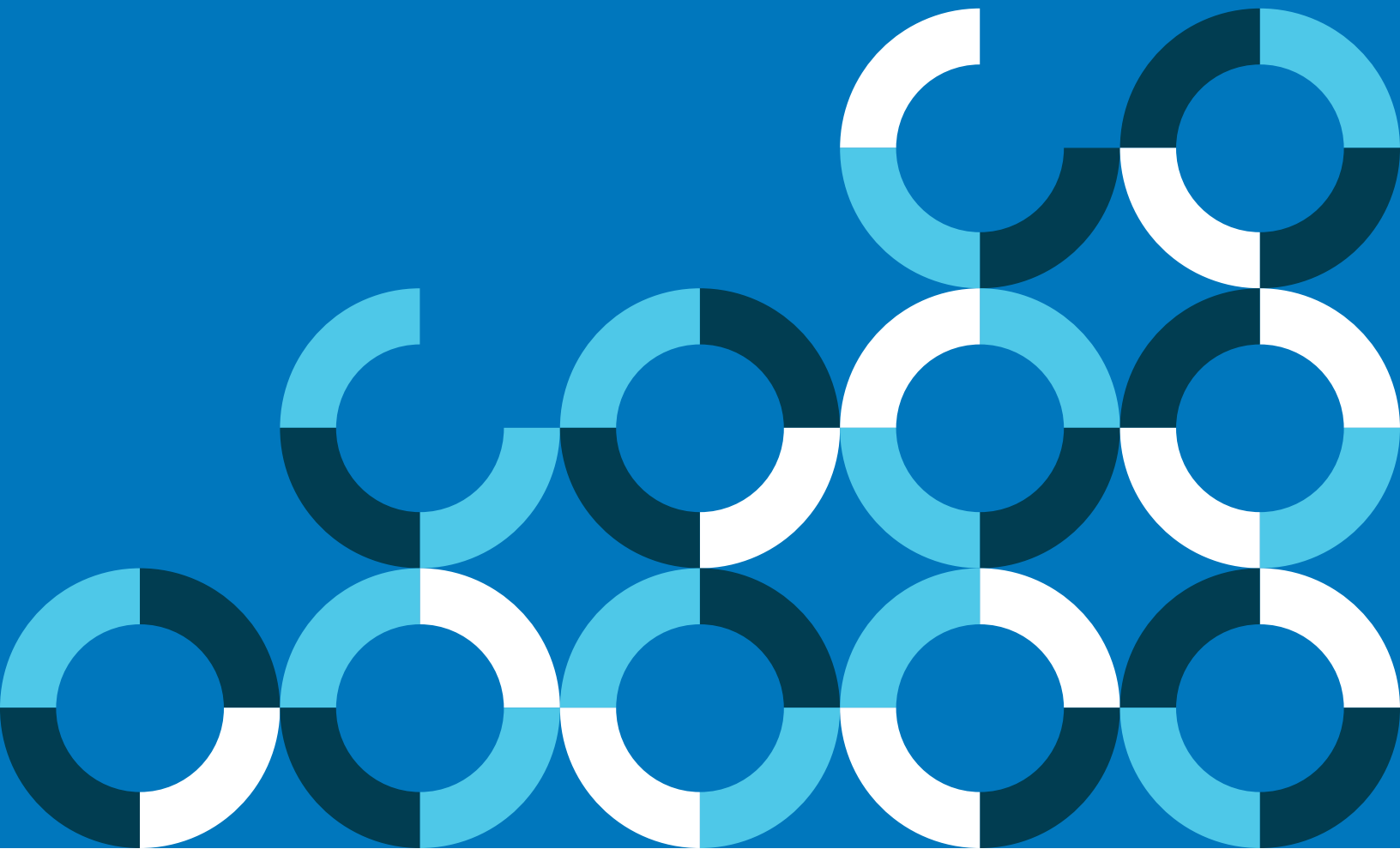


Welcome to better health

Harness Health
Home Delivery Pharmacy



Harness Health
Pharmacy

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Harness Health Home Delivery Pharmacy Introduction to Service

Dear patient,

Welcome to Harness Health Home Delivery Pharmacy!

