



**PLEASE SIGN AND RETURN**  
**ACKNOWLEDGEMENT OF RECEIPT OF FREEDOM FERTILITY PHARMACIES**  
**NOTICE OF PRIVACY PRACTICES**

I have received and read the attached Freedom Fertility Pharmacies Notice of Privacy Practices. I have the following privacy-related comments for Freedom Fertility Pharmacies

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Signature of Patient or Personal Representative

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Patient Name (Print)

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Personal Representative Name (Print) If Applicable

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Zip Code

Date

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**Please fax to 888.660.4283, or mail to the address listed below.**

Freedom Fertility Pharmacy  
Attn: Chris Stevens  
12 Kent Way, Ste 120 B-C  
Byfield, MA 01922

# Freedom Fertility Pharmacies

## 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

#### Background

When this Notice refers to Freedom Fertility Pharmacies, it is referring to Lynnfield Drug, Inc. (DBA Freedom Fertility Pharmacy); Lynnfield Compounding Center, Inc. (DBA Freedom FP Fertility Pharmacy).

Freedom Fertility Pharmacies are covered entities under the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively, "HIPAA"). Freedom Fertility Pharmacies are wholly-owned subsidiaries of Express Scripts, Inc. Freedom Fertility Pharmacies are therefore under the common control and ownership of Express Scripts, Inc.

Effective April 14, 2003, the law requires that Freedom Fertility Pharmacies and all of Freedom Fertility Pharmacies employees, staff, volunteers and business associates maintain the privacy of your personal health information, which is also known as Protected Health Information ("PHI"). PHI is information that may identify you and relates to your past, present or future personal information, physical and/or mental health condition(s) or any health care services you receive. Freedom Fertility Pharmacies must provide you with written notice of Freedom Fertility Pharmacies' privacy practices with respect to PHI. This NOTICE OF PRIVACY PRACTICES ("Notice") serves that purpose and describes how Freedom Fertility Pharmacies uses and discloses PHI to deliver health care services, receive payment(s) for those services, perform health care operations and for other specific purposes that are permitted or required by law. This Notice also describes your rights with respect to your PHI.

The law also requires that Freedom Fertility Pharmacies comply with the terms of this Notice. The policies outlined in this Notice apply to all PHI maintained by Freedom Fertility Pharmacies, whether recorded in your medical record manually or electronically. Similarly, the outlined policies apply to PHI gathered from other organizations and health care professionals who participate in your health care. Freedom Fertility Pharmacies will not use or disclose your PHI without your written authorization, except as described in this Notice.

#### USES AND DISCLOSURE OF YOUR PERSONAL HEALTH INFORMATION BY FREEDOM FERTILITY PHARMACIES

1. In the normal course of delivering health care services to you, Freedom Fertility Pharmacies are permitted or required to use or disclose your PHI without obtaining your specific authorization and without offering you the opportunity to object. These circumstances include:

- a. Uses or disclosures for purposes relating to your treatment, payment for your health care and Freedom Fertility Pharmacies day-to-day health care operations:
  - i. **Treatment.** Freedom Fertility Pharmacies may use or disclose your PHI for the purposes of managing, providing and coordination of your health care treatments. An example would be if Freedom Fertility Pharmacies discloses your allergies to your primary care physician to properly fill a prescription. Also, Freedom Fertility Pharmacies may contact you with refill reminders or information about recalls, side effects, medication alternatives or other health-related benefits and services that may be of interest to you.
  - ii. **Payment.** Freedom Fertility Pharmacies may use or disclose your PHI for the purpose of securing payment for the health care services provided to you. For example, Freedom Fertility Pharmacies may inform your health insurance company about your diagnosis and prescriptions in order to assist the insurer in processing Freedom Fertility Pharmacies claims for medications or other health care services provided to you by Freedom Fertility Pharmacies. Payment also includes all related activities such as billing, claims management, collections activities, utilization reviews, disclosures to consumer reporting agencies and collection agencies as necessary.
  - iii. **Health Care Operations.** Freedom Fertility Pharmacies may use or disclose your PHI for the purposes of Freedom Fertility Pharmacies day-to-day operations and functions. Freedom Fertility Pharmacies may also disclose your health information to another one of your health care providers or your health insurance company, to allow them to perform their day-to-day functions. For example, Freedom Fertility Pharmacies may compile your health information, along with that of other patients, in order to conduct a clinical review and make suggestions concerning ways to improve the quality of care provided by Freedom Fertility Pharmacies.
- b. To create reports that have had any information that could be used to identify you removed from them as they are created. We may also use and disclose "partially de-identified" health information about you for public health and research purposes, or for business operations, if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will not contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address or license number);
- c. When required by any law, rule, regulation or a governmental body, such as a State Board of Pharmacy, State Controlled Substance Reporting Agency, the Drug Enforcement Administration, the Food and Drug Administration or any other similar agency with the authority to request and receive your PHI;
- d. For public health purposes such as reporting adverse events, post marketing surveillance and product recalls;

