

Last Updated: 10/13/2023

NOTICE OF PRICACY PRACTICES

This notice describes how medical information about you may be used by our pharmacy and disclosed and how you can get access to this information. **Please review it carefully.**

PROTECTING MEDICAL INFORMATION

Our Pharmacy is required by the health insurance Portability & Accountability Act of 1996 (HIPAA) to maintain the privacy of your Protective Health Information (PHI). PHI is considered to be your medical records and other health information that identifies you. This includes any information we keep, use or disclosed in any form whether electronically on paper or orally. As requested by HIPAA we must provide the notice to you and make a good faith effort to obtain your acknowledgement that you have received it. This notice explains how we will use and disclose your PHI while maintaining your privacy, explains your rights with respect to PHI and explains our duty to abide by the terms of the notice and any updates that we may make in the future.

OUR USE OF YOUR INFORMATION

Under the law we are permitted to use and disclose your PHI without your authorization for the purposes of treatment, payment and health care operations:

TREATMENT means providing coordinating or managing health care and related services by one of more health care providers. Examples are when we contact your physician or other health care providers to obtain refill authorizations, ask questions about your medication doses, inform them of potential drug interactions or to determine validity of prescription orders. We may also use the discloses of your information when your physician health care provided or another pharmacy contacts us and says that you have requested them to provide health care services.

PAYMENT means such activities as obtaining payment for services confirming health plan coverage and billing or collection activities. Examples are electronically billing your insurance company or health plan at the time we fill your prescriptions. Insurance companies or health plans may also contact us about services we provide to you.

HEALTH CARE OPERATIONS includes business aspects of running our pharmacy such as planning financial analysis and customer service. An example is when we look at records to evaluate how well our pharmacists and technicians provide service to you.

OUR USE OF YOUR INFORMATION

We may also use you PHI with out your authorization to provide you with refill reminders; information about alternatives to medications or services you receive through our pharmacy; or notice of health screenings special events or other wellness activities we may conduct.

We may release information about you to a family member or others who are involved in your medical care. Examples include if a family member picks up a prescription for you or if you have a nursing aide that assists you with your medications.

Whenever anyone receives PHI on your behalf, we will provide only the minimum amount of information necessary to ensure your quality of care. We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena.

Our pharmacy may use and disclose your PHI when necessary to reduce or prevent serious threat to your health and safety of the health and safety of other individual or the public. Any other uses and disclosures other than those provided for above (or as otherwise permitted or required by law) will be made only with your written authorization. You may revoke such authorization in writing, and we are requested to honor and abide by the request except for actions we have already taken relying on your authorization.

YOUR RIGHTS

You have the following rights with respect to your PHI which you can exercise by presenting a written request to the Privacy Official:

*The right to request restrictions on certain uses and disclosures including any group of persons or person identified by you. We are not required to agree to the requested restriction unless you are asking us to restrict the use and disclosure of your protected Health information to a health plan for payment or health care operation purpose and such information you wish to restrict pertains solely to a health care item or service for which you pay out-of-pocket in full. If you agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

*The right to request restrictions on certain uses and disclosures including any group of persons or person identified by you. We are not required to agree to a requested restriction unless you are asking us to restrict the use of disclosure of your Protected Health information to the health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you pay out-of-pocket in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

*The right to reasonable requests to receive confidential communications from us by alternative means or at alternative locations.

*The right to inspect and copy your PHI. We reserve the right to schedule this activity and charge a reasonable fee to gather the information and for copy expenses.

*The right to amend your PHI.

*The right to receive a list of disclosures of your PHI when you complete our request form.

*The right to obtain a paper copy of this notice.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of your legal duties and privacy practices with respect to protected health information and to notify affected individuals following breach of unsecured PHI.

EFFECTIVE DATE OF NOTICE

THIS NOTICE IS EFFECTIVE AS OF October 1, 2013, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post any revised notice in our pharmacy, and you may receive a written copy of a revised notice by requesting orally or in writing.

COMPLAINT PROCESS

If you believe your privacy protections have been violated, you have the right to file a formal written complaint with us at the address shown in the contract information or with the Department of Health & Human Services Office of Civil Rights. Our pharmacy can provide you with the address of the regional office of Civil Rights for this area. We will not retaliate against you for filing a complaint.

Department of Health and Human Services

For more information about HIPAA or how to file a complaint you can go to the website below:

www.hhs.gov/hipaa/for-professionals/privacy/index.html

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Changes to this Privacy Policy

This Privacy Policy was last updated on October 13, 2023.

It is our policy to post any changes we make to our Privacy Policy on this page. You are responsible for periodically visiting this Privacy Policy to check for any changes. If we make material changes to how we treat our users' Personal Information, we will let you know through a notice available in connection with your use of our Services after implementing such changes (you are responsible for ensuring we have an up-to-date active and deliverable email address for you, where relevant).

How to contact us

Please contact us if you have any questions about this Privacy Policy or the information we may hold about you, to exercise a right under applicable data protection laws, to make a complaint or make inquiries.

Our contact details are shown below:

Humble Family Pharmacy
211 FM 1960 Bypass Rd., East
Humble, TX 77338

Email: info@tricountypharmacy.com