We offer compassionate care and support to people with chronic health issues, and we are here to help you get the most from your medications. We also look for ways to lower your costs. Our staff is here for you every step of the way.

This booklet was created to help you understand our policies and procedures. It's also a handy source for contact information and a copy of patient rights and responsibilities.

We look forward to the opportunity to be your pharmacy partner. Thank you for trusting Harness Health Home Delivery Pharmacy.

You can expect:

- Personalized care and follow-ups.
- Our trained staff will work with you to discuss your medications and answer your questions.
- There may be times when you are prescribed a medication that your insurance plan may not cover. We will work to lower your drug costs by getting the medication covered or switching to a medication that is covered.
- We'll send refill reminders so you don't run out of medicine.
- Free and safe home delivery via temperature-controlled package when appropriate.
- 24/7 help when you need to talk to one of our pharmacists.
- Transfer to another pharmacy if we can't fill your prescription.



The designation demonstrates Harness Health Home Delivery Pharmacy is dedicated to quality and safety, and that we strive for a continual improvement of the services we offer.

Hours of Operation and Contact Information

Our pharmacy is located at 7160 Industrial Row Drive Suite 330, Mason, OH 45040.

Hours of Operation:

- Mon.–Fri., 8 a.m.–4:30 p.m. eastern time
- Closed on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.



Important Contacts

Harness Health Home Delivery Pharmacy:
866-775-5767

Harness Health Pharmacy Pharmacist Line (24/7):
Calls with urgent issues or questions are provided a phone number to reach an on-call pharmacist.

Harness Health Home Delivery Pharmacy Email:
homedelivery@harnesshp.com

Poison Control Center:
800-222-1222

National Suicide Prevention Lifeline:
800-273-8255

URAC Complaints Department:
urac.org/complaint

Important Information

We want to make sure that you have everything you need to get the most out of your medication therapy. **Please look over everything we've given you.**

Please call us when or if:

- You have any questions or concerns about your medicine or delivery service
- You are having an allergic reaction to your medicine
- There's been a change in your medication use
- You would like to start taking a vitamins, supplements or other over the counter medications
- Your contact information or address has changed
- Your insurance or payment method has changed
- You need to check the status of your order
- You need to change your delivery

Getting Your Medication and Services

Delivery and storage of your medications

- We will deliver your medications to your home or an approved location. We will also include any needed supplies, such as needles, syringes and alcohol swabs. If your medications need special handling or refrigeration, we will package and ship them safely. If you can't be there to get the package, we can leave it at your home or at another location.
- We will try to deliver your supplies early if a weather warning is in place. We will attempt to call our patients, in order of disaster priority, with any special instructions. Please make sure to give us the best phone number to call as well as a backup contact to make sure you have your medication.

How to fill a new prescription

Your provider can either send us a new copy of your prescription, or you can call us to contact your provider to get a new prescription.

Ordering refills

Your refills can be ordered by:

- Calling **866-775-5767 to speak to a team member**
- Online at harnesshealthpharmacy.medrefill.com
- Mobile phone app - you can download it at the Android and Apple app store by searching for "Harness Health Rx"



QR code to order refills

You can always call us if you run out of medication, lose it or will be traveling and need to take more than your usual supply with you.

Medications not available

If you can't get your prescription with us, we will work with you and another pharmacy to make sure you get your medication. You may also request a pharmacy transfer if you want your prescription filled by another pharmacy. Just call us and we will transfer your prescription.

Help from a pharmacist

Our licensed pharmacists are trained on the medicines you take, and they are here to answer your questions about your care plan.

They are available 24 hours a day, seven days a week for any urgent needs or questions about your medication. After normal business hours, please leave a voice mail with your contact information and the pharmacist on-call will return your call.

In case of an emergency, please call 911.



