



## 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.

This notice describes how we may use and disclose Protected Health Information (PHI) to carry out payment, treatment, or other necessary health care operations and for specified reasons that are permitted by law. This notice will also describe your rights with respect to your Protected Health Information (PHI). Due to changing circumstances, it may become necessary to revise our privacy policy from time to time as deemed necessary. We will make the new policy effective for all PHI that we maintain and will make the revised policy available to all affected clients.

### **Examples of Information We Collect and Maintain**

The following categories describe different ways that we use and disclose your protected health information. 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 your health information to provide and coordinate the treatment, medication, and services you receive. For example, we may contact you regarding therapeutic substitution, refill reminders, counseling and drug utilization review (DUR), product recalls or disease state management.

**Payment.** We may use your health information for payment-related functions. Example: We may contact your insurer, pharmacy benefit manager or health care payor to determine whether it will pay for your medication and the amount of your copayment. You have the right to restrict disclosures to a health plan with respect to health care for which you have paid out-of-pocket and in full.

**Health Care Operations.** We may use your health information for certain operational, administrative and quality assurance activities. Example: We may use information in your health record to monitor the performance of the pharmacists providing treatment to you. This information will be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. We may disclose health information to business associates if they need to receive this information to provide a service to us and will agree to abide by specific HIPPA rules relating to the protection of health information.

### **Information We May Disclose and the Purpose**

We are permitted to use or disclose your PHI for the following purposes: However, Fagen Pharmacy may never have reason to make some of these disclosures.

**Individuals Involved in Your Care.** We may disclose information to someone who has the legal right to act on your behalf (i.e. family member, other relative, close personal friend, or any person you identify as involved in your care or payment related to your care).

**Food and Drug Administration (FDA).** We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplement, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers' Compensation.** We may disclose PHI as authorized by and as necessary to comply with laws relating to workers' compensation or similar programs established by law.

**Public Health.** As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law Enforcement.** We may disclose your PHI for law enforcement purposes as required by law or in response to a subpoena or court order.

**As required by Law.** We will disclose your PHI when required to do so by federal, state, or local law.

**Oversight Agencies.** We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil right laws.

**Judicial and Administrative Proceeding.** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

**Research.** We are permitted to use or disclose PHI for purposes of research when an institutional review board had reviewed the research proposal and established protocol to ensure the privacy of your information.

**Coroners, Medical Examiners, and Funeral Directors.** We may release your PHI to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death.

**Organ or Tissue Procurement Organizations.** We may disclose PHI to an organ procurement organization or other entities engaged in the procurement, banking or transplantation or organs for the purpose of tissue donation and transplants consistent with applicable law.

**Correctional Institution.** We may disclose PHI if you become an inmate of a correctional institution, to the institution or its agents when necessary for your health or the health and safety of others.

**To Avert a Serious Threat to Health or Safety.** We may disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Military and Veterans.** We may disclose PHI as required by military command authorities if you are a member of the armed forces.

**Authorized Federal Officials.** We may release PHI to authorized federal officials for intelligence, counterintelligence, protection to the president, and other national security activities authorized by law.

**Victims of Abuse or Neglect.** We may disclose PHI about you to a government authority if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

**Other Uses and Disclosures of PHI.** We will obtain your written authorization before using or disclosing your PHI 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 your PHI, except to the extent that we have already taken action in reliance on the authorization. The following require your authorization: 1) most uses and disclosures of psychotherapy notes; 2) uses and disclosures of PHI for marketing purposes; and 3) disclosures of PHI that constitute a “sale.”

## **Individual Rights**

**The Right to Request a Copy of the Notice.** You may request a copy of our current Notice at any time, even if you have agreed to receive the Notice electronically.

**The Right to Request Additional Restrictions.** You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request to our Compliance Officer, at Fagen Pharmacy P.O. Box 662 DeMotte, IN 46310. We are not required to agree to your request.

**The Right to Inspect and Copy PHI.** In most cases, you have the right to access and copy the PHI that we maintain about you. We may deny your request to inspect and copy in certain limited circumstances.

**The Right to Amend PHI.** If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. To request an amendment, you must send a written request to our Compliance Officer, at Fagen Pharmacy P.O. Box 662 DeMotte, IN 46310. You must include a reason that supports your request. In certain cases, we may deny your request for amendment.

**The Right to Receive an Accounting of Disclosures of PHI.** You have the right to receive an accounting of the disclosures we have made of your PHI after April 14, 2003 for most purposes other than treatment, payment, or health care operations. The right to receive and accounting is subject to certain exceptions, restrictions, and limitations.

## **How We Protect Information**

Fagen Pharmacy will make reasonable effort to avoid disclosures of protected health information and restrict access to those who need to know that information. We do not use or disclose any personal information about our clients or former clients for marketing or sale of PHI. We use and disclose the personal information we collect only as necessary to deliver product and services to our clients or to comply with legal requirements. Fund raising communications will inform you of how to contact us if you do not want to receive such materials.

## **Questions**

If you have questions or would like additional information about our privacy practices, you may contact our Compliance Officer at Fagen Pharmacy P.O. Box 662 DeMotte, IN 46310. Telephone: (219)987-6468.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services.

In the event that a breach of your PHI occurs, you will be provided notification, as required by law.