

# Notice of Privacy Practices

To our patients. This notice describes how health information about you, as a patient of this pharmacy, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

## **Our commitment to your privacy**

Our pharmacy is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

We realize that these laws are complicated, but we must provide you with the following important information:

## **Use and disclosure of your health information in certain special circumstances** **The following circumstances may require us to use or disclose your health information:**

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and similar programs.
9. **We will use Protected Health Information (PHI) for treatment, such as dispensing medications.**
10. We will use PHI for payment, such as contacting your insurer or benefits manager.
11. We will use PHI for health care operations, such as to monitor the performance of the pharmacists providing treatment to you.
12. We may contact you to provide refill reminders or information about treatment alternatives that may be of interest to you.
13. We are permitted to disclose PHI about you to researchers, coroners, medical examiners, funeral directors and organ or tissue procurement organizations.
14. We are permitted to disclose PHI about you to a government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence.
15. Health professionals such as pharmacists, using their professional judgment, may disclose to a family member, other relative, close personal friend or caregiver PHI relevant to that person's involvement in your care or payment related to your care. Or any person you may identify. This may include that person picking up your prescription for you or paying your bill.
16. 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.
17. We are permitted to disclose your PHI to our business associates, so that they may perform the work that we request them to do.

## Your rights regarding your health information

1. Communications. You can request that our pharmacy communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable written requests. Mandell's Clinical Pharmacy has the right to refuse any request that cannot be accommodated.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. Mandell's Clinical Pharmacy has the right to refuse any request that cannot be accommodated. Each request must be in writing.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Teresa Ricioppo, Privacy Officer at 7 Cedar Grove Lane, Suite 24, Somerset, New Jersey 08873.
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our pharmacy. To request an amendment, your request must be made in writing and submitted to Teresa Ricioppo, Privacy Officer at 7 Cedar Grove Lane, Suite 24, Somerset, New Jersey 08873. You must provide us with a reason that supports your request for amendment.
5. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact Teresa Ricioppo, Privacy Officer at 877-252-0553.
6. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our pharmacy or with the Secretary of the Department of Health and Human Services, 877-696-6775. To file a complaint with our pharmacy, contact Teresa Ricioppo, Privacy Officer at 877-252-0553. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Right to provide an authorization for other uses and disclosures. Our pharmacy will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.
8. You have the right to receive an accounting of the disclosures we have made of PHI about you after April 14, 2003 for most purposes other than treatment, payment or health care operations. The accounting will exclude certain permitted disclosures. To request an accounting, you must submit a written request to Teresa Ricioppo, Privacy Officer at 7 Cedar Grove Lane, Suite 24, Somerset, New Jersey 08873.
9. If you have any questions or would like any additional information about the pharmacy's privacy practices, you may contact Teresa Ricioppo at 877-252-0553.
10. This notice is effective as of April 14, 2003.