Billing Process

Payment policy

Before your care starts, a staff member will let you know of your financial responsibility and what isn't covered by your insurance and other third-party sources. This could be out-of-pocket costs such as deductibles, co-pays, co-insurance and annual out of pocket limits. We will also provide this information if there is a change in your insurance plan.

Insurance claims

We will submit claims to your insurance on the date your prescription is filled. If the claim is rejected, we will let you know and work with you to fix the issue. If our pharmacy is not a part of your insurance network and we dispense your medication per your request, cost charged by our pharmacy for your medication will be provided to you in writing.

Copayments

You may have to pay a part of your medication cost, called a copayment. If you have a copayment, it needs be paid at shipping or pick-up. We accept Visa®, MasterCard®, American Express®, and Discover®. We can keep your credit card on file for faster service.

Financial help

We can help you find ways to pay for your medication, like discount coupons from drug makers and help from various disease management foundations. We will help you to enroll in these programs if you need them.

Drug substitution

We will use generic drugs instead of brand name drugs when we can. We will let you know about changes before your shipment and get your approval, as well as answer any financial or clinical questions you may have.

Patient Safety

Hand washing

Washing your hands is the most important step that you can take to stay safe. Follow the CDC's 5 Steps to Wash Your Hands the Right Way. Don't forget to remove all jewelry before washing.

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.

Adverse drug reactions

If you have adverse effects to your medication, please contact us or your your doctor as soon as possible. **If you are having a medical emergency, life threatening symptoms such as shortness of breath or chest pain, please call 911.**

Drug recalls

We follow the drug recall guidelines of the FDA and drug makers. We will contact you if you are affected by a drug recall.

Disposing of sharps

If you use needles, you may be prescribed a "sharps" container. You will use this to dispose of all needles, syringes and any other sharp objects. These simple rules will help you and your loved ones stay safe:

- Never put the cap back on a used needle - put it in the "sharps" container.
- Always keep the "sharps" container out of reach of children and pets.
- Call us for a new "sharps" container before it gets too full – that could expose you or a family member to a dirty needle stick. If this happens, wash the area with soap and water right away and call your doctor or our pharmacy as soon you can.
- If you don't have a "sharps" container, use an empty laundry detergent bottle with a screw on lid to dispose of your sharp items.
- You may be able to dispose your "sharps" container at your local fire department, your doctor's office or your local health department. Please call to speak with one of our pharmacists for available options in your area.
- Don't throw a "sharps" container away in the regular trash. Check with your local trash removal services or health department for disposal methods available in your area.
- Never dispose of "sharps" items in glass or a clear plastic container.
- Never put "sharps" items in a container that can be recycled or returned to a store.

Disposing of unused medication

- Do not flush your unused medications down the sink or toilet. Call your local law enforcement agencies to find out if they sponsor medicine take-back programs in your area.
- For tips on how to dispose of unused medications, please contact us.





Emergency and Disaster Preparedness Plan

We have a thorough emergency plan in case of a disaster. Our goal is to make sure you have your medicine when you need it and avoid any delays.

If a disaster strikes, our teams will reach out to you for other ways to get your prescriptions to you. We will be available 24 hours a day, seven days a week to provide support for your medication needs.

You can also call us if you lose your medication or you will be traveling abroad and need to take more than your usual supply of your prescribed medication with you.

Patient Satisfaction, Concerns and Complaints

Our goal is to provide the best service possible. If you have feedback, concerns or complaints about our pharmacy services, please contact us:

- Call our toll-free number **866-775-5767**.
- Send an email to **homedelivery@harnesshp.com**.
- If you email us, we will get back to you in two business days.
- If you think your medication looks different or you think there is an error on your prescription, you may report it by calling our pharmacy at our toll-free number **866-775-5767** and asking to speak with one of our pharmacists.

If we can't help you solve your concerns, then you may contact URAC at [urac.org/complaint](https://www.urac.org/complaint) (our accreditation agency that works with our Specialty/Home Delivery customers).



The designation demonstrates Harness Health Home Delivery Pharmacy is dedicated to quality and safety, and that we strive for a continual improvement of the services we offer.

