

HOAGLAND PHARMACY PRIVACY POLICY

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.

As part of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), the pharmacy has created this Notice of Privacy Practices. This Notice describes the pharmacy's privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that the pharmacy protect the privacy of your PHI that the pharmacy has received or created. Hoagland Pharmacy will abide by the terms presented within this Notice. For any uses or disclosures that are not listed below, the pharmacy will obtain a written authorization from you, which you will have the right to revoke at any time. The pharmacy reserves the right to change the pharmacy's privacy practices and this Notice. Revisions to the Notice will be posted in the pharmacy and upon your request, provided to you in a paper format.

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1. Uses and Disclosures:

- a. Treatment.** We will use the PHI that we receive from you to fill your prescription and coordinate or manage your health care.
- b. Payment.** The pharmacy will disclose your PHI to obtain payment or reimbursement from insurers for your health care services. This includes disclosure to workers compensation. The pharmacy may use your PHI to contact you in order to gather information to collect reimbursement from insurers or you, the patient.
- c. Law Enforcement.** The pharmacy is required to use or disclose PHI about you as required and as limited by law. The pharmacy may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect, or domestic violence. PHI may also be disclosed in the course of any judicial or administrative proceedings, provided that proper documentation is presented to the pharmacy. The pharmacy may disclose PHI to law enforcement officials for authorized purposes.
- d. Health Care Operations.** The pharmacy will use your PHI to conduct quality assessments, improvement activities, and evaluate the pharmacy workforce.
- e. Public Health and Health Oversight Activities.** The pharmacy will use or disclose PHI to a public health authority that is authorized by law to collect for the purpose of preventing or controlling disease, injury, or disability. PHI may also be disclosed to a health oversight agency for oversight activities that it is authorized by law to conduct. The pharmacy may use or disclose PHI about you if it is believed in good faith to avert a serious threat to health or safety.
- f. Business Associates.** The pharmacy may disclose PHI about you to its business associates for services they may provide to or for the pharmacy.

- g. Information about treatment alternatives.** The pharmacy may contact you to notify you of alternative treatments and/or products.
- h. Health related benefits or services.** The pharmacy may use your PHI to notify you of benefits and services the pharmacy provides.
- i. Filling prescriptions.** The pharmacy may use your PHI to contact you in order to fill your prescriptions as requested.

For all other uses and disclosures the pharmacy will obtain a written authorization from you. The pharmacy will only use or disclose pursuant to such an authorization. In addition, you may revoke such an authorization in writing at any time. To revoke a previously authorized use, or disclosure, please contact the Office Manager at Hoagland Pharmacy.

1. The following are a list of your rights in respect to your PHI:

- a. Requesting restrictions on certain uses and disclosures of your PHI.** You have the right to request additional restrictions of the pharmacy's uses and disclosures of your PHI; however the pharmacy is not required to accommodate a request. If you wish to request additional restrictions, please obtain the form Request for Restriction of Uses & Disclosure from the pharmacy and return the completed form to the Office Manger.
- b. Having your PHI communicated to you by alternate means or locations.** You have the right to request that the pharmacy communicate confidentially with you using an address or phone number other than your residence. However, state and federal laws require the pharmacy to have an accurate address and home phone number in case of emergencies. The pharmacy will consider all reasonable requests. If you wish to request a change in your communicating address and/or phone number (to something other than your residence), please obtain a form Request for Alternative Arrangements for Confidential Communication from the pharmacy and return the completed form to the Office Manger.
- c. Inspecting and/or obtaining a copy of your PHI.** You have the right to request access and/or obtain a copy of your PHI that is contained in the pharmacy for the duration the pharmacy maintains PHI about you. If you wish to inspect or obtain a copy of your PHI, please obtain a form Request for Access to Records from the pharmacy and return it to the Office Manager. There may be a reasonable cost-based charge for photocopying documents. You will be notified in advance of incurring such charges, if any.
- d. Amending your PHI.** You have the right to request an amendment of the PHI the pharmacy maintains about you, if you feel the PHI the pharmacy has maintained is incorrect or otherwise incomplete.
- e. Receiving an accounting of disclosures of your PHI.** You have the right to receive an accounting of certain disclosures of your PHI made by the pharmacy. If you wish to receive an accounting of disclosures of your PHI, please obtain a form Request for Accounting of Disclosures from the pharmacy and return it to the office manager. Please be aware that such an

accounting excludes uses and disclosures made for treatment, payment, or health care operations purposes.

- f. Receiving additional copies of the Pharmacy's Notice of Privacy Practices.** You have the right to receive additional paper copies of this Notice, upon request. If you wish to receive additional copies, please ask a pharmacy staff member and they will provide you with a copy.

2. Revisions to the Notice of Privacy Practices:

The pharmacy reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. The revised Notice will be available upon request. The pharmacy will also post the revised version of the Notice in the pharmacy.

3. Complaints:

If you believe your privacy rights have been violated, you may file a complaint with the pharmacy and/or to the Secretary of HHS.

- a.** If you wish to file a complaint with the pharmacy, please contact the Office Manager.
- b.** If you wish to file a complaint with the Secretary, please write to:

The US Department of Health and Human Services
200 Independence Ave, SW
Washington DC 20201

The pharmacy will not take any adverse action against you as a result of filing a complaint.

4. Contact Information:

If you have any questions on the pharmacy's privacy practices or for clarification on anything contained within the Notice, please contact:

Hoagland Pharmacy Office Manager
2330 Yew Street
Bellingham, WA 98229
Phone: 360) 734.5413