

## 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 review it carefully.

**Protected health information (PHI), about you, is maintained as a written and/or electronic record of the medication or services provided by this pharmacy. Specifically, PHI is information about you, including demographic information (i.e., name, address, social security numbers, birth dates, etc.) that may identify you and relates to your past, present or future physical or mental health condition, the provision of health care, and the past, present, or future payment for the provision of health care.**

**ElderCare Pharmacy**, respects your privacy. The law protects the privacy of the health information we create and obtain in providing care and services to you. We have a legal duty to protect your health information and are required by law to protect the privacy and confidentiality of health information about you. We are required by law to provide you this Notice of Privacy Practices that explains how, when, and why we use and disclose your PHI and to provide proof that you have been given this notice. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

This notice describes how we follow applicable rules and use and disclose your PHI to provide your treatment, obtain payment for services you receive, and manage our healthcare operations.

We will not use or disclose your health information to others without your authorization, except as described in the notice, or as required by law.

**You have the right to:**

- **Receive, read and ask questions about this notice**
- **Request and receive from us a paper copy of the most current Notice of Privacy Practices**

You have the right to a paper copy of this notice. You may call our office and request the most current copy be sent to you in the mail or, if you prefer, by email. A current notice will also be available on our website and posted at the nursing center. It is our responsibility to record evidence that you have been provided a copy of this information, and we require that you, your responsible party, or your legal representative sign a statement to indicate that it has been provided to you.

- **Request limits on uses and disclosures of your PHI**

This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. If we agree to the requested restriction, we will abide by it, except in emergency circumstances when the information is needed for your treatment. In certain cases we may deny your request for a restriction. You have the right to request, in writing, that we restrict communication to your health plan regarding a specific item or service that you, or someone on your behalf, has **paid for in full, out-of-pocket**. **We are not permitted to deny** this specific type of requested restriction. You may not limit the uses and disclosures that we are legally required or allowed to make. We have a form available for this type of request.

- **Request to inspect and obtain copies of your PHI**

This means, in most cases, you may inspect and obtain a copy of your complete health record. If your health record is maintained electronically, you will also have the right to request a copy in an electronic format, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request, your record will be provided in a readable hard copy form. You must make this request in writing. We have a form available for this type of

request. Upon request, you may obtain your PHI within 30 days. We have the right to charge a reasonable fee for paper or electronic copies. A patient has the right to specify the address at which he or she will receive such information, and as stated above and within the limits of the pharmacy's technology, the form of the communication.

- **Request an alternative means of confidential communication**

This means you may request, and we will accommodate any reasonable written request to receive your PHI by an alternative means of communication (for example, email rather than regular mail) or to an alternative location (for example, a work address, rather than a home address).

- **An accounting of disclosures**

This means you have a right to obtain a list of the disclosures we have made of your PHI to entities or persons outside of our office. The list will not include any disclosures related to Payment, Treatment, or Healthcare Operations, or of disclosures made to your family or responsible party, to our business associates, to law enforcement personnel in certain circumstances, disclosures made pursuant to your authorization, disclosures of a limited data set, for disaster relief, incident to otherwise permitted or required uses or disclosures, or for disclosures made for national security or intelligence purposes.

- **Request an amendment to your PHI**

If you believe that the PHI we maintain is not correct, you may request in writing that we amend it and provide in writing a reason for the request. We will respond within 60 days of receiving your request. In certain cases, we may deny your request. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. Upon your request, these documents may be attached to your PHI. If the request for correction or update is approved, we will inform you in writing that such changes have been made and will, upon your specific request with names and addresses, notify those who you wish to receive corrected or updated PHI.

- **Receive a privacy breach notice**

This means you would receive a written notification from the pharmacy, if the pharmacy were to discover a breach of your unsecured PHI, and determined through a risk assessment that a notification is required.

- **The right to complain about our Privacy Practices**

If you think that we might have violated your privacy rights, you may file a complaint with our Privacy Officer by calling 800-642-5953 or by writing the Privacy Officer at: ElderCare Pharmacy, Attention: Privacy Officer, P.O. Box 997, Hawkinsville, Ga. 31036

You may also file a complaint with the Office of Civil Rights, U.S. Department of Health and Human Services.

***You will not be penalized for filing a complaint.***

### **Uses and Disclosures WITHOUT Your Written Consent or Authorization**

The following are examples of uses and disclosures of your protected health information that we are permitted to make **without your authorization or written consent**. These examples are not meant to be exhaustive, but to describe possible types of uses and disclosures.

