

**OCCUVAX, LLC NOTICE OF PRIVACY PRACTICES**  
**Updated Effective June 1, 2017**

**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.**

OccuVax, LLC (the "Company or "we") is required by law to maintain the privacy of Protected Health Information ("PHI") and to provide individuals with notice of the Company's legal duties and privacy practices with respect to PHI. PHI is information about you, including demographic 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 (this "Notice") describes how the Company 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. This Notice also describes your rights to access and control your PHI.

The Company is required to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain at that time. We will provide any revised Notice to you prior to your next receipt of the Company's products or services.

**Your Health Information Rights**

The following is a statement of your legal rights with respect to your PHI and a brief description of how you may exercise these rights:

***Right to obtain a paper copy of this Notice upon request.*** You may request a copy of this Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, contact Robert W. Harris (the "Privacy Officer") in writing at 13308 Chandler Road, Omaha, Nebraska 68138.

***Right to request a restriction on certain uses and disclosures of PHI.*** You may ask us to restrict the use or disclosure of any part of your PHI. Your request must be in writing, addressed to our Privacy Officer and state the specific restriction requested and to whom you want the restriction to apply.

We will consider your request but are not legally required to accept it in all instances. We are only required to accept requests in instances where (i) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and (ii) the PHI pertains solely to a health care item or service for which you (or someone other than your health plan) have paid in full. If we accept your request, we will put any limits in writing and abide by them except in emergency situations.

***Right to inspect and obtain a copy of PHI.*** In most instances, you have the right to inspect or obtain copies of PHI about you contained in a designated record set for as long as we maintain the PHI. The designated record set usually will include a record of influenza vaccinations and billing records. To inspect or copy PHI about you, you must send a written request to the Privacy Officer on the form provided by the Company. We may charge you a cost-based fee for the costs of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI

about you, you will be provided access to PHI that was not denied, and you may request that the denial be reviewed.

**Right to request an amendment of PHI.** If you feel that PHI we maintain about you 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 on the form provided by the Company. 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.

**Right to receive an accounting of disclosures of PHI.** You have the right to receive an accounting of certain disclosures we have made in the six years immediately preceding the request for an accounting, if any, of your PHI. 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 on the form provided by the Company. The first accounting you request within a twelve month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

**Right to Request communications of PHI by reasonable alternative means or at alternative locations.** For instance, 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 communication of PHI about you, you must submit a request in writing to the Privacy Officer on the form provided by the Company. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests.

#### **Examples of How We May Use and Disclose PHI**

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

**We may use PHI for treatment.** We may use or disclose your PHI to provide, coordinate, or manage your health care and any related services. Example: Information obtained by the nurse for OccuVax may be used to administer the vaccination to you. We will document in your record information related to the influenza vaccination and services provided to you.

**We may use PHI for payment.** We may use or disclose, as needed, your PHI to obtain payment for your health care services provided by us or another provider. Example: We may contact your insurer to determine whether it will pay for your influenza vaccination and the amount of your co-payment. We will bill you or a third-party payor for the cost of influenza vaccination administered to you. The information on or accompanying the bill may include information that identifies you, as well as the vaccination you received.

**We may use PHI for health care operations.** We may use or disclose, as needed, your PHI to operate our business. This may include disclosure for purposes of health care fraud, abuse detection, or compliance. Example: We may use information in your health record to monitor the performance of the nurses providing treatment to you. This information will be used in an effort to continually improve the quality and effectiveness of the services we provide.

### **Uses and Disclosures Required by Law**

We may use or disclose your PHI in the following situations as allowed or required by law.

**Required by Law.** We may use or disclose your PHI to the extent that the use or disclosure is required by state or federal law. We will limit the use or disclosure to that required by such law.

**Public Health.** We may disclose your PHI to a public health authority that is permitted by law to collect or receive such PHI for purposes of controlling disease, injury or disability, including, but not limited to, the reporting of disease, injury, vital events, and the conduct of public health surveillance, public health investigations, and public health interventions. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability, or helping with product recalls.

**Communicable Diseases.** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight.** We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include, but are not limited to, government agencies that oversee the health care system, government benefit programs, other government regulatory programs and entities subject to civil rights laws.

