



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.

KnippeRx is required by law to maintain the privacy of Protected Health Information ("PHI") as defined by the Health Insurance Portability and Accountability Act ("HIPAA") and to provide you 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, the provision of health care products and services to you or payment for such services. References to "we", "us", and "our" refers to KnippeRx Inc. ("KnippeRx"), its employees, and workforce members who are involved in providing and coordinating health care and are all bound to follow the terms of this Notice of Privacy Practices ("Notice"). KnippeRx will share PHI in connection with treatment, payment, and health care operations and as otherwise permitted by HIPAA and this Notice.

This Notice describes how we may use and disclose PHI about you, as well as how you obtain access to such PHI. This Notice also describes your rights with respect to your PHI. We are required by HIPAA to provide this Notice to you and we are required to follow the terms of this Notice or any change to it that is in effect.

We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. If we do so, the updated Notice will be posted on our website.

This Notice became effective on March 22, 2021.

How We May Use and Disclose Your PHI

The following categories describe different ways that we use and disclose your PHI. Note that some types of PHI, such as HIV information, genetic information, alcohol and/or substance abuse records, and mental health records may be subject to additional confidentiality protections under applicable state or federal law.

Treatment. We may use and disclose your PHI to provide and coordinate the treatment, medications and services you receive. For example, we may disclose PHI to pharmacists, doctors, nurses, technicians and other personnel involved in your health care. We may also disclose your PHI to other third parties, such as hospitals, other pharmacies and other health care facilities and agencies to facilitate the provision of health care services, medications, equipment and supplies you may need.

Payment. We may use and disclose your PHI to obtain payment for health care products and services that we provide to you and for other payment activities related to the services that we provide. For example, we may contact your insurer, pharmacy benefit manager or other health care payor to determine whether it will pay for health care products and services you need and to determine the amount of your copayment. We may bill you or a third-party payor for the cost of health care products and services we provide to you.

Health Care Operations. We may use and disclose your PHI for our health care operations. Health care operations are activities necessary to operate our health care businesses. For example, we may use or disclose your PHI while running our business during operational activities such as quality assessment and improvement; licensing; accreditation by independent organizations; performance measurement and outcomes assessment; case management and care coordination.

Business Associates. We may contract with third parties to perform certain services for us, such as billing services, copy services or consulting services. These third-party service providers, referred to as Business Associates, may need to access your PHI to perform services for us. They are required by contract and law to protect your PHI and only use and disclose it as necessary to perform their services for us.

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Disclosures to Other Covered Entities. We may disclose your PHI to other covered entities or business associates of those entities for treatment, payment and certain health care operations purposes. For example, we may contact your doctor to confirm the details of your prescription or to discuss care coordination issues.

Additional Reasons for Disclosure. We may use or disclose your PHI in providing you with treatment alternatives, treatment reminders, or other health-related services. We also may disclose such information in connection with:

- **Research** – to researchers, provided measures are taken to protect your privacy
- **Industry Regulation** – to state insurance departments, boards of pharmacy, U.S. Food and Drug Administration, U.S. Department of Labor and other government agencies that regulate us.
- **Workers' Compensation** – to comply with workers' compensation laws
- **Law Enforcement** – to federal, state and local law enforcement officials (including correctional institutions)
- **Legal Proceedings** – in response to a court order or other lawful process
- **Public Welfare** – to address matters of public interest as required or permitted by law (e.g., child abuse and neglect, threats to public health and safety, and national security)
- **As Required by Law** – to comply with legal obligations and requirements.
- **Decedents** – to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or as authorized by law; and to funeral directors as necessary to carry out their duties.
- **For Minors or those Under a Legal Guardianship** – to your parents or legal guardians when permitted or required to do so under the applicable federal and state laws.
- **Organ Procurement** – to respond to organ donation groups for the purpose of facilitating donation and transplantation.

Required Disclosures. We **must** use and disclose your PHI in the following manner:

- To you or someone who has the legal right to act for you (your personal representative) to administer your rights as described in this Notice; and
- To the Secretary of the Department of Health and Human Services, as necessary, for HIPAA compliance and enforcement purposes.

Disclosure to others involved in your health care. We may disclose your PHI to a relative, a friend, or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a pharmacy order, we may confirm whether the order has been filled. You have the right to stop or limit this kind of disclosure by contacting us. If you are a minor, you also may have the right to block parental access to your PHI in certain circumstances, if permitted by state law.

Uses and disclosures requiring your written authorization. We will obtain your written authorization for the use or disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI, except in limited circumstances where applicable law allows such uses or disclosures without your authorization. We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or otherwise permitted by law. If you have given us an authorization, you may revoke it in writing at any time, if we have not already acted on it. If you have questions regarding authorizations, please call us.

Your legal rights

The federal privacy regulations give you several rights regarding your PHI.

- You have the right to ask us to communicate with you in a certain way or at a certain location. For example, you might want us to send your PHI (e.g., prescription information) to an alternate address. We will accommodate reasonable requests.

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- You have the right to ask us to restrict the way we use or disclose your PHI in connection with treatment, payment and health care operations. We will consider but may not agree to such requests. You also have the right to ask us to restrict disclosures to persons involved in your health care.
- You have the right to ask us to obtain a copy of your PHI that is contained in a “designated record set” – records maintained and used in prescription processing and related decisions. We may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies and, in certain cases, may deny the request.
- You have the right to ask us to amend your PHI that is in a designated record set. Your request must be in writing and must include the reason for the request. If we deny the request, you may file a written statement of disagreement.
- You have the right to ask us to provide an accounting of certain disclosures we have made about you, such as disclosures to government agencies that license us. Your request must be in writing. If you request such an accounting more than once in a 12-month period, we may charge a reasonable fee.
- You have the right to be notified following a breach involving your PHI.
- You have the right to restrict disclosures of your PHI to a health plan when you have paid out-of-pocket expenses in full.
- You also have the right to file a complaint if you think your privacy rights have been violated. To do so, please send your inquiry to us or call us. You may also write to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.
- **You may make any of the requests described above, may request a paper copy of this Notice, or ask questions regarding this Notice by calling us.**

CONTACT INFORMATION

KnippeRx Inc.
1250 Patrol Road, Suite 100
Charlestown, Indiana 47111
(855) 647-7379



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Acknowledgement of Receipt of KnippeRx Notice of Privacy Practices

Patient Name: _____

Date of Birth: _____

KnippeRx is dedicated to working around the clock to get you everything you need for a smooth therapeutic experience. From connecting you with highly knowledgeable, efficient, and caring staff members to providing you with uniquely tailored services and support, you can take comfort in knowing that we are all on your team. We are also here to advocate for you to get access to the most advanced therapy available.

The purpose of this form is to acknowledge that you received KnippeRx's Notice of Privacy Practices. You are not required to sign or return this form. If you choose to return this form, please complete the information above and below and mail this form to the following address:

KnippeRx Inc.
1250 Patrol Road, Suite 100
Charlestown, IN 47111
Tel: 855-647-7379

By signing below:

- I acknowledge that I have received the KnippeRx Notice of Privacy Practices.
- I understand that the KnippeRx Notice of Privacy Practices may be changed at any time.
- I understand that I may find the most recent version of the KnippeRx Notice of Privacy Practices and/or may request additional information by contacting KnippeRx through www.knipperx.com

Patient First and Last Name

Signature

Date