**These are the ways we may use and disclose your protected health information without your written consent or authorization:**

- **Treatment, Payment and Healthcare Operations**

Health professionals, including pharmacists, using their professional judgment, may disclose to a family member, friend, other relative, close personal friend, or any person you identify, PHI relevant to that person's involvement in your care or payment related to that care. Our business associates, who are also committed to protection of your PHI, may also require such information, which may be released without authorization. HIPAA laws additionally specify three broad areas in which information may be released without the patient's authorization:

- ❖ **For Treatment:** We may use PHI to provide, coordinate, or manage your health care treatment and related services. We may disclose your PHI to doctors, nurses, technicians, other pharmacists, or other healthcare providers who are involved in your treatment. For example, a doctor treating you may need to know what medications we are dispensing to you, or what diagnoses we have on file for you in order to safely prescribe a new medication for you.
- ❖ **For Payment:** We may use and disclose your PHI about your treatment and services to bill and collect payment from you, your insurance company, or a third party payer. For example, we will contact your insurer or pharmacy benefit manager to determine whether your policy will pay for your prescription and to determine the amount of your co-payment.
- ❖ **For Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the pharmacy business activities. This includes, but not limited to administrative and business planning, quality assurance and improvement, legal services, auditing functions and patient safety activities. For example, our pharmacy consultants may review your medical record to ensure that medications are being dispensed properly and for quality assurance purposes.

- **To others involved in your healthcare- Uses and Disclosures with Opportunity to Agree or Object**

**Unless you object**, we may disclose to your family member(s) or other relative(s), a close personal friend(s), or other person(s) whom you have indicated as those involved in your care, PHI that is directly relevant to that person's involvement in your medical care or payment for your medical care. You or your responsible party will be asked to complete a form to identify those person(s) that are involved in your care or payment for care that we may disclose your Protected Health Information to for treatment, payment and operations. In addition, should the form not be completed or 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 or in emergency situations, such as a disaster. If there are those who you do not wish to have access or to receive information regarding your PHI, please inform the pharmacy by completing the Patient Defined Limits on Use and Disclosure form. If the patient is unable to provide this information, only a duly authorized person may complete this form.

- **When a disclosure is required by international, federal, state, or local law or for judicial or administrative proceedings**

If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court order. We also may disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only after making the effort to inform you of the request or to obtain an order protecting the information requested. We must disclose your PHI when required to do so by law (including statute, regulation, or court orders).

- **To coroners or funeral directors**

For example, the law authorizes release of information to coroners or funeral directors for the purpose of determining cause of death or identification.

- **For research**

For example, we may disclose PHI about you to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to assure the privacy of your information.

- **For public health activities**

For example, as required by law, we may disclose PHI about you to public health or legal authorities charged with controlling disease, injury, or disability.

- **For purposes of organ donation**

For example, when our patients have informed us of their desire to be organ donors, we will provide PHI to the organizations to assist them.

- **For workers' compensation purposes**

For example, we may be required to report PHI in order to comply with workers' compensation laws for any patients who may be covered.

- **To avert a serious threat to health or safety**

For example, in order to avoid a threat to you or to the health or safety of another person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

- **For prescription reminders, information about health-related services or alternative treatments.**

We may use and disclose health information to contact you for prescription reminders, tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

- **Emergency situations**

For example, if you are unable to communicate, emergency services do not require authorization for disclosure of information.

- **To the FDA**

For example, we may disclose to the FDA PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

- **For essential government functions**

We may disclose PHI to the military, for matters of National Security, providing protective services to the President, and for inmates or individuals in custody of a law enforcement official. For example, if you are a member of the Armed Forces, we may release PHI about you as required by military command.

- **To business associates**

We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for the functions or services. For example, we may use another company to perform billing services on our behalf.



- **For health oversight activities**

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **For data breach notification purposes**

We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

- **For law enforcement purposes**

We may release your PHI if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about a victim or suspected victim of a crime; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.

- **To report abuse, neglect and domestic violence**

We may disclose your medical information to a governmental authority, including a social service or a protective services agency, authorized by law to receive reports of abuse, neglect or domestic violence, if we reasonably believe that you are a victim of abuse, neglect or domestic violence, to the extent the disclosure is required or authorized by law.

- **Provide limited data sets for research, public health or health care operations**

We may use or disclose a limited data set (i.e., medical information in which certain identifying information has been removed) for purposes of research, public health, or health care operations. We will require any recipient of that limited data set to safeguard your information.

### **All Other Uses and Disclosures Require Your Prior Written Authorization**

Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of Protected Health Information for marketing purposes, including subsidized treatment communications and disclosures that constitute a sale of Protected Health Information **require your written authorization**. Other uses and disclosures not covered by this Notice of Privacy Practices, or the laws that apply to us will be made only with permission in the form of **your written authorization**. The pharmacy has a form available for the authorization of the use or disclosure of your PHI. If you provide us with permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. However, we will be unable to take back any disclosures we have previously made based upon your written authorization.

### **Changes to this Notice**

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at the nursing center. The notice will contain the effective date.

### **Questions**

If you have questions concerning this Notice, please call 770-974-4277 or 1-800-736-7519 and ask for the Privacy Officer.