Patient Rights and Responsibilities

As a Harness Health Home Delivery Pharmacy patient, you have the right to:

- Be treated with respect, dignity, courtesy and fairness and given appropriate and professional quality of pharmacy services without discrimination by all our pharmacy staff.
- Speak with a pharmacist about any questions or concerns about your medication.
- Get identification of staff members, including their job title, and to speak with a staff member's manager.
- Discuss your specific drug treatment, possible side effects and interactions with other drugs, supplements or foods and to get a complete counseling and education from your Harness Health Home Delivery Pharmacist.
- Refuse treatment within the confines of the law, and to be informed of the consequences of refusing treatment.
- Voice grievances or file a complaint to pharmacy management without fear of discrimination or reprisal.
- Receive a copy of the DMEPOS Supplier Standards and "Medicare Prescription Drug Coverage and Your Rights" for Medicare recipients of services.
- Be informed of your rights under state law to formulate advanced directives.
- Be informed of what to do and resources available in the event of an emergency or a natural disaster that prevents us from filing your prescription(s) in a timely manner.
- Be helped and get special consideration for language barriers so you understand the services provided (non-English speaking clients have the right to an interpreter, and deaf, blind or clients who can't read have the right to other materials and interpretation for effective communication).
- Be informed within a reasonable amount of time if we cannot fill your prescription. We will provide you with instructions on your options to get the prescription filled from another source.
- Be informed of any financial benefits and responsibilities, including deductibles, copayments and coinsurance when referred to an organization or another pharmacy provider.
- Get a timely response from pharmacy staff upon your prescriber's request for service.
- Be informed of limitations of services and care provided by the pharmacy. We will get your insurance information so we can properly bill your prescriptions. If this information changes, please let us know as soon as possible. If your insurance plan requires prior authorization, we will contact

- your prescriber or insurance plan to resolve this issue. If you are unable to pay the copayment or you do not have insurance, please call us to discuss options, as there are numerous patient assistance programs, manufacturer coupons available for which you may be eligible.
- Contact us with any complaints and/or issues about medication or privacy matters at 866-775-5767 and ask for Pharmacy Manager or send an email to homedelivery@harnesshp.com.
- Receive FDA-approved generic medications when available.
- Be informed of any patient level product recalls. We follow FDA regulations regarding drug recalls. In the event of a recall, all affected products are removed from inventory. If a product was sent to patients, those patients will be notified, and your health care provider may be notified as needed.

As a Harness Health Home Delivery patient, you have the responsibility to:

- Provide correct clinical and contact information. Let us know of any changes in your condition such as a hospital stay or stopping your medicine or treatment.
- Follow instructions about storing your medications.
- Follow the plan of care, which includes pharmacist directions to stay compliant to therapy, and to accept responsibility for the neglect or refusal of any services.
- Let us know of any address or schedule changes that may need to be made before a scheduled delivery.
- Notify us of any problems, concerns or issues with services rendered.
- Participate in mutually agreed responsibilities, and to submit any forms needed to be in the program, to the extent required by law.
- Though not common, let us know as soon as possible and within three business days of receipt, if you notice your medication is damaged or altered during shipment.

Notice of Privacy Practice

Notice of Privacy Practices (effective 4/21/2023)

Si necesita la versión en español de esta notificación, favor de dejarle saber a la persona en recepción.

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.

I. Our Pledge Regarding Your Medical Information and your Right to Receive and Discuss this Notice with Us

Harness Health Pharmacy is committed to protecting medical information about you. We create a record of the medical care and services you receive at Harness Health Pharmacy for use in your care and treatment. We need this record to provide you with quality care and to comply with certain legal requirements.

This Notice applies to all the records of your care relating to services provided by Harness Health Pharmacy. Harness Health Pharmacy is a subsidiary of Bon Secours Mercy Health. Your doctor may have different policies or Notices regarding how information is used or disclosed about you.

This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your information.

We are required by law to:

- make sure that your medical information is protected;
- give you this Notice describing our legal duties to protect your privacy;
- follow the terms of the Notice that is currently in effect.

