



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.**

EFFECTIVE DATE: 2/16/2026

CarePro Health Services is required by law to maintain the privacy of Protected Health Information ("PHI") and to provide individuals 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, payment, or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

YOUR INDIVIDUAL RIGHTS

You have the following rights with respect to PHI about you:

Request a restriction on certain uses and disclosures of PHI. You have the right to request additional restrictions on our use or disclosure of PHI. We do not have a facility directory. You may request us to restrict disclosures to family members, a relative, a close friend, or another person. You may send a written request to the Privacy Officer, CarePro Health Services, 1014 5th Avenue SE, Cedar Rapids, IA 52403.

If we agree to a restriction, we may not use or disclose PHI except if you are in need of emergency treatment and the restricted PHI is necessary for that treatment.

We are not required to agree to your requested restrictions except we must agree to your request to restrict disclosure of PHI to a health plan if the disclosure is for payment or health care operations and pertains solely to a health care item or service for which you have paid in full (and is not otherwise required by law).

Request communications of PHI by alternative means or at alternative locations. You may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential information of PHI about you, you must submit a request in writing to the Privacy Officer, CarePro Health Services, 1014 5th Avenue SE, Cedar Rapids, IA 52403. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests.

Inspect and obtain a copy of PHI. You have the right to access and copy PHI about you contained in a designated record set for as long as CarePro Health Services maintains the PHI, except in limited

circumstances set forth by law. The designated record set usually will include prescription and billing records. To inspect or copy PHI about you, you must send written request to the Privacy Officer, CarePro Health Services, 1014 5th Avenue SE, Cedar Rapids, IA 52403. You may ask to see or get an electronic or paper copy of your medical record and other health information we have about you. You may ask to have an electronic or paper copy sent to another individual or entity. We may charge a reasonable cost-based fee for the costs of copying, mailing, and supplies that are necessary to fill your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI about you, we will notify you in writing; you may request that the denial be reviewed; however, in certain cases we may deny access without an opportunity for review. We will generally respond to a request to access and copy PHI within 30 days unless an extension of an additional 30 days is required.

Request an amendment of PHI. If you feel that PHI we maintain about you in a designated record set is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI. To request an amendment, you must send a written request to the Privacy Officer, CarePro Health Services, 1014 5th Avenue SE, Cedar Rapids, IA 52403. You must include a reason that supports your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision, and we may give a rebuttal to your statement. We will generally act on your amendment request within 60 days, unless an extension of an additional 30 days is required, and we have stated in writing the reasons for the delay and the date by which the action will be completed.

Receive an accounting of disclosures of PHI. You have the right to receive an accounting of the disclosures we have made of PHI about you. If the information is kept in paper form, you are entitled to an accounting of disclosures that goes back six years prior to the request for most purposes other than treatment, payment, or health care operations. If the information is kept in your electronic medical record, you may receive an accounting of disclosures for treatment, payment, and health care operations that goes back three years prior to the request. Any accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to the Privacy Officer, at CarePro Health Services, 1014 5th Avenue SE, Cedar Rapids, IA 52403. The first accounting you request within a 12-month period will be provided free of charge, but you may be charged a reasonable cost-based fee for additional accountings. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time. We will act upon your request within 60 days after receipt, unless an extension of an additional 30 days is required.

Obtain a copy of the Notice upon request. You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. Paper copies of the Notice are available at CarePro Health Services.

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.

OUR USES AND DISCLOSURES

How We Typically Use or Share Your Health Information Without Your Written Authorization

The following are descriptions and examples of ways we use and disclose PHI:

We will use PHI for treatment. Example: Information obtained by CarePro Health Services will be used to dispense prescription medication to you. We will document in your record information related to the medications dispensed to you and the services provided to you.

We will use PHI for payment. Example: We will contact your insurer or pharmacy benefit manager to determine whether it will pay for your prescription and the amount of your copayment. We will bill you or a third-party payor for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the prescriptions you are taking.

We will use PHI for health care operations. Example: The Pharmacy may use information in your health record to monitor the performance of pharmacists providing treatment to you. This information will be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

We may also use or disclose PHI for the following purposes without your written authorization:

Business Associates: There are some services provided by us through contracts with business associates. When these services are contracted for, we may disclose PHI about you to our business associate so they can perform the job we have asked them to do and bill you or your third-party payor for services rendered. Business associates must comply with the same privacy and security requirements that apply to us.

Communications: We may disclose to a family member, other relative, close personal friend, or any person you identify, PHI directly relevant to that person's involvement in your care or payment related to your care. We may also disclose to these same individuals PHI to notify them or assist in notification of your location, general condition, or death, provided it is allowed by applicable law.

