

## 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.

### Introduction:

All of us at Brewerton Pharmacy value your relationship with us and we know that respect for your privacy is the foundation of that relationship. We are committed to protecting the privacy of your Protected Health Information (PHI) that is in our possession and only using and disclosing your PHI as necessary to provide you with health care products and services. PHI is any information that we possess, use, and disclose that identifies you and relates to your past, current, or future physical and mental health condition or illness and the health care products and services that have been provided to you.

This notice has been created to help you understand our legal duties to protect your PHI and how we may use and disclose your PHI for your care. We will mainly use and disclose your PHI to provide treatment and services to you as well as obtaining payment for them. The notice also describes the legal rights that you have related to your PHI that we hold. If use and disclosure of your PHI is needed in a way not described by this notice, we will obtain your written permission.

### Your rights with respect to your PHI

The health Insurance Portability and Accountability Act of 1996 (HIPPA) provides you with several rights related to your PHI which are summarized:

1. You have the right to receive this written Notice of Privacy Practices.
2. You have the right to request a limitation on our use and disclosure of your PHI but we may not agree if it inhibits our ability to provide health care products and services to you or if we are required to disclose under federal or state laws. Requests for limitation must be submitted to our Pharmacy Privacy Officer.
3. You have the right to review or receive photocopies of our records that contain your PHI. You can review the records at no charge during business hours or receive photocopies for a fee plus shipping. If we cannot provide our records we will provide a written explanation as to why.
4. You have the right to request changes in the content of your PHI in our records if incomplete or inaccurate. We may not be able to agree if we no longer have the records or the change makes your PHI to become inaccurate.
5. You have the right to request that we communicate with you about your PHI in a confidential manner.
6. You have the right to obtain an accounting of some of our disclosures of your PHI made after April 14, 2003. Disclosures for purpose of treatment, obtaining payment and carrying out health care operations are not required to be included in the accounting.
7. You have the right to file a complaint if you believe we have violated your rights as

described above. You can file directly with us or with the US Department of Health & Human Services (HHS).

#### WAYS THAT WE MAY USE AND DISCLOSE YOUR PHI

1. Treatment – which is the provision, coordination, or management of health care and related services by one or more health care providers including that with a third party.
2. Payment – which is activity to obtain reimbursement for the health care products and services that we provide to you, such as billing you directly or someone who pays for your health care such as a family member or health insurance company.
3. Health care operations – are those activities necessary and related to our providing of health care products and services to you.
4. Business associate (BA) – such as a health insurance company or company that processes claims that we submit for payment. We will submit contracts to all BAs to assure they will protect your PHI privacy.
5. Disclosures of your PHI not involving treatment, payment, and health care operations may be necessary but will be related to providing treatment to you.
6. Communications with you may be necessary. We want to do whatever is necessary to assist with maintaining your health. We routinely monitor your prescription medications to help you use them properly. For example, we may contact you to remind you that a refill of your medication is due or, in the event of a recall, we may contact you to inform you of the recall.
7. We may disclose your PHI to federal and state agencies for a variety of purposes, most of which are directed at monitoring health care quality and safety.
8. If you apply for and receive benefits from federal and state health care programs, your PHI may be disclosed to those agencies. If you are employed by a business carrying workers' compensation and you are injured in a way that workers' compensation covers your health care, it may be necessary to disclose your PHI to the workers' compensation plan.
9. There a number of federal and state laws that require health care providers to report to various government agencies, matters related to public health. If your illness or condition is of a nature that requires that it be reported, we will disclose your PHI to the appropriate agency in order to comply with these laws. We may also disclose your PHI to government agencies in other situations such as suspected domestic, child or elder abuse or neglect.
10. A number of federal, state and local government agencies are charged with enforcing health care and drug laws in relation to the services we may provide to you. As a state licensed pharmacy, some agencies regulate our activities. If we are required by federal or state laws or by court order, subpoena, or other legal mandate, to disclose your PHI, we will do so.

11. Lawsuits and other legal disputes may involve your PHI. In the event that you are involved in one of these, whether as a plaintiff or defendant, we will disclose your PHI when required to comply with a court order, subpoena, discovery proceeding, deposition or other mandate served upon us.

12. A variety of events could occur where we would use and disclose your PHI for your benefit and to prevent or reduce the risk of harm to you such as an accident and you are unconscious in an emergency room and the staff calls us for your PHI to assist in your medical treatment. We may also disclose your PHI if necessary to protect the health and safety of others.

13. We are legally required to disclose your PHI where necessary if it is in the interest of national security.

14. We may disclose your PHI if you are a member of the armed services, active or reserve, as required by the US Military.

15. There are also a variety of disclosures that we may make in accordance with HIPPA. We may have to disclose if you are placed into the custody of a federal or state correctional system. We may disclose your PHI for purposes of a research project or to organizations that manage organ transplantation programs.

IF YOU HAVE QUESTIONS ABOUT WAYS THAT WE MAY USE AND DISCLOSE YOUR PHI AS DESCRIBED ABOVE, PLEASE CONTACT OUR PHARMACY PRIVACY OFFICER AT THE PHARMACY ADDRESS OR TELEPHONE NUMBER.

If a use and disclosure of your PHI is not contained in this Notice, then we will obtain your written authorization before the use and disclosure. You have the right to refuse or to revoke previous authorizations. We will provide a form that describes the proposed use and disclosure.

#### CONCLUSION:

HIPPA requires that we give you this Notice and make a good faith effort to obtain your written acknowledgement that you were given this notice. We appreciate your cooperation in reviewing and signing for this Notice.

For further information, questions or complaints, please contact our Privacy Officer:

Lorie Giamartino at  
Brewerton Pharmacy  
9679 Brewerton Road  
Brewerton, NY 13029  
315-676-4441

Or you can contact the office of:  
Health and Human Services (HHS)  
Hubert H. Humphrey Building  
200 Independence Avenue SW  
Washington, DC 20201