

635 MAIN STREET



GREEN BAY, WI 54301

## **NOTICE OF PRIVACY PRACTICE (PART 1)**

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.

## **PATIENT BILL OF RIGHTS AND RESPONSIBILITIES (PART 2)**

### **Part 1 - SECTION A: Uses and Disclosures of Protected Health Information**

The Pharmacy is required by law to maintain the privacy of Protected Health Information (PHI) and Electronic Protected Health Information (EPHI), to provide individuals with notice of our legal duties and privacy practices with respect to PHI and to notify effected individuals following a breach of unsecured PHI. PHI is information that may identify patients and that relates to past, present or future physical or mental health or conditions and related health care services. It may include electronic and computerized information, telephone and cell phone communications, verbal and faxed information. This Notice of Privacy Practices (Notice) describes how PHI may be used and disclosed to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes patient rights with respect to PHI about the patients.

The Pharmacy is required to follow the terms of this Notice and to maintain the storage and access to records to prevent loss, destruction or tampering of information. PHI is not used or disclosed about patients without written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI maintained. Upon request a revised Notice is provided.

The Pharmacy obtains written authorization from the patient before using or disclosing PHI for purposes not described in this notice or as otherwise required by law. This can include for psychotherapy notes, marketing purposes, and disclosures that constitute a sale of PHI. Authorization may be revoked in writing at any time by contacting the Pharmacy at the address listed in Section B. Upon receipt of a written revocation PHI is no longer used or disclosed, except to the extent that action was already taken in reliance on the authorization.

The Pharmacy is permitted to make certain types of uses and disclosures for treatment, payment, and healthcare operation purposes. For treatment purposes, such uses and disclosures are used in providing, coordinating, or managing healthcare and its related services by one or more providers, such as a pharmacist consulting with a physician regarding medications, treatments or conditions.

For payment purposes, such uses and disclosures are used to obtain or provide reimbursement for providing pharmaceutical care services, such as when a case is reviewed to ensure appropriate care was rendered. For reimbursement purposes, PHI may be disclosed to one of several intermediaries including, but not limited to, insurers, pharmacy benefit managers, claim administrators and computer switching companies.

For healthcare operation purposes, such use and disclosure includes for quality assessment and improvement, provider review and training, reviews and compliance activities. This is used in an effort to continually improve the quality and effectiveness of the health care and service provided.

In addition, the Pharmacy may contact patients to provide refill reminders, health screenings, wellness events, vaccinations, information about treatment alternatives or other health-related benefits and services that may be of interest, or by telephone concerning the furnishing of a Medicare-covered item that is to be purchased/received by the patient. The Pharmacy may contact patients for the purpose of fund raising activities, with patients having the option to opt out of such activities. Face to face marketing communications and promotional gifts of nominal value are permitted without authorization.

The Pharmacy may use and disclose PHI, without patient authorizations, when the Pharmacy needs to contact a physician or physician's staff and is permitted or required to do so without individual written consent or authorization. The Pharmacy may use and disclose PHI if contacted by another Pharmacy stating they have the patient's request and consent to transfer Pharmacy records on the patient's behalf.

Business Associates may be used to assist the Pharmacy in providing service for patients. PHI may be shared between the Pharmacy and the Business Associate. Business Associates are required to comply with all federal and state security and privacy rules and regulations.

The Pharmacy may disclose PHI without patient authorization to comply with workers compensations laws, as required by law enforcement, legal proceedings, public health requirements, health oversight activities (such as information necessary for licensure, for the FDA as related to adverse events/product defects, for coroners and medical examiners, correctional institutions when necessary for the health or safety of the patient and others, or to the Federal Department of Health and Human Services (DHHS) to determine our compliance with their standards, and as required by law).

Patients may request restricted uses and disclosures of PHI to carry out treatment, payment, or healthcare operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified who are involved in the patient's care or payment for care. However, the Pharmacy is not required to agree to the request if the patient is in need of emergency treatment. If, however, patients request a restriction on a disclosure (unless the disclosure is otherwise required by law) of PHI to a health plan for purposes of carrying out payment or health care operations, and if the restriction applies to PHI that pertains solely to a health care item or service for which the Pharmacy has been paid out of pocket in full, the request will be honored.

Patients have the right to request the following with respect to PHI:

1. (i) inspection and copying;
2. (ii) amendment or correction (amendment requests may be denied if the records were not created by the Pharmacy, are not part of the Pharmacy's records, would not be available for inspection and copying under 164.524 (relating to grounds for denying access to PHI) or if in the Pharmacy's opinion the information contained in the record is accurate and complete);
3. (iii) an accounting of disclosures of PHI by us; the Pharmacy is not required to account to patients for disclosures made for treatment, payment, health care operations, disclosures to patients or their personal representative, for notifications or as otherwise excluded by law;
4. (iv) an electronic copy of PHI that is maintained electronically in designated record set(s). Pharmacy will provide access in electronic form and format requested, if it is readily producible, or, if not, in a readable electronic form and format as agreed to by the Pharmacy and patient;
5. (v) for Pharmacy to transmit copy of PHI (not limited to electronic form) to patients' designee if request is in writing, is signed, and clearly identifies designated person and where it is to be sent;
6. (vi) receipt of a paper copy of this Notice upon request.

