

## NOTICE OF PRIVACY PRACTICES

### Privacy Officer Contact Information

Phone: 1-866-687-8972

Email: [compliance@csipharmacy.com](mailto:compliance@csipharmacy.com)

Compliance Hotline: [CSI Compliance Hotline](#)

### **YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.**

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.**

References to “we,” “us,” and “our” means the members of the CSI Affiliated Covered Entity (ACE). An affiliated covered entity is a group of organizations under common ownership or control who designate themselves as a single affiliated covered entity for purposes of compliance with the Health Insurance Portability and Accountability Act (“HIPAA”). The CSI ACE, and its employees and workforce members who are involved in providing and coordinating your health care, are all bound to follow the terms of this Notice of Privacy Practices (“Notice”). The members of the CSI ACE will share PHI with each other for the treatment, payment and health care operations as permitted by HIPAA and this Notice. For a complete list of the member organizations that make up the CSI ACE, please contact the Privacy Office.

### **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 medical record***

You can ask to see or get an electronic or paper copy of your health information that we maintain in designated record sets or other health information we have about you, with limited exceptions. We will provide access to your health information if readily producible, or in a mutually agreed-upon format, within the timeframe required by law. Ask our Privacy Officer 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 for the costs of copying.
- For home health patients, we will provide a copy of your health information free of charge at your next home visit or within 4 business days following your request, whichever comes first.

#### ***Ask us to correct your medical record***

- 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 day Requests for corrections should be made to our Privacy Officer.

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### ***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.
- To request confidential communications, submit a written request to our Privacy Officer specifying how or where you wish to be contacted.
- 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.
- Contact our Privacy Officer to request limitations on how we use or share your health information.
- 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***

- You can ask our Privacy Officer 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 rights are violated***

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You may also file a complaint anonymously by reporting your complaint to our Compliance Hotline at [ghco.ethicspoint.com](http://ghco.ethicspoint.com).

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- 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 (877)696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://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.

***In these cases, you have both the right and choice to tell us to:***

- Share information with your family, close friends, or others involved in your 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, 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, we never share your information unless you give us written permission:***

- Marketing purposes
- 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

The following categories describe different ways that we use and disclose your health information. We have provided you with examples in certain categories; however, not every permissible use or disclosure will be listed in this Notice. Note that some types of health information, such as HIV information, genetic information, alcohol and/or substance abuse records, and mental health records may be subject to special confidentiality protections under applicable state or federal law, and we will abide by these special protections. If you would like additional information about special state law protections, you may contact the Privacy Office.

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

#### ***Treatment***

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- We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

### ***Health Care Operations***

- *We may use and disclose your health information for our health care operations. These activities include quality assessment and improvement, care coordination, accreditation, licensing, auditing, legal services, business planning, and general administrative activities necessary to run our organization and provide care.*

### ***Payment***

- 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.

**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, visit [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://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:
- 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***

- We can use or share your information for health research.

### ***Comply with the law***

- 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***

- We can share health information about you with organ procurement organizations.

### ***Work with a medical examiner or funeral director***

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- 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*

- 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.

## OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We follow administrative, physical and technical safeguards designed to protect your information. Examples of these types of safeguards may include policies and procedures, locked doors or cabinets, and multi-factor authentication, respectively.
- 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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## REDISCLOSURE NOTICE

Information disclosed under the terms of this Notice may be subject to redisclosure by the Recipient and may no longer be protected by the HIPAA Privacy Rule, unless another law applies.**Exclusion for Sharing Phone Numbers and Opt-In Consent**

We acknowledge and respect the privacy of your contact information, particularly phone numbers provided for SMS messaging purposes. Any phone numbers collected and consent received for SMS messaging will not be shared with any third-party providers without your explicit consent, except as required by law or authorized by you. We are committed to



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safeguarding this information and will ensure its confidentiality and security in accordance with applicable regulations.

### **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.

Effective Date of Notice: February 16, 2026