

NOTICE OF PRIVACY PRACTICES

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.

Introduction

All of us at Compound Care Pharmacy value your relationship with us, and we respect your privacy. Protected Health Information (PHI) is any information that we possess, use, and disclose that identifies you and relates to any health condition you have, and any product or service we provide you under our pharmacy license.

This is a requirement of the Health Insurance Portability and Accounting Act (HIPAA) OF 1996 and is effective April 14, 2003 from which time we are required to provide the accounting for 6 years. All requests for an accounting of our disclosures of your PHI must be submitted to our Pharmacy Privacy Officer in writing, using a form that we will provide to you.

Uses and Disclosures Not Contained in this Notice

If a use and disclosure of your PHI is not contained in this Notice, then we will obtain your written authorization before the use and disclosure. You may have the right to refuse to authorize the use and disclosure, or if you grant the authorization, to revoke the authorization at any time. If such authorization is requested, we will provide you with a form that describes the proposed use and disclosure and your rights related to the requested authorization.

HIPAA requires that we give you this “Notice of Privacy Practices” and make a good faith effort to obtain your written acknowledgement that you were given this Notice.

HIPAA requires that this Notice, at a minimum, covers the following three areas.

1. Our legal duties to protect the confidentiality of your protected health information.
2. Your rights with respect to your protected health information.
3. How we will use and disclose your protected health information.

In preparing this Notice, we made every effort to comply with this HIPAA requirement. Our state may from time to time enact laws that also affect your privacy and other rights in relation to your health care and your protected health information.

Consult our Pharmacy Privacy Officer if you have any questions, want information, wish to file a complaint about our privacy practices, or to obtain the proper forms for each of your requests

We will only use and disclose your PHI in relation to the health care products and services that we provide you, such as dispensing your prescriptions and consultations. This Notice also describes your legal rights related to your PHI that is in our possession. . Should a need for use and disclosure of your PHI occur that is not described in this Notice, we will obtain your written authorization before the use and disclosure. If a revision to this Notice becomes necessary, we will post the revision in the pharmacy. And you may request a written notice

The Law provides you with several rights related to your PHI.

1. You have the right to the following:
 - a. To receive this written Notice of Privacy Practices describing how we will protect your PHI and your rights related to PHI. You can request this written Notice at any time.
 - b. To request a limitation on our use and disclosure of your PHI as long as we are complying with all federal and state laws.
 - c. To review or receive photocopies of our records such as prescriptions and consultation notes that contains your PHI. We will write an explanation if we are unable to comply
 - d. to request that we communicate with you about your PHI in any confidential manner.

- e. to obtain an accounting of some of our written records of these disclosures of your PHI.
- f. to file a complaint with us or with the United States Department of Health and Human Services (HHS) if you believe that we have violated your rights as described above

Ways That We May Use and Disclose Your PHI

1. Treatment. The definition includes activities from the provision, coordination or management of health care. Dispensing medications, counseling patients and consulting with caregivers and patients' physicians are some of the many activities included in the definition of treatment" We will use and disclose your PHI as necessary to provide health care products and services to carry out and support your treatment.
2. Payment. HIPAA defines payment as activities to obtain payment for the products and services we provide to you. These activities include billing you directly or someone who pays for your healthcare
3. Health care operations. HIPAA defines health care operations as those activities necessary and related to our providing of health care products and services to you. These activities include, but may not be limited to, the following.
 - A. Conducting quality assessment and improvement activities, case management and care coordination, and contacting of health care providers and patients with information about treatment alternatives and related functions.
 - B. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs.
 - C. Our pharmacy management and general administrative activities, including, but not limited to, activities relating to implementation of and compliance with the requirements of HIPAA.
4. We will disclose your PHI to these caregivers, or appropriate others, as we believe necessary and appropriate for your health care.
5. Communications with you concerning your health and treatment. We call you with questions or reminders concerning your medications or conditions.
6. We may be required disclose your PHI to federal and state government agencies such as the United States Drug Enforcement Administration (DEA) the United States Food and Drug Administration (FDA), or the State Board of Pharmacy so such agencies can carry out their required activities.
7. Lawsuits and other legal disputes may involve your PHI that we possess. In the event that you are involved in a lawsuit or other legal proceeding we will disclose your PHI only when required by law.
8. A variety of events could occur where we may use and disclose your PHI to authorized personnel for your benefit, to prevent or reduce the risk of harm to you in emergencies, to protect the health and safety of others, or for national security and intelligence or if you are placed into the custody of government agents. We may disclose your PHI to organ transplant programs.

IF YOU HAVE QUESTIONS ABOUT WAYS THAT WE MAY USE AND DISCLOSE YOUR PHI AS DESCRIBED ABOVE, PLEASE CONTACT OUR PHARMACY PRIVACY OFFICER