You have the right to receive a copy of and discuss this Notice with our Privacy Office at the number or address listed at the end of this Notice.

II. Who Will Follow This Notice?

This Notice describes the practices of Harness Health Pharmacy and those of the following individuals and organizations (collectively, “we”):

- All divisions, subsidiaries, joint ventures, affiliates, facilities, departments, clinics, and physician practices, and any other entities of Harness Health Pharmacy, which are considered Covered Entities under HIPAA
- All employees, staff, and other Harness Health Pharmacy personnel
- Harness Health Pharmacy staff with regard to services provided and medical records kept by Harness Health Pharmacy

III. How We May Use and Disclose Medical Information About You

The following sections describe different ways that we may use and disclose your medical information. For each category of uses or disclosures we will describe them and give some examples. Some information, such as certain genetic information, certain drug and alcohol information, HIV information and mental health information may be entitled to special restrictions by state and federal laws. We abide by all applicable state and federal laws related to the protection of this information. Not every use or disclosure will be listed, however all of the ways we are permitted to use and disclose information will fall within one of the following categories.

A. Treatment: We may use or disclose medical information about you to provide you with medical treatment or health care services. We may disclose information about you to health care providers involved in your care. For example, a doctor may need to review your medical history before treating

you. We may share medical information about you with other health care providers, agencies, or facilities not affiliated with Harness Health Pharmacy in order to provide or coordinate the different things you need, such as prescriptions. We may contact you to provide appointment reminders, patient registration information, information about treatment alternatives or other health related benefits and services that may be of interest to you or to follow up on your care.

B. Payment: We may use and disclose medical information about you for billing and payment activities of Harness Health Pharmacy and others involved in your care. For example, we may use and disclose information so that Harness Health Pharmacy or others involved in your care can obtain payment from you, an insurance company or another third party. We may also tell your health insurance company about a treatment that you need to obtain prior approval or check if your insurance will pay for the treatment.

C. Health Care Operations: We may use and disclose medical information about you for our health care operations which are various activities necessary to run our business, provide quality health care services and contact you when necessary. For example, we may share your medical information to coordinate your care, and evaluate our doctors’ and nurses’ performance in caring for you, and for quality improvement activities. We may disclose your medical information to medical or nursing students and other trainees for review and learning purposes.

D. Health Information Exchange (HIE): We may participate in an electronic Health Information Exchange (“HIE”) to facilitate the sharing of your medical information for treatment purposes. The HIE is a network in which providers, such as doctors and other health care providers, participate to exchange patient information in order to facilitate health care. There are many circumstances when it is beneficial for a health care provider to have timely access to patient medical records to coordinate care. For example, if you arrive unconscious in the Emergency Room (ER), then it would be ideal for the treatment team to know medications you are currently taking, so they can avoid any harmful drug interactions. Your doctors and nurses may be able to have direct access to your medical information through the HIE so they can better coordinate your care. Please contact your Privacy Office representative for state-specific information regarding your rights to opt in or opt out of sharing your medical information via an HIE.

E. Sharing Information within an OHCA. We maintain our Designated Record Set through the use of an electronic health record (“EHR”). Through this EHR, your medical information is combined with that of other health care providers or “Covered Entities” that participate in the EHR (each, a “Participating Covered Entity” and collectively, the “Participating Covered Entities”), such that each of our patients, including you, have a single, longitudinal health record with respect to all services provided by the Participating Covered Entities.

Through the EHR, the Participating Covered Entities have formed one or more organized systems of health care in which the Participating Covered Entities participate in joint utilization review and/or quality assurance activities, and as such qualify to participate in Organized Health Care Arrangement(s) (“OHCA(s)”). As OHCA participants, all Participating Covered Entities, including us, may use and disclose the PHI contained within the EHR for the Treatment, Payment and Health Care Operations purposes of each of the OHCA participants.

