

NOTICE OF PRIVACY PRACTICES



This notice describes how your personal medical information may be used and disclosed, and how you can access this information. Please carefully review, sign, and return acknowledgement.

Alameda Pharmacy is required to comply with the following healthcare privacy rules as they relate to the Health Insurance Portability and Accountability Act (HIPAA):

- Ensure that medical information that identifies you is kept private;
- Provide you with this Notice of Privacy Practices (Notice) of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of this Notice that are currently in effect.

At Alameda Pharmacy, we are committed to protecting your personal health information. We create a record of medical services and products you receive through Alameda Pharmacy. This record helps us to provide you with quality care and to comply with certain legal requirements. This Notice applies to all records of your care whether generated by Alameda Pharmacy personnel or obtained from other healthcare entities' medical information.

HOW ALAMEDA PHARMACY MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe ways that Alameda Pharmacy may use and disclose protected health information. Protected health information is any information about you that may link you to your medical condition or medical information. For each category, we will explain the types of information that will be disclosed and give at least one example. All of the ways we are permitted to use and disclose information will fall within one of these categories. However, not every use or disclosure in a category will be listed.

- **Treatment:** We may use protected health information to provide you with medical services and products. We may disclose protected health information about you to physicians, nurses, or other healthcare entities to provide you with your supplies. For example, we may request diagnosis information from your physician to ensure that the correct supplies are being provided for treatment. We may use your protected health information to communicate with you regarding treatment options or other health related products or services. We may receive financial remuneration from third parties for making subsidized treatment communications. At any point in time, you may opt out of receiving subsidized treatment communications by calling (855) 684-2644, or in writing to 1555 Doolittle Drive, Suite 160, San Leandro CA 94577.
- **Payment:** We may use and disclose protected health information to bill and collect payment for healthcare services and products we provide. Also, we may disclose your information to other healthcare providers or entities involved in the coordination of your care for their billing purposes. For example, we may inform your health insurance provider about supplies you are going to receive to obtain a prior approval or to determine if your plan will cover the supplies.
- **Healthcare Operations:** We may use and disclose your protected health information for a variety of business activities known as healthcare operations. For example, we may use protected health information to evaluate our staff's performance in providing services and products to you, or to work with others who assist us in complying with

this Notice and other applicable laws. Also, if you requested that we send order updates to your email address, we may use and disclose protected health information for that purpose.

In addition to treatment, payment, and healthcare operations, Alameda Pharmacy may use and disclose your protected health information as follows:

- **Alternative Treatment/Supplies:** We may use and disclose protected health information to inform you of new alternatives and products that may help you manage your health.
- **Supply Reminders:** We may use and disclose your protected health information to contact you about your supply needs and provide supply reminders.
- **Business Associates:** We provide some services through other companies termed “business associates.” Federal law requires us to enter into business associate contracts to safeguard your protected health information as required by Alameda Pharmacy and by law.
- **Individuals Involved in Your Care or Payment for Your Care:** We may release protected health information about you to a friend or family member whom you have listed as a contact involved in your medical care. Additionally, we may give information to an individual who helps pay for your care.
- **Disclosures to Parents or Legal Guardians:** If you are a minor, we may release your protected health information to your parents or legal guardians when we are permitted or required to do so under federal and applicable state law.

As Required by Law: We will use and disclose protected health information about you when required to do so by federal, state, or local law.

- **Public Health Risks:** We may disclose protected health information about you for public health activities.

Examples of these include:

- **Health Oversight Activities:** We may disclose protected health information about you to a health oversight agency for activities authorized by law. Examples of these activities include audits, investigations, inspections, and licensure.
- **Law Enforcement:** We may release protected health information about you if asked to do so by a law enforcement official.
- **Threat to Health/Safety:** We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- **Certain Government Functions:** We may release protected health information about you to authorized federal officials for the following government functions: intelligence, counter intelligence, and other national security activities authorized by law; 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; to a member of the armed forces as required by military command authorities; or to correctional institutions or law enforcement officials.
- **Health-Related Benefits/Services:** We may use and disclose medical information about you to inform you of health related benefits, services, or products that may help you manage your health.
- **Workers’ Compensation:** We may release protected health information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not included in this Notice or by laws that apply to its use will be made only with your written authorization. For instance, we will not use or disclose your protected health information that contains psychotherapy notes. We will not use or disclose your protected health information for marketing purposes and we will not sell your protected health information unless permitted under applicable law. If you provide us with permission to use or disclose medical information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written request. Note: We are unable to take back any disclosure(s) that we have already made with your authorization or pursuant to this Notice of Privacy Practices. Additionally, we are required by law to retain records of the medical services and products that we provided to you for a specific period of time.

YOU HAVE THE FOLLOWING RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

- **Right to Inspect and to Receive a Copy:** You have the right to inspect and to receive a copy of your protected health information that may be used to make a decision about your care. Usually, this includes medical and billing records. If you request a copy of your information, it must be submitted in writing and we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request under certain circumstances. You will be provided with a reason for the denial.
- **Right to Request Restrictions:** You have the right to request that we limit how we use or disclose your protected health information. We will consider your request, but are not legally bound to agree to the restrictions, except we must follow all restrictions on communications to health plans for payment or healthcare operation purposes that pertain solely to healthcare services or items for which you have paid us in full. We cannot agree to limit uses or disclosures that are required by law.
- **Right to Choose How We Contact You:** You have the right to request that we contact you at an alternate address or by alternate means.
- **Right to Have Protected Health Information Amended:** You have the right to request that we amend, correct, or supplement your protected health information maintained by Alameda Pharmacy. Note: Alameda Pharmacy may request for this to be submitted in writing. If you believe that we have information that is either inaccurate or incomplete, we may amend, correct, or supplement the information and notify others who have copies of the information you deem to be inaccurate or incomplete. We may deny your request under certain circumstances. You will be provided with a reason for the denial.
- **Right to Find Out What Disclosures Have Been Made:** You have the right to request a detailed listing of disclosures other than instances of disclosure for which you gave consent or signed an authorization (examples include for treatment, payment, operations, law enforcement, or to you or your family). This request must be submitted in writing and include your name, address and a time period, which may not be longer than six (6) years and may not include dates before 1/1/2011. There will be no charge for up to one (1) list per year. For additional lists, there may be a fee to cover the cost of preparing the list.
- **Right to Receive This Notice:** You have the right to receive a paper copy of this Notice and/or an electronic copy by email upon request. Note: To receive a copy of our complete privacy policy, please call: (855) 684-2644.
- **Right to File a Complaint About Our Privacy Practices:** If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint with the Privacy Officer at Alameda Pharmacy ((855) 684-2644) or the Secretary of the Department of Health and Human Services. We will not take any action against you or change our treatment of you in any way if you file a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices that are described in this Notice. We reserve the right to make the revised or changed privacy practices applicable to protected health information we already have about you as well as any information we receive in the future. A copy of our current Notice will be posted in our offices and can be available to you by giving us a call: (855) 684-2644.

Effective Date: This Notice is effective as of January 1, 2014.

ACKNOWLEDGEMENT OF RECEIPT OF ALAMEDA PHARMACY'S NOTICE OF PRIVACY PRACTICES

I, _____, have read and understand Alameda Pharmacy's Notice of Privacy Practices.

Signature: _____ Date: _____

Customer Account (find this number on your invoice): _____

Please print and mail this Acknowledgement to:

Privacy Officer

Alameda Pharmacy

1555 Doolittle Drive, Suite 160

San Leandro CA 94577