

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.

At this pharmacy, we see your privacy as a priority. The following is a summary of how we may use and disclose your protected health information (PHI) and your rights regarding the privacy of your PHI.

PHI is information about your past, present or future health care, or payment for that care that could be used to identify you. We are required by law to protect the privacy of your PHI and to provide you with this Notice. This Notice describes how we may use and disclose your PHI, including uses and disclosures that the law allows us to make without your written authorization, and we are obligated to comply with the terms of this Notice. We will not use or disclose your PHI without your written authorization, except as described or otherwise permitted by this Notice.

Our Uses and Disclosures of Your PHI

The following categories describe different ways that we use and disclose your PHI. We have provided you with examples in certain categories; however, not every use or disclosure in a category will be listed.

- **Treatment** – We may use and disclose your PHI to provide and coordinate your treatment, medications and other services that you receive. For example, we may contact you regarding your medications, refill reminders, expired prescriptions, the availability of alternative medications, other health-related product or service recommendations that may be of interest to you and benefit your health, product recalls or disease state management. We may disclose PHI, including prescription information, to other health care professionals so all members of your health care team can be updated as needed to meet your needs.
- **Payment** – We may use and disclose your PHI for various billing-related activities. For example, we may contact your insurance company, pharmacy benefit manager or other health care payor about payment for medications or services that require advance approval. We will bill you, your payor or other responsible person for your medications so that they can pay us.
- **Health Care Operations** – We may use your PHI for certain of our operational, administrative, quality improvement and legal compliance activities. For example, we may use and disclose your PHI to train our staff and monitor their performance. We may use your PHI to inform you of health education programs and other opportunities such as health education benefits and services that may be of interest to you.

We may also disclose PHI to:

- Business associates performing payment or health care operations activities on our behalf. If any PHI is disclosed to a business associate, they are obligated to protect the PHI in accordance with federal and state law.
- Your legal representative, such as a parent or guardian of a minor or a person with a valid advance directive signed by the patient, as permitted by law. In addition, we may disclose your PHI to family, friends or other individuals involved in your care or payment for your care, but will only disclose the PHI related to the individual's involvement.

There are other limited times when we are permitted or required to disclose PHI without your written authorization. These situations include:

- To federal, state, or local authorities for public health activities, such as tracking diseases. This may include reporting adverse reactions to medications or other products to the U.S. Food and Drug Administration and disclosures necessary for recalls of products.
- To protect victims of abuse or neglect
- For federal or state health oversight activities such as fraud investigations. These activities include audits, investigations, inspections, licensing, and for government monitoring of the health care system
- For judicial or administrative proceedings
- If required by law or for law enforcement
- To coroners, medical examiners and funeral directors
- To organ or tissue procurement organizations for organ and tissue donation and transplant
- To proper authorities to avert a serious threat your health and safety or the health and safety of another person or the public
- For specialized government functions such as national security and intelligence
- To the extent necessary to comply with laws relating to workers compensation or similar programs if you are injured at work
- To a correctional institution or its agents if you are or become an inmate
- If you are a member of the armed forces, we may release your PHI as required by military command authorities.
- To federal officials for intelligence, counterintelligence and other national security activities authorized by law
- For research; however we will only do so if the research has been approved by an institutional review board or privacy board that has established protocols to protect the privacy of your PHI.

In other cases, we must ask for your written authorization before we use or disclose your PHI. These cases include:

- Uses or disclosures of your psychotherapy notes (your mental health provider's written notes),
- Uses or disclosures for marketing purposes, or
- For any disclosure which is a sale of your PHI.

Other uses and disclosures not previously described in this notice may only be done with your signed authorization. You may revoke your authorization at any time by submitting a written request to the address below. Your revocation will not apply to information that was released prior to us receiving your written request for revocation.

You have the following rights with respect to your PHI:

- **Obtain a paper copy of the Notice upon request.** You may request a copy of this notice at any time. To obtain a paper copy of this Notice, please contact us through our website, in person or by mail addressed to our pharmacy location and directed to "Attention: HIPAA Privacy Official".
- **Request a restriction on certain uses and disclosures of PHI.** You have the right to request certain restrictions on our use or disclosure of your PHI. To request a restriction, please provide a written request in person or by mail addressed to the address at the end of this Notice. We are not required to agree to your request unless the disclosure is to a health plan for purposes of carrying out payment or health care operations and the information pertains solely to a health care item or service for which you have paid the Pharmacy out of pocket in full. If we agree to your request, we will comply with the restriction on a going forward basis.
- **Inspect and obtain a copy of PHI.** You have the right to inspect or obtain a copy of PHI about you that is contained in one of our "designated record sets" for as long as we maintain the PHI in the designated record set. Our designated record sets include your customer contact information, records about drugs and services provided to you, and billing records. To inspect or copy records about you, please provide a written request in person or by mail addressed to the address at the end of this Notice. We may charge you a fee for the costs of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request in certain circumstances. If you are denied access to your PHI, you may request that the denial be reviewed.
- **Request an amendment of PHI.** If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI in a designated record set. To request an amendment, you must send a written request in person or by mail addressed to our pharmacy location and directed to "Attention: HIPAA Privacy Official". You must include a reason that supports your request for amendment. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may provide a rebuttal to your statement.
- **Receive an accounting of disclosures of PHI.** You have the right to receive an accounting of certain disclosures we have made of PHI about you for most purposes other than treatment, payment and health care operations. The right to receive an accounting is subject to certain exceptions, restrictions and limitations. To request an accounting, please submit a written request in person or by mail addressed to the address at the end of this Notice. Your request must specify the time period for which the accounting is requested, which may not be longer than six years. The first accounting you request within a twelve month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.
- **Request communications of PHI by alternative means or at alternative locations.** You may request that we contact you concerning your PHI by alternative means and/or at alternative locations. For example, you may request that we contact you at a different residence. To make a request, please submit a written request to in person or by mail addressed to the address at the end of this Notice. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests to receive communications by alternative means or at alternative locations.

We are required by law to maintain the privacy of your protected health information and we will notify you following a breach of unsecured protected health information.

If you have questions regarding this Notice, contact the Privacy Officer at PrivacyOfficerIDS@cardinalhealth.com or 515.864.7933. If you would like to exercise these rights or if you feel your privacy rights have been violated, contact us directly.

All complaints will be investigated and we will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C.

We reserve the right to change privacy practices and make the new practices effective for the information we maintain. Revised notices will be posted on our website and will be provided to you upon request.

This Notice is effective 3/9/2016

Reviewed: 3/9/2016