

AS REQUIRED BY THE PRIVACY REGULATIONS CREATED UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 ("HIPAA"), THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU (AS AN ADVOCARE PATIENT) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

- A. Our Commitment to Your Privacy.** Advocare, LLC and each of its Care Centers (collectively "Advocare") is dedicated to maintaining the privacy of your Protected Health Information ("PHI"). Protected Health Information is information about you, including demographic information, which may identify you and which relates to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for your health care. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of PHI which identifies you. This Notice of Privacy Practices (this "Notice") describes how we may use and disclose your PHI to carry out treatment, payment and health care operations and for other purposes which are permitted or required by law. It also describes your rights to access and control your PHI. We reserve the right to revise or amend this Notice. Any revision or amendment to this Notice will be effective from a date of revision or amendment forward. Each Care Center will post a copy of our current Notice in a visible location at all times, and you may request a current copy at any time. You may also review a copy on our website at <https://www.advocaredoctors.com>.
- B. How We May Use and Disclose Your PHI.** The following are examples of the types of uses and disclosures of your PHI by Advocare.
- 1. These uses and disclosures are permitted under HIPAA and other applicable laws and regulations and may be made without your specific written authorization:**
- a. Treatment:** We will use and disclose your PHI to provide, coordinate and manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we may disclose your PHI to another physician who may be treating you or to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may ask you to have laboratory tests (such as blood or urine tests), and we may receive and use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you.
 - b. Payment:** Advocare may use and disclose your PHI in order to bill and collect payment for the services and items you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits) and we may provide your insurer with details regarding your treatment to determine if your insurer will cover or pay for your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs (such as family members) or to other health care entities and collection agencies engaged for billing and collection efforts.
 - c. Health Care Operations:** Advocare may use and disclose your PHI to operate our business. For example, Advocare may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for Advocare. We may disclose your PHI to other health care providers and entities to assist in their health care operations. We will share your PHI with third party "business associates" that perform various activities (for example, billing or transcription services) for Advocare. Whenever an arrangement between Advocare and a business associate involves the use or disclosure of your PHI, we will have a written contract which contains terms to protect your PHI's privacy.
 - d. Public Health Activities:** We may disclose PHI to report information about births, deaths, various diseases, adverse events and product defects to government officials in charge of collecting such information; to prevent, control, or report disease, injury or disability as permitted by law; to conduct public health surveillance, investigations and interventions as permitted or required by law; or to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
 - e. Health Oversight:** We may disclose your PHI to a health oversight agency for activities authorized by law. For example, we may disclose PHI to assist the government or other health oversight agency with activities including audits; civil, administrative or criminal investigations, proceedings or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
 - f. Legal Proceedings:** We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.
 - g. Law Enforcement/Criminal Activity:** We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. For example, we may disclose PHI when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot or other wounds; or for the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
 - h. Coroners, Funeral Directors and Organ Donation:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining a cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. We may disclose such information in reasonable anticipation of death. PHI may also be used and disclosed for cadaveric organ, eye or tissue donation purposes.
 - i. Research:** Research is defined as a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. In limited circumstances, we may use or disclose PHI to conduct medical research.
 - j. Military Activity and National Security:** If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authority, we may use or disclose PHI for activities deemed necessary by appropriate military command authorities; for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to federal officials for intelligence and national security activities authorized by law.
 - k. Workers' Compensation:** We may disclose your PHI as authorized to comply with workers' compensation laws and other similar legally-established programs.
 - l. Inmates:** We may use or disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary for the institution to provide health care services to you; for the safety and security of the institution; and/or to protect your health and safety or the health and safety of other individuals.
 - m. To Avoid Harm:** In order to avoid a serious threat to the health or safety of you, another person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
 - n. Appointment Reminders and Health-Related Benefits or Services:** We may use and disclose PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer. Please let us know if you do not wish to have us contact you for these purposes, or you would rather we contact you at an alternate telephone number or address.
 - o. Childhood Immunizations:** We may disclose an immunizations list to schools required to obtain proof of immunization prior to admitting the student, so long as we have obtained and documented the patient's or patient's legal representative's "informal agreement" to the disclosure.
 - p. Decedents:** In certain circumstances, we may disclose PHI about a decedent to family and others involved in the decedent's health care or payment for health care. Other disclosures may require written authorization from the executor or administrator of the decedent's estate.
- 2. The following are additional examples of the types of uses and disclosures of your PHI which are permitted under HIPAA but require you to have an opportunity to object or agree prior to the disclosure.**
- a. Others Involved in your Health Care or Payment for your Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI which directly relates to that person's involvement in your health care or payment for your health care. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person who is responsible for your care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family members or other individuals involved in your health care.

