

Henry Schein Home Solutions Affiliated Covered Entity Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This Notice of Privacy Practices (the 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.

Effective Date of this Notice: January 1, 2025

This Notice applies to the members of an Affiliated Covered Entity referred to as Henry Schein Home Solutions ACE (HSBS ACE). This is a group of health care providers owned or controlled by Henry Schein, Inc. that designate themselves as a single entity to comply with the Health Insurance Portability and Accountability Act (HIPAA). Throughout this notice, we may refer to the health care providers included in HSBS ACE as “we,” “us,” or “our.” HSBS ACE members, including the source entity for this Notice, have local Privacy Office designated personnel within each organization that is ready to assist you. For a complete list of the members of the HSBS ACE, contact the HIPAA Privacy Office at the contact information provided within this Notice.

We are required by law to:

- Maintain the privacy of your protected health information (PHI)
- Provide you with this Notice of our legal duties and privacy practices with respect to your PHI
- Notify you if a breach of your PHI occurs, in accordance with applicable law

When we use or disclose your PHI, we are required to abide by the terms of this Notice or another notice which was in effect at the time of the use or disclosure. This Notice includes some descriptions and examples, but it does not cover every allowable use and disclosure.

What is Protected Health Information (PHI)

PHI is individually identifiable health information about you that we need to provide our services and products to you as a health care provider. It includes, but is not limited to information like your name, phone number, and address, as well as information about your health, medical conditions, and medical treatments including the supplies you may receive from us.

It may also relate to your:

- Past, present or future physical or mental health or condition
- The provision of health care products and services to you
- The payment for such products or services

How We May Use and Disclose PHI About You

We may use and disclose your PHI for without your written authorization:

- **For Treatment** – We may use and disclose PHI about you to provide, coordinate, or manage your health care and related services. For example, we may disclose PHI about you to doctors, nurses, technicians, office staff, or other healthcare personnel who are involved in your care. Additionally, we may use prescription hubs, operate electronic medical record systems, and contact you to provide reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **For Payment** – We use and disclose PHI to bill for products and services, and collect payment. For example, to send a claim to your health plan and coordinate benefits with other insurers, check payer eligibility, or pursue the collection of co-pays or balances.
- **For Health Care Operations** – We may use and disclose your PHI for operational purposes. For example, to assess your care and care outcomes, make quality improvements, perform case management or care coordination, send you reminders, and promote health activities or disease awareness. Additionally, we may use it for training, credentialing, and compliance program activities.

Other Uses and Disclosures that Do Not Require Your Authorization

- **Business Associates** – To business associates who provide services or activities on our behalf. We require our business associates to safeguard your PHI through written agreements.
- **Individuals Involved in Your Care or Payment for Your Care** – To your family members, friends, or individuals you identify who are involved in your care or payment for care. We will only disclose the PHI directly relevant to their involvement.
- **Disclosures About Victims of Abuse, Neglect, or Domestic Violence** – To the appropriate government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose information to the extent required by law.
- **Health Oversight** – To health oversight agencies or authorities for health oversight activities, such as agencies authorized to audit, inspect, or investigate the health care system, benefit programs, and other government programs and laws.
- **Legal Proceedings** – For a judicial or administrative proceeding if we are ordered to release the information by a court or judge, or in response to a valid subpoena or warrant issued by a court, administrative tribunal, or court officer.
- **Workers' Compensation** – To comply with state workers' compensation laws or other similar programs.
 - **Law Enforcement, National Security, Military, and Other Government Requests or Purposes** – To law enforcement authorities or officials: as permitted, required by law, or in response to a court order, warrant, subpoena, demand, request, or other legal process; if there is a reasonable belief that you pose a danger to yourself or someone else; if you are trying to commit a crime; if it is believed you have been the victim of a crime or your PHI is evidence of a crime; to identify or locate a suspect, fugitive, material witness, or missing person; to receive care as an inmate, while detained, or in custody; and for military, national security, and other specialized government functions.
 - **Coroners, Medical Examiners and Funeral Directors** – To coroners, medical examiners, and funeral directors these entities so they may carry out their duties.
- **Deceased Individuals** – To your personal representative, family members, and others who were involved in your care or payment for care prior to your death, unless there is a prior expressed preference you provided to us. PHI excludes information about a person deceased for more than 50 years.
- **Organ and Tissue Donation** – To organ procurement organizations.
- **Research** – To researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
- **Public Health and Safety Issues** – To authorities for public health purposes to: prevent or control disease, injury, or disability; report child abuse or neglect; quality, safety, or effectiveness of regulated products or activity; alert a person who may be at risk of contracting or spreading a communicable disease; and prevent a serious threat to your health or safety, or the health or safety of another person or the public.
- **Fundraising** – To perform fund-raising, which may involve disclosing certain elements of your PHI, a business associate or a foundation related to us. You will have a right to opt-out of these types of communications.
- **De-Identification of PHI** – We may use your PHI to create de-identified information, which means the information can no longer be used to identify you. Once information has been de-identified as permitted by law, it is no longer PHI and not subject to this Notice.
- **Change of Ownership** – In the event a member of the HSHS ACE is sold or merged with another organization, your health information/record may become the property of the new owner. You will maintain the rights relating to your PHI as outlined within this Notice.
- **Performance of Business Activities** – As a standard course of business, we may contact you by mail, e-mail, or text about your treatment, payment related to our products and services, or for other matters as outlined within this Notice or permitted by law.
- **As Required by Law** – We disclose PHI or medical information about you when required to do so by federal, state, or local law.

