



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

PAAS National® Health Care FWAC Policy & Procedure Manual

- a. Some states may have laws that are more stringent than HIPAA. Please refer to the end of the Notice for the laws that may apply.

**Section B: Patient's Rights**

**1. Restriction Requests**

- a. You have a right to request a restriction be placed on the use and disclosure of your protected health information for purposes of carrying out treatment, payment or health care operations. Restrictions may include requests for not submitting claims to your insurance or third-party payer or limitations on which persons may be considered personal representatives.
- b. Yellow River Pharmacy, Inc. is not required to accept restrictions other than payment related uses not required by law that have been paid in full by the individual or representative other than a health plan.
- c. If we do agree to requested restrictions, they shall be binding until you request that they be terminated.
- d. Requests for restrictions or termination of restrictions must be submitted in writing to the Privacy Officer listed in Section D of this Notice.

**2. Alternative Means of Communication**

- a. You have a right to receive confidential communications of protected health information by alternate methods or at alternate locations upon reasonable request. Examples of alternatives may be sending information to a phone or mailing address other than your home.
- b. Yellow River Pharmacy, Inc. shall make reasonable accommodation to honor requests.
- c. Requests must be submitted in writing to the Privacy Officer listed in Section D of this Notice.

**3. Access to Health Information**

- a. You have a right to inspect and copy your protected health information. The designated record set will usually include prescription and billing records. You have the right to request the protected health information in the designated record set for as long as we maintain your records.
- b. You have the right to have requested records provided to you in a timely fashion.
- c. You have the right to request that your protected health information be provided to you in your preferred format, including an electronic format if available.
- d. You have the right to have your information disclosed to another person or third-party that you choose.
- e. Requests may be submitted in writing to the Privacy Officer listed in Section D of this Notice.
- f. Any costs or fees associated with copying, mailing or preparing the requested records will be charged prior to granting your request.
- g. Yellow River Pharmacy, Inc. may deny your request for records in limited circumstances. In case of denial, you may request a review of the denial for most reasons. Requests for review of a denial must also be submitted to the Privacy Officer listed in Section D of this Notice.

**4. Amendments to Health Information**

- a. If you believe that your protected health information is incomplete or incorrect, you may request an amendment to your records. You may request amendment to any records for as long as we maintain your records.
- b. Requests must be submitted in writing to the Privacy Officer listed in Section D of this Notice.
- c. Requests must include a reason that supports the amendment to your health information.
- d. Yellow River Pharmacy, Inc. may deny amendment requests in certain cases. In case of denial, you have the right to submit a Statement of Disagreement. We have the right to provide a rebuttal to your statement.

**5. Accounting of Uses and Disclosures**