

## HIPAA Notice of Privacy Practices

**Effective Date: January 1, 2021**

**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.**

In accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), we are required to inform you of our practices in relation to the protected health information that we maintain about you. HIPAA requires minimum standards that a covered entity, such as our pharmacy, must maintain in relation to your protected health information. This Notice of Privacy Practices is being given to you to help you understand how we meet those standards. It is also meant to inform you of ways that we may use the personal information we collect about you and how we may disclose it.

### Understanding Your Protected Health Information

When you receive care from a health care provider, a record of that treatment is made. This record will typically contain information on your diagnosis, treatment, and future plan of treatment and is often collectively referred to as your "medical record". This medical record includes protected health information, and is the foundation for deciding on your plan of care and treatment and allows for a successful communication between all the healthcare professionals and contributes to your care.

HIPAA protects all individually identifiable health information held or transmitted by a Covered Entity or its Business Associates, in any form or media including:

- any information related to your past, present, or future physical or mental health;
- the past, present, or future payment for health services you have received;
- the specific care that you have received, are receiving or will receive;
- any information that identifies you as the individual receiving the care; and
- any information that someone could reasonably use to identify you as receiving the care.

- This information is referred to as protected health information throughout this Notice.

### Uses and Disclosures

As a covered entity, our pharmacy is required to inform you of how it may use and disclose your protected health information.

### Treatment, Payment, and Healthcare Operations

We will use and disclose your protected health information for the purposes of treatment, payment, and healthcare operations.

- **Treatment**—As it pertains to our pharmacy, treatment means providing you medication, supplies, and durable equipment as ordered by your prescriber. Treatment also includes coordination and consultation with your prescriber and other healthcare providers. Treatment also includes clinical assessment by nurses and pharmacists on our staff. As we provide these services to you, information obtained during this process will be recorded in your medical record. For example, a nurse may refer to records from a recent hospital stay to better plan your drug administration or catheter care. We will use this type of information, in coordination with your prescriber, to determine the best course of treatment for you.
- **Payment**—Payment consist of activities required to obtain reimbursement from your insurance carrier or other applicable payor for the services ordered by your prescriber and provided to you by our pharmacy. This includes, but is not limited to, eligibility determination, pre-certification, billing and collection activities, obtaining documentation required by your insurer, responding to audits, and when applicable, disclosure of limited information to consumer reporting agencies. For example, our billing office may need to send the insurance company information about your diagnosis and prescriptions in order for them to process the claims and pay us for the services you receive.
- **Healthcare Operations**—Operations can include, but are not limited to, business planning and development, quality assessment and improvement, training, medical review, legal services, auditing functions and patient safety activities. For example, we may review of your protected health information to ensure compliance with all federal and state regulations or to improve the quality and effectiveness of the services provided to you by our pharmacy. We may make incidental disclosures of limited protected health information. We may contact you to provide treatment reminders or for billing or

collections and may leave messages on your answering machine, voice mail, or through other methods.

### **Other Uses and Disclosures**

As permitted by HIPAA, we can also use or disclose your protected health information, without your written consent or authorization, for the purposes listed below. Your PHI may be stored in paper, electronic, or other form and may be disclosed electronically and by other methods. We have provided a description and example below, but this list is not exhaustive; not every particular use or disclosure in every category will be listed.

- We may disclose to a personal representative, member of your family, other relative, or a close personal friend, or any other person identified by you, the protected health information directly relevant to that person's involvement with your care or payment related to your health care, unless you have specifically requested that we not do so.
- We may disclose protected health information to others as required by law. For example, we may disclose protected health information about you to the U.S. Department of Health and Human Services if it requests such information to determine that we are complying with federal privacy law.
- We may disclose protected health information for certain public health activities and purposes. For example, we may report various diseases to government officials in charge of collecting that information.
- We may disclose protected health information to a legally authorized government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence.
- We may disclose protected health information for law enforcement purposes and in response to court orders or subpoenas.
- We may disclose your protected health information to vendors known as business associates with whom we contract if they need protected health information to perform their services and have agreed to keep protected health information confidential.
- We may disclose protected health information to agencies authorized by law to conduct health oversight activities, including audits, investigations, licensing and similar activities.

- We may disclose your protected health information to prevent or lessen a serious or imminent threat to the health or safety of you, the public, or another person.
- We may disclose your protected health information for research purposes, subject to strict legal requirements.
- We may disclose your protected health information when necessary to comply with workers' compensation laws.
- We may disclose your protected health information for cadaveric organ, eye or tissue donation purposes.

Except for uses and disclosures described in the sections above, we will only use and disclose your health information with your written authorization. Subject to compliance with limited exceptions, we will not disclose psychotherapy notes, use or disclose your health information for marketing purposes, or sell your health information unless you have signed an authorization. You may revoke an authorization by notifying us in writing, except to the extent we have taken action in reliance on the authorization.

### **Your Rights as a Patient of Our Pharmacy**

In accordance with HIPAA requirements, you have the following rights in relation to your protected health information. To exercise any of the rights below, please submit a request in writing to the pharmacy contact listed at the bottom of this notice. If you have given another individual a medical power of attorney, if another individual is appointed as your legal guardian or if another individual is authorized by law to make health care decisions for you (known as a "medical representative"), that individual may exercise any of the following rights listed below:

- You may request, in writing, additional restrictions to the use or disclosure of your protected health information. We are not required to agree to the requested restrictions, except we must agree to a request to restrict certain protected health information from disclosure to your health plan for services that you paid for out-of-pocket in full, unless the disclosure is otherwise required by law.
- You have the right to request amendments to your medical record.
- You have the right to request a paper copy of this Notice of Privacy Practices even if you have already received a copy of the Notice or have previously agreed to receive this Notice electronically.

- You have the right of access to inspect and obtain a copy of your medical record, subject to certain limitations. You will be required by our pharmacy to request access to your health information in writing.
- You have the right to request an accounting of disclosures for the six (6) years prior to your request, other than those excluded from the accounting obligation, such as those made pursuant to an authorization.
- You have the right to request communications of your medical record by alternative means (i.e., electronically) or at alternative locations.
- You have the right to revoke authorization to use or disclose your protected health information except to the extent that action has already occurred.

### Responsibilities of Our Pharmacy

In accordance with HIPAA, we are required to:

- Maintain the confidentiality of your protected health information. Your state laws may provide more protection than the federal laws and, in that case, we will abide by the more restrictive statute.
- Provide you with notice of its legal obligations and privacy practices regarding information it may accumulate about you.
- Notify affected individuals following a breach of unsecured protected health information.
- Abide by the terms of this notice.

Please be advised that in addition to these responsibilities, we reserve the right to change the terms of our Notice of Privacy Practices and make those changes applicable to all protected health information maintained at that time.

### For More Information or to Report a Problem

You may complaint to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint. If you have questions, would like additional information, or if you suspect misuse of your protected health information, or to file a complaint, contact:

The Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F HHH Building  
Washington DC 20201  
1-800-368-1019

OR

Pharmacy Contact (*must include name or title and telephone number*):