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NOTICE OF PRIVACY PRACTICES

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:

When it comes to your health information, you have certain rights.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health information by sending a written request to the Privacy Officer (see below). Your request must include your full name, date of birth, and social security number, if you have one.
- We will provide a copy of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee for retrieving and printing the information.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete by sending a written request to the Privacy Officer (see below). Your request must include your full name, date of birth, and social security number, if you have one, and a statement of the information you believe to be incorrect or absent and the grounds for inclusion or correction.
- We may say "no" to your request, but we will 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 consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- All getRx prescribers you add to your getRx profile as your prescriber will be able to view all of your prescriptions including prescriptions issued by other prescribers.
- 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 or require unreasonable or inappropriate action.

Get a list of those with whom we’ve share information

- You can ask for a list (accounting) of the times we have 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 will 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 to be sent to you at any time.

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.

To obtain more information or file a complaint if you feel your rights are violated

- The Privacy Officer at getRx is Edward A. Hadley. He may be contacted to receive complaints or provide additional information about matters covered by this notice at the contact address, phone number, and email address above.
- You can complain if you feel we have violated your rights by contacting us as the contact information provided in this notice.
- 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.

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 payment for your care.
- Share information in a disaster relief situation.

In these cases, we never share your information unless you give us written permission or your information is de-identified:

- Marketing purposes.
- Sale of your information.

OUR COMMITMENT TO YOUR PRIVACY

We understand the importance of keeping your personal health information secure and private. We are required by law to provide you with this notice. This notice informs you of your rights about the privacy of your personal information and how we may use and share your personal information. We will make sure that your personal information is only used and shared in the manner described. We may, at times, update this notice. Changes to this notice will apply to the

information that we already have about you as well as any information that we may receive or create in the future.

What types of personal information do we collect?

We collect personal health information related to your medication prescriptions including health insurance information and other billing and statistical data.

How do we protect the privacy of your personal information?

We store all data provided to getRx on servers maintained to comply with HIPAA Safeguards. Data is encrypted when transmitted from getRx servers to user devices. Only you and your physician(s) have access to your information, and access is controlled through the use of login credentials.

OUR USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information without your written authorization as permitted by law in the following ways:

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you. Example: A doctor prescribes medication for you through getRx. Other physicians you have added to your profile can also see those medications to alert them to possible interactions.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary. Example: We use health information about you to develop better services for you.

Health care oversight and law enforcement

- To comply with federal or state oversight agencies. These may include, but are not limited to, your state department of insurance or the U.S. Department of Labor.

Legal proceedings

- To comply with a court order or other lawful process.

Other Uses and Disclosures

- Other uses and disclosures will be made only with the your written authorization. You may revoke such authorization so long as the revocation is in writing and the covered entity has not taken action in reliance thereon.