

Advanced Rx

NOTICE OF PRIVACY PRACTICES

11-09-17

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.

Advanced Rx will ask you to sign an Acknowledgment that you have received this Notice of Privacy Practices (Notice). This Notice describes how Advanced Rx may use and disclose your protected health information in accordance with the HIPAA Privacy Rules. It also describes your rights and Advanced Rx's duties with respect to protected health information about you.

Section A: Uses and Disclosures of Protected Health Information

1. Treatment, Payment and Health Care Operations
 - a. We will use your health information to provide treatment. This may involve receiving or sharing information with other health care providers such as your physician. This information may be written, verbal, electronic, or via facsimile. This will include receiving prescription orders so that we may dispense prescription medication. We may also share information with other healthcare providers who are treating you to coordinate the different things you need, such as medications, lab work or other appointments. We may also contact you to provide treatment-related services, such as refill reminders, treatment alternatives and other health related services that may be of benefit to you.
 - b. We will use your health information to obtain payment. This will include sending claims for payment to your insurance or third-party payer. It may also include providing health information to the payer to resolve issues of claim coverages.
 - c. We will use your health information for our health care operations necessary to run the pharmacy. This may include monitoring the quality of care that our employees provide to you and for training purposes.
2. Permitted or Required Uses and Disclosures
 - a. Our pharmacist, using their professional judgment may disclose your protected health information to a family member, other relative, close personal friend or other person you identify as being involved in your healthcare. This includes allowing such persons to pick up filled prescriptions, medical supplies or medical records on your behalf.
 - b. We also have contracts with entities called Business Associates that perform some services for us that require access to your protected health information. Examples may include companies that route claims to your insurance company or that reconcile payments we receive from your insurance. We require our Business Associates to safeguard any protected health information appropriately.
 - c. Under certain circumstances Advanced Rx may be required to disclose health information as required or permitted by federal or state laws. These include, but are not limited to:
 - i. To the Food and Drug Administration (FDA) relating to adverse events regarding drugs, foods, supplements and other health products or for post-marketing surveillance to enable product recalls, repairs or replacement.
 - ii. To public health or legal authorities charged with preventing or controlling disease, injury or disability.
 - iii. To law enforcement agencies as required by law or in response to a valid subpoena or other legal process.
 - iv. To health oversight agencies (e.g., licensing boards) for activities authorized by law such as audits, investigations and inspections necessary for Advanced Rx's licensure and for monitoring of health care systems.
 - v. In response to a court order, administrative order, subpoena, discovery request or other lawful process by another person involved in a dispute involving a patient, but only if efforts have been made to tell the patient about the request or to obtain an order protecting the requested health information.
 - vi. As authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by the law.
 - vii. Whenever required to do so by law.
 - viii. To a coroner or Medical Examiner when necessary. Examples include: identifying a deceased person or to determine a cause of death.
 - ix. To Funeral Directors to carry out their duties
 - x. To organ procurement organizations or other entities engaged in procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.
 - xi. To notify or assist in notifying a family member, personal representative or another person responsible for the patient's care of the patient's location or general condition.
 - xii. To a correctional institution or its agents if a patient is or becomes an inmate of such an institution when necessary for the patient's health or the health and safety of others.
 - xiii. When necessary to prevent a serious threat to the patient's health and safety or the health and safety of the public or another person.
 - xiv. As required by the military command authorities when the patient is a member of the armed forces and to appropriate military authority about foreign military personnel.
 - xv. To authorized officials for intelligence, counterintelligence and other national security activities authorized by law.
 - xvi. To authorized federal officials so they may provide protection to the president, other authorized persons or foreign heads of state or to conduct special investigations.
 - xvii. To a government authority, such as social service or protective services agency, if Advanced Rx reasonably believes the patient to be a victim of abuse, neglect or domestic violence but only to the extent required by law, if the patient agrees to the disclosure or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to the patient or to someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against the patient.
3. Authorized Use and Disclosure
 - a. Use or disclosure other than those previously listed or as permitted or required by law, will not be made unless we obtain your written Authorization in advance. You may revoke any such Authorization in writing at any time. Upon receipt of a revocation, we will cease using or disclosing protected health information about you unless we have already taken action based on your Authorization.
4. More Stringent Law
 - a. Some states may have laws that are more stringent than HIPAA. Please refer to the end of the Notice for the laws that may apply

Section B: Patient's Rights

1. Restriction Requests
 - a. You have a right to request a restriction be placed on the use and disclosure of your protected health information for purposes of carrying out treatment, payment or health care operations. Restrictions may include requests for not submitting claims to your insurance or third-party payer or