We may make these disclosures if you have agreed, you were provided the opportunity to object, and you did not, or if we reasonably infer from the circumstances, based on professional judgment, that you do not object.

In limited circumstances, if you are unable to agree or object to such a disclosure due to incapacity or emergency circumstances, we may disclose such information as necessary if, based on our professional judgement, we determine it is in your best interest and we limit the information disclosed.

We may contact you to provide refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

As required by law: We must disclose PHI about you when required to do so by law, including providing PHI to the Secretary so that our compliance with HIPAA may be determined. By way of further example, we may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products, and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

Public Health: As required by law, we may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Victims of abuse, neglect, or domestic violence: We may disclose PHI about you to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of child or dependent adult abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else, or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

Health oversight activities: We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Judicial and administrative proceedings: If you are involved in a lawsuit or a dispute, we may disclose PHI about you in a 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 to tell you about the request or to obtain an order protecting the requested PHI.

Law enforcement: We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.

Coroners, medical examiners, and funeral directors: We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person to determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to carry out their duties.

Organ or tissue procurement organizations: Consistent with applicable law, we may disclose PHI about you to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for tissue donation and transplant.

Research purposes: CarePro may disclose your PHI for research purposes.

To avert a serious threat to health or safety: We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

For special government functions: We may disclose PHI about you as it relates to the military, national security, or presidential protective services, and as needed by correctional institutions.

Worker's Compensation: We may disclose PHI about you as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by law.

Other Uses and Disclosures of PHI

We will obtain a valid written authorization before using or disclosing PHI about you for purposes other than those provided above (or as otherwise permitted or required by law).

Where federal or state law provides greater privacy protections, we will comply with the more stringent requirements.

We will never share any HIV/AIDS-related information or mental health records without your written permission, except in limited situations.

Prescription Monitoring Program Data will be kept confidential except as provided by law.

We will not share your information unless you give us written permission for marketing purposes. We will not sell your information.

Information disclosed pursuant to the HIPAA Privacy Rule may be subject to redisclosure by the recipient and no longer protected by this Rule

You may revoke an authorization in writing at any time by contacting: Privacy Officer, CarePro Health Services, 1014 5th Avenue SE, Cedar Rapids, IA 52403. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already acted in reliance on the authorization.

Notice Regarding Substance Use Disorder (SUD) Records Under 42 CFR Part 2

Uses and Disclosures of SUD Records: We may use and disclose your SUD records received from Part 2 programs for purposes of treatment, payment, and health care operations (TPO) based on a single written consent from you, consistent with the alignment of Part 2 regulations with HIPAA. For other purposes, such as marketing or sale of records, we generally require your specific authorization, subject to Part 2's stricter limits.

Prohibitions in Legal Proceedings: Your SUD records (or any testimony relaying their content) cannot be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order that complies with 42 CFR § 2.12(c)(5) and related Part 2 requirements.

Your Rights and Our Duties: You have the right to request restrictions on uses/disclosures of SUD records, access or amend them (subject to Part 2 exceptions), receive an accounting of certain disclosures, and revoke consents (prospectively). To exercise these rights, contact our Privacy Officer. We must protect the confidentiality of SUD records, abide by your consent preferences unless legally required otherwise, and address complaints about our Part 2 practices via our Privacy Officer or HHS Office for Civil Rights.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information. We are required to provide you with this Notice of our legal duties and privacy practices with respect to your PHI.

We are required to notify you following a breach of unsecured protected health information. We will provide such notice to you without unreasonable delay and in no case later than sixty (60) days after we discover the breach.

We are required to abide by the terms of this Notice currently in effect. We will not use or disclose your PHI in a manner inconsistent with this Notice unless required by law. 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 share your information, you may change your mind at any time by letting us know in writing.

CHANGES TO THE TERMS OF THIS NOTICE

We reserve the right to change the terms of this Notice and our privacy practices at any time, and to make the new provisions effective for all PHI we maintain, including information we created or received before the change. If we make a material change to our privacy practices, we will revise this Notice accordingly. We will make the revised Notice available upon request, post it in a prominent location in our offices, and post it on our website.

FOR MORE INFORMATION OR TO MAKE A COMPLAINT

If you have questions or would like additional information about CarePro Health Services' privacy practices, send a written request to the Privacy Officer, CarePro Health Services, 1014 5th Avenue SE Cedar Rapids, IA 52403.

If you believe your privacy rights have been violated, you can file a complaint in writing with the Privacy Officer, CarePro Health Services, 1014 5th Avenue SE, Cedar Rapids, IA 52403. You may file a complaint 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/. We will not retaliate against you for filing a complaint.

REVISION DATES

9/23/2013; 3/6/2017; 2/16/2026