

**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.**

Privacy Contact

Adriana Youman

Privacy Officer

Premium Rx Pharmacy

178-01 Hillside Avenue, Ground Floor

Jamaica, NY 11432

Phone: **(347) 392-3913**

Email: adriana@premiumsrx.com

Your Information. Your Rights. Our Responsibilities.

Premium Rx Pharmacy is committed to protecting the privacy and security of your protected health information (PHI). This Notice explains how we may use and disclose your health information, your rights regarding that information, and our responsibilities under applicable privacy laws.

Your Rights

When it comes to your health information, you have certain rights.

Get an Electronic or Paper Copy of Your Health Information

You may ask to see or obtain an electronic or paper copy of your medical, prescription, billing, or other health information maintained by Premium Rx Pharmacy.

We will provide a copy or summary of your health information, usually within the time required by law. We may charge a reasonable, cost-based fee when permitted by law.

Ask Us to Correct Your Health Information

You may ask us to correct health information about you that you believe is incorrect or incomplete.

We may deny your request in certain circumstances, but if we do, we will explain the reason to you in writing as required by law.

Request Confidential Communications

You may ask us to contact you in a specific way, such as at a particular telephone number, or to send communications to a different address.

We will accommodate reasonable requests.

Ask Us to Limit What We Use or Share

You may ask us not to use or disclose certain health information for treatment, payment, or health care operations.

We are generally not required to agree to your request. However, if you pay for a health care item or service entirely out of pocket, you may ask us not to disclose information about that item or service to your health plan for payment or health care operations. We will agree unless disclosure is required by law.

If we agree to a restriction, we may still disclose the information when necessary to provide emergency treatment.

Get a List of Certain Disclosures

You may request an accounting of certain disclosures of your health information made during the six years before the date of your request.

The accounting generally does not include disclosures made for treatment, payment, or health care operations, disclosures you authorized, or certain other disclosures permitted by law.

We will provide one accounting during a 12-month period at no charge. We may charge a reasonable, cost-based fee for additional requests within the same 12-month period.

Get a Copy of This Privacy Notice

You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

Choose Someone to Act for You

If another person has legal authority to act on your behalf, such as a legal guardian, health care agent, or other authorized personal representative, that person may exercise your privacy rights and make choices about your health information as permitted by law.

We may verify that the person has the appropriate authority before taking action.

File a Complaint if You Believe Your Rights Have Been Violated

You may file a complaint with Premium Rx Pharmacy if you believe your privacy rights have been violated.

Please contact:

Adriana Youman, Privacy Officer

Premium Rx Pharmacy

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You may also file a complaint with the **U.S. Department of Health and Human Services Office for Civil Rights** by writing to:

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

Phone: **1-877-696-6775**

You may also use the HHS Office for Civil Rights complaint website. [HHS Office for Civil Rights – File a Complaint](#)

Premium Rx Pharmacy will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you may tell us your preferences about what we share.

You may tell us whether you want us to:

- Share information with family members, close friends, caregivers, or others involved in your care or payment for your care.
- Share information in connection with disaster relief efforts.

If you are unable to tell us your preference, such as if you are unconscious or otherwise unable to communicate, we may disclose information when we believe it is in your best interest and the disclosure is permitted by law.

We may also disclose information when necessary to prevent or lessen a serious and imminent threat to health or safety when permitted by law.

Uses That Generally Require Your Written Authorization

We generally will not use or disclose your health information for the following purposes unless you provide written authorization:

- Most uses and disclosures of psychotherapy notes, when applicable.
- Marketing purposes when authorization is required by law.
- Sale of your health information.

If you authorize us to use or disclose your health information, you may revoke that authorization in writing at any time, except to the extent that we have already acted in reliance on it.

If Premium Rx Pharmacy engages in fundraising communications using health information, you have the right to tell us not to contact you again.

If we maintain substance use disorder patient records subject to **42 CFR Part 2**, we will provide the notice and choices required by law before using Part 2 information for fundraising communications.

