

# Privacy Policy

## APS Belmar Pharmacy Notice of Privacy Practice for Protected Health Information

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.**

APS Belmar Pharmacy adheres to the rules set upon us by the Health Insurance Portability & Accountability Act of 1996 (HIPAA). We promise to not only provide you with quality prescriptions, but also to keep your health information secure and private. This notice will describe how we may use and disclose your medical information and the rights that you have to access and amend that information. By law we are required to maintain the privacy of your medical information; provide you with notice of our legal duties and privacy practices with respect to your medical information; and abide by the terms of this notice that are currently in effect. We must also notify you if we are unable to honor your request to restrict a use or disclosure of, or to amend, your health information.

## Permitted Uses & Disclosures of Your Medical Information

The following lists how we may use and disclose your medical information. Any other uses not described in this Notice will only be made with your explicit written authorization, which you may revoke at any time by providing us with a written notice of your revocation.

**Treatment:** Upon receipt of a prescription from your health care practitioner, Personal Health Information (PHI) will be used and kept on file to dispense prescription medications. We will document information related to the

medications dispensed and services provided in your record. We may use this information for many treatment reasons, including, but not limited to, verifying the accuracy of prescriptions being filled, and to help you avoid known drug allergies and adverse drug interactions. Our pharmacist may disclose medical information about you to your physician in order to coordinate the prescribing and delivery of your medications. We may contact you to provide treatment-related services, such as refill reminders, or letting you know that we have a prescription waiting to be filled or to be picked up. We may use your PHI in counseling you and your caregivers about proper use of your medications.

**Payment:** We will use your health information in order to obtain payment for the medications or health care services we provide to you. While we do not process insurance internally, if requested, and for an additional expense, we can fill out a universal claim form for your insurance company that may require information about your condition and/or the prescription(s) you fill with us.

**Health Care Operations:** Members of our staff may review health information in your record in order to assess the care and outcomes in your case and others like it. We need to do this so we can continually improve and ensure you receive the highest quality services. This information could be used to assess the use or effectiveness of certain medications or to develop and monitor medical protocols.

**Communication with Individuals Involved in Your Care or Payment for Your Care:** Health professionals such as our pharmacists may disclose your health information that is directly relevant to your care to individuals you wish to receive such information, including family members, relatives, close personal friends, or other persons you identify. Before we do so, we will ask you as to whether or not to make such disclosures. If you are incapacitated, or involved in an emergency, we may make disclosures of your health information that we believe in our professional judgment are in your best interests, but only to the extent that such health information is directly relevant to the recipients' involvement in your care.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI about you when necessary to prevent a serious threat to the health and safety of you or the public.

**Business Associates:** We may arrange to provide some services, such as billing or accounting, through other business associates. On occasion we may need to disclose your medical information so they can perform the task they have been hired to complete. If any medical information is disclosed, we will require our business associates to appropriately safeguard your health information.

**Research:** We may disclose your health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information, thereby meeting the requirements under HIPAA. Before we use or disclose medical information about you, we will either remove information that personally identifies you or gain approval through a special approval process designed to protect the privacy of your medical information. In some circumstances, we may use your medical information to generate aggregate data (summarized data that does not identify you) to study outcomes, costs, provider profiles, and suggest benefit designs.

**Public Health, Health Oversight, Drug Enforcement Agency (DEA), and the Food and Drug Administration (FDA):** We may disclose your PHI to federal and state government agencies for a variety of purposes, most of which are directed at monitoring health care quality and safety, and government programs related to health care and our compliance with laws applicable to health care. For example, the United States Drug Enforcement Agency (DEA) monitors the distribution and usage of controlled substances, while the United States Food and Drug Administration (FDA) monitors adverse drug events. The state Board of Pharmacy conducts inspections and investigations of our activities and the health care products and services that we provide to our patients. Some private businesses, such as the manufacturers of medications and medical devices, are legally required to

conduct post-marketing surveillance in order to ensure the safety of their products. Disclosing your PHI for such surveillance may be necessary.

**As Required by Law:** At any time we are required by federal or state laws, or by court order, subpoena or other legal mandate, to disclose your PHI, we will do so as necessary.

**Workers Compensation:** We may disclose PHI about you to the extent authorized and necessary to comply with the laws relating to worker's compensation or other similar programs established by law.

**Victims of Abuse, Neglect, or Domestic Violence:** If we reasonably believe that you are the victim of abuse, neglect, or domestic violence, we may disclose your health information to a governmental authority responsible for receiving these types of reports, to the extent the disclosure is required by law, or you agree to the disclosure. We will inform you of our disclosure unless informing you will place you at risk of serious harm.

**Other Uses & Disclosures:** Other uses and disclosures of your medical information not listed in this notice will be made only with your written authorization. You have the right to revoke an authorization at any time to stop future uses or disclosures of your information except to the extent that we have already undertaken an action in reliance upon your authorization. Your revocation request must be provided to us in writing.

## Your Individual Rights

You have the following rights concerning the use or disclosure of your protected health information that we create or that we maintain about you:

1. The right to request restrictions on uses and disclosures of your protected health information. You may request that your medical information not be disclosed to family members or friends who may be involved in your care or paying for your care. Your request must 1) be in writing; 2) state the restrictions you are requesting; and 3) state to whom the restriction applies.

2. The right to inspect and copy your health and billing records.
3. The right to amend or correct your protected health information that we have created, except with regard to those portions of your health information that you are precluded from inspecting and copying.
4. The right to request confidential communications. You may ask that we communicate with you in a particular way and in a particular place to protect the confidentiality of your medical information.
5. The right to request an accounting of disclosures of your protected health information.
6. The right to request and obtain a paper copy of APS Belmar Pharmacy's privacy notice.

APS Belmar Pharmacy reserves the right to amend the company's Privacy Practices. Any changes will be posted in the pharmacy and on this website.

If you feel that your privacy rights have been violated, you can contact APS Belmar Pharmacy's Privacy Officer, Gina Boche, or file a complaint with the Secretary of the Department of Health & Human Services. You will not be penalized for filing a complaint.

For any questions, or for more information, please contact:

Mary Thompson, Privacy Officer  
APS Belmar Pharmacy  
34911 US Hwy 19N, Suite 600  
Palm Harbor, FL 34684  
Tel: 727.787.4137  
[mary@apsmeds.com](mailto:mary@apsmeds.com)

This notice is effective as of July 1, 2014