**Abuse or Neglect.** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI to the governmental entity or agency authorized to receive such information if we believe that you have been a victim of abuse, neglect or domestic violence, including disclosures to a social service or protective services agency. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration.** We may disclose your PHI to a person or company as required by the Food and Drug Administration ("FDA") for purposes relating to the quality, safety or effectiveness of FDA regulated products or activities including, to report adverse events, product defects or problems, or biologic product deviations, to track products; to enable product recalls; to make repairs or replacements; or to conduct post-marketing surveillance, as required.

**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), and in certain conditions, in response to a subpoena, discovery request or other lawful process.

**Law Enforcement.** We may disclose your PHI, so long as applicable legal requirements are met, to law enforcement officials, for law enforcement purposes.

**Coroners, Funeral Directors and Organ Donation.** We may disclose your PHI to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. PHI may be used and disclosed for cadaver, organ, eye or tissue donation purposes.

**Research.** We may disclose your PHI to researchers when their research has been approved by a privacy board or an institutional review board.

**Criminal Activity.** Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Military Activity and National Security.** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including providing protective services to the President of the United States or others.

**Employers.** We may disclose to your employer PHI obtained in providing medical services to you at the request of your employer for purposes of conducting an evaluation relating to medical surveillance of the workplace or determining whether you have a work-related illness or injury when such medical services are needed by the employer to comply with certain legal requirements.

**Correctional Institutions.** If you are an inmate or in legal custody, we may disclose to the correctional institution or law enforcement official having legal custody of you, certain PHI if necessary for health and safety purposes, as indicated by federal law.

**Workers' Compensation.** Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs, that provide benefits for work-related injuries or illness without regard to fault.

**Compliance.** Under the law, we must make disclosures of PHI to the Secretary of the Department of Health and Human Services to enable it to investigate or determine our compliance with the requirements of the privacy laws.

### **Other Uses and Disclosures**

In addition to the foregoing, we are likely to use or disclose PHI for the following purposes:

**Business associates.** There are some services provided by us through contracts with business associates. Examples include delivery services and nurses. When these services are contracted for, we may disclose PHI about you to our business associate so that they can perform the job we have asked them to do and bill you or your third party payor for services rendered. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms to protect the privacy of your PHI.

**Notification.** We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and your general condition.

**Marketing.** We may use or disclose your PHI to provide you with information about health-related benefits and services that may be of interest to you. You may contact our Privacy Officer in writing to request that these materials not be sent to you.

### **Written Authorization**

The Company will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above or as otherwise permitted or required by law. Examples that require your written authorization include, but are not limited to: uses and disclosures of PHI for marketing purposes, disclosures that constitute a sale of PHI, and other uses and disclosures not described in this Notice of Privacy Practices. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization.

### **Others Involved in Your Health Care or Payment for Your Care**

If you desire PHI to be disclosed to your family, a relative, a close friend or other person involved in your health care or who has responsibility for payment for your health care, it is our policy to require your written authorization, unless such authorization is clearly not required (i.e. a family member is with you.)

### **Breach Notification Requirement**

In the event of a breach of your unsecured PHI, we will provide you with notice of such breach as required by law. Unsecured PHI is defined as PHI that is not secured using Secretary of Health and Human Services-approved standards. Notification of a breach of unsecured PHI will be provided no later than 60 days after discovery of the breach. For a breach involving 500 or more individuals, notice will be provided immediately to the Secretary of Health and Human Services. Breaches involving 10 or more individuals for whom there is insufficient or out-of-date contact information will be conspicuously posted on our website or we will provide notice in major print or broadcast media.

The notification of breach will include the following information (to the extent possible):

- A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known.
- A description of the types of unsecured PHI that were involved in the breach (such as full name, Social Security number, date of birth, home address, account number, or disability code).
- The steps you should take to protect yourself from potential harm resulting from the breach.
- A brief description of what we are doing to investigate the breach, to mitigate losses, and to protect against any further breaches.
- Contact procedures for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.

### **Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. To complain to us, you may send our Privacy Officer a letter describing your concerns to the address found below. We respect your privacy and support any efforts to protect the privacy of your PHI. We will not retaliate against you for filing a complaint.

### **Privacy Officer Contact Information**

If you have questions or would like additional information about the Company's privacy practices or if you need to contact the Privacy Officer for any reason, you may contact the Privacy Officer in writing at 13308 Chandler Road, Omaha, Nebraska 68138.