and who is engaged in a specific investigation involving a designated person or drug;
 - e. an agent of the state medical board when enforcing the statutes governing physicians and limited practitioners;
 - f. an agency of government charged with the responsibility of providing medical care for patient, upon a written request by an authorized representative of the agency requesting such information;
 - g. an agent of a medical insurance company who provides prescription insurance coverage to patient, upon authorization and proof of insurance by patient or proof of payment by the insurance company for those medications whose information is requested;
 - h. an agent who contracts with Option Care as a "business associate" in accordance with the regulations promulgated by the secretary of the United States department of health and human services pursuant to the federal standards for privacy of individually identifiable health information; or
 - i. in emergency situations, when it is in your best interest.

Oklahoma

1. *Disclosure.* Patient Confidences: Option Care will not divulge the nature of your problems or ailments or any confidence you have entrusted to the pharmacist in his professional capacity, except in response to legal requirements or where it is in your best interest.
2. *Communicable and Venereal Diseases.* Option Care will not disclose information which identifies any person who has or may have a communicable or venereal disease, without your written authorization or authorized by law. Unless otherwise provided by law, Option Care will remove all identifiable information from such records prior to releasing such information.
3. *Mental Health and Substance Abuse.* Unless otherwise authorized by law, Option Care will not disclose mental health and substance abuse records without your written authorization or a valid court order issued by a court of competent jurisdiction.

Oregon

1. *HIV/AIDS.* Option Care will not disclose HIV/AIDS confidential information without your written authorization, except as required or permitted by federal or state law, including any rule considered necessary for public health or health care purposes.
2. *Genetic Information.* Option Care will not disclose your genetic information without your written authorization, unless such disclosure is authorized by law.

Pennsylvania

1. *HIV/AIDS.* Option Care will not disclose any HIV-related information, except in situations where you have provided us with a written consent allowing the release or where we are authorized or required by state or federal law to make the disclosure.
2. *Mental Health.* Records concerning your receipt of mental health treatment shall be kept confidential and shall not be released nor their content disclosed without your proper consent, except that relevant portions or summaries may be released or copied as specifically permitted by law.

Puerto Rico

1. *Disclosure.* Option Care will not disclose your information without your written consent, and in all cases, will only disclose such information for medical or treatment purposes, including:
 - a. the continuation of medication or medical care or treatment;
 - b. prevention or quality control purposes; or
 - c. regarding payment for medical health care services.

Rhode Island

1. *Disclosure.* Option Care will only disclose your prescription information to our agents and persons directly involved in your care. Additionally, we will not disclose confidential health care information without obtaining your consent, except in the following situations:
 - a. to a physician, dentist, or other medical personnel who believe in good faith that the information is necessary to diagnose or treat you in a medical or dental emergency;
 - b. to qualified personnel for the purpose of conducting scientific research, management audits, financial audits, program evaluations, actuarial, insurance underwriting, or similar studies, provided that personnel does not identify, directly or indirectly, patient in any report of that research, audit, or evaluation, or otherwise disclose patient identity in any manner;
 - c. to appropriate law enforcement personnel, or to a person if the pharmacist believes that patient may pose a danger to that person or his or her family; or to appropriate law enforcement personnel if patient has attempted or is attempting to obtain narcotic drugs from the pharmacy illegally; or to appropriate law enforcement personnel or appropriate child protective agencies if patient is a minor child who the pharmacist believes, after providing services to patient, to have been physically or psychologically abused;
 - d. between or among qualified personnel and health care providers within the health care system for purposes of coordination of health care services given to patient and for purposes of education and training within the same health care facility;
 - e. to third party health insurers for the purpose of adjudicating health insurance claims or administering benefits, including to utilization review agents, third party administrators, and other entities that provide operational support;