F. Business Associates: We may share your medical information with third parties referred to as “Business Associates.” Business Associates provide various services to or for Harness Health Pharmacy. Examples include billing services, transcription services and legal services. We require our Business

Associates to sign an agreement requiring them to protect your information and to use it only for the purposes for which we have contracted for their services in an effort to make sure your medical information is appropriately safeguarded.

G. Individuals Involved in Your Care or Payment for Your Care: Unless you tell us not to, we may release medical information to anyone involved in your medical care, such as a friend, family member, or any individual you identify. We also may give your information to someone who helps pay for your care. If you are unable to tell us your preference, for example, if you are not present or are unconscious, we may share your medical information that is directly relevant to the person’s involvement with your care if we believe it is in your best interest. Additionally, we may disclose information about you to your legal representative.

H. Research: We may use and disclose medical information about you for certain research purposes in compliance with the requirements of applicable federal and state laws. All research projects, however, are subject to a special approval process, which establishes protocols to ensure that your medical information will continue to be protected. When required, we will obtain a written authorization from you prior to using your medical information for research.

I. As Required or Authorized by Law: We will disclose medical information about you when required to do so by federal and/or state law. This includes, however is not limited to, disclosures to mandated patient registries, including reporting adverse events with medical devices, food, or prescription drugs to the Food and Drug Administration. We also may disclose medical information to health oversight agencies for activities authorized by law. These oversight activities may include licensure activities and other activities by governmental, licensing, auditing, and accrediting agencies as authorized or required by law. We may disclose your medical information for public health activities including disclosures to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect or domestic violence; or notify a person who may have been exposed to a disease or condition. We may disclose information for law enforcement purposes as required by law or in response to a valid subpoena, summons, court order, or similar process.

J. Legal Proceedings, Lawsuits and Other Legal Actions: We may disclose medical information about you to courts, attorneys, court employees and others when we get a court order, subpoena, discovery request, warrant, summons or other lawful instructions. We also may disclose information about you to Harness Health Pharmacy’s attorneys and/or attorneys working on Harness Health Pharmacy behalf to defend ourselves against a lawsuit or action brought against us. We may disclose your medical information to the police or other law enforcement officials to report or prevent a crime or as otherwise required or permitted by law.

K. We may use and disclose your medical information in the following special situations:

- **Disaster-Relief Efforts:** We may disclose medical information about you to an organization assisting in a disaster-relief effort so that your family can be notified about your condition, status, and location.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you to help prevent a serious and imminent threat to your health and safety or the health and safety of the public or another person.
- **Organ, Eye and Tissue Donation:** We may release information to organizations that handle organ procurement, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military:** If you are a member of the armed forces, domestic (United States) or foreign we may release medical information about you to the military authorities as authorized or required by law.
- **Workers’ Compensation:** We may disclose medical information about you for workers’ compensation or similar programs as authorized or required by law.

• **Coroners, Medical Examiners and Funeral Directors:** We may disclose medical information to a coroner, medical examiner, or funeral director as necessary for them to carry out their duties.

• **National Security and Intelligence Activities:** We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities as required by law.

• **Protective Services for the President of the United States and Others:** We may disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the President of the United States, other authorized persons, or foreign heads of state as authorized by law.

• **Inmates:** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution or law enforcement officials as authorized or required by law.

IV. Uses of Medical Information Requiring Authorization

A. Marketing: We must obtain your written permission to use or disclose your medical information for marketing purposes except in certain circumstances. For example, written permission is not required for face-to-face encounters involving marketing, or where we are providing a gift of nominal value, or a communication about our own services or products).

B. Sale of Medical Information: We must obtain your written permission to disclose your medical information in exchange for remuneration.

C. Other Uses and Disclosures: Other Uses and Disclosures of your medical information not covered by the categories included in this Notice or applicable laws, rules or regulations will be made only with your written permission or authorization. If you provide us with such written permission, then you may revoke it at any time. We are not able to take back any Uses or Disclosures that we already made with your authorization. We are required to retain your medical information regarding the care and treatment that we provided to you.