Requests must be made in writing to the address listed in Section B. Requests must specify the time period of disclosure, which cannot exceed six years. Patients are notified of any cost involved (pharmacy may charge for supplies, cost of electronic media, labor and postage) in providing this information and may choose to withdraw or modify the request at any time. In addition, patients may request, and the request must be accommodated if reasonable, to receive communications of PHI by alternative means or at alternative locations. Contact the Pharmacy as described in Section B with such requests.

The Pharmacy may use patient names to reference prescriptions and pharmaceutical care services. Patients may be required to sign a signature log form or to acknowledge receipt of service, to acknowledge receipt of this Notice and the Patient Bill of Rights and Responsibilities, and the disclosure of PHI as outlined herein. The Pharmacy may disclose this information to other persons who ask for patient prescriptions by name. Patients may restrict or prohibit uses and disclosures by notifying the Pharmacy in writing. The Pharmacy is not required to honor these requests. The Pharmacy provides treatment services, even if patients object to signing the acknowledgement of receipt of this Notice or if the Pharmacy decides not to honor a request regarding the information in this Notice while documenting the patient requests and refusals. In the event of an emergency or patient incapacity, the Pharmacy uses reasonable judgment for what is consistent with patient known preferences, and what is determined to be in the best interest of the patient. Patients are informed of uses or disclosures under such circumstances and given an opportunity to object as soon as practical.

The Pharmacy may disclose to patient's family members, to a relative or close personal friend, or to any other person identified by the patient, PHI that is directly relevant to the person's involvement with care or payment related to care. In addition, unless the patient objects, the Pharmacy may use or disclose PHI to notify, identify, or locate a member of the family, the personal representative, another person responsible for care, or certain disaster relief agencies of the patient's location, general condition, or death. If patients are incapacitated, there is an emergency, or they object to this use or disclosure, the Pharmacy uses its judgment of what is in the best interest of the patient and discloses only information directly relevant to the person's involvement with the healthcare. The Pharmacy uses its judgment and experience regarding the best interest in allowing people to pick-up filled prescriptions or similar forms of PHI.

Patients believing their privacy or security rights have been violated may file a complaint with the Pharmacy at the location described in Section B, with the Office for Civil Rights Regional Manager, US Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, IL 60601 (800-368-1019) or with the Accreditation Commission for Health Care (855-937-2242). Patients are not retaliated against for filing a complaint.

**Section B: Contacting Us:** Streu's Pharmacy, Inc., Privacy Officer, 635 Main Street, Green Bay, WI 54301, (920) 437-0206

## **Part 2 - PATIENT BILL OF RIGHTS AND RESPONSIBILITIES**

### **The Patient has the responsibility to:**

- Provide information regarding medical history, allergies, medication usage and other pertinent matters related to health status.
- Take responsibility for requesting additional information or clarification about health status, treatment, or financial responsibilities when the information or instructions are not clearly understood.
- Pay all outstanding financial charges.

### **The Patient has the right to:**

- Make decisions prior to and during the course of treatment and to refuse a recommended treatment to the extent permitted by law and to be informed of the medical consequences of this action. In case of such refusal, you are entitled to other appropriate care and services that the pharmacy provides or to receive services from another provider.
- Be informed, both orally and in writing, in advance of service provided, of the charges, including payment for service expected from third parties and any charges for which the patient will be responsible.
- Considerate and respectful care from your pharmacists, nurses and other pharmacy staff that does not discriminate against you and is in accordance with your physician's orders.
- Have your property and person treated with respect, consideration, and recognition of patient dignity and individuality.
- Be able to identify staff members through visible proper identification.
- Be informed of pharmacy policies and practices that relate to patient service, treatment and responsibilities.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
- Be informed of available resources for resolving disputes, grievances and conflicts (Refer to Notice of Privacy Practice, Streu's Pharmacy Complaint Form, Streu's Pharmacy Incident/Adverse Event Form).
- Report and have investigated grievances/complaints regarding treatment or service, lack of respect of property, and may recommend changes in policy, staff or service without restraint, interference, coercion, discrimination or reprisal. Be informed of option to report Medicare complaints/questions to 1-800-Medicare.
- A choice of healthcare providers, including choosing an attending physician.
- Talk privately with staff and to have your health care information protected. You also have the right to read and copy your own medical information.
- Expect that the pharmacy will maintain the confidentiality and privacy of your Protected Health Information (Refer to Notice of Privacy Practice (NOPP)).
- Be advised of policies and procedures regarding the disclosure of information (Refer to NOPP).
- Have your rights exercised by the person appointed to act on your behalf, or by the representative you designated to act on your behalf.
- Accurate and easily understood information about your health plan, the pharmacy and pharmacy staff.
- Have help provided if you speak another language, have a physical or mental disability, or have difficulty understanding the information, so you can make informed health care decisions.
- Be informed of pharmacy service limitations and be informed of any financial benefits when referred to another service provider.