

## **Rogersville Pharmacy LLC**

### **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.

Rogersville Pharmacy is required by law to maintain the privacy of Protected Health Information ("PHI") and to provide you with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices ("Notice") describes how we may use and disclose PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

Rogersville Pharmacy is required by law to follow the terms of the Notice currently in effect and maintain the privacy of your PHI. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We will notify affected individuals if there is a breach of unsecured PHI unless we determine there is a low probability that the PHI has been compromised. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. When we make changes to our notice, copies of the revised Notice will be available upon request in our pharmacy. A copy will also be posted in our Pharmacy.

#### **Your Health Information Rights**

You have the following rights with respect to PHI about you:

**Obtain a paper copy of the Notice upon request.** You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, request a copy at a Rogersville Pharmacy or via U.S. mail at 16135 Highway 72, Rogersville, AL 35652.

**Request a restriction on certain uses and disclosures of PHI.** You have the right to request additional restrictions on our use or disclosure of PHI about you by sending a written request to Rogersville Pharmacy 16135 Highway 72, Rogersville, AL 35652, Attn: Privacy Office. We are not required to agree to those restrictions.

**Inspect and obtain a copy of PHI.** You have the right to access and copy PHI about you contained in a designated record set for as long as we maintain the PHI. The designated record set usually will include prescription and billing records. To inspect or copy PHI about you, you must send a written request to Rogersville Pharmacy, Attn: Privacy Officer. We may charge you a fee for the costs of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI about you, you may request that the denial be reviewed.

**Request an amendment of PHI.** If you feel that 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. To request an amendment, you must send a written request to Rogersville Pharmacy 16135 Highway 72, Rogersville, AL 35652, Attn: Privacy Officer. You must include a reason that supports your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may give a rebuttal to your statement.

**Receive and accounting of disclosures of PHI.** You have the right to receive an accounting of the disclosures we have made of PHI about you for most purposes other than treatment, payment, or health care operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to Rogersville Pharmacy 16135 Highway 72, Rogersville, AL 35652, Attn: Privacy Officer. Your request must specify the time period, but may not be longer than six years and may not include dates before October 1<sup>st</sup>, 2019. 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 providing additional

accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

**Request communications of PHI by alternative means or at alternative locations.** For instance, you may request that we contact you about pharmacy matters only in writing or at a different residence or post office box. To request confidential communication of PHI about you, you must submit a request in writing to Rogersville Pharmacy 16135 Highway 72, Rogersville, AL 35652, Attn: Privacy Officer. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests.

#### **Examples of How We May Use and Disclose PHI**

Subject to applicable state law, a summary of which is attached in the Addendum to this Notice, the following are descriptions and examples of ways we use and disclose PHI:

**Treatment.** For example, we will use PHI to dispense prescription medications to you. We will document in your record information related to the medications dispensed to you and services provided to you. We also may contact you to provide refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. To coordinate your care, we also may contact your physician or other health care provider who is treating you.

**Payment.** For example, we will contact your insurer or pharmacy benefit manager to determine whether it will pay for your prescription and the amount of your co-payment. We will bill you or a third-party payor for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the prescriptions you are taking.

**Health Care Operations.** For example, we may use information in your health record to monitor the performance of the pharmacists and staff 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.

Subject to applicable state law, a description of which is attached in the Addendum to this Notice, we also are permitted to use or disclose your PHI for the following purposes. However, we may never have reason to make some of these disclosures.

**Business Associates:** There are some services provided by us through contracts with third parties, which are known as "business associates." When these services are contracted for, we may disclose PHI about you to our business associate so that they can perform the job we have asked them to do and, if applicable, bill you or your third-party payor for services rendered. To protect your PHI, we require the business associate to appropriately safeguard the PHI.

**Communication with individuals involved in your care or payment for your care:** Health professionals such as pharmacists, using their professional judgment, may disclose to a family member, other relative, close personal friend or any person you identify, PHI relevant to that person's involvement in your care of payment related to your care. For example, we may allow a friend or family member to pick up a prescription on your behalf.

**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, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Worker's compensation:** We may disclose PHI about you as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by law.

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

**Law enforcement:** We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.

**As required by law:** We must disclose PHI about you when required to do so by law.

**Health oversight activities:** We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial and administrative proceedings:** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to notify you about the request to allow you to obtain an order protecting the requested PHI.

**Research:** We may disclose PHI about you to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

**Coroners, medical examiners, and funeral directors:** We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to carry out their duties.

**Organ or tissue procurement organizations:** Consistent with applicable law, we may disclose PHI about you to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Fundraising:** We may contact you as part of a fundraising effort. You have the right to elect not to receive fundraising communications by contacting the Privacy Office at Rogersville Pharmacy 16135 Hwy 72, Rogersville, AL 35652 or via telephone at (256) 444-7777. Treatment or payment terms will not be impacted if you elect not to receive fundraising communications.

**Notification:** We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and your general condition.

**Correctional institution:** If you are or become an inmate of a correctional institution, we may disclose PHI 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 use and disclose PHI about you 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:** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

**National security and intelligence activities:** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective services for the President and others:** We may disclose PHI about you to authorized federal official so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Victims of abuse, neglect, or domestic violence:** We may disclose PHI about you to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. 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 or the law enforcement of public official that is to receive the report represents that it is necessary and will not be used against you.

### **Other Uses and Disclosures of PHI**

Except for uses and disclosures described in this Notice or as permitted by law, we will obtain your written authorization before using or disclosing PHI about you. This includes, excepted for limited circumstances allowed by law, selling your PHI or using or disclosing PHI for certain promotional communications that are prohibited marketing communications. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization or as otherwise permitted by law.

### **Minors**

If you are a minor who has lawfully provided consent for treatment and you would like the pharmacy, to the extent permitted by your state's laws, to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify the pharmacist.

### **Incidental Disclosures**

We make reasonable efforts to avoid any inadvertent oral disclosure of your protected health information. In some locations we offer customers the convenience of picking up their prescriptions at a drive-thru window where a conversation with the

pharmacy could be overheard by a passerby. If you are concerned about the possibility of someone overhearing your communications, we recommend that you obtain any consultations from the pharmacy counter inside the store.

### **For More Information or to Report a Problem**

If you have questions or would like additional information about our privacy practices, you may contact the Privacy Officer at Rogersville Pharmacy 16135 Hwy 72, Rogersville, AL 35652 or via telephone at (256) 444-7777. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Office or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date

This Notice is effective as of October 1<sup>st</sup>, 2019.

### **Alabama State Law Addendum**

The following requirements modify the listed "Examples of How We May Use and Disclose PHI" In the following state, except as otherwise permitted or required by law:

We will not disclose your professional records to anyone without your authorization, except where it is in your best interest or where the law requires the disclosure.

**For Medical recipients:** We will disclose information pertaining to your treatment (including billing statements and itemized bills) only to: (a) the Medicaid Fiscal Agent; (b) the Social Security Administration; (c) the Alabama Vocational Rehabilitation Agency; (d) the Alabama Medicaid Agency; (e) insurance companies requesting information about a Medicaid claim filed by the provider, an insurance application, payment of life insurance benefits, or payment of a loan; or (D) other providers who need the information for treatment of a patient.