- f. to a malpractice insurance carrier or lawyer if we have reason to anticipate a medical liability action;
 - g. to pharmacy's own lawyer or medical liability insurance carrier if patient initiates a medical liability action against our pharmacy;
 - h. to public health authorities in order to carry out their designated functions. These functions include, but are not restricted to, investigations into the causes of disease, the control of public health hazards, enforcement of sanitary laws, investigation of reportable diseases, certification and licensure of health professionals and facilities, and review of health care such as that required by the federal government and other governmental agencies;
 - i. to the state medical examiner in the event of a fatality that comes under his or her jurisdiction;
 - j. in relation to information that is directly related to a current claim for workers' compensation benefits or to any proceeding before the workers' compensation commission or before any court proceeding relating to workers' compensation;
 - k. to pharmacy's attorneys whenever it considers the release of information to be necessary in order to receive adequate legal representation;
 - l. to a law enforcement authority to protect the legal interest of an insurance institution, agent, or insurance-support organization in preventing and prosecuting the perpetration of fraud upon them;
 - m. to a grand jury or to a court of competent jurisdiction pursuant to a subpoena or subpoena duces tecum when that information is required for the investigation or prosecution of criminal wrongdoing by a health care provider relating to his or her or its provisions of health care services and that information is unavailable from any other source; provided, that any information so obtained is not admissible in any criminal proceeding against patient;
 - n. to the state board of elections pursuant to a subpoena or subpoena duces tecum when the information is required to determine patient eligibility to vote by mail ballot and/or the legitimacy of a certification by a physician attesting to a voter's illness or disability;
 - o. to certify the nature and permanency of patient illness or disability, the date when patient was last examined and that it would be an undue hardship for patient to vote at the polls so that patient may obtain a mail ballot;
 - p. to the Medicaid fraud control unit of the attorney general's office for the investigation or prosecution of criminal or civil wrongdoing by a health care provider relating to his or her or its provision of health care services to then Medicaid eligible recipients or patients, residents, or former patients or residents of long term residential care facilities; provided, that any information obtained is not admissible in any criminal proceeding against patient;
 - q. to the state department of children, youth, and families pertaining to the disclosure of health care records of children in the custody of the department;
 - r. to the foster parent or parents pertaining to the disclosure of health care records of children in the custody of the foster parent or parents; provided, that the foster parent or parents receive appropriate training and have ongoing availability of supervisory assistance in the use of sensitive information that may be the source of distress to these children; or
 - s. to the workers' compensation fraud prevention unit for purposes of investigation.
2. *Mental Health.* Option Care will not disclose your information or records without your written consent or unless otherwise authorized or required by law.

South Carolina

1. *Disclosure.* Option Care will not disclose your prescription drug information without first obtaining your consent, except in the following circumstances:
 - a. the lawful transmission of a prescription drug order in accordance with all state and federal laws pertaining to the practice of pharmacy;
 - b. communications among licensed practitioners, pharmacists, and other health care professionals who are providing or have provided services to you;
 - c. information gained as a result of a person requesting informational material from a prescription drug or device manufacturer or vendor;
 - d. information necessary to effect the recall of a defective drug or device or other information necessary to protect the health and welfare of an individual or the public generally;
 - e. information whereby the release is mandated by other state or federal laws, court order, or subpoena, or regulations (e.g., accreditation or licensure requirements);
 - f. information necessary to adjudicate or process payment claims for health care, if the recipient makes no other use or further disclosure of the information;
 - g. information voluntarily disclosed by a patient to entities outside of the provider-patient relationship;
 - h. information used in clinical research monitored by an institutional review board, with your written authorization;
 - i. information which does not identify you by name, or that is encoded so that identifying you by name or address is not generally possible, and that is used for epidemiological studies, research, statistical analysis, medical outcomes, or pharmaco-economic research;
 - j. information transferred in connection with the sale of a business;
 - k. information necessary to disclose to third parties in order to perform quality assurance programs, medical records review, internal audits, medical records maintenance, or similar programs, if the third party makes no other use or further disclosure of the information;
 - l. information that may be revealed to a party who obtains a dispensed prescription on your behalf; or
 - m. information necessary in order for a health plan licensed by the South Carolina Department of Insurance to perform case management, utilization management, and disease management for individuals enrolled in that health plan, if the third party makes no other use or further disclosure of the information.
2. *Disclosure.* Option Care will not disclose your information or the nature of professional pharmacy services rendered to you, without your express consent or the order or direction of a court, except to:
 - a. you, or your agent, or another pharmacist acting on your behalf;
 - b. the practitioner who issued the prescription drug order;
 - c. certified/licensed health care personnel who are responsible for your care;
 - d. an inspector, agent or investigator from the Board of Pharmacy or a federal, state, county, or municipal officer whose duty is to enforce the laws of South Carolina or the United States relating to drugs or devices and who is engaged in a specific investigation involving a designated person or drug; and

- e. a government agency charged with the responsibility of providing medical care for you upon written request by an authorized representative of the agency requesting the information.
3. **Genetic Information.** Option Care will not disclose your genetic information in a manner that permits your identification without first obtaining your written informed consent, unless such disclosure is permitted by law.

