

Patient Privacy Practices Notice

This notice informs you how your private health information may be used and disclosed and how you can find out about this information.

Please review this notice carefully.

- We will give a copy of this Notice to you or another person who is involved in your healthcare.
- The other person maybe a parent, guardian; agent, under a power of attorney for healthcare. or conservator.
- Call Health Care Family Pharmacy or VaxinateRx with questions about this Notice.

Our Promise about your health information:

- As your pharmacy, we maintain a paper or electronic record of your private health information that we create. We get information from you or other healthcare providers. This information helps us fill your prescriptions and give you proper instruction on how to successfully use your medications.
- Health Care Family Pharmacy and VaxinateRx will keep your private health information safe

This Notice tells you about:

- How Health Care Family Pharmacy and VaxinateRx may use and disclose your private health information
- Your privacy rights
- What Health Care Family Pharmacy and VaxinateRx will do about use, release, and safety of your private health information

The law requires that Health Care Family Pharmacy and VaxinateRx:

- Protect your health information.
- Give you this Notice to tell you about our privacy practices.
- Keep the promises we make in our current Notice of Privacy Practices.

How we may use and release your health information:

- Health Care Family Pharmacy and VaxinateRx may use and disclose, which is "release," "give" or "share," your private health information to others.
- We may talk to your doctor or medical insurance carrier about your prescription drugs.
- The law generally lets us share information about your healthcare with doctors, nurses, or medical insurance carriers without asking you.
- Some uses and releases of your health information will need your written approval, also known as "authorization."
- Health Care Family Pharmacy and VaxinateRx will follow the Federal Health Insurance Portability and Accountability Act (HIPAA) law to decide if it needs you written approval unless your State law is stricter. We will follow the law in your State when it is stricter than HIPAA law.
- Health Care Family Pharmacy and VaxinateRx will usually follow State law for releases of information about minor children unless HIPAA law is Stricter
- Health Care Family Pharmacy and VaxinateRx will not release HIV/AIDS/ARC-related information without written approval unless Federal or State law requires the release.

Billing or payment

We may use or give your private health information to:

- Send a bill to your medical insurance unless you choose to pay for the bill.
- Call or write to your medical insurance carrier to get paid for your prescriptions.
- For example, we may give information to Medicaid, Medicare, or a private health insurer. We will restrict the release of information about Medicaid patients to purposes directly connected with the administration of the Medicaid Program.

Healthcare operations

We may use or give your private health information to others. We must do this to manage our pharmacy business. For example, we may use your health information to:

- Make sure we give you medications that are right for you.
- Remind you to renew your prescription medication.
- Teach you about your medications.

- Help our billing, administrative, quality assurance, or compliance staff, review our work. We do this to give you good service and obey state and federal laws.

Uses or releases that need your approval

We will get your written approval for:

- Uses and releases that are not for treatment, payment and business operations.
- Releases that are restricted by tougher state law.
- You can stop an approval when you no longer want to give the information. When you stop an approval, we will no longer use or release the health information listed in the approval.
- We cannot stop uses and releases that were already done before you told us to stop.

Here are some exceptions:

- Uses or Releases That Do Not Need Your Approval
- When required by law
- Your private health information may be released when the law tells us we must give information about:
 - Possible abuse, neglect, or domestic violence
 - Possible criminal activities
- We may release your private information if there is a court order.
- We may give private health information to state or federal authorities that check how well we obey the privacy rules we have told you about in this Notice.
- For public health activities
- We may release health information about:
 - Disease or injury
 - Reported problems about medications

For health oversight activity

We may give health information to:

- Protection or advocacy agencies
- Other agencies that evaluate healthcare systems for their reporting or investigation of unusual events

Related to death

We may release health information:

- About a death to coroners, medical examiners, or funeral directors.
- To organ procurement organizations about organ, eye, or tissue donations or transplants.

Research

We may release your private health information to help medical or pharmaceutical research. A privacy board will help make decisions about these releases.

Stop threat to health or safety

We may give your health information to police or other persons to stop a serious threat to health or safety. This is to reasonably stop or lessen the threat of harm.

Certain government functions

We may need to give the health information of military personnel and veterans. We may need to give information to jails or prisons, to government programs for eligibility and enrollment, and for national security reasons, such as protecting the President.

Workers' Compensation

We may release your health information for workers' compensation or programs like it. These programs give you benefits for some injuries or illness that happen at work

Family and friends or others who know about your healthcare

Information may be given to family, friends, or others who help with your healthcare or medical bills. You can tell us if you do not want a friend or family member to have your private health information.

You rights regarding health information about you

- You can ask us not to use or release information.
- You can ask us to limit how we use or release your private health information:
- We will consider your request.
- The law says that we do not have to give you what you want.
- If we agree to not use or release your health information:

- We will put the agreement in writing.
- We will honor the agreement unless there is an emergency.
- We cannot agree to limit uses or releases that are required by law.
- You can choose how we communicate with you
- You can ask us to send you information at a different mailing address.
- We also can send you information by email.
- We must agree to what you ask if it is easy to do.
- You can ask to read and copy your health information
- You can see your health information if you ask us in a letter. We will talk to you about your letter within 10 to 30 days depending on the law in your state. We will tell you what the law in your state requires.
- There may be times when you cannot see your health information. This may be for a legal or health reason.
- If we will not let you see your health information we will:
 - Tell you why in a letter.
 - Tell you how you can have your letter of request looked at by someone.
- We may ask you to pay for a copy of your health information.
 - You can choose what part of your health information to copy.
 - We will tell you if you have to pay and how much.
 - You will not be asked to pay more than is allowed by the state where you live.
 - You can ask for changes to your health information
- You can send us a letter asking us to fix your health record if you believe it contains wrong or missing information.
 - We will talk to you within 60 days of getting your letter.
 - We will not change your record if we believe the health information is correct.
 - We will send you a letter telling you how you can get your letter, the pharmacy refusal, and any other letter you write us added to your health record.
 - Sometimes a private health record is created by another pharmacy or healthcare provider and is not part of our record.
 - We cannot change records that do not belong to us.
 - We will always tell you why we will not change your record.
 - If we agree with what you ask to change in your record, we will change or add the information. We will tell you about the change.
 - We will also tell other people that need to know about the change.
- You can find out about releases that were made
- You can get a list of when, to whom, for what reason, and what part of your health information has been released except for releases where you gave us approval.
 - The list will not give you releases made:
 - For national security reasons
 - To police
 - To jails or prisons
 - Before April 14, 2003
- We will talk to you within 60 days of getting your letter.
- You can ask for a release of information for up to six years.
- You do not have to pay for one list a year.
- You may have to pay if you ask for more than one list in the same year.
- You can get a copy of this notice
- You can get a paper or electronic copy of this Notice when you ask.

Changes to your Health Care Family Pharmacy and VaxniateRx privacy practices

Health Care Family Pharmacy and VaxinateRx may change their privacy practices and the content of this Notice.

We can make the Notice change effective for all your private health information.

We will have a copy of the current Notice at our pharmacy locations.

The effective date of the Notice is at the top of the first page. You may ask for a copy of the most current Notice when you visit the pharmacy.

Health Care Family Pharmacy and VaxinateRx welcome your comments
You can get more information about this Notice if you believe we have violated your privacy rights.

If you do not agree with a decision, we made about your private health information you can write a letter of complaint to the Secretary of the U.S.:

Department of Health and Human Services:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
(202) 619-0257
Toll free: 1-877-696-6775
[http: www.hhs.gov/contacts/](http://www.hhs.gov/contacts/)
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