



## 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 READ IT CAREFULLY.

This Notice of Privacy Practices describes how this pharmacy may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" 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 pharmacy is required to maintain the privacy and security of your protected health information and will inform you promptly if any breach occurs that may compromise said privacy and security. The pharmacy must abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time, and the new notice will be effective for all protected health information that we maintain at that time. Copies of the new notice will be available upon request, in our office and on our website.

### **YOUR RIGHTS CONCERNING YOUR PROTECTED HEALTH INFORMATION**

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

#### **You Have the Right to Request an Electronic or Paper Copy of Your Medical Record and Other Health Information**

Please contact the pharmacy to find out how to request a copy. The pharmacy will provide a copy of summary of your health information, usually within thirty (30) days of your request. We may charge a reasonable, cost-based fee in order to meet your request.

#### **You Have the Right to Request Correction of Your Health Information**

This means you may ask us to correct health information about you that you think is incorrect or incomplete. Please contact the pharmacy to find out how. Should your request for changes to your information be denied, we will inform you in writing within sixty (60) days of your request.

#### **You Have the Right to Receive Confidential Communications**

We will accommodate all reasonable requests for alternate contact methods by phone or mail. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternate address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

#### **You Have the Right to Request a Restriction of Your Protected Health Information**

This means you may ask this pharmacy not to use or disclose any part of your protected health information for the purpose of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. This pharmacy is not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If we do agree with the requested restriction, we may not disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

#### **You Have the Right to Request a List of Those with Whom We Have Shared Information**

You may ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all disclosures except for those regarding treatment, payment, and healthcare operations, and certain other disclosures (such as any you requested we make). We will provide one accounting per year without charge, but will require a reasonable, cost-based fees for each additional request made within a twelve-month period.

#### **You Have the Right to Request a Copy of This Privacy Notice**

You may ask for a paper copy of this notice at any time even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **You Have the Right to Designate a Person to Act for You Regarding Your Health Information**

If you have given someone medical power of attorney, or you have a legal guardian, that individual may exercise your rights and make choices about your health information. We will ensure said individual has this authority and can act for you before we take any action regarding your information.

#### **You Have the Right to File a Complaint If You Believe Your Privacy Rights Have Been Violated**

If you believe your privacy rights have been violated by this pharmacy, you may file a complaint with us by notifying our Privacy Office. You may also contact the U.S. Department of Health and Human Services for Region 6 at 1301 Young St., Suite 1169, Dallas, TX 75202, or the Secretary of Health and Human Services by letter at 200 Independence Ave. SW, Washington DC 20201, or by calling 1-877-696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). If you file a complaint with any of the above there will be a no retaliation on the part of this pharmacy or any of its employees.

## **YOUR CHOICES CONCERNING YOUR PROTECTED HEALTH INFORMATION**

### **DESIGNATED PERSONS INVOLVED IN YOUR HEALTH CARE**

With your permission, this pharmacy may disclose to a member of your family, a relative, a close friend, or any other person whom you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

### **DISASTER RELIEF OR IMMINENT THREAT SITUATIONS**

With your permission, this pharmacy may share your information in a disaster relief situation or to lessen any serious and imminent threat to health or safety. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

### **MARKETING PURPOSES**

With your written permission *only*, this pharmacy may share your information for marketing purposes.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Based upon your written consent, your Protected Health Information may be used by this pharmacy, our staff and others outside of this pharmacy that are involved in your care and treatment for the purpose of providing health care services to you and ensuring payment for such services, as follows:

### **TREATMENT**

This pharmacy will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that will be involved with your treatment and care. We will also disclose your protected health information to physicians or other pharmacies that may be treating you.

### **PAYMENT**

Your protected health information will be used, as needed to obtain payment for your prescriptions or services. This may include certain activities that your health insurance plan, Medicare or Medicaid, etc., may undertake before approving or paying for the prescriptions that you received.

### **HEALTH CARE OPERATIONS**

We will disclose your protected health information as needed in order to support business activities for this pharmacy. This might include measuring and improving quality, conducting training programs, and getting the accreditation, certification, licensing and credentials we need to serve you.

### **Other Permitted and Required Uses and Disclosures**

The following types of uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law:

### **LEGALLY REQUIRED DISCLOSURES**

We may use or disclose your protected health information to the extent that the use or disclosure is required by state and Federal law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

### **HEALTH AND PUBLIC SAFETY OVERSIGHT**

We may disclose protected health information to health oversight agencies for activities authorized by law, such as audits, investigations, inspections. Oversight agencies seeking this information may include government agencies that oversee the health care systems, government benefit programs and government regulatory programs. We may also disclose information to public health or legal authorities charged with prevention or reduction of a serious threat to anyone's health or safety.

### **FOOD AND DRUG ADMINISTRATION**

We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product events or problems, biologic product deviations, track products, enable product recalls, and to make repairs or replacements.

### **RESEARCH**

We may disclose your protected health information 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 protected health information.

### **ORGAN AND TISSUE DONATION REQUESTS**

We may share health information about you with organ procurement organizations.

### **WORKER'S COMPENSATION**

Your protected health information may be disclosed by this pharmacy as authorized to comply with worker's compensation laws and other similar legally-established programs.

### **LEGAL PROCEEDINGS**

We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court, in response to a subpoena discovery request or other lawful processes.

This notice is in effect as of May 27, 2014