South Dakota

1. **Social Services.** Option Care will only use your information for purposes directly connected to the administration of the medical assistance program. We will not disclose your information without obtaining your approval.
2. **Mental Health.** Option Care will not disclose your information or records without your written consent or unless otherwise authorized or required by law.

Tennessee

1. **Disclosure.** Option Care will not disclose your name and address or other identifying information without your consent, except to:
 - a. a health or government authority pursuant to any reporting required by law;
 - b. an interested third-party payor for the purpose of utilization review, case management, peer reviews, or other administrative functions; or
 - c. in response to a subpoena issued by a court of competent jurisdiction.
2. **Disclosure.** Option Care will obtain your authorization before it discloses your patient records for any reason, except where:
 - a. the disclosure is in your best interest;
 - b. the law requires the disclosure; or
 - c. the disclosure is to an authorized prescriber or to communicate a prescription order where necessary to:
 1. carry out prospective drug use review as required by law;
 2. assist prescribers in obtaining a comprehensive drug history on you;
 3. prevent abuse or misuse of a drug or device and the diversion of controlled substances.
3. **Sale of Information.** Option Care will not sell your name and address or other identifying information for any purposes.

Texas

1. **Disclosure.** Option Care will only release your confidential record to you, your agent, or to:
 - a. a practitioner or another pharmacist if, in the pharmacist's professional judgment, the release is necessary to protect your health and well-being;
 - b. the pharmacy board or another state or federal agency authorized by law to receive the record;
 - c. a law enforcement agency engaged in investigation of a suspected violation of the controlled substances laws, or the Comprehensive Drug Abuse Prevention and Control Act of 1970;
 - d. a person employed by a state agency that licenses a practitioner, if the person is performing the person's official duties; or
 - e. an insurance carrier or other third party payor authorized by the patient to receive the information.
2. **Genetic Information.** Option Care will not disclose your genetic information without your written authorization, unless such disclosure is authorized by law.
3. **HIV/AIDS.** Option Care will not disclose HIV/AIDS confidential information without your written authorization, except as required or permitted by federal or state law, including any rule considered necessary for public health or health care purposes.
4. **Medicaid and Public Assistance.** Option Care will not disclose your confidential information without written authorization, or unless authorized or required by law.
5. **Mental Health.** Option Care will not disclose your information or records without your written consent or unless otherwise authorized or required by law.

Utah

1. **Disclosure.** Option Care will not release or discuss information in your prescription or medication profile to anyone except:
 - a. you or your legal guardian or designee;
 - b. a lawfully authorized federal, state, or local drug enforcement officer;
 - c. a third party payment program authorized by you;
 - d. another pharmacist, pharmacy intern, pharmacy technician, or prescribing practitioner providing services to you or to whom you have requested us to transfer a prescription;
 - e. your attorney, with a written authorization signed by:
 - you before a notary public;
 - your parent or lawful guardian, if you are a minor;
 - your lawful guardian, if you are incompetent; or
 - our personal representative, in the case of deceased patients.

Vermont

1. **Disclosure.** Unless we have patient consent or a court order, Option Care will not disclose patient information or the nature of services rendered to patient, except to the following persons:
 - a. patient, his or her agent, or another pharmacist acting on patient's behalf;
 - b. the practitioner who issued the prescription drug order;
 - c. certified or licensed health care personnel who are responsible for patient care;
 - d. a Board of Pharmacy or federal, state, county, or municipal officer that enforces state or federal law relating to drugs or devices, pursuant to an investigation of a designated drug or person; or
 - e. a government agency responsible for providing medical care for patient, upon a written request by an authorized agency representative.
2. **Sale of Information.** Option Care will not sell, license, or exchange for value regulated records containing prescriber-identifiable information, nor permit the use of regulated records containing prescriber-identifiable information for marketing or promoting a prescription drug, unless the prescriber consents as provided by law; provided, however, that the foregoing prohibitions do not apply to the following:
 - a. the sale, license, exchange for value, or use, of regulated records for the limited purposes of pharmacy reimbursement; prescription drug formulary compliance; patient care management; utilization review by a health care professional, the patient's health insurer, or the agent of either; or health care research;
 - b. the dispensing of prescription medications to a patient or to the patient's authorized representative;
 - c. the transmission of prescription information between an authorized prescriber and a licensed pharmacy, between licensed pharmacies, or that may occur in the event a pharmacy's ownership is changed or transferred;

- d. care management educational communications provided to a patient about the patient's health condition, adherence to a prescribed course of therapy and other information relating to the drug being dispensed, treatment options, recall or patient safety notices, or clinical trials;
- e. the collection, use, or disclosure of prescription information or other regulatory activity as authorized by law;
- f. the collection and transmission of prescription information to a Vermont or federal law enforcement officer engaged in his or her official duties as otherwise provided by law; and
- g. the sale, license, exchange for value, or use of patient and prescriber data for marketing or promoting if the data does not identify a prescriber, and there is no reasonable basis to believe that the data provided could be used to identify a prescriber.

