

## **Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

As required by the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), Foothills Professional Pharmacy (FPP) has created this Notice of Privacy Practices ("Notice"). It describes how we handle your Protected Health Information (PHI), and what your rights are regarding that information. PHI includes any identifiable information related to your past, present, or future physical or mental health and related healthcare services.

Foothills Professional Pharmacy is committed to protecting your PHI and will only use or disclose it as described in this Notice or as otherwise required or permitted by law. Any uses or disclosures not described below require your written authorization, which you may revoke at any time in writing.

We reserve the right to revise this Notice at any time. Updated versions will be posted in the pharmacy and made available to you upon request.

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### **How We May Use and Disclose Your PHI**

#### **For Treatment**

We may use your PHI to fill prescriptions and coordinate your healthcare with other providers involved in your care.

#### **For Payment**

We may disclose your PHI to obtain reimbursement for the services and medications we provide from your health insurance plan or other payers.

#### **For Healthcare Operations**

We may use your PHI for quality assessment, staff performance reviews, training, licensing, or other internal operations necessary to run our pharmacy.

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### **Additional Permitted Uses and Disclosures Without Authorization**

We may also use or disclose your PHI in the following circumstances:

- **As Required by Law**

- **For Public Health Activities** (e.g., FDA reporting, disease control)
  - **In Cases of Abuse, Neglect, or Domestic Violence**
  - **For Health Oversight Activities** (e.g., audits or inspections)
  - **In Judicial or Administrative Proceedings**
  - **For Law Enforcement Purposes**
  - **Related to Deceased Individuals**
  - **For Organ, Eye, or Tissue Donation**
  - **For Approved Research Purposes**
  - **To Avert a Serious Threat to Health or Safety**
  - **For Specialized Government Functions** (e.g., military, correctional institutions)
  - **For Workers' Compensation Claims**
  - **For Disaster Relief Efforts**
  - **To Business Associates** under contract who must also safeguard your PHI
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### **Other Uses and Disclosures**

We may contact you for:

- **Refill Reminders**
- **Treatment Alternatives**
- **Health-Related Benefits or Services**

Any other use or disclosure of PHI not listed in this Notice will require your written authorization. You may revoke this authorization at any time by submitting a written request.

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### **Your Rights Regarding PHI**

You have the right to:

- **Request Restrictions** on how your PHI is used or disclosed
- **Request Confidential Communication** via alternate methods or locations

- **Inspect and Copy Your PHI**
- **Request Amendments** to your PHI if you believe it is incorrect or incomplete
- **Receive an Accounting of Disclosures** (excluding treatment, payment, and operations)
- **Receive a Copy of This Notice** at any time

All requests should be submitted using the appropriate forms available from the pharmacy.

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### **Patient Rights and Responsibilities**

As a patient of Foothills Professional Pharmacy, you have the right to:

- Choose your healthcare provider
- Receive services without discrimination
- Be treated with respect and dignity
- Be informed about your care and participate in care planning
- Request informed consent
- File grievances without fear of retaliation
- Access and review your medical records
- Expect confidentiality and protection of your information
- Be notified of unanticipated outcomes of care
- Be informed of investigational activities, and to refuse participation
- Be involved in ethical issue discussions related to your care
- Access, amend, and receive an accounting of your health information

You also have the responsibility to:

- Provide accurate health and insurance information
- Notify the pharmacy of changes to your condition, address, or contact details
- Follow instructions regarding medication use and storage
- Meet financial obligations related to your care

- Treat pharmacy staff respectfully
  - Ask questions about your care or services
  - Report any equipment or service issues promptly
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### **Return Policy**

Due to state pharmacy regulations, we **do not accept returns** of medications once they have left the premises. This includes medications that were delivered or attempted to be delivered. We also **do not offer chargebacks, reversals, refunds, or credits** for filled prescriptions.

If you choose to pick up your medication, any pre-payment confirms your intent to retrieve the order. We cannot return compounded medications to stock.

**NO RETURNS ARE AVAILABLE DUE TO THE NATURE OF OUR PRODUCTS.**

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### **Concerns or Complaints**

If you have any concerns or believe your privacy rights have been violated, you may contact:

**Foothills Professional Pharmacy**

**Phone:** (480) 496-4444

**Email:** [rx@foothillspharmacy.com](mailto:rx@foothillspharmacy.com)

You may also file a complaint with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.