

# HIPAA Notice of Privacy Practices

Effective Date: July 22, 2024

**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”), our pharmacy is 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 (“Notice”) 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 personally identifiable information we collect about you and how we may disclose it. By using our services and, where applicable, by providing consents for specific purposes, you consent to the use of your data as described in this Notice.

## 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 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 successful communication among all your healthcare professionals and contributes to your care.

HIPAA protects all individually identifiable health information (“protected 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, including reproductive health care and substance use disorder information;
- 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.

## 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, provided that any substance use disorder treatment records are protected under the confidentiality regulations of 42 CFR Part 2 and as such, we will not disclose any substance use

disorder treatment information, if applicable, without your written consent, except as permitted by law for medical emergencies, research, audits, and evaluations.

- **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 consists 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 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 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 following purposes:

- We may disclose protected health information to a personal representative, member of your family, other relative, or a close personal friend, or any other person identified by you, that is 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. We may use and disclose your protected health information in a de-identifiable and aggregated manner to analyze the treatments, help improve our products or services, or otherwise review our healthcare operations. To be clear, the protected health information will be used only in ways that will not reveal who you are. We arrange to provide some of these services through contracts with business associates, payers, or vendors so that they may help us operate more efficiently. Any person with whom we share information is required by law and contract to protect the privacy of sensitive information. You may request that we limit what information we use or share. We will notify you within 60 days whether we can agree to your request.

This list is not exhaustive; not every particular use or disclosure in every category will be listed. Your protected health information may be stored in paper, electronic, or other forms and may be disclosed electronically and by other methods.

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. Additionally, under certain state data privacy regulations (e.g. the California Consumer Protection Act), the 21<sup>st</sup> Century Cures Act, the Final Rule under the CARES Act of 2020, and the Information Blocking Regulation, you may have certain regarding your personal information, including your electronic health information, reproductive health care information, and substance use disorder

patient records. 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 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 view and obtain copies of your medical record, subject to certain limitations. You will be required by our pharmacy to request access to your health information in writing to the contact information listed at the bottom of this notice. We are required to provide you with access to your health information without unnecessary delays. As such, within thirty (30) days of the receipt of a written request for access, unless a more restrictive state statute applies, we will provide you with a written response to your request for access. Our pharmacy will not impose any unreasonable barriers to accessing your health information and your rights will be upheld regardless of your relationship with our pharmacy.
- 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.

If you have any questions about your rights or if you believe your rights have been violated, you are encouraged to contact us at the contact information listed at the bottom of this notice.

### Responsibilities of Our Pharmacy

In accordance with HIPAA, we are required to:

- Maintain the confidentiality of your protected health information, including reproductive health care and substance use disorder information. Our pharmacy adheres to the confidentiality regulations of 42 CFR Part 2 for substance use disorder patient records. Part 2 information disclosed pursuant to patient consent may not be redisclosed unless further disclosure is expressly permitted by the written consent of the person to whom it pertains. 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 this Notice.
- Notify affected individuals following a breach of unsecured protected health information.
- Abide by the terms of this Notice.

### Retention of Personal Data

Your personally identifiable information will be retained for as long as is reasonably necessary for the purposes listed above or as required by applicable local law. Please contact us at the contact information listed at the bottom of this notice for further details of applicable retention periods.

### Security of your Personally Identifiable Information

We have implemented appropriate technical and organizational measures in accordance with industry standards to safeguard your personally identifiable information. When personal information is transmitted to other websites, it is protected through the use of encryption, such as the Transport Layer Security (TLS) protocol. However, no security measure is completely secure (e.g., from malicious intrusion) and we are unable to guarantee complete security of your personally identifiable information.

### Changes to this Notice

We will occasionally update this Privacy Notice to reflect company and customer feedback and as required by updates to privacy laws and regulations. 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. We encourage you to periodically review this Notice to be informed of how we use your information.

### For More Information or to Report a Problem

If you have questions, would like additional information, or believe your privacy rights have been violated and would like to file a complaint with us you may contact us at the contact information listed below. You will not be retaliated against for filing a complaint.

*Call the Pharmacy's main number and request to speak with the Privacy Officer or Manager.*

Additionally, you have the right to file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at the contact information listed below:

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