b. Health Information Exchange/Patient Portal: Consistent with federal law, Advocare participates in the following Health Information Exchanges and/or e-prescribing health networks (collectively, "HIE(s)"): (i) New Jersey Health Information Network; (ii) CommonWell Health Alliance; (iii) CareQuality; (iv) SureScripts Network Alliance; and (v) other HIEs in which Advocare may determine to participate, in its discretion, from time to time. The purpose of an HIE is to provide an electronic information system through which physicians, healthcare facilities, pharmacies and other healthcare providers authorized to participate in the HIE (collectively, "Healthcare Providers") can share PHI electronically in connection with their provision of healthcare services to patients, thereby improving the overall quality of health care services provided to patients and to avoid duplication and inefficiencies. HIEs are governed by a strict set of rules designed to protect patient confidentiality and the privacy and security of patient information. Advocare electronically shares your PHI with the HIE, including information regarding sensitive diagnoses (such as HIV/AIDS, sexually transmitted diseases, genetic information, and mental health substance abuse). This Notice describes how Advocare and other Healthcare Providers can electronically access and use your PHI if needed to provide treatment to you, may use and disclose your PHI through the HIE and how you may "Opt-Out" (as described below) from having your information automatically shared through the HIE. For example, if you receive a blood test result from Advocare and also receive care from another Healthcare Provider (who also participates in the HIE), Advocare and your other treating Healthcare Provider can share your blood test result electronically through the HIE, as long as they are otherwise authorized to do so. However, if you Opt-Out (as described below), your PHI will not be made electronically available through the HIE, but will continue to be used, accessed and disclosed/released by Advocare as needed (in accordance with this Notice and applicable law).

If you do not wish to allow Healthcare Providers involved with your care to electronically share your PHI with one another through the HIE as explained in this Notice, you must submit an "HIE Opt-Out Form" to Advocare. You may obtain an "HIE Opt-Out Form" from your Advocare Care Center or by visiting the following website: <https://www.advocaredoctors.com>. Your Opt-Out request will be processed within three (3) business days of receipt by Advocare. In addition, Advocare maintains a patient portal through eClinicalWorks, a secure online tool which permits patients to view their PHI through a secure, encrypted portal from the Advocare home webpage. See also Section C.7 below.

3. The following are examples of the types of uses and disclosures of your PHI which are permitted under HIPAA but require your written authorization for use and disclosure.

a. Marketing Communications: We will obtain your written authorization prior to using or disclosing your PHI for marketing purposes. However, we are permitted to provide you with marketing materials in a face-to-face encounter, without obtaining a marketing authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining a marketing authorization. In addition, as long as we are not paid to do so, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings. We may use or disclose PHI to identify health-related services and products which may be beneficial to your health and then contact you about the services and products.

b. Sale of PHI: We will disclose your PHI in a manner which constitutes a sale only upon receiving your prior authorization. Sale of PHI does not include a PHI disclosure for public health purposes, research, treatment and payment purposes, or the sale, transfer, merger or consolidation of all or part of our business and for related due diligence activities, as required by law, or for any other purpose permitted by and in accordance with HIPAA.

