

Surgoinsville Pharmacy

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.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we must take steps to protect the privacy of your "protected health information" (PHI). PHI includes information that we have created or received regarding your health or payment for your health. It includes both your medical records and personal information such as your name, social security number, address, and other identifying information. We are required to maintain the privacy of your PHI, to follow the terms of this Notice, and to provide you with this Notice of our legal duties and privacy practices with respect to your PHI.

How We May Use or Disclose Your PHI:

We protect the privacy of your health information. For some activities, we must have your written authorization to use or disclose your PHI. However, the law permits, and in some cases requires, us to use or disclose your health information for the following purposes without your authorization:

For Treatment. We may use your PHI to treat you. For example, if you are being treated for an injury, we may share your PHI with your primary physician so they can provide proper care. We may also use it to send you information about products or services that may be of interest to you.

For Payment. We may use and disclose your PHI to collect payment for products and services. For example, we may contact your third party payor (i.e. insurer) to determine whether your program will pay for your prescription. We may bill you and/or a third-party payor for the cost of the prescription dispensed to you. The information on or accompanying the bill may include your identification, as well as the prescriptions you are taking.

For Health Care Operations. We may use and disclose PHI to carry out health care operations. For example, we may use information in your health record to monitor the quality of our pharmacists performance, to train pharmacy personnel, or to ship prescriptions to you.

As Required by Law. We will disclose your PHI when required to do so by local, state or federal law, including workers' compensation laws.

Public Health and Safety Risks. We may use and disclose your PHI to an authorized public health authority or individual to (1) protect public health and safety; (2) prevent or control disease, injury, or disability; (3) report vital statistics such as births or deaths; (4) investigate or track problems with prescription drugs, foods, supplements and other health products; (5) post marketing surveillance to enable product recalls, repairs or replacements; and (6) to

government entities authorized to receive reports regarding abuse, neglect, or domestic violence.

Oversight Agencies. We may use and disclose your PHI to health oversight agencies for certain activities such as audits, investigations, inspections, and licensures.

Legal Proceeding. We may disclose your PHI in the course of any legal proceeding in response to an order of a court or administrative agency and, in certain cases, in response to a subpoena, discovery request, or other lawful process.

Law Enforcement. We may disclose your PHI to law enforcement officials in limited circumstances for law enforcement purposes. For example, disclosures may be made to identify or locate a suspect, witness, or missing person; to report a crime; or to provide information concerning victims of crimes.

Military Activity and National Security. We may disclose your PHI to the military as required by military command authorities when the patient is a member of the armed forces; to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law; and to authorized federal officials so they may provide protection to the president, other authorized persons, or foreign heads of state or conduct special investigations.

When We May Not Use or Disclose Your PHI

Except as described in this Notice or as permitted by law, we will obtain your written authorization before using or disclosing PHI about you. You may revoke an authorization in writing at any time. Forms may be submitted electronically or mailed to: Privacy Office, **Surgoinsville Pharmacy, 114 Bellamy Avenue Surgoinsville, TN 37873**. 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.

You Have the Following Rights With Respect to Your Health Information

You have the right to request that we restrict how your PHI is used or disclosed in carrying out treatment, payment, or health care operations. We are not required to agree to the requested restrictions but will accommodate reasonable requests.

You have the right to inspect and copy your PHI for as long as we maintain the health information. We may charge a reasonable fee for the costs of copying, mailing, or other supplies that are necessary to grant your request. In certain situations, we may deny your request and will tell you why we are denying it. In some cases, you may have the right to ask for a review of our denial.

If you feel that the PHI we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI. You must include a reason that supports your request.

In certain cases, we may deny the request. If the request for amendment is denied, you have the right to file a statement of disagreement with the decision, and we may give a rebuttal to your statement. We will include a copy of

both statements in your file.

You have the right to receive an accounting of disclosures of your PHI that we have made for purposes other than (1) for treatment, payment, or health care operations, (2) to you or based upon your authorization and (3) for certain government functions. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. The time period for the requested accounting must be specified and it may not be longer than six years. The first accounting you request within a 12-month period will be provided free of charge, but you may be charged for the cost of additional accountings within that period. We will notify you of the cost involved and you may choose to withdraw or modify the request at that time.

You have the right to request that our communications to you concerning your PHI be made by alternative means or to alternative locations. For example, you may wish us to communicate in some way other than calling your home telephone number. We will comply with a reasonable request for such an alternative.

If you would like to exercise one or more of these rights, you must send a written request to: Privacy Office, **Surgoinsville Pharmacy, 114 Bellamy Avenue Surgoinsville, TN 37873.**

Changes to this Notice of Privacy Practices

We reserve the right to change this Notice at any time. We reserve the right to apply the revised Notice to all PHI we already maintain, as well as any information we receive in the future.

For More Information or to Report a Problem

This Notice describes how we will treat your personal health information pursuant to the requirements of the Federal HIPAA privacy rules. State privacy laws may impose certain additional requirements. If you have questions or would like additional information about our privacy practices, you may contact our Privacy Office by emailing surpharmacy@myupdox.com, by phone at 423-345-0333 or by writing to: **Privacy Office, Surgoinsville Pharmacy, 114 Bellamy Avenue Surgoinsville, TN 37873.** If you believe your privacy rights have been violated, you can file a complaint with our Privacy Office or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint and we will maintain information in a manner consistent with company policies.