- e. To disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of: (1) reporting or tracking product defects or problems; (2) repairing, replacing, or recalling defective or dangerous products; or (3) monitoring the performance of a product after it has been approved for use by the general public.
- f. To disclose information about victims of abuse, neglect, or domestic violence;
- g. For health oversight activities, such as Medicare or Medicaid audits or civil, administrative or criminal investigations;
- h. For judicial, law enforcement or administrative proceedings;
- i. For certain research projects that have been evaluated and approved through a research approval process that takes into account each patient's privacy rights;
- j. To avert a serious threat to health or safety;
- k. For specialized governmental functions, such as military, national security, criminal corrections, or public benefit purposes;
- l. For workers' compensation purposes, as permitted by law;
- m. To a coroner or medical examiner, in the event of your death;
- n. To organizations that procure or store organs, eyes or other tissues, in the event of your death;
- o. For disclosures to business associates of Freedom Fertility Pharmacies, such as organizations that help Freedom Fertility Pharmacies with electronic claims submissions to your health insurance plan. Freedom Fertility Pharmacies requires all of its business associates to appropriately safeguard your PHI;
- p. To contact you with refill reminders or similar information;
- q. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you. If we contact you and reach a caregiver with whom we have communicated in the past about your care, we may provide this information to them;
- r. For marketing communications that are made face-to-face or that involve promotional products of a nominal value; and
- s. To any entity that merges with or purchases the assets or stock of Freedom Fertility Pharmacies.

**2.** Freedom Fertility Pharmacies may also use or disclose your PHI in the certain circumstance to assist or deliver your health care. Except in emergency situations, Freedom Fertility Pharmacies will attempt to inform you of the intended disclosure prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object.

- a. With your formal, informal, verbal or written permission, Freedom Fertility Pharmacies will disclose PHI to those caregivers, personal representatives, relatives or close personal friends that are involved in your health care or payment for your health care.
- b. If you are incapacitated, Freedom Fertility Pharmacies employees will use their professional judgment when they feel it is necessary to disclose to your caregivers, personal representative, relatives or close personal friends, any PHI that is necessary for the provision of, or payment for, your health care. Freedom Fertility Pharmacies may also use and disclose your PHI for the purpose of locating and notifying your caregivers, relatives or close personal friends of your location, general condition or death, and to organizations that are involved in those tasks during disaster situations.

**3.** While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information.

Except as described above, disclosures of your PHI will be made only with your written authorization. You may revoke an authorization at any time, in writing, unless Freedom Fertility Pharmacies have taken action in reliance on your prior authorization, or if you signed the authorization as a condition of obtaining your insurance coverage.

## **YOUR PRIVACY RIGHTS**

**1. To Request Restrictions.** For as long as Freedom Fertility Pharmacies maintains your PHI, you have the right to request restrictions on the use and disclosure of your PHI for treatment, payment or health care operations purposes or notification purposes. Freedom Fertility Pharmacies are not required to agree to your request but all attempts will be made to honor all reasonable requests. If Freedom Fertility Pharmacies agrees to your requested restriction, Freedom Fertility Pharmacies will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. To request a restriction, submit a written request to Freedom Fertility Pharmacies Privacy Officer listed on the final page of this Notice.

**2. To Limit Communications.** For as long as Freedom Fertility Pharmacies maintains your PHI, you have the right to receive confidential communications about your PHI by reasonable alternative means or at alternative locations. This means that you may, for example, designate that Freedom Fertility Pharmacies contact you only via e-mail, or at work, rather than at home. To request communications via alternative means or at

alternative locations, you must make a verbal request of Freedom Fertility Pharmacies and may be asked to submit a written request to Freedom Fertility Pharmacies Privacy Officer listed on the final page of this Notice. All reasonable requests will be granted.

**3. Access and Copies of Your PHI.** For as long as Freedom Fertility Pharmacies maintains your PHI, you have the right to inspect and copy any PHI about you, other than psychotherapy notes, information compiled in anticipation of, or for use in civil, criminal or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act. To arrange for access to your PHI, or to receive a copy of your PHI, you should make a verbal request of Freedom Fertility Pharmacies and may be asked to submit a written request to Freedom Fertility Pharmacies Privacy Officer listed on the last page of this Notice. If you request copies of your PHI, you will be charged Freedom Fertility Pharmacies regular fee for copying and mailing the requested information.