V. You have the Right to Access your Medical Information by contacting the location where you received care or by calling the number at the end of this Notice.

At many locations, staff may not be available onsite, however you may be directed to them by contacting the telephone number and/or email address listed at the end of this Notice.

Right to Inspect and Copy your Medical Information: With certain exceptions, you have the right to inspect and/or receive a copy of your medical and billing records or any other of our records that are used by us to make decisions about your care. You may request that we send a copy of your medical information to a third party. To inspect and/or receive a copy of your medical records we require that you submit your request in writing to RetailRx@HarnessHP.com or calling your pharmacy. If you request a copy of your medical records, we may charge you a reasonable cost-based fee for the cost of providing you with copies. In some cases, medical records may be provided free of charge. Under certain circumstances, we may deny your request to inspect or copy your records. If we deny your request, we will explain the reasons to you and in most cases, you may have the denial reviewed.

VI. Your Rights Regarding Medical Information About You

You have the following rights regarding your medical information:

A. Right to Request an Amendment: If you feel that the medical information, we have about you is incorrect or incomplete, you may ask us to correct the information for as long as the information is kept by or for Harness Health Pharmacy in your medical and billing records. To request an amendment, your request must be submitted in writing to the Privacy Office and provide the reason for the request. If we agree to your request, we will amend your record(s) and notify you of such. In certain circumstances, we cannot remove

what was in the record(s), however we may add supplemental information to clarify. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

- B. Right to an Accounting of Disclosures:** You have a right to receive a list of certain disclosures we have made of your medical information in the six years prior to the date of your request. To request an accounting of disclosures you must submit your request in writing to the Privacy Office. You must state the time period for which you want to receive the accounting, which may not be longer than six years and which may not date back more than six years from the date of your request. The first accounting you receive in a 12-month period will be free. We may charge you for responding to additional requests in that same period. We will inform you of the costs involved before any costs are incurred. You may choose to withdraw or modify your request at that time.
- C. Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not disclose information to a family member about a surgery you had. If we agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment, or we are required by law to disclose it. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations of the health plan, and the information pertains solely to a health care item or service for which we have been paid out of pocket in full. For example, when a patient wants cosmetic surgery and pays for it out of pocket, upon request we will not send any claim to the insurance carrier. To request a restriction, you must make your request in writing to the Privacy Office and tell us (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both, and (3) to whom you want the limits to apply, i.e., disclosures to your spouse. We are allowed to end the restriction if we tell you. If we end the restriction, it will only affect the medical information that was created or received after we notify you.
- D. Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at home or by mail. If you want us to communicate with you in a certain way, you will need to give us specific details about how you want to be contacted including a valid alternative address. We will not ask you the reason for the request, and we will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

- E. Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice at any time, even if you have previously agreed to receive this Notice electronically. Copies of this Notice are available at Harness Health Pharmacies and, our Harness Health Pharmacy website at www.harnessrx.com; or by contacting the Privacy Office as shown below.
- F. Right to 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 medical information. We will verify that the person has this authority and can act for you before we take any action.

VII. Change to This Notice

We reserve the right to change this Notice and Harness Health Pharmacy privacy practices. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on our Harness Health Pharmacy website at www.harnessrx.com.

The Notice will specify the effective date of the Notice. Each time you visit our website, you will see a link to the current Notice in effect.

VIII. Questions/ Complaints

If you have questions or believe that your privacy rights have been violated, you may file a complaint with Harness Health Pharmacy or with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Contact Information/How to file a Complaint

Privacy Office
Privacy@BSMHealth.org
1-888-302-9224
1701 Mercy Health Place
Cincinnati, OH 45237

The U.S. Department of Health and Human Services
1-877-696-6775
200 Independence Avenue
S.W. Washington, D.C. 20201

This Notice is effective 4/21/2023 and replaces all earlier versions.

Harness Health Home Delivery Pharmacy

7160 Industrial Row Dr., Suite 330
Mason, OH 45040
Mon. - Fri. 8 a.m.-4:30 p.m.
866-775-5767



Harness Health
Pharmacy