



## Notice of Privacy Practices Form

**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.**

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### **Our Uses and Disclosures**

Use and disclosure of pertinent medical information will take place in providing, coordinating, or managing healthcare and its related services.

Here are ways we may use or share your health information:

#### **Treating you**

We can use your health information and share it with other professionals who are treating you.

*Example: We consult with your physician or a specialist regarding your medications, treatment or condition.*

#### **Running our organization**

We can use and share your health information to run our pharmacy, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

#### **Billing for your services**

We can use and share your health information to bill and obtain payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### **How else can we use or share your health information?**

**We are allowed or required by law to share your information in other ways. Use or disclosure, other than those listed as permitted here or required by law, will not take place without your written authorization in advance. You will retain the right to restrict certain disclosures of protected health information (PHI) to a health plan where you have paid out of pocket in full for the health care item or service. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:**

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## **Help with public health and safety issues and research**

We can use or share your information for health research and for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if they elect to verify that we're compliant with federal privacy laws. We can share health information about you in response to a court or administrative order, or in response to a subpoena and for certain situations such as:

- Workers' compensation claims
- Law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations, a coroner, medical examiner, or funeral director when an individual die.

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## **Our Responsibilities**

- **We are required by law to maintain the privacy and security of your protected health information.**
- **We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.**
- **We must follow the duties and privacy practices described in this notice and give you a copy of it.**
- **We will not use or share your information other than as described here unless you provide authorization in writing. If you provide us authorization, you may change your mind at any time by stating so in writing.**

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

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## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Request an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may deny your request, but we'll provide you an explanation in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless we are required by law to share that information.

### **Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Receive a copy of this privacy notice**

You can 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.

### **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, including allowing this individual to pick up prescriptions on your behalf.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

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## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, please let us know. We will comply with your instructions if at all possible.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

**At any time, we reserve the right to modify this notice. This notice will be available upon request at any time.**