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Dear New Patient,

We would like to take a moment to welcome you as a new patient of RARE Specialty Pharmacy. Thank you for choosing us. We look forward to partnering with you to provide your specialty medications and programs specifically designated for you. We will do all we can to ensure you achieve the most successful result possible.

We appreciate the trust and confidence you have placed in RARE Specialty Pharmacy. Our goal is to do more than just provide timely specialty medications. We are here to help you understand your unique condition and how it impacts your health, so you can achieve the best possible outcomes. Through our specialized programs, we ensure that you are fully educated on how to safely take your prescribed medications. We also monitor all the medications you are using to make sure there are no harmful interactions, giving you peace of mind as you manage your treatment.

Specialized programs developed by RARE Specialty Pharmacy are used to provide these key benefits:

- Education for each patients unique disease state.
- Support for secondary conditions and symptoms you may have.
- Easy ordering process facilitated by our courteous and educated staff members
- Collaboration with your physicians to ensure you receive the best therapy available.

It is a great pleasure to welcome you to RARE Specialty Pharmacy, and we look forward to being your specialty medication provider.

Sincerely,

Hector A. Herrera
Chief Operating Officer

Steven Lyle, PharmD
Pharmacist in Charge

At RARE Specialty Pharmacy you are not just a number, you and your health are our priority.

 398 W Grand Ave. | Rahway, NJ 07065  (855) 713-7049  RareSpecialtyRx.com



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INFORMED CONSENT

Patient Name: _____ Date of Birth: ____/____/____
Address: _____ City: _____ State: ____ Zip: ____
Phone: _____

Patient Document Acknowledgment

I acknowledge receipt of the following patient documents.

- | | | |
|--|---|---|
| ☐ Welcome Letter | ☐ Frequently Asked Questions (FAQ) | ☐ Emergency Preparedness Flyer |
| ☐ Patient Rights & Responsibilities | ☐ Notice of Privacy Practices | ☐ Proper Disposal of Medications |

Preferred Method of Contact

- ☐ Call ☐ Text

AUTHORIZATION TO ASSIGN BENEFITS TO PROVIDER I request that payment of authorized Medicare & other benefits be made on my behalf to RARE Specialty Pharmacy for products & services that they have provided me. I further authorize a copy of this agreement to be used in place of the original & authorize any holder of medical information including medical records to be released to RARE Specialty Pharmacy, as well as, any Federal, State or Accrediting Body or Agency as required by the Regulatory, Licensing or Accrediting Body, in order to determine these benefits or compliance with current healthcare standards. RARE Specialty Pharmacy bills third-party as a courtesy; I understand that I am fully responsible for all deductibles, coinsurance & disallowables, including charges related to delivery before the verification of insurance benefits.

Primary Insurance: _____ Group #: _____ Effective Date: _____
Secondary Insurance: _____ Group #: _____ Effective Date: _____

HIPAA RELEASE In accordance with HIPAA Privacy Regulations, RARE Specialty Pharmacy may disclose to a member of your family, other relative, close personal friend, or any other peers identified by you, the protected health information directly relevant to such person's involvement with your care or payment related to your health care. Please assist us by identifying below individuals who are involved in your care and/or in the payment of your care to whom a limited amount of information may be released. If there are no such individuals please indicate none.

Patient Name: _____ Signature: _____ Date: _____
Patient's Agent or Representative (If Applicable): _____
Relationship to Patient (If Applicable): _____

Patient personal information will be kept confidential by RARE Specialty Pharmacy. Patient must notify RARE Specialty Pharmacy of any medical status change such as a doctor's prescription, hospitalization, acquiring and infectious disease or change in residence. Patient agrees to notify RARE Specialty Pharmacy of Advance Directives being in place and any changes thereof.

Please sign this informed consent and return to:

RARE Specialty Pharmacy
398 W Grand Ave.
Rahway, NJ 07065

FREQUENTLY ASKED QUESTIONS



HOW DO I CONTACT YOU?

