

## **Notice of Privacy Practices**

### **ONE HANSON PHARMACY**

#### **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.**

##### **Introduction**

All of us at One Hanson Pharmacy value your relationship with us, and we know that respect for your privacy is the foundation of that relationship. We are committed to protecting the privacy of your protected health information (PHI) that is in our possession and only using and disclosing your PHI as necessary to providing you with health care products and services. PHI is any information that we possess, use, and disclose that identifies you and relates to your past, current, and future physical and mental health condition or illness and the health care products and services that have been provided to you.

This "Notice of Privacy Practice" (Notice) has been created to help you understand our legal duties to protect your PHI and how we may use and disclose your PHI in relation to your past, present, and future physical or mental condition or illness and its treatment. We will mainly use and disclose your PHI prescriptions. Specifically, we will use and disclose your PHI as necessary to provide treatment to you, and activities as described later in this Notice. This Notice also describes the legal rights that you have related to your PHI that is in our possession. We take the matters described in this Notice very seriously because of our relationship with you and the requirement that we comply with this Notice.

Your PHI will only be used and disclosed as described in this Notice. Should a need for use and disclosure of your PHI occur that is not described in this Notice, we will obtain your written authorization before the use and disclosure. At

some future time, it may be necessary for us to revise this Notice. If such becomes necessary, we will post the revised Notice in the pharmacy and, if you request, provide a written Notice to you.

##### **Your Rights With Respect To Your PHI**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides you with several rights related to your PHI. These rights are summarized below. If you would like more information about any of these, please contact our Pharmacy Privacy Officer at the address or telephone number of our pharmacy.

1. You have the right to receive this written Notice of Privacy Practices describing how we will protect your PHI and your right to PHI. You are entitled to request this written Notice at any time.
2. You have the right to request a limitation and disclosure of your PHI. All requests for limitation on the use and disclosure of your PHI must be submitted to our Pharmacy Privacy Officer in writing using a form that we will provide to you. For example, you may choose to exclude a family member from access to your PHI.
3. You have the right to review or receive photocopies of our records that contain your PHI, to the extent that these records are part of a designated record set as defined by HIPAA. We will be pleased to allow you to review such records at no charge during normal business hours. However, we may charge you a reasonable, cost-based fee for photocopies of the records, together with any expenses for mailing, special courier, faxing, and supplies necessary to fulfilling your request for records. If we are unable to provide our records to you, we will provide you a written explanation of why we are not able to provide the records. Depending on the reason, you may submit a written request for us to reconsider. All requests to review or receive photocopies of our records that contain your PHI must be submitted to our Pharmacy Privacy Officer in writing using a form that we will provide to you.

4. You have the right to request changes in the content of your PHI contained in our records where you believe the content is incomplete, inaccurate, or for some other reason needs to be changed. We may not be able to agree to your requested change if we no longer have the records or if the requested change would cause your PHI to become inaccurate. You will then have the right to submit to us a written statement of disagreement, to which we may elect to further respond in writing to you. All requests for changes to your PHI in our records must be submitted to our Pharmacy Privacy Officer in writing, using a form that we will provide to you.

5. You have the right to request that we communicate with you about your PHI in a confidential manner and only to locations (such as a post office box) or by means (such as personal cellular telephone) specified by you. All requests for confidential communications must be submitted to our Pharmacy Privacy Officer in writing, using a form that we will provide to you.

6. You have the right to obtain an accounting of some of our disclosures of your PHI made after April 14, 2003. By an accounting, we mean a written record of these disclosures. Some of our disclosures of your PHI are not required by HIPAA to be included in the accounting. Most notable among these are disclosures for purposes of treatment, obtaining payment, and carrying out health care operations. Other disclosures of your PHI that are not required to be included in the accounting are disclosures made directly to you or that you have authorized, made to family, friends, and others who assist you with your care (caregivers) and made for other purposes allowed by HIPAA.

7. You have the right to file a complaint if you believe that we have violated your rights as described above, and to not fear retaliation or adverse action by us against you for exercising your right. You can file the complaint with us directly, or with the United States Department of Health and Human Services (HHS), Hubert H. Humphrey Building, 200 Independence Ave SW, Washington, DC 20201. Please be

assured that we will work with you to resolve any complaint, including providing you with the address for filing a complaint with HHS.

**IF YOU HAVE QUESTIONS ABOUT ANY OF YOUR RIGHTS AS DESCRIBED ABOVE, PLEASE CONTACT OUR PHARMACY PRIVACY OFFICER AT THE ADDRESS OR TELEPHONE NUMBER OF OUR PHARMACY.**

#### **Ways That We May Use and Disclose Your PHI**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that this Notice tell you how we may use and disclose your PHI. These uses and disclosures are summarized below, but if you would like more information about any of these please contact our Pharmacy Privacy Officer at the address or telephone number of our pharmacy.