Uses or Disclosures Requiring Authorization

Certain uses and disclosures of your PHI require written authorization, including:

- Marketing Activities
- Sale of your information
- Most sharing of psychotherapy notes

You may revoke your approval for these specific reasons at any time by sending us a written request to the contact information included within this Notice. Note that revoked permission will be effective upon receipt and will not undo any use or sharing of your PHI that has already been permitted and occurred.

Uses and Disclosures of Your Highly Confidential Information

There are federal and state laws that provide special protection for certain kinds of health information, including that related to sexually transmitted diseases, HIV, and other communicable diseases, drug and alcohol abuse, mental health and developmental disabilities, genetic testing, abuse, sexual assault, and family planning services. These laws may further restrict us from use and disclosure of those categories of health information without your explicit written authorization. We will abide by the more protective laws, to the extent they are applicable.

Your Rights Regarding Your Medical Information

You have the following rights related to the PHI we maintain about you:

- **Right to Request Restrictions** – You have the right to request restrictions on how we use or disclose your PHI for treatment, payment, or health care operations. Also, 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 may not be required to agree to your request.
- **Right to Request to Receive Confidential Communications** – You can ask us to contact you in a specific way and we will honor reasonable requests, such as to contact you at your home or office phone, or to send mail to a different address.
- **Right to Access and Copy** – You may request access to or copies of your PHI. In certain cases, we may charge a reasonable fee for the costs of copying, mailing, or other supplies.
- **Right to Amend or Correct** – If you believe your PHI is incorrect or incomplete, you may request an amendment. We may deny your request under certain circumstances but will provide a written explanation.
- **Right to Receive an Accounting of Disclosures** – You may request a list of certain disclosures we made of your PHI in the past six years.
- **Right to a Paper Copy of This Notice** – You may request a paper copy of this Notice at any time, even if you have received it electronically.
- **Right to Choose Someone to Act on Your Behalf** – 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.
- **Right to Notification** – To be notified if we determined your PHI has been improperly used or accessed as required by law.
- **Right to File a Complaint** – You can complain if you feel we have violated your rights. You also may file a written complaint to the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights (refer to www.hhs.gov/hipaa). We will not retaliate against you if you file a complaint.

You may exercise any of these rights by submitting your request in writing at the contact information below.

Contacting Us

If you have questions, concerns, or wish to exercise your rights under this Notice, please contact the health care provider you received this Notice from, or the HIPAA Privacy Office at:

Henry Schein, Inc.
Attn: W-377 c/o HIPAA Privacy Office
135 Duryea Road
Melville, NY 11747
833-297-0512

Changes to this Notice

We reserve the right to update or revise this Notice at any time. If we make significant changes, the revised Notice will be posted at our locations and on our websites.