Please call us if you have any questions or concerns concerning order status, copay amount, claims submissions and benefit coverage. If you have any adverse effects to the medication you were given, please contact your prescribing physician or your pharmacist.

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WHEN ARE YOU OPEN?

RARE Specialty Pharmacy hours of operation are Monday-Friday 9:00 a.m. - 5:00 p.m. EST.

An on-call pharmacist is available 24/7 for emergency and clinical situations, such as side effects and medication assistance, as well as complaint resolution. An on-call pharmacist can answer any questions regarding order and copay status, claims submissions and benefit coverage.

HOW DO I ORDER A NEW PRESCRIPTION?

Your prescriber must send a valid prescription to our pharmacy. Scripts can be sent via e-scribe or fax, but please note that certain controlled substance medications cannot be faxed. The paper copy of these prescriptions must be brought or sent to the pharmacy.

When a valid prescription is on file, you may call to place your order and set up a shipment during regular business hours. After hours, you can speak with our on-call service by leaving a message for the pharmacy team. Please include your medication name, your first and last name, address, date of birth, daytime phone number, and any additional information necessary.

Your prescription may be filled with a generic equivalent substitution based on state law, equivalency rating and in accordance with company policy. Please ask a pharmacist if you have any questions or concerns.

A pharmacy team member will let you know if RARE Specialty Pharmacy is unable to fulfill the medication request. Suggestions and guidance on where the medication may be available will be given upon request.

HOW LONG DOES IT TAKE TO RECEIVE MY PRESCRIPTION?

Our standard processing time is normally less than 24 hours. This does not include delivery time. If processing time is delayed longer than 24 hours, we will contact you to notify you of your options, so you don't go without medication.

Our pharmacy team will immediately let you know if there are any issues that may delay fulfillment such as prior authorizations or quantity limits imposed by your insurance company. Our team will work with you and your physician to try and get any Prior Authorizations completed as quickly as possible. If your insurance company will not allow a quantity override due to unforeseen circumstances, we will help determine the best way to get your medication.

Medications are hand-delivered via a RARE Specialty Pharmacy driver or shipped via FedEx. Medication delivery is a complimentary service at no additional charge to you. Prescriptions are shipped Monday through Friday for next-day delivery, including Saturday. Priority Overnight is available or required for some medications. All medications will require your signature for delivery. A team member will coordinate with you to schedule the most convenient delivery time to ensure your availability to sign for the prescription.

HOW DO I REFILL MY PRESCRIPTION?

RARE Specialty Pharmacy will call to schedule your refill order a week or so before you should run out of medication. If you run out prior to us contacting you, or you would like to go ahead and order your refill, please contact us. Please have your prescription number(s) available to place your order.

An automated refill option is available 24/7. If ordering an automated refill, please also leave a message with any specific delivery instructions or request a pharmacy team member contact you prior to medication being shipped.

If you need your prescription immediately, please let a pharmacy team member know so your order can be expedited. If you cannot wait for a shipment, you may ask about having your prescription transferred to a local pharmacy. The prescription can be transferred back to RARE Specialty Pharmacy the next time it is needed.

Please let a pharmacy team member know if you have run out of refills and would like us to call your physician for a new prescription.

Please remember to always inform RARE Specialty Pharmacy and the Patient Management Program of any insurance, address or health changes.

HOW MUCH WILL MY PRESCRIPTION COST?

Prescription cost will vary depending on your insurance.

Because drug pricing can change on a daily basis, a final determination of your co-pay cost cannot be made until your claim is processed. You may also call the Member Services phone number on your prescription insurance card to get the most current information.

If you are unable to afford the out-of-pocket cost for your prescription, RARE Specialty Pharmacy will work to identify co-pay card assistance, patient assistance programs, or other support and/or charitable organizations.

The cost may also vary depending on the quantity of medication. Your prescription will be filled for the amount of medication that the physician prescribes. Please be sure to advise your physician to prescribe for the maximum amount/days supply allowable by your insurance coverage (days allowed may vary by plan).