Virginia

No supplemental material. Refer to Notice of Privacy Practices.

Washington

1. **Sexually Transmitted Diseases.** Option Care will not disclose HIV-related information or information identifying your treatment for a sexually transmitted disease without your specific written authorization, unless such disclosure is authorized or required by state or federal law.

West Virginia

1. **Mental Health.** Option Care will not disclose confidential information relating to an individual who is obtaining or has obtained treatment for a mental illness, without the individual's written consent, except in the following circumstances:
 - a. with the signed, written consent of the individual or his legal guardian;
 - b. in certain proceedings involving involuntary examinations;
 - c. pursuant to a court order in which the court found the relevance of the information to outweigh the importance of maintaining the confidentiality of the information;
 - d. to protect against clear and substantial danger of imminent injury by the individual to himself or another; or to staff of the mental health facility where the individual is being cared for or to other health professionals involved in treatment of the individual, for treatment or internal review purposes.
2. **HIV/AIDS.** Option Care will not disclose HIV/AIDS confidential information without your written authorization, except as required or permitted by federal or state law, including any rule considered necessary for public health or health care purposes.
3. **Medicaid and Public Assistance.** Option Care will not disclose your confidential information without written authorization, or unless authorized or required by law.

Wisconsin

1. **Disclosure.** Option Care may release a portion, but not a copy, of your health record, to the following individuals, under the following circumstances:
 - a. If you or your authorized representative are not incapacitated, physically available, and agree to the release, we may release a portion of your health record to any person;
 - b. If you or your authorized representative are incapacitated or are not physically available, or if an emergency makes it impracticable to obtain your or your authorized representative's consent, and it is determined, in the exercise of a health care provider's professional judgment, that the release of a portion of your health record is in your best interest, we may release to:
 - i. A member of your immediate family or another of your relatives, a close personal friend, or of an individual you have identified, that portion of your record that is directly relevant to the member, relative, friend, or individual's involvement in your health care; and
 - ii. Any person, that portion that is necessary to identify, locate, or notify a member of the patient's immediate family or another person that is responsible for your care concerning your location, general condition, or death.
 For recipients of home health services, we will not release your medical records without your authorization, except in the case of your transfer to a health care facility.
2. **HIV/AIDS Information.** We will not release your HIV/AIDS information without your specific written authorization, except where the release is authorized by law. A private pay patient may prohibit the disclosure of his or her HIV/AIDS information to a researcher if the private pay patient annually submits to us a signed, written request that the disclosure be prohibited.
3. **Mental Health & Substance Abuse Information.** We will get your written consent to release your mental health and substance abuse information, except where the release without your consent is authorized by law.
4. **Genetic Testing.** We will not release your genetic information without your prior written and informed consent.
5. **Venereal/Communicable Diseases.** We are required by law to report these diseases to a local health officer or the state epidemiologist and they are required to keep the information confidential.

Wyoming

1. **Disclosure.** Unless Option Care has received your authorization, we will only disclose your information to:
 - a. you, or as you direct, to those practitioners and other pharmacists where, in the pharmacist's professional judgment such release is necessary for treatment or to protect your health and well being;
 - b. to other licensed professionals treating you; and
 - c. to such other persons or governmental agencies authorized by law to investigate controlled substance law violations.
2. **Mental Health and Substance Abuse.** Option Care will not disclose your mental health and substance abuse information, except where the release without your consent is authorized by law.
3. **Sexually Transmitted Diseases/HIV/AIDS.** We will not release information regarding sexually transmitted diseases, including HIV and AIDS information, without your specific written authorization, except where the release is authorized by law.
4. **Genetic Information.** We will not release your genetic information without your prior written and informed consent.
5. **Medicaid and Public Assistance.** Option Care will not disclose your confidential information without written authorization, or unless authorized or required by law.