Despite your general right to access your PHI, access may be denied by Freedom Fertility Pharmacies in some limited circumstances. For example, access may be denied if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. Access may be denied if an applicable law or rule prohibits your access.

In addition, access may be denied if (i) access to the information in question is reasonably likely to endanger the life and physical safety of you or anyone else, (ii) the information makes reference to another person and your access would reasonably be likely to cause harm to that person, or (iii) if you are the personal representative of another individual and a licensed health care professional determines that your access to the information would cause substantial harm to the patient or another individual. If access is denied for these reasons, you have the right to have the decision reviewed by a health care professional who did not participate in the original denial decision. If access is ultimately denied, the reasons for that denial will be provided to you in writing.

**4. To Request Amendment.** For as long as Freedom Fertility Pharmacies maintains your PHI, you may request that your PHI be amended. Your request may be denied if the PHI in question was not created by Freedom Fertility Pharmacies (unless you show that the original source of the information is no longer available to seek amendment from), is not part of Freedom Fertility Pharmacies' records, is not the type of information that would be available to you for inspection or copying (for example, psychotherapy notes), or is accurate and complete. If your request to amend your PHI is denied by Freedom Fertility Pharmacies, you may submit a written statement disagreeing with the denial, which Freedom Fertility Pharmacies will keep on file and distribute with all future disclosures of the PHI to which it relates. Requests to amend PHI must be submitted in writing to Freedom Fertility Pharmacies Privacy Officer listed on the final page of this Notice.

**5. Accounting of Disclosures.** You have the right to an accounting of any disclosures of your PHI made by Freedom Fertility Pharmacies at any time after April 14, 2003, during the six-year period preceding the date of your request. However, the following disclosures will not be accounted for or reported to you: (i) disclosures made for the purpose of carrying out Treatment, Payment or Health Care Operations, (ii) disclosures made to you, (iii) disclosures made to persons involved in your care, or for the purpose of notifications of your family or friends, (iv) disclosures for national security or intelligence purposes, (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure, (vi) disclosures that occurred prior to April 14, 2003, (vii) disclosures made pursuant to an authorization signed by you, (viii) disclosures that are part of a limited data set, (ix) disclosures that are incidental to another permissible use or disclosure, or (x) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks Freedom Fertility Pharmacies not to account to you for such disclosures. The accounting will include the date of each disclosure, the name of the entity or person who received the PHI, that recipient's address (if known), and a brief description of the PHI disclosed and the purpose of the disclosure. To request an accounting of disclosures, submit a written request to the Freedom Fertility Pharmacies Privacy Officer listed on the final page of this Notice.

**6. To a Paper Copy of this Notice.** You have the right to obtain a paper copy of this Notice upon request.

## **FREEDOM FERTILITY PHARMACIES DUTIES**

**1.** Freedom Fertility Pharmacies is required by law to maintain the privacy of your PHI and to provide you with this Notice of Freedom Fertility Pharmacies legal duties and privacy practices. This notice may be amended by Freedom Fertility Pharmacies as necessary and any modifications will apply to all PHI maintained by Freedom Fertility Pharmacies at the time of the modification.

**2.** Freedom Fertility Pharmacies is required to abide by the terms of this Notice. Any changes to this Notice will be posted on Freedom Fertility Pharmacies website at [www.freedomfertility.com](http://www.freedomfertility.com), at all Freedom Fertility Pharmacies facilities and is always available from Freedom Fertility Pharmacies upon request.

## **COMPLAINTS**

You can complain to Freedom Fertility Pharmacies and/or the federal Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. To lodge a complaint with Freedom Fertility Pharmacies, please file a written complaint with Freedom Fertility Pharmacies Privacy Officer set forth below. This Freedom Fertility Pharmacies Privacy Officer can also provide you with further information about Freedom Fertility Pharmacies privacy policies upon request. No action will be taken against you for filing a complaint or asking questions.

## **DESIGNATED FREEDOM FERTILITY PHARMACIES PRIVACY CONTACT**

### **PRIVACY OFFICER**

Telephone Number: 1-314-692-1995

Toll-Free Fax Number: 1-800-417-8163

Email: [privacy@express-scripts.com](mailto:privacy@express-scripts.com)

Address: Express Scripts, Inc.

P.O. Box 66561

St. Louis, MO 63166-6561