If you have Medicare Part D drug coverage, the cost of your prescription will change significantly as you meet your deductible and initial co-pay, progress through the “donut hole” and reach total out-of-pocket expense. A RARE Pharmacy Team Member can assist you in determining and understanding your options.

HOW CAN I PAY FOR MY PRESCRIPTION ORDER?

RARE Specialty Pharmacy accepts all major credit cards, check, cash, or money orders. If you mail payment, please do not mail cash.

HOW DO I SAFELY DISPOSE OF MY MEDICATIONS?

To safely dispose of unwanted or expired medications, scan the QR code or see the handout included in the welcome packet. If you have further questions, please call RARE Specialty Pharmacy and speak with a RARE Team Member.



WHAT IS THE PATIENT MANAGEMENT PROGRAM?

The Patient Management Program is included at no cost to you, and you are automatically enrolled as a patient of RARE Specialty Pharmacy. You may opt out at any time.

Pharmacists will work with you on any problems, concerns or questions you may have regarding your medication therapy. Issues discussed include disease overview, medication, dose, dose frequency, interactions, side effects, physical assessments and coordination of care with your physician when appropriate, etc.

The potential health benefits of this program include managing side effects, improved overall health, increased disease and medication education and awareness, increased medication compliance and when coordination of care with your physician is necessary, your pharmacist will have all the information needed to help make informed decisions regarding what is best for you as the patient.

The potential limitations of this program are dependent on you as the patient. You must be willing to follow the directions of your physician and pharmacist, be compliant with taking your medication, and be willing to discuss the details of your disease, medical history and current practices with your pharmacist so he/she can have a full understanding of the situation.

Please let your physician know you are a patient of RARE Specialty Pharmacy and are enrolled in their Patient Management Program. A good relationship between your physician and your pharmacist will benefit everyone involved in your care.

To contact the Patient Management Program, please call RARE Specialty Pharmacy.



398 W Grand Ave. | Rahway, NJ 07065



(855) 713-7049



RareSpecialtyRx.com

WE ARE HERE FOR *you!*



Our team understands that your needs do not stop when we close for the day. Our on-call pharmacist is available 24/7 for your medication questions.

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HOW TO DISPOSE OF YOUR

MEDS

DRUG TAKE-BACK EVENTS

The DEA periodically hosts National Prescription Drug Take-back events. During these Drug Take-Back Days, temporary drug take-back locations are set up in communities nationwide for safe disposal of prescription drugs.



LEARN MORE

DRUG TAKE-BACK LOCATIONS

Some facilities and businesses are registered with the DEA to collect your unused or expired medicines. These drug take-back locations safely and securely gather and dispose of your unused or expired medicines.

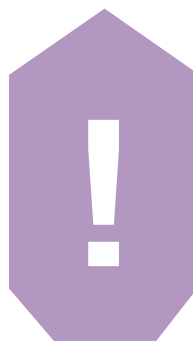
These drug take-back locations may offer on-site medicine kiosks or drop-off boxes; mail back programs; or other in-home disposal methods to assist you in safely disposing of your unused or expired medicines.



FIND A LOCATION



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Scratch out personal information on rx bottles and packaging before disposal!

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES



Healthcare customers have a right to be notified in writing of their rights and obligations before care/service is begun. Health care providers have an obligation to protect and promote the rights of their customers to care, treatment and services within their capability and mission, and in compliance with applicable laws, regulations and standards, including the following rights.