How We Typically Use or Share Your Health Information

Treatment

We may use your health information and share it with physicians, pharmacists, prescribers, hospitals, pharmacies, or other health care professionals involved in your treatment.

For example, we may communicate with your prescriber regarding your medication, therapy, refill, dosage, side effects, or other treatment-related issues.

Payment

We may use and disclose your health information to obtain payment for pharmacy services.

For example, we may provide information to your insurance plan, pharmacy benefit manager, or other payer to process a prescription claim, determine eligibility or coverage, obtain prior authorization, or resolve a billing issue.

Health Care Operations

We may use and disclose your health information to operate Premium Rx Pharmacy, improve the quality of our services, manage patient care, conduct compliance and quality activities, respond to complaints, train personnel, perform audits, and conduct other administrative activities permitted by law.

Other Ways We May Use or Share Your Information

We may also use or disclose your health information when permitted or required by law.

Public Health and Safety

We may disclose health information for certain public health and safety activities, including:

- Preventing or controlling disease.
- Assisting with medication or product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence when authorized or required by law.
- Preventing or reducing a serious threat to someone's health or safety.

Research

We may use or disclose health information for health research when the requirements of applicable privacy laws have been met.

Comply With the Law

We will disclose information when federal or state law requires us to do so, including disclosures to the U.S. Department of Health and Human Services when necessary to demonstrate our compliance with federal privacy law.

Organ and Tissue Donation

We may disclose health information to organ procurement organizations when applicable.

Medical Examiners and Funeral Directors

We may disclose health information to coroners, medical examiners, or funeral directors when permitted or required by law.

Workers' Compensation, Law Enforcement, and Government Requests

We may use or disclose health information:

- For workers' compensation claims.
- For lawful law enforcement purposes.
- To health oversight agencies for activities authorized by law.
- For certain government functions, including military, national security, or protective services, when permitted by law.

Lawsuits and Legal Proceedings

We may disclose health information in response to a court or administrative order, subpoena, or other lawful process when the requirements of applicable law have been satisfied.

Substance Use Disorder Records

To the extent that Premium Rx Pharmacy creates, receives, or maintains substance use disorder patient records that are protected by **42 CFR Part 2**, additional confidentiality requirements apply.

We will not use or disclose Part 2-protected records in a civil, criminal, administrative, or legislative investigation or proceeding against you unless the disclosure is permitted by applicable law, including when there is appropriate written consent or the required court authorization and legal process.

These additional protections are part of the 2026 HHS model Notice requirements. [HHS.gov](https://www.hhs.gov)

Additional Protections Under New York and Other Laws

Certain types of health information may receive protections beyond those provided by HIPAA.

For example, **New York Public Health Law Article 27-F provides additional confidentiality protections for HIV-related information.** Other federal or New York laws may provide additional protections for certain mental health, substance use disorder, genetic, or other specially protected health information.

When another applicable law provides greater privacy protection than HIPAA, Premium Rx Pharmacy will follow the more protective requirement. New York State specifically recognizes additional protections for HIV-related information, and state mental-health confidentiality rules can also be more restrictive than HIPAA in applicable circumstances.

[Departamento de Salud de Nueva York](#)

Our Responsibilities

Premium Rx Pharmacy is required by law to:

- Maintain the privacy and security of your protected health information.
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- Follow the duties and privacy practices described in this Notice.
- Provide you with a copy of this Notice upon request.
- Refrain from using or disclosing your information except as described in this Notice or otherwise permitted or required by law.

If a use or disclosure requires your written authorization, we will obtain it before making that use or disclosure.

If you give us written authorization, you may revoke it in writing at any time, except to the extent that we have already acted based on that authorization.

Changes to This Notice

Premium Rx Pharmacy may change the terms of this Notice and make the revised Notice effective for all health information that we maintain.

When this Notice is materially revised, the current version will be available:

- At Premium Rx Pharmacy.
- Upon request.
- On the Premium Rx Pharmacy website.

Questions or Additional Information

For questions about this Notice, your privacy rights, or Premium Rx Pharmacy's privacy practices, please contact:

Adriana Youman

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