

## Dr. Phillips Specialty Pharmacy Privacy Policy Revised 6/25/2017

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.

Dr Phillips Specialty Pharmacy is required by law to: (1) protect the privacy of your Health Information; (2) provide you with this notice of our policies and procedures with respect to your Health Information; (3) follow the terms of this Notice. **We reserve the right to amend this Notice. If we make any material revisions to this Notice, we will post a copy of the revised Notice in the pharmacy or otherwise provide a copy to you.**

### **USE AND DISCLOSURE OF YOUR PHI (PERSONAL HEALTH INFORMATION)**

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our pharmacy privacy officer.

- **For Treatment.** We may use & disclose your Health Information for your treatment and to provide you with treatment-related health care services. For example we may disclose Health Information to our pharmacists and other employees to fill your prescriptions, your physician(s) or their staff when consulting with them regarding your medications, treatment or condition, another pharmacy if they state they have your request and consent to transfer pharmacy records to them, and others outside our office, who are involved in your medical care and need the information to provide you with medical care.
- **For Payment.** We may use & disclose your Health Information to bill & collect payment from you, an insurance company or other third party including, but not limited to a pharmacy benefits manager, claims administrator and computer switching company.
- **For Health Care Operations.** Unless you request otherwise, we may contact you to provide patient satisfaction surveys, refill reminders, info about treatment alternatives, health screenings, wellness events or other materials that may be of interest to you.
- **Business Associates.** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services.
- **As Required by Law.** We will disclose your Health Information when required to do so by federal, state, or local law.
- **Workers' Compensation.** We may release Health Information for workers' compensation or similar programs.
- **Public Health Risks.** We may disclose your Health Information for public health activities which generally include the following: (1) to prevent or control disease, injury, or disability; (2) to report reactions to medications or problems with products; (3) to notify people of recalls of products they may be using; (4) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **For Health Oversight Activities.** We may disclose your Health Information to a health oversight agency for activities authorized by law. These oversight activities, which are necessary for the government to monitor the health care system, include audits, investigations, inspections & licensure.
- **Data Breach Notification Purposes.** We may use or disclose your Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose your Health Information in response to a court or administrative order, subpoena, discovery request or other lawful process. We may also disclose your Health Information in response to a court or administrative order, subpoena, discovery request by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **For Specific Government Functions.** We may disclose your Health Information for the following specific government functions: (1) as required by military command authorities; (2) in response to a request from a correctional institution or law enforcement official; (3) for national security reasons.

- **Law Enforcement.** We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

- **Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

- **Individuals Involved in Your Care or Payment for Your Care.** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

#### **When Our Pharmacy May Not Use or Disclose Your Health Information**

Except as described in this Notice, We will not use or disclose your health information without your written authorization. If you do authorize us to use or disclose your Health Information for another purpose, you may revoke it at any time.

#### **You Have the Following Rights With Respect to Your Health Information**

- You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to a restriction that you request. If we do agree to any restriction, we will put the agreement in writing and follow it, except in emergency situations. We cannot agree to limit the uses or disclosures of information that are required by law.

- You have the right to inspect and copy your health information as long as the Pharmacy maintains the health information. Your health information will usually include prescription and billing records. To inspect or copy your health information, you must submit a written request. We may charge a fee for the costs of copying, mailing or other supplies that are necessary to grant your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. You have a right to choose to obtain a summary instead of a copy of your health information.

- If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

- You have the right to request your Health Information be sent to you in an email, but with the understanding that email is not a secure method of delivery of information and there is no guarantee that others cannot gain access to your Health Information.

- You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
  - If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
  - You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, [www.makerx.com](http://www.makerx.com).
  - You have the right to request that we amend your health information that is incorrect or incomplete. To request an amendment, you must submit a written request to the pharmacy, along with the reason for the request. We are not required to amend health information that is accurate and complete.
  - You have a right to receive an accounting of disclosures of your health information we have made after September 23, 2013 for purposes other than disclosures (1) for treatment, payment or health care operation, (2) to you or based upon your authorization and (3) for certain government functions. To request an accounting, you must submit a written request. You must specify the time period, which may not be longer than six years.
  - You may request communications of your Health Information by alternative means. For example, you may request that we contact you about health matters only in writing or at a different residence or post office box. To request confidential communication of your health information, you must submit a written request. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.
- Uses and Disclosures That Required Us to Give You an Opportunity to Object and Opt Out • Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

If you would like to exercise one or more of these rights, submit a written request to Director of Operations at Dr Phillips Specialty Pharmacy at 8015 Turkey Lake Road Suite 300, Orlando, FL 32819

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Privacy Officer at the above address or with the Secretary of Health and Human Services. All complaints must be made in writing. **You will not be penalized for filing a complaint.**