YOU HAVE THE RIGHT TO:

1. The right to have personal health information shared with the patient management program only in accordance with state and federal law. The right to confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI) (except as otherwise provided for by law or third-party payer contracts)
2. Be able to identify company representatives through name and job title (Name badge, Job title) and to speak with a pharmacist or supervisor if requested.
3. The right to speak to a health professional
4. The right to receive information about the patient management program. To be informed, in advance of care/service being provided and their financial responsibility
5. The right to decline participation, revoke consent or disenrollment in any RARE Specialty Pharmacy services at any point in time.
6. The right to have one's property and person treated with courtesy, respect, consideration, and recognition of client/patient dignity and individuality.
7. The right to choose a healthcare provider, including an attending physician, if applicable
8. The right to be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care. The right to receive information about the scope of services that the organization will provide and specific limitations on those services
9. Receive in advance of services being provided, complete verbal or written explanations of expected payments from Medicare or any other third-party payer, charges for which you may be responsible, and explanation of all forms you are requested to sign on request.
10. The patient has the right to competent counseling and is encouraged to obtain from pharmacists and other direct caregivers relevant, current, and understandable information concerning their medication therapy and treatment. The patient is entitled to the opportunity to discuss and request information related to their specific drug therapy, the possible adverse side effects, and drug interactions. Receive information in a manner, format, and/or language that you understand.
11. The right to refuse care or treatment after the consequences of refusing care or treatment are fully presented
12. Receive information about whom and when your personal health information was disclosed, as permitted under applicable law and as specified in the company's policies and procedures.
13. The right to have and/or voice grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect for property investigated. Patients or caregivers can call (855) 713-7049 and ask to speak with a pharmacist.
14. The right to be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
15. The right to receive appropriate care without discrimination in accordance with physician's orders, if applicable
16. The right to be informed of any financial benefits when referred to an organization
17. Be advised of any change in the plan of service before the change is made and to receive administrative information regarding changes in or termination of the patient management program.
18. The right to participate in the development and periodic revision of the plan of care
19. The right to be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
20. The right to be fully informed of one's responsibilities
21. Be offered assistance with any eligible internal programs that help with patient management services, manufacturer co pay and patient assistance programs, health plan programs (tobacco cessation programs, disease management, pain management, suicide prevention/behavioral health programs).

YOU HAVE THE RESPONSIBILITY TO:

1. The responsibility to give accurate clinical and contact information and to notify the patient management program of changes in this information
2. The responsibility to provide accurate medical and contact information and any changes
3. The responsibility to notify the treating prescriber of their participation in the patient management program
4. The responsibility to notify the treating provider of participation in the services provided by the organization
5. Adhere to the plan of treatment or service established by your physician and to notify him/her of your participation in RARE Specialty Pharmacy's Patient Management Program.
6. Adhere to RARE Specialty Pharmacy's policies and procedures.
7. The responsibility to submit forms that are necessary to receive services and any forms to participate in the patient management program to the extent required by law.
8. Participate in the development of an effective plan of care/treatment/services.
9. Ask questions about your care, treatment and/or services, and have clarified any instructions provided by company representatives.
10. The responsibility to notify and communicate to the organization any concerns about the care or services provided and/or unexpected changes in your condition
11. Be available to receive medication deliveries and coordinate with RARE Specialty Pharmacy during times when you are unavailable.
12. Treat pharmacy team members with respect and dignity without discrimination as to color, religion, sex, sexual orientation or national or ethnic origin. In an effort to provide a safe environment for the organization's representatives to provide services.
13. Use medications according to instructions provided, for the purpose it was prescribed, and only for/on the individual to whom it was prescribed. And communicate any concerns on the ability to follow instructions provided.
14. Promptly settle unpaid balances except where contrary to federal or state law.
15. Notify pharmacy of change in prescription or insurance coverage. And immediately address or telephone changes, temporary or permanent.
16. The responsibility to maintain any equipment provided, if applicable.

CUSTOMER INFORMATION:

After Hours Services:

RARE Specialty Pharmacy's normal business number (855) 713-7049 will direct you to a live operator for after hour emergency questions or situations. A pharmacist will return your call 24 hours/7 days a week. You may leave a message for non-urgent matters or refill request at the normal business number (855) 713-7049 at any time by following designated prompts.