Other than as stated in this Notice, or if you have authorized Advocare to use or disclose your PHI for any other purposes, we will not use and disclose your PHI without your written authorization. You may revoke your authorization in writing at any time except to the extent Advocare acted in reliance on the authorization, or, if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy.

C. Your Privacy Rights. You have the following rights regarding the PHI we maintain about you:

1. Inspect and Copy: In most cases, you have the right to look at or get copies of your PHI which we maintain, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within thirty (30) days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you in writing our reasons for the denial

and explain your right to have the denial reviewed when applicable. If you request a copy of your information, we may charge you reasonable fees for the costs of copying, mailing or other costs incurred by us in complying with your request. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance. You have the right to access your PHI in an electronic format (to the extent we maintain the information in such a format) and to direct us to send the e-record directly to a third party. We may charge for the labor costs to transfer the information and charge for the costs of electronic media if you request that we provide you with such media. Please note: If you are the parent or legal guardian of a minor, certain portions of the minor's records may not be accessible to you. For example, records relating to care and treatment to which the minor is permitted to consent himself/herself (without your consent) may be restricted unless the minor patient provides an authorization for such disclosure.

2. Request a Restriction: You may ask us, in writing, not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. We will consider your request, but we are not legally required to accept it, except in the following circumstance. You have the right to ask us to restrict the disclosure of your PHI to your health plan for a service we provide to you where you have directly paid us (out of pocket, in full) for that service, in which case we are required to honor your request. If we accept your request for a restriction, we will put any limits in writing and abide by them except in emergency situations. Under certain circumstances, we may terminate our agreement to a restriction.

3. Confidential Communications: You have the right to request that Advocare communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you by telephone at home, rather than work, or at a particular address. We must agree to your request so long as we can easily abide by it in the manner you requested.

4. Amendment: You have the right to request an amendment to your PHI for as long as Advocare maintains it. You must make your request for amendment of your PHI in writing to Advocare, including your reason to support the requested amendment. Advocare will deny your request for amendment if (i) Advocare did not create the information; (ii) the information is not part of the designated record set; (iii) the information would not be available for your inspection (due to its condition or nature), or (iv) the information is accurate and complete. If Advocare denies your request for changes in your PHI, Advocare will notify you in writing with the reason for the denial. Advocare will also inform you of your right to submit a written statement disagreeing with the denial. You may ask that Advocare include your request for amendment and the denial any time that Advocare subsequently discloses the information that you wanted changed. Advocare may prepare a rebuttal to your statement of disagreement and will provide you with a copy of that rebuttal.

5. Accounting of Disclosures: You have a right to receive an accounting of the disclosures of your PHI which Advocare has made, except for the following disclosures: (i) to carry out treatment, payment or health care operations; (ii) to you; (iii) to persons involved in your care; (iv) for national security or intelligence purposes; or (v) to correctional institutions or law enforcement officials. You must make your request for an accounting of disclosures of your PHI in writing to Advocare. You must include the time period of the accounting, which may not be longer than six (6) years. In any given twelve (12) month period, Advocare will provide you with an accounting of the disclosures of your PHI at no charge. Any additional requests for an accounting within that time period will be subject to a reasonable fee for preparing the accounting.

6. The Right to Receive this Notice by E-Mail: You have the right to get a copy of this Notice by e-mail. Even if you have agreed to receive notice by e-mail, you also have the right to request a paper copy of this Notice.

7. "Opt-Out" of HIE: As described in Section B.2.b above.

8. Breach of PHI: Advocare will notify individuals following a breach of their unsecured PHI. A breach means the acquisition, access, use, or disclosure of unsecured PHI in a manner not permitted under HIPAA and that compromises the security or privacy of the PHI.

D. How to Complain About Our Privacy Practices. If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the Advocare Privacy Officer listed below. You also may send a written complaint to the Secretary of the Department of Health and Human Services. We will take no retaliatory action against you if you file a complaint about our privacy practices. If you have any questions about this Notice or any complaints about our privacy practices, please contact our Privacy Officer at:

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