



## 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.

This Notice of Privacy Practices ("Notice") describes how The Apothecary Pharmacy ("The Apothecary, "we", "us", "our") may use and disclose your protected health information ("PHI") in order to carry out treatment, payment, or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access your PHI- information about you, including demographic information, that may identify you, and may relate to your present, past, or future physical or mental health or condition or related health care services.

### **The Apothecary Pharmacy's Obligation**

The Apothecary Pharmacy is required to follow the terms of this notice. We are required by law to maintain the privacy of PHI, to provide you with notice of our legal duties and privacy practices with respect to PHI, and to notify you in the event The Apothecary discovers a breach of unsecured or unauthorized PHI. We will not disclose PHI information about you without your written authorization, except as described in this notice. The Apothecary must provide you with a written copy of this privacy notice upon your request. The Apothecary reserves the right to change our privacy practices and this Notice and make a new notice available either online at [www.st.joeapothecary.com](http://www.st.joeapothecary.com) or for pick up at our location at 1517 St. Joseph Avenue, St. Joseph, MO 64505. This Notice is effective as of January 1, 2017.

### **Acknowledgement of Receipt of this Notice**

You will be asked to provide a signed acknowledgement of receipt of this notice. Our hopes are to make you aware of the possible uses and disclosures of your PHI and your privacy rights. Your care at the Apothecary Pharmacy will not be

conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide your care, and will use & disclose your PHI for treatment, payment, and health care operations when necessary.

### **How we May Use or Disclose your Protected Health Information**

**Health Care Operations, including Payment & Treatment-** The Apothecary may use and disclose PHI for the purpose of treatment, payment & healthcare operations without your written permission. Examples of these include:

**Treatment-** this is the provision, coordination, or management of health care and related services by one or more health care providers. We may use and disclose your information to fill prescriptions, provide pharmacy services, and provide the treatment you require. The Apothecary may, as necessary, disclose your PHI to discuss your health, including your medications; with other health care providers involved in your treatment- this may include doctors, nurses, hospitals, and other pharmacies. PHI related to your treatment, obtained by a pharmacist or pharmacy technician, may be recorded in your pharmacy record. This type of information may be prescription and non-prescription medications you are using, your health or condition(s) that requires drug treatment, and allergies or other sensitivities to medications. This information is necessary for the pharmacist to properly fill your prescriptions and provide pharmacy services to you.

**Payment-** this refers to the process The Apothecary undergoes in order to secure reimbursement for your health care services. Payment includes determination of your benefits eligibility and/or coverage. The Apothecary may use and disclose your PHI to others for the purpose of receiving payment for prescription medications and/or services you receive. For instance, a bill may be sent to you, your family, or a third-party payer, such as an insurance company or health plan. That bill may contain information that identifies you, your medications, your diagnosis, and other treatment or supplies used in the course of treatment.

**Health Care Operations-** this refers to the basic business operations necessary to practice as a health care provider.

The Apothecary may use or disclose, as needed, your PHI in order to support business activities, including training, licensing, legal services, auditing, business planning, business management activities, and conducting other business activities.

For example, your PHI may be disclosed to other health care providers involved with your care, risk or quality improvement personnel, and others to: evaluate the performance of our staff, optimize the quality of your care, assess the quality of your care, use of your medications, and outcomes for you and/or those with similar situations, and learn how to continually improve the quality of our pharmacy and services. We may also use or disclose your PHI to provide you with information about treatment alternatives.

**Refill Reminders-** The Apothecary may use your information to provide your or your family with refill reminders, to communicate about a drug or biologic that is currently being prescribed, or to provide information about treatment alternatives or health related products and services that may be of benefit to you.

**Other Uses and Disclosures Allowed Without Authorization-** Federal law allows The Apothecary to use and disclose PHI, without your written authorization, in certain situations, unless the use or disclosure is prohibited by a more stringent state law. Examples of permitted uses and disclosures are: (but are not limited to)

**Public Health Activities-** The Apothecary may disclose your PHI for public health activities in certain situations, as required by law. Examples include: to prevent disease, help with product recalls, report adverse reactions to medications, and report proof of immunization to a school.

**Victims of Abuse, Neglect, or Domestic Violence-** The Apothecary may disclose your PHI in certain circumstances, to government authorities authorized by law to receive reports of abuse, neglect, or domestic violence.

