



COMMUNITY

COMPOUNDING • PHARMACY

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 carefully.

Protecting the privacy of your personal health information is important to us at Community Compounding Pharmacy. Your protected health information is information that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. This notice describes how your Protected Health Information or “PHI” may be used and disclosed and how you can get access to this information.

Use of your protected health information without your written authorization is strictly limited to defined situations that include: treatment, health care operations, communications with individuals involved in your care or payment of your care, business associates such as third party payers, transfers of prescriptions to other pharmacies, health-related communications, worker’s compensation.

Disclosure of your protected health information without your written authorization is strictly limited to defined situations that include: treatment, health care operations, communications with individuals involved in your care or payment of your care, business associates such as third party payers, transfers of prescriptions to other pharmacies, health-related communications, worker’s compensation, Public Health, law enforcement, health oversight activities, judicial and administrative procedures, coroners, medical examiners, funeral directors, organ or tissue procurement organizations in conjunction with the law, notification of family or personal representative, correctional institution, to avert a serious threat to health or safety, military authorities, national security and intelligence activities, protective services for the President and other authorized persons, and disclosure to a government authority if we reasonably believe that you are a victim of abuse, neglect or domestic violence.

Disclosure of protected health information is limited to the minimum necessary for the purpose of the disclosure. This provision does not apply to the transfer of medical records for treatment.

You may request to receive copies of your designated record set or patient profile. You must complete a request form and mail to our HIPAA compliance officer at the address listed below. There may be a reasonable cost-based fee for photocopying, postage and preparation. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to protected health information about you, you may make a written request that the denial be reviewed.

You may make a written request to the HIPAA Officer listed below that we amend your protected health information that we maintain if it is incomplete or incorrect. You must include a reason that supports your request. In certain cases, we may deny your request for amendment. You also have the right to request restrictions on the use and disclosure of your PHI. We maintain a history of protected health information disclosures that is accessible to you.

In the future, we may contact you for refill reminders, announcements and to inform you about our operation and its staff. You have the right to request communications by alternative means or location

Our store is required to abide by this notice. We have the right to change this notice in the future. Any revisions will be prominently displayed in a clearly visible location by our pharmacy.

If you have questions or would like additional information about CCP’s privacy practices, you may contact CCP’s HIPAA Compliance Officer, 6025 Jean Road, Lake Oswego, OR 97013 (503) 303-7373. If you believe your rights have been violated, you can file a complaint with CCP’s HIPAA Compliance Officer, HR Director or with the Secretary of Health and Human Services.