1. Treatment. HIPAA defines treatment as “the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.” We will maintain records that contain your PHI, and we will use and disclose your PHI as necessary to provide health care products and services to carry out and support your treatment. As a pharmacy, we may use and disclose your PHI as necessary to maintain a patient profile on you, which may include information about you, your medical condition, medications, and prescription devices that you use; any allergies that you may have; and other information, such as any health insurance that you may have. We may use and disclose your PHI in dispensing prescription medication and related products and services, including counseling you and your caregivers and proper use of your medications. We may discuss such problems with your other health care professionals, such as your physician or dentist, and through such discussions we may use and disclose your PHI. Finally, we may use and disclose your PHI to you and

your caregivers in our discussion with you and your caregivers about your treatment.

2. Payment. HIPAA defines payment, in relation to health care providers such as us, as activities to obtain reimbursement for the health care products and services that we provide to you. These activities include primarily billing you directly or someone who pays for your health care, such as a family member or health insurance company, for health care products and services that we provide to you. Activities related to billing may include claims management, collections, and related health care data processing. Information provided for collection of payment may include: name and address; date of birth; social security number; payment history; account number or numbers; and name and address of the health care provider and/or health plan. We may use and disclose your PHI to carry out any activity necessary or required to obtain payment.

3. Health care operations. HIPAA defines health care operations as those activities necessary and related to our providing of health care products and services to you. These activities include, but may not be limited to the following.

- A. Conducting quality assessment and improvement activities, case management and care coordination, and contacting of health care providers and patients with information about treatment alternatives and related functions that do not include treatment.
- B. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs.
- C. Our pharmacy management and general administrative activities, including, but not limited to, activities relating to implementation of and compliance with the requirements of HIPAA.

We will use and disclose your PHI to carry out the above activities as necessary or required, and especially to monitor and improve the quality of the health care products and services that are provided to you by us. In addition to

treatment, payment, and health care operations as described above, we may use and disclose your PHI for the following purposes listed in 4-9.

4. Business associates. The nature of the health care system is such that we may not be able to provide health care products and services to you without the involvement of other businesses or persons. Depending of what these other business or persons do for us, they may become "business associates" as defined by HIPAA. In many situations, it will be necessary for us to provide your PHI to these business associates so that they can carry out the activities that we need to have performed in order to provide your health care products and services.

5. Disclosures of your PHI not involving treatment, payment, and health care operations. In providing health care products and services to you, we may find it necessary to communicate with businesses and individuals not already described above. We will disclose your PHI to caregivers, guardians, or appropriate family members, as we believe necessary and appropriate for your health care.

6. Federal and state government agencies. We may disclose your PHI to federal and state government agencies for a variety of purposes, most of which are directed at monitoring health care quality and safety, and government programs related to health care and our compliance with laws applicable to health care. Examples of these agencies include: DEA, FDA, State Board of Pharmacy, and others.

7. Law enforcement activities and matters of public health and safety. We may be required to provide information regarding your PHI to law enforcement agencies or public health agencies. These agencies may engage in a number of activities designed to monitor and improve federal and state health care programs and systems. At any time we are required by federal or state law, or by court order, subpoena or other legal mandate, to disclose your PHI, we will do so as necessary.

8. Legal disputes. Lawsuits and other legal disputes may involve your PHI that we process. In the event that you are involved in a lawsuit or other legal proceeding, whether as a plaintiff or a defendant, and without regard to the basis for the lawsuit, such as medical malpractice or divorce, we will disclose your PHI when required to comply with a court order, subpoena, discovery proceeding, such as a preposition, or other legal mandate served upon us.

9. Other disclosures. In the course of our daily pharmacy operations certain situations may occur and your PHI may be disclosed. For example, our staff will inform and offer your family member the chance to pick up on your behalf any item ordered by you or your caregiver. Parents of individuals under the age of 18 shall be given access to the child's PHI unless the child submits a request for confidential communication of PHI to our Privacy Officer. Adults shall be given access to a spouse's PHI unless the spouse has submitted a request for confidential communication of PHI to our Privacy Officer. In some cases this access may be delayed based on the pharmacist's knowledge of individuals PHI until contact can be made with individual by pharmacist prior to release of PHI.

#### **Use and Disclosures Not Contained in this Notice**

If a use and disclosure of your PHI is not contained in this Notice, then we will obtain your written authorization before the use and disclosure. You may have the right to refuse to authorize the use and disclosure.

#### **Conclusion**

HIPAA requires that we give you this "Notice of Privacy Practices" and make a good faith effort to obtain your written acknowledgement that you were given this Notice. Upon giving you this Notice, you will be asked to sign a document acknowledging that you received this Notice. We appreciate your cooperation in reviewing this Notice and in giving us your written acknowledgement that you received the Notice.

In preparing this Notice, we made every effort to comply with this HIPAA requirement. Your privacy is important to us and we will make every effort to ensure that no unauthorized person or organization has access to your PHI. Please consult our Pharmacy Privacy Officer if you have any questions or want more information concerning your health care and privacy rights under HIPAA or our privacy practices. Also, you should consult our Pharmacy Privacy Officer if you wish to file a complaint about our privacy practices or if you believe we have violated any of your rights as described in this Notice.

Again, thank you for allowing us the privilege of being your pharmacy, and we look forward to continuing to be of service to you.

Effective Date: July 18, 2014