



Effective Date: March 1, 2018

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY.

RX Pharmacy LTC is bound by professional obligation as well as law to maintain the privacy of Protected Health Information (“PHI”) and to provide you with this notice of privacy practices. PHI is information created in the process of your healthcare that may identify you and that relates to your past, present or future physical or mental health or condition and related healthcare services. This Privacy Practices Policy describes how we may use and disclose your PHI to carry out treatment, payment, or health care operations and for other specified purposes that are permitted or required by law. It also describes your rights in regards to your PHI. We are required to provide this notice to you by the Health Insurance Portability and Accountability Act (“HIPAA”). RX Pharmacy LTC is required to follow the terms of this policy. We will not use or disclose your PHI without your written authorization except as described herein or otherwise permitted by this policy. We reserve the right to change our practices and this policy and to make the new policy effective for the PHI that we maintain. The updated policy will be available on our website and at each of our locations. Upon request, we will provide the updated privacy policy.

Examples of How We Use and Disclose Protected Health Information -The following describes different ways that we use and disclose your protected health information in the course of providing your health care. Examples are a sample of ways in which PHI may be used.

I. Uses and disclosures of PHI that do not require your prior authorization

Treatment. We may use your health information to provide and coordinate the treatment, medications and services you receive. For example, we may use PHI when talking with doctors, nurses, and other pharmacists and technicians involved in your healthcare. We may also disclose PHI to HIPAA covered facilities involved in your care and the coordination of your care.

Payment. We may use your health information for various payment-related functions. Example: We may contact your insurer, pharmacy benefit manager or other health care payor to determine whether it will pay for your medication and the amount of your copayment. We will bill you or a third-party payor for the cost of medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the medications you are taking. We may also provide PHI to other healthcare providers or HIPAA covered entities to aid in their payment activities.

Health Care Operations. We may use your health information for certain operational, administrative and quality assurance activities. Example: We may use information in your health record to monitor the performance of the pharmacists or technicians 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. We may use your PHI to create de-identified data which no longer identifies you.

We may also use your PHI to provide you with information about benefits and services that might benefit you as allowed by law. If you authorize the use of your e-mail, we can send this information to you electronically.

RX Pharmacy LTC is permitted to use and and/or disclose your PHI for the following purposes - even though we may never actually need to - without your prior authorization:

Business Associates - We may disclose health information to business associates if they need to receive this information to provide a service to us. Business associates are required by contract and law to abide by specific HIPAA rules relating to the protection of health information.

In order to communicate with individuals involved in your care or payment of your care - We may disclose to a family member, other relative, close personal friend or any other person that you identify, PHI directly relevant to that person’s involvement in your care or a payment related to your care.

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 your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs established by law.

Public Health – As required by law, we may disclose your PHI to federal, state, local and other public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement – We may disclose your PHI for law enforcement purposes as required by law or in response to a subpoena or court order.

As required by Law – We may disclose your PHI when required to do so by federal, state, or local law.

Health Oversight Activities – We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and credentialing as necessary for 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 dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to subpoena, discovery request, or other lawful process

instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

Research – We may disclose your PHI for research purposes when the 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 information.

Coroners, Medical Examiners, and Funeral Directors – We may release your PHI 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 enable them to carry out their duties.

Organ or Tissue Procurement Organization – Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transportation of organs for the purpose of tissue donation or transplant.

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

Correctional Institution – If you are or become an inmate of a correctional institution, we may disclose your PHI to the institution or its agents any PHI necessary for carrying out your healthcare needs and the health and safety of you and any other individuals as necessary.

To Avert a Serious Threat to Health and Safety – We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of another person.

Other Uses and Disclosures of PHI – We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for above (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the revocation, we will stop using or disclosing your PHI in the manner precluded except to the extent that we have already taken action in reliance on the authorization.

II. Uses and Disclosures of PHI that require your prior authorization

Specific Uses or Disclosures requiring authorization – We will obtain your written authorization for the use or disclosure of your PHI for marketing, release of PHI to individuals not normally involved in your healthcare treatment, payment, or operations, and for the sale of PHI except in limited circumstances allowed by law.

Your Health Information Rights

Obtain a paper copy of this notice upon request – You may request a copy of our current notice at any time. Even if you have agreed to receive the notice electronically, you are still entitled to a paper copy.

Request a restriction on certain uses and disclosures of your PHI – You have the right to request additional restrictions on our use of disclosures of your PHI by submitting a written request. Written requests to further restrict PHI use and disclosure may be done using our form titled “Request for Restrictions on PHI Use and Disclosure” that is available at each of our locations.

Inspect and obtain a copy of PHI – In most cases, you have the right to access and copy the PHI that we maintain about you. To inspect or copy your PHI, you may submit the request on the form titled “Request to Access, Inspect or Obtain Protected Health Information”. 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 in certain limited circumstances which can be appealed.

Request an amendment of PHI – If you feel that PHI contained in your file is inaccurate, you may request that we amend it. To request an amendment, you may submit a written request on the form titled “Request to Amend/Correct Protected Health Information” which must include a reason that supports your request. In certain cases, we may deny your request for amendment which we will provide in writing.

Receive an accounting of disclosures of PHI – You have the right to receive an accounting of the disclosures we have made of your PHI up to 6 years back to entities other than you. To request an accounting, you may submit a request in writing using the form entitled “Request for an Accounting of PHI Disclosures”.

Request communications of PHI by an alternative means or an alternative location – You may request that we contact you at a different residence or PO box or via e-mail. To request confidential communication of your PHI, you must submit a request in writing using the form titled “Request for an Alternate Means of Communication”. Your request must be reasonable and it must describe how or where you would like to be contacted. Please note that e-mails are not encrypted and PHI contained in such e-mails may be at risk of exposure. If for some reason we are unable to contact you via your alternative means of communication, we may contact you using the basic information that we have.

Where to obtain forms for submitting written requests

All forms for written requests are available at any of our locations. You may also request forms over the phone via our locations.

Minors - If you are a minor who has lawfully provided consent for treatment and you wish for RX Pharmacy LTC to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify a staff member.

Contact Information by location

RX Pharmacy LTC
Attention: Randy Johnson
800 Swift Blvd, Suite 140
Richland, WA 99352
509-713-7444