**Health Oversight Activities-** The Apothecary may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities may include: investigations, audits, inspections, licensure and disciplinary actions, civil, administrative, or criminal actions, or other activities necessary for the government to oversee the health

care system, government benefit programs, government regulatory programs, and compliance with any laws.

**Lawsuits and Administrative Proceedings-** The Apothecary may disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar, or as required by law. In some cases, we may also disclose your PHI in response to a discovery request, subpoena, or other lawful process.

**Law Enforcement-** We may disclose PHI or law enforcement purposes, to a law enforcement official, if certain conditions are met.

**Deceased Patients-** The Apothecary may disclose PHI to a coroner or medical examiner to identify a deceased person, determine the cause of death, or other duties as authorized by law. If necessary, we may disclose PHI to funeral directors to perform their duties, as authorized by law.

**Organ, Eye, or Tissue donations-** If you are an organ donor, The Apothecary may use or disclose you PHI to an organ procurement organization or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue as necessary to facilitate organ, eye, or tissue donation and transplantation.

**Research-** The Apothecary may use or disclose your PHI for research purposes in limited circumstances, such as upon the approval by an Institutional Review Board of an alteration to or waiver of your authorization for the sue or disclosure of your PHI and the receipt of certain representations from the researcher.

**Serious Threats to Health or Safety-** Consistent with applicable laws, the Apothecary may use and disclose your PHI if we believe, in good faith, the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat. In certain circumstances, The Apothecary may use or disclose your PHI if The Apothecary, in good faith, believes the use or disclosure is necessary for law enforcement authorities to identify or apprehend an individual.

**Specialized Government Functions-** The Apothecary may use and disclose your PHI if you are a member of the armed

forces or a foreign military, if certain criteria are met. The Apothecary may disclose your PHI to authorized federal officials for the conduct of intelligence, counter-intelligence, and national security activities authorized by law. We may also disclose your PHI to authorized federal officials to protect the President, authorized officials, or foreign heads of state, or to conduct investigations authorized by law.

**Inmates-** The Apothecary may disclose your PHI to a correctional institution or law enforcement official if you are an inmate or under lawful custody of a law enforcement official, for health care, treatment, and safety.

**Worker's Compensation-**The Apothecary may disclose your PHI as authorized by and as necessary to comply with laws relating to worker's compensation or other similar programs. **De-identified information-** The Apothecary may disclose PHI that does not personally identify you, and with no reason to believe that the information can be used to identify you.

**Business Associates-** The Apothecary may share your PHI with business associates that perform various activities (billing, legal services, software services) on behalf of The Apothecary, and that provide certain types of services that involve PHI.

**Disclosures and Uses for Involvement in your Care and Notification Purposes-** The Apothecary may make such uses and disclosures if we obtain your verbal agreement to do so; if we give you an opportunity to object to such a disclosure and you do not raise an objection; if we reasonably infer from circumstances that you do not object to the disclosure; and, we are unable to obtain your agreement, and determine that the disclosure is in your best interest (emergencies, incapacity....).

**Family, Friends, or Individuals Involved in your Health Care-**The Apothecary understands that there are times that you may choose to have a family member, relative, friend, or other person drop off a prescription or pick up a prescription we have filled for you. The Apothecary permits this practice and will reasonably infer, if a family member, relative, friend, or other person identified by you comes into the pharmacy to pick up a prescription for you, that you do not object. Unless you object in writing, as described below, we may release the

PHI directly relevant to such a person's involvement in your health care, or payment related to your health care.

**IF YOU WANT TO PLACE RESTRICTIONS ON WHO MAY OR MAY NOT DROP OFF OR PICK UP PRESCRIPTION MEDICATIONS FOR YOU, YOU MUST NOTIFY THE APOTHECARY IN WRITING.**

Upon request, The Apothecary will provide you with a print out of your prescription record to be used, for example, for the preparation of income tax forms. If the Apothecary receives a request for your profile from a family member, we may reasonably infer from the circumstances that you do not object to the disclosure, and we may provide the information to you or your family member.