Compliant Procedure:

1. You have the right and responsibility to express concerns, complaints or dissatisfaction about services you receive or fail to receive without fear of reprisal, discrimination or unreasonable interruption of services. Call RARE Specialty Pharmacy at (855) 713-7049 and ask to speak with Hector A. Herrera, COO, during regular business hours or the company representative if you are calling outside of regular business hours, including weekends and holidays.
2. The formal grievance procedure of RARE Specialty Pharmacy ensures that your concerns/complaints will be reviewed, and an investigation started within 5 business days of receipt of the concern/complaint. Every attempt shall be made to resolve all grievances within 14 days. You will be informed in writing of the resolution of the complaint/grievance. If more time is needed to resolve the concern/complaint, you will also be informed verbally and in writing.
3. If you feel the need to discuss your concerns, dissatisfaction or complaints with a party other than RARE Specialty Pharmacy staff, please file a complaint with the New Jersey Department of Health complaints division. The hours of operation are Monday through Friday 8:30 a.m. to 5p.m. The telephone number is (973) 504-6450 or you can email your complaint through the website <https://www.njconsumeraffairs.gov/phar/Pages/default.aspx> Inquiries or complaints can also be mailed to Cari Fais, Acting Executive Director, Board of Pharmacy, PO Box 45013, Newark, NJ 07101.



IN CASE OF EMERGENCY BE PREPARED



MAKE A MEDICATION LIST

Keep an updated list of medications including the drug name, strength, dosage form, and regimen.



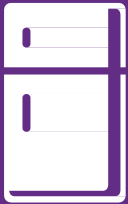
CARRY INSURANCE CARDS

Keep insurance cards on hand in case you need to obtain an emergency supply of medications.



ORDER REFILLS EARLY

Avoid running out of medication by refilling your meds as soon as you are eligible.



ENSURE SAFE STORAGE

If your medication requires refrigeration or equipment, have a plan for temporary storage.



KEEP AN EMERGENCY KIT

Stock a supply kit with any nonprescription medications and supplies you may need.



LABEL MEDICATIONS

In the case you need medication assistance from a third party, keep your medications clearly labeled.

HAVE QUESTIONS? Ask our knowledgeable team!



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WE WANT TO HEAR FROM *you!*



RARE Specialty Pharmacy is committed in providing the highest quality experience through innovative, accessible and specialized pharmacy services.

TELL US HOW WE'RE DOING BY FILLING OUT OUR SURVEY!



SCAN ME!



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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.

The Pharmacy is required by law to maintain the privacy of the health information it maintains about its customers (also known as "Protected Health Information" or "PHI") and to provide its customers with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices ("Notice") describes how we may use and disclose PHI to carry out treatment, obtain payment or perform our health care operations and for other specified purposes that are permitted or required by law. This Notice also describes your rights with respect to PHI about you.

The Pharmacy will follow the practices described in this Notice. Except as described in this Notice, we will not use or disclose PHI about you without your written authorization. We reserve the right to change our practices and this Notice. In the event that we revise this Notice, the new Notice provisions will be effective for all PHI we maintain. We will provide you with a revised Notice upon request.

YOUR CHOICES REGARDING YOUR PHI

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

For this purpose, "marketing activities" generally include communications to you that encourage you to purchase or use a product or service and potentially, communications to you in the context of treatment and health care operations where we receive remuneration (monies) from a third party for making the communications.

We may contact you for fundraising efforts, but you can tell us not to contact you again.

You may revoke an authorization in writing at any time. Upon receipt of a written revocation, we will stop using or disclosing PHI about you, except to the extent that we already have acted in reliance on the authorization.

OUR USES AND DISCLOSURES OF PHI

The following categories describe different ways that we may use and disclose your PHI. Examples of such uses or disclosures are provided for each category. These are provided for illustrative purposes only and not every use or disclosure within each category is listed. However, all of the ways we are permitted to use and disclose information will fall within one of the following categories.

