



Yellow River Pharmacy, Inc.
NCPDP: 5110779
7438 Main St
Webster, WI 548938206

PAAS National® Health Care FWAC Policy & Procedure Manual

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.

Yellow River Pharmacy, Inc. will ask you to sign an Acknowledgement that you have received this Notice of Privacy Practices (Notice). This Notice describes how Yellow River Pharmacy, Inc. may use and disclose your protected health information in accordance with the HIPAA Privacy Rule. It also describes your rights and Yellow River Pharmacy, Inc.'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 medications. We may also share information with other health care 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 coverage.
 - 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 pharmacists, 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 health care. 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 the payments we receive from your insurance. We require our Business Associates to safeguard any protected health information appropriately.
 - c. Under certain circumstances Yellow River Pharmacy, Inc. 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 Secretary of Health and Human Services for investigations into our compliance with HIPAA rules and to respond to patient complaints.
 - ii. 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.
 - iii. To public health or legal authorities charged with preventing or controlling disease, injury or disability.
 - iv. To law enforcement agencies as required by law or in response to a valid subpoena or other legal process.