**IF YOU WANT TO RESTRICT THE ABILITY OF A SPOUSE, FAMILY MEMBER, OR OTHER INDIVIDUAL INVOLVED IN YOUR HEALTH CARE FROM REQUESTING AND RECEIVING YOUR PRESCRIPTION RECORD, YOU MUST NOTIFY THE APOTHECARY IN WRITING.**

#### **Notification Purposes**

The Apothecary may use or disclose PHI to notify or assist in the notification of a family member, personal representative, or other person responsible for your care of your location, general condition, or death. We may use PHI to an authorized public or private entity for the purpose of coordinating with disaster relief efforts. In the event that an individual is deceased, The Apothecary may use or disclose to a family member, or other persons described previously, the PHI that is relevant to such a person's involvement in the deceased's care or payment for care prior to the person's death.

#### **Other Uses and Disclosures of PHI with your Written Authorization**

Other uses and disclosures of your PHI not described in the Notice will be made only with your valid written authorization, unless otherwise permitted or required by law. You may revoke your authorization at any time by providing written notice to the address below. Your written revocation will only be effective for future uses and disclosures of your PHI, and will have no effect on the uses and disclosures made before the withdrawal of the authorization. We will not use your PHI for fundraising, marketing, or sell your PHI.

## **Your Rights Regarding your Protected Health Information**

As a patient, you have rights with respect to your PHI, including:

### **Right to Request Restrictions to Uses and Disclosures-**

You have the right to request that The Apothecary limit certain uses and disclosures of your PHI. Any such request must be made in writing to the Privacy Officer listed in this notice. Your request must state the specific restriction requested and to whom that restriction would apply. The Apothecary is not required to agree to any restriction that you request except if:

1. the disclosure is to a health plan for the purpose of carrying out payment or health care operations and is not otherwise required by law and
2. The PHI pertains solely to a health care item or service for which you or a person other than the health plan has paid the Apothecary in full.

**Right to Receive Confidential Communications-** You have the right to request that communications involving PHI be provided to you at an alternative location or by an alternative means of communication. For example, you may request that we only contact you at work or by mail. The apothecary must accommodate reasonable requests. Requests must be made in writing to the Privacy Officer listed in this Notice. When appropriate, you must specify how payment will be handled and an alternative address or other method of contact.

### **Right to Access your PHI**

You have the right to inspect and obtain a copy of certain types of your PHI contained in a designated record set for as long as the PHI is maintained in designated record set. A designated record set in a group of records maintained by or for The Apothecary, such as medical, billing, or payment record systems, or those records that are used, in whole or in part, by the Apothecary to make decisions about individuals.

To inspect and copy your PHI, contact the Privacy Officer .We may deny your request to inspect and copy your PHI under certain circumstances. If you are denied access to your PHI, you will be provided with a written denial. If you request a copy of your PHI, we may charge a reasonable fee to copy any PHI that you have a right to access.

### **Right to Amend PHI**

You have the right to request that we amend PHI, or a record in a designated record set for as long as the PHI is maintained in a designated record set. The Apothecary may deny your request to amend PHI under certain circumstances. Requests for amendment to PHI are to be made in writing to the Privacy Officer.

**Right to Receive an Accounting of Disclosures-** You have the right to receive an accounting of certain disclosures of your PHI that The Apothecary has made, if any in the 6 years prior to the date of your request. The apothecary is not required to give you an accounting of certain disclosures, such as those for treatment, payment, or health care operations. Requests for an accounting of disclosures of your PHI should be directed to the Privacy Officer listed in this notice.

**Right to Receive a Paper Copy of this Notice Upon Request-** You have the right to receive a paper copy of this notice upon request. If you allow us, we may send you this notice by e-mail, and you may still obtain a paper copy of this notice upon request. Requests for a paper copy should be directed to the Privacy officer listed in this notice.

**Privacy Complaints-** You may file a complaint with The Apothecary and the U.S. Secretary of the Department of Health and Human Services if you believe your rights to privacy have been violated. To file a complaint with The Apothecary, send written notice to the Privacy Officer at the address listed below. The Apothecary will not retaliate against you for filing a complaint.

**Contact Information-** If you have questions about this Notice of Privacy Practices, contact The Apothecary's Privacy Officer, Kim Nolte, R.Ph. At 816-279-2590 or 1517 St. Joseph Avenue, St. Joseph, MO 64505.

### **Effective Date**

1/1/2017