1. **TREATMENT.** We may use and disclose your PHI with other professionals who are treating you. Information obtained from your physician may be used to dispense prescription medications to you.
2. **PAYMENT.** We may use and disclose your PHI to bill and get payment from other health plans or other entities. We may contact your insurer to determine whether it will pay for your prescription and the amount of your co-payment. We will bill you or a third-party payor for the cost of prescription medications dispensed to you. Alternatively, we may disclose your PHI to the pharmacy benefits managers retained by your insurer for those same payment purposes.

3. ORGANIZATION OPERATIONS. We may use and disclose your PHI for health care operations. We may use your PHI to review and assess the quality of the services we provide to you. We also may disclose your PHI to our attorneys and auditors for assistance with legal compliance and financial reporting requirements. We also may use or disclose your PHI for limited operations purposes of certain other health care providers, clearing houses or health plans. The persons or entities to which the Pharmacy personnel may disclose your PHI must have or have had a relationship with you, and the PHI disclosed must pertain to that relationship. The operations purposes for which we may disclose your PHI include, but are not limited to, various quality assessment and improvement activities, credentialing and training activities, and health care fraud and abuse detection or compliance activities.

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.

We may use or disclose your PHI for the following purposes:

1. BUSINESS ASSOCIATES. Certain of the services we provide may be delegated to contractors, known as business associates. We may provide your PHI to those of our contractors who require the information to perform certain services on our behalf. For example, we may provide PHI to a claims submission service that ensures that our claims are submitted in the appropriate form to the appropriate payors. To protect you, we require the business associate to appropriately safeguard the PHI.

2. COMMUNICATION. We may disclose to a person involved in your care or involved in payment for your care PHI relevant to that person's involvement in your care or payment.

We may contact you to provide refill reminders or communicate with you about a drug or biologic that is currently prescribed to you so long as any payment we receive for making the communication is reasonably related to our cost of making the communication.

We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative or another person responsible for your care, of information regarding your location and your general condition.

3. PUBLIC HEALTH. We may disclose information about you for certain public health and safety issues such as preventing disease; helping with product recalls; reporting adverse events with respect to drugs, foods, supplements, products and product defects; reporting suspected abuse, neglect, or domestic violence; or preventing or reducing a serious threat to anyone's health or safety.

We may also disclose PHI about you to an oversight agency for activities authorized by law such as state boards of pharmacy or the U.S. Drug Enforcement Administration (DEA). These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with laws.

4. RESEARCH. We may use and disclose your information for health research.

5. 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.

6. TISSUE DONATION REQUESTIONS. We may disclose health information about you with organ procurement organizations for the purposes of responding to organ and tissue donation requests.

7. IN EVENT OF DEATH. We may disclose health information with a coroner, medical examiner, or funeral director when an individual dies.

8. 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.

9. LEGAL ACTIONS. We can share health information about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made by the requesting party to tell you about the request or to obtain an order protecting the requested PHI.

Our responsibilities regarding your PHI include:

- We are required by law to maintain the privacy and security of your protected health information.
- 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.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights with respect to your PHI that we maintain:

1. **GET AN ELECTRONIC OR PAPER COPY OF YOUR MEDICAL RECORD.** 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.
2. **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 days. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision, and we may provide a rebuttal to your statement.
3. **REQUEST CONFIDENTIAL COMMUNICATIONS.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
4. **ASK US TO LIMIT WHAT WE USE OR SHARE.** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
5. **GET A LIST OF THOSE WITH WHOM WE’VE SHARED INFORMATION.** You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.
6. **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.
7. **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.

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, including any information created or received prior to issuing the new Notice. The new Notice will be posted on our website and will be available upon request.

FOR MORE INFORMATION OR TO REPORT A PROBLEM.

If you have questions or would like additional information about RARE Specialty Pharmacy’s privacy practices, you may contact our Privacy Official Hector A. Herrera by mail or in person (398 W Grand Ave. | Rahway, NJ 07065), by email (hherrera@rarespecialtyrx.com), or by phone (855) 713-7049).

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Official at the above address. You can also 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.

There will be no retaliation for filing a complaint.