

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: 7/25/2023

PURPOSE

We are required by law to maintain the privacy of your personal information in accordance with federal and state law. This Notice of Privacy Practices ("Notice") outlines our legal duties and privacy practices with respect to personal information. We are required by law to provide you with a copy of this Notice and to notify you following a breach of your unsecured personal information.

We will abide by the terms of the Notice. We reserve the right to make changes to this Notice as permitted by law. We reserve the right to make the new Notice provisions effective for all personal information we currently maintain, as well as any personal information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Each version of the Notice will have an effective date listed on the first page. If we change this Notice, you can access the revised Notice on our website.

USES AND DISCLOSURES OF YOUR PERSONAL INFORMATION

The following categories describe the ways that we may use and disclose your personal information without your written authorization.

Treatment. We may use and disclose your personal information to provide you with medical treatment and services. For example, your personal information may be disclosed to physicians, nurses, or other health care providers who are involved in your care to coordinate or manage your health care services or to facilitate consultations or referrals as part of your treatment.

Payment. We may use and disclose your personal information to obtain payment for the services we provide to you. For example, we may disclose your personal information to seek payment from a third party. Please note that at this time, we do not disclose your information directly to an insurer, although you may work directly with your insurer to seek reimbursement for the services, we provide to you.

Health Care Operations. We may use and disclose your personal information to conduct certain business activities, which are called health care operations. These uses and disclosures are necessary to run our business and make sure our patients receive quality care. For example, we may use your personal information for quality assessment activities, necessary credentialing, and for other essential activities. We may also disclose your personal information to third party "business associates" that perform various services on our behalf, such as collection services and processing and storing healthcare information. If any personal information is disclosed, we will require our business associates to appropriately safeguard your personal information.

Family Members and Friends for Care and Payment and Notification. If you verbally agree to the use or disclosure and in certain other situations, we may make the following uses and disclosures of your personal information. We may disclose certain personal information to your family, friends, and anyone else whom you identify as involved in your health care or who helps pay for your care; the personal information we disclose would be limited to the personal information that is relevant to that person's involvement in your care or payment for your care. We may also make these disclosures after your death unless doing so is inconsistent with any prior expressed preference. We may use or disclose your information to notify or assist in notifying a family member, personal representative, or any other person responsible for your care regarding your location, general condition, or death. We may also use or disclose your personal information to disaster-relief organizations so that your family or other persons responsible for your care can be notified about your condition, status, and location.

Research. We may disclose your personal information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your personal information. Before we use or disclose medical information about you, we will either remove information that personally identifies you or gain approval through a special approval process designed to protect the privacy of your medical information. In some circumstances, we may use your medical information to generate aggregate data (summarized data that does not identify you) to study outcomes, costs, provider profiles, and suggest benefit designs.

Email. We may contact you by email for non-marketing purposes to communicate pertinent information as required by state and federal regulations. This type of communication may include medication recalls, pharmacy closings, service disruptions, satisfaction surveys and other information regarding the status of your prescription processing. In some circumstances, we may also use our website, social media, or other public means to post notices. Your personal information will not be shared in these communications.

Required by Law. We may disclose your personal information when required by law to do so.

Public Health Reporting. We may disclose your personal information to public health agencies as authorized by law. For example, we may report certain communicable diseases to the state's public health department.

Reporting Victims of Abuse or Neglect. We may disclose personal information to the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence. We only make this disclosure if you agree or when we are required or authorized by law to make the disclosure.

Health Care Oversight. We may disclose your personal information to authorities and agencies for oversight activities allowed by law, including audits, investigations, inspections, licensure and disciplinary actions, or civil, administrative, and criminal proceedings, as necessary for oversight of the health care system, government programs, and civil rights laws.

Legal Proceedings. We may disclose your personal information pursuant to a court order if you are involved in a legal proceeding. Under most circumstances when the request is made through a subpoena, a discovery request, or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.

Law Enforcement. We may disclose your personal information to a law enforcement official for certain specific purposes, such as reporting certain types of injuries.

Deceased Persons. We may disclose your personal information to coroners, medical examiners, or funeral directors so that they can carry out their duties.

To Avert a Serious Threat to Health or Safety. If there is a serious threat to your health and safety or the health and safety of the public or another person, we may use and disclose your personal information in a very limited manner to someone able to help lessen the threat.

Specialized Government Functions. In certain circumstances, we may use or disclose your personal information to authorized federal officials for the conduct of national security activities and other specialized government functions.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your personal information to the correctional institution or law enforcement official to assist them in providing you health care, protecting your health and safety or the health and safety of others, or providing for the safety of the correctional institution.

