

## What is HIPAA

Effective Date: 11/12/2016

HIPAA (Health Insurance Portability and Accountability Act of 1996), is an extensive law that primarily deals with the health insurance coverage of workers who leave their jobs. It also pertains to privacy rules limiting the use or disclosure of protected health information. We are required by law to make this privacy statement/form available for you to complete.

### HEATH PHARMACIES, INC

#### 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

##### SECTION A: Uses and Disclosures of Protected Health Information

Under applicable law, we are required to protect the privacy of your individual health information (information we refer to in this notice as "Protected Health Information"). We are also required to provide you with this notice regarding our policies and procedures regarding your Protected Health Information (referred to as "PHI") and to abide by the terms of this notice. It may be updated from time to time.

We are permitted to make certain types of uses and disclosures under applicable law for treatment, payment, and healthcare operations purposes. For treatment purposes, such uses and disclosures will take place in providing, coordinating or managing healthcare and its related services by one or more of your providers, such as when your pharmacist consults with your practitioner regarding your medications, treatment or condition.

For payment purposes, such use and disclosure will take place to obtain or provide reimbursement for providing pharmaceutical care services, such as when your case is reviewed to ensure appropriate care was rendered. For reimbursement purposes, your PHI may be disclosed to one or several intermediaries employed by your plan sponsor including but not limited to insurers, pharmacy benefits managers, claims administrators and computer switching companies.

For healthcare operations purposes, such use and disclosure will take place in a number of ways, including quality assessment and improvement, provider review and training, underwriting activities, reviews and compliance activities, planning, development and administration. Your information could be used, for example, to assist in the evaluation of the quality of care you were provided.

In addition, we may contact you to provide refill reminders, other follow up information about treatment options or other health-related benefits and services. We may also disclose your health information to your plan sponsor.

We may use and disclose your PHI if we are contacted by another pharmacy that states they have your request and consent to transfer pharmacy records to them.

From time to time, we may employ the services of business associates who may assist us in one or more tasks and who may use, change or create PHI. Business associates are required to comply with all the privacy regulations on your behalf.

We may disclose PHI about you without your authorization to comply with workers compensations laws, as required by law enforcement or correctional institution, legal proceedings, public health requirements, health oversight activities and as required by law.

We may disclose health information to the appropriate government authority if we believe you have been the victim of abuse neglect, or domestic violence. We only make this disclosure if you agree or when we are required or authorized by law to make the disclosure.

Other uses and disclosures will be made only with your written authorization, and you may revoke your authorization at any time by notifying us as described in Section B.

You may ask us to restrict uses and disclosures of your PHI to carry out treatment, payment or healthcare operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, we are not required to agree to your request.

You have the right to request the following with respect to your PHI: (1) inspections and copying; (2) amendment or correction; (3) an accounting of the disclosures of this information by us; (We are not required to account to you for disclosures made for treatment,

payment, operations, disclosures to you, disclosures to your care givers, for notifications or as otherwise excluded by law); and (4) receipt of a paper copy of this notice upon request. Requests for access to PHI must be made in writing.

In addition, you may request, and we must accommodate the request, if reasonable, to receive communications of PHI by alternative means or at alternative locations. To make this request please contact us as described in Section B.

Health Pharmacies may charge for supplies, labor and the postage involved in preparing PHI for your request. If you desire a price quote for this service, you must request one. You have the right of withdraw your request of the PHI prior to the delivery.

We may use your name to reference your prescriptions and pharmaceutical care services. You may be required to sign a signature form to acknowledge receipt of this notice and the disclosure of PHI as outlined herein. You may restrict or prohibit these uses and disclosures by notifying a pharmacy representative orally or in writing of your restriction or prohibition. We are not required to honor those requests. If you request our services, we are able to provide treatment services to you, even if you object to signing the acknowledgment of the receipt of this notice or if we decide not to honor a request regarding the information in this document while noting your requests and our refusals in our records. In the event of an emergency or your incapacity, we will do in our reasonable judgment what is consistent with your known preference, and what we determine to be in your best interest. We will inform you of any such uses or disclosures under such circumstances and give you an opportunity to object as soon as practicable.

We may disclose to one of your family members, to a relative, to a close personal friend, or to any other person identified by you, PHI this is directly relevant to the person's involvement with your care of payment related to your care. In addition, unless you object, we may use or disclose the PHI to notify, identify, or locate a member of your family, your personal representative, another person responsible for care, or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you object to this use or disclosure, we will do what in our judgment is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your care. We will also use our judgment and experience regarding you best interest in allowing people to pick-up filled prescriptions, or similar forms of PHI.

We reserve the right to change the terms of this notice and make new notice provisions effective for PHI we maintain. You may receive a copy of this notice by contacting us as outlined in Section B or upon the receipt of pharmacy care services.

If you believe that your privacy rights have been violated, you may file a complaint with us at the location described in Section B or to the Secretary of Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Ave. SW, Washington, DC 20201. You will not be retaliated against for filing a complaint.

#### Section B: Contacting Us

If you have questions or concerns about your privacy rights, or the information contained in the Notice, please contact Health Pharmacies, Inc. Privacy Team at (800)373-6704

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## Health Pharmacies, Inc. Notice of Privacy Practices Acknowledgment Form

The privacy of your protected health information (PHI) is important to us. We have provided you with a copy of our Notice of Privacy Practices that describe how we may use and disclose your PHI and outlines your rights with regard to your PHI. We ask that you sign this form and acknowledge you received a copy of our Notice of Privacy Practices.

Patient name: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signed by a Personal representative:

Print Name: \_\_\_\_\_

Legal Authority: \_\_\_\_\_

Please return this Acknowledgment Form by mail using the enclosed self-addressed, postage-paid envelope, by fax at 1-800-295-8097 or by email at [health@healthpharmacies.com](mailto:health@healthpharmacies.com) If you have questions regarding this Acknowledgment Form, please contact the Health Pharmacies, Inc. Privacy Officer by telephone at 1-800-373-6704 or [health@healthpharmacies.com](mailto:health@healthpharmacies.com).