

## NOTICE OF PRIVACY PRACTICES FOR MIDLOTHIAN APOTHECARY, INC.

*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

If you have any questions about this notice, please contact our **PRIVACY OFFICIAL** at Midlothian Apothecary, at 804-794-5592, 13502 Midlothian Turnpike, Midlothian, VA 23113.

This notice describes the privacy practices followed by our employees, staff, and other personnel. This pharmacy is required by law to maintain the privacy of Protected Health Information (PHI) and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. This Notice of Privacy Practices describes how we may use and disclose PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. This notice also describes your rights with respect to PHI about you.

This pharmacy is required to follow the terms of this notice. We will not use or disclose PHI about you without your written authorization, except as described in this notice. We reserve the right to change our practices and this notice at any time. We will provide a copy of changes, upon request.

### YOUR HEALTH INFORMATION RIGHTS

You may request a paper copy of this notice at any time.

You have the right to request additional restrictions on our use or disclosure of PHI about you, by written request to our Privacy Official. We are not required to agree.

You have the right to access and copy PHI about you, which the pharmacy maintains, which usually includes prescription and billing records, by written request to our Privacy Official. We may charge you a fee for our costs for supplies, mailing, or copying necessary to fulfill your request. We may deny your request in certain limited circumstances and you may request a review of that denial.

You have the right to amend your PHI if you feel it is incomplete or incorrect, by written request to our Privacy Official. A reason must be included and we may deny your request. You have the right to file a statement of disagreement with our denial and we may give a rebuttal to your statement.

You have the right to receive an accounting of disclosures we make of PHI about you after April 14, 2003 for most purposes other than treatment, payment, or health care operations. This does not include disclosures made directly to you, disclosures you authorize, disclosures to friends or family involved in your care, and disclosures for notification purposes. This right is subject to other exceptions, restrictions, and limitations. Submit a written request to our Privacy Official, please specify time period (not more than 6 years). The first request in a year is free, additional requests may incur a fee which we will notify to you. You may choose to withdraw or modify your request.

You may request we communicate PHI to you by alternative means or at alternative locations, by written request to our Privacy Official. We will accommodate all reasonable requests.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

FOR TREATMENT We will use PHI about you to provide you with medical treatment or services. Example: PHI obtained by the pharmacist will be used to dispense medications to you. This information may also be shared with other health care providers, family members, or friends involved in your care.

**FOR PAYMENT** We will use PHI about you so that treatment and services you receive at this pharmacy may be billed and payment may be collected from you, an insurance company, a family member, or a third party. We may also use PHI in advance to determine if a service is covered for you. Example: We will bill your insurance claims to your plan sponsor through, including but not limited to, insurers, PBM's, claims administrators and computer switching companies. If you charge any service or merchandise to a house charge account, we may use your PHI to collect payment for that account, by billing the responsible person on that account.

**FOR HEALTH CARE OPERATIONS** We may use PHI about you for quality assessment and improvement, provider review and training, planning, development, management and administration. Example: We may use your PHI to evaluate the quality of care that you were provided.

**OTHER DISCLOSURES** We may contact you to provide refill reminders, health screenings or vaccinations, treatment alternatives, or other health related benefits and services. We may contact you to discuss any and all conditions relating to your house charge account or other payment options used by you to compensate the pharmacy for services or merchandise received by you or any one else for whom you may accept responsibility. We may also contact you to discuss or arrange delivery of products or services. We backup our electronic records daily to safeguard the integrity of your PHI. This minimizes but does not insure the loss of any PHI about you. We may use your name to reference your prescriptions and pharmaceutical care services. You may be required to sign a signature log to acknowledge receipt of service, to acknowledge receipt of this notice and the disclosure of PHI as outlined in this notice.

**BUSINESS ASSOCIATES** We may contract with an accountant or lawyer, for example, which requires the release of PHI about you in order for them to do their service for the pharmacy. To protect PHI about you, we require the business associate to appropriately safeguard the PHI.

**INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE** Using professional judgement, we may disclose PHI about you to a family member, other relative, friend or any person you identify involved in your care or payment for your care.

**FOOD AND DRUG ADMINISTRATION** We may disclose PHI about you to the FDA or persons under their jurisdiction, relative to adverse events with respect to drugs and any other product or service in our pharmacy to enable recalls, repairs, or replacement.

**WORKER'S COMPENSATION** We may disclose PHI about you as authorized for worker's compensation or similar programs established by law.

**PUBLIC HEALTH, LAW ENFORCEMENT, OR REQUIRED BY LAW** We may disclose PHI about you to public health officials charged with preventing disease, injury or disability. We may disclose PHI about you for law enforcement purposes as required by law, and we may disclose PHI about you when simply required to do so by law.

**HEALTH OVERSIGHT ACTIVITIES** We may disclose PHI about you to an oversight agency for audits, investigations, or inspections as necessary for our licensure and for government overview.

**JUDICIAL AND ADMINISTRATIVE PROCEEDINGS** We may disclose PHI about you if you are involved in a lawsuit or dispute, in response to a subpoena, court order, discovery request, or other lawful process, but only if we have made an effort to notify you about the request or to obtain an order protecting the requested PHI.

We are permitted to use or disclose PHI about you for the following purposes:

**RESEARCH** When approved by an institutional review board which has established protocols to ensure the privacy of your PHI.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS This may be necessary to identify or establish cause of death. We may also disclose PHI to funeral directors consistent with applicable law to carry out their duties.

ORGAN OR TISSUE DONATION We may disclose PHI about you to organ procurement organizations consistent with applicable law.

FUNDRAISING We may contact you as part of a fundraising effort.

CORRECTIONAL INSTITUTION If you become an inmate we may disclose PHI about you for your health or the health and safety of others.

MILITARY AND VETERANS We may disclose PHI about you as required by military command authorities or PHI about foreign military personnel to appropriate military authority.

TO AVERT SERIOUS HEALTH OR SAFETY THREAT, OR NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES We may disclose PHI about you to prevent a serious threat to your health or the health and safety of others. We may also disclose PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE We may disclose PHI about you to government authority, such as social services, if we believe you have been a victim of abuse, neglect, or domestic violence, only to the extent required by law, if you agree, or the disclosure is allowed by law and we believe it is necessary to prevent harm to you or someone else.

#### OTHER USES AND DISCLOSURES OF PHI

WRITTEN AUTHORIZATION The pharmacy will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above or as otherwise permitted or required by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization.

#### FOR MORE INFORMATION OR TO REPORT A PROBLEM

ADDITIONAL INFORMATION Please contact our **PRIVACY OFFICIAL** at Midlothian Apothecary, at 804-794-5592, 13502 Midlothian Turnpike, Midlothian, VA 23113.

COMPLAINTS If you believe your privacy rights have been violated, you can file a complaint with our **PRIVACY OFFICIAL** or with the Secretary of Health and Human Services. You will not be penalized for filing a complaint.

#### EFFECTIVE DATE

This Notice is effective as of **APRIL 14, 2003**.