



## Health Information Privacy Notice

### **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.**

Under applicable law, we are required to maintain the privacy of your Protected Health Information (PHI) and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this notice as it may be updated from time to time.

**1. The pharmacy may use or disclose your PHI without your authorization in certain circumstances:** We are permitted to make certain types of uses and disclosures of your PHI under applicable law. We may obtain information to dispense prescriptions and for the documentation of information in your records that may assist us in managing your medication therapy or your overall health.

**For treatment purposes:** We will use PHI to dispense prescriptions to you. PHI will also be used to communicate with your health care providers and to coordinate and manage your health care, for example, when we consult with your physician or specialist regarding your medications, treatment or condition.

**For payment purposes:** Use and disclosure of PHI will take place to obtain payment or reimbursement for pharmaceutical services, for example, when your case is reviewed to insure appropriate care was delivered. For reimbursement, your PHI may be disclosed to intermediaries employed by your plan sponsor, such as insurers, pharmacy benefit managers, claims administrators and computer switching companies. We may also disclose PHI about you to the pharmacy's business associates for services that they may provide to or for the pharmacy.

**For health care operations:** Use and disclosure of PHI 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 management and administration. For example, we may disclose your PHI when we must communicate with a physician or a physician's staff or to another pharmacy that states that they have your request and consent to transfer pharmacy records to them. Your PHI may be used to insure proper pharmacy operations, including communicating refill reminders and other materials related to your health care or to assist in the evaluation of the quality of care you were provided. Your PHI may be communicated to staff responsible for processing and delivering materials related to your health care.

**For other purposes required by law:** We will use or disclose PHI about you as required or limited by local, state or federal law. We may disclose PHI about you in the course of any judicial or administrative proceedings, provided that proper documentation is presented to the pharmacy. For public health risks, we may use or disclose PHI about you to a public health authority or private entity to assist in disaster relief efforts. We 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. We may disclose PHI about you to law enforcement officials for authorized purposes. We may use or disclose PHI about you, in good faith and consistent with any applicable law and standards of ethical conduct, to avert a serious threat to health or safety. We may use or disclose PHI about you for specialized government functions including, but not limited to; military and veteran's activities, workers compensation laws, national security and intelligence, protective services, department of state functions, and correctional institutions and law enforcement custodial situations. The pharmacy may use or disclose PHI for disaster relief purposes.

**For other purposes permitted by law:** We may disclose PHI after death, or prior to, and in reasonable anticipation of death, to coroners, medical examiners, and funeral directors. We may use and disclose PHI about you for research purposes with a valid waiver of authorization from the research board. Otherwise, the pharmacy will request a signed authorization by the individual for all other research purposes. If we participate in a fundraising activity, we may use demographic PHI to send you fundraising packet, or we may disclose demographic PHI about you to a business associate or an institutionally related foundation to send you a fundraising packet. We may disclose to a family member, other relative, or a close personal friend of the individual, or any other person identified by the individual, the PHI directly relevant to such person's involvement with the individual's health care.

**2. Other uses and disclosures of your PHI not described above will be made only with your written authorization:** You may revoke your written authorization.

**3. The pharmacy may contact you for the following purposes:** (1) We may contact you to remind you of your prescription at such time they are ready to be refilled. (2) We may contact you to notify you of alternative treatments and/or products. (3) We may use your PHI to notify you of benefits and services the pharmacy provides.



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**4. You have the following rights with respect to your PHI:** (1) You have the right to request restrictions of the pharmacy's uses and disclosures of your PHI; however, we are not required to accommodate a request. (2) You have the right to receive confidential PHI from us by alternative means or at alternative locations. Reasonable requests will be accommodated. (3) You have the right to inspect and copy PHI that is contained in the pharmacy for the duration the pharmacy maintains PHI about you, as provided by law. There may be a reasonable cost-based charge for photocopying and mailing documents. (4) You have the right to request an amendment of the PHI the pharmacy maintains about you. Under certain circumstances we may deny your request for amendment. If we do deny the request, you will have the right to have the denial reviewed by someone we designate who was not involved in the initial review. You may also ask the Secretary, United States Department of Health and Human Services, or their appropriate designee, to review such a denial. If you wish to amend your PHI files, please communicate your request with the compliance officer identified below. (5) You have the right to receive an accounting of disclosures of your PHI made by the pharmacy, as provided by law. (6) You have a right to receive additional copies of this Notice.

**5. Revisions to this Notice:** The pharmacy reserves the right to change the terms of this Notice and make the new notice provisions effective for all PHI that we maintain. The revised notice will be available, upon request, to all individuals. The pharmacy will also post the revised notice in the pharmacy.

**6. To file a complaint:** If you believe your privacy rights have been violated, you may file a complaint with the pharmacy and/or to the Secretary of Health and Human Services. If you wish to file a complaint with the pharmacy, please contact the compliance officer, **Wil Chase, Pharmacy Manager**, at this pharmacy. There will be no retaliation for filing a complaint. If you wish to file a complaint with the Secretary, please write to:

The U.S Department of Health and Human Services  
200 Independence Ave, S.W.  
Washington, D.C. 20201

**7. To contact us:** You may contact us for further information at:

**Chase Pharmacy**  
**Wil Chase, Pharmacy Manager**  
**568 US Highway 36**  
**Byers, CO 80103**  
**Tel: 303-822-9371 Fax: 303-343-9444**

**8. Effective Date of this Notice:** April 14th, 2003