Workers' Compensation. We may disclose your personal information as necessary to comply with laws related to workers' compensation or other similar programs.

OTHER USES AND DISCLOSURES

Disclosure of your personal information or its use for any purpose other than those listed above requires your specific written authorization. Some examples include:

- **Psychotherapy Notes:** We usually do not maintain psychotherapy notes about you. If we do, we will not use and disclose your psychotherapy notes without your written authorization except as otherwise permitted by law.
- **Marketing:** We will not use or disclose your personal information for marketing purposes without your written authorization except as otherwise permitted by law.
- **Sale of Your Personal Information:** We will not sell your personal information without your written authorization except as otherwise permitted by law.

If you change your mind after authorizing the use or disclosure of your personal information, you may withdraw your permission by revoking the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your personal information that occurred before you notified us of your decision, or any actions that we have taken based upon your authorization. To revoke an authorization, you must notify us in writing.

YOUR RIGHTS REGARDING YOUR PERSONAL INFORMATION

This section describes your rights regarding the personal information we maintain about you. All requests or communications to us to exercise your rights discussed below must be submitted **in writing**.

Right to Request Restrictions. You have the right to request restrictions on how your personal information is used or disclosed for treatment, payment, or health care operations activities. However, we are not required to agree to your requested restriction, unless that restriction is regarding disclosure of personal information to your health insurance company and: (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the personal information pertains solely to a health care item or service for which you or another person (other than your health insurance company) paid for in full. However, please note that we currently do not directly disclose any information to insurance companies. If we agree to your requested restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Request Confidential Communications. You have the right to request that we communicate your personal information to you in a certain manner or at a certain location. For example, you may wish to receive information about your health status through a written letter sent to a private address. We will grant reasonable requests. We will not ask you the reason for your request.

Right to Inspect and Copy. You have the right to inspect and receive a copy of your personal information. We may charge you a fee as authorized by law to meet your request. You may request access to your personal information in a certain electronic form and format, if readily producible, or, if not readily producible, in a mutually agreeable electronic form and format. Further, you may request in writing that we transmit such a copy to any person or entity you designate. Your written, signed request must clearly identify such designated person or entity and where you would like us to send the copy.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your personal information, you may request that the denial be reviewed by a licensed health care professional chosen by us. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. You have a right to request that we amend or correct your personal information that you believe is incorrect or incomplete. For example, if your date of birth is incorrect, you may request that the information be corrected. To request a correction or amendment to your personal information, you must make your request in writing and provide a reason for your request. You have the right to request an amendment for as long as the information is kept by or for us. Under certain circumstances we may deny your request. If your request is denied, we will provide you with information about our denial and how you can file a written statement of disagreement with us that will become part of your medical record.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures we make of your personal information. Please note that certain disclosures need not be included in the accounting we provide to you. Your request must state a time period which may not go back further than six years. You will not be charged for this accounting, unless you request more than one accounting per year, in which case we may charge you a reasonable cost-based fee for providing the additional accounting(s). We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.

Right to a Paper Copy of This Notice. You have the right to receive a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically. A copy of this Notice is available on our website.

COMPLAINTS

You have the right to file a complaint if you believe your privacy rights have been violated. If you would like to file a complaint about our privacy practices, you can do so by sending a letter outlining your concerns. You also have the right to complain to the Secretary of the United States Department of Health and Human Services. **You will not be penalized or otherwise retaliated against for filing a complaint.**

CONTACT INFORMATION

If you have questions or concerns about your privacy rights, or the information contained in this Notice, please contact the pharmacy's Privacy Officer by calling the pharmacy's phone number.

Notice of Privacy Practices Acknowledgment Form

The privacy of your protected personal information is important to us. We have provided you with a copy of our Notice of Privacy Practices that describes how we may use and disclose your protected personal information and outlines your rights with regard to your protected personal information. We ask that you sign this form to acknowledge you received a copy of our Notice of Privacy Practices. **I have received a copy of the Notice of Privacy Practices no later than the date I first obtained services from the pharmacy.**

Patient Name: _____ Patient Address: _____

Best Daytime Phone Number: _____ Can we leave a detailed message on your voicemail? YES NO

Listed below are individual(s) with whom I authorize the pharmacy to communicate regarding my protected health information. I may revoke this privilege at any time and understand it must be done in writing:

Signature: _____ Date: _____

If signed by a Personal Representative:

Print Name: _____

Legal Authority: _____

Please return this Acknowledgement Form by mail or by fax. If you have questions regarding this Acknowledgment Form, please contact the pharmacy's Privacy Officer.

*** Pharmacy Use Only***

Acknowledgment Form received on: _____(insert date)