

\$3.00 Prescriptions



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238 S Main * Box 188 * Fayette, IA 52142 * www.scottrx.com * Phone/Fax 1-800-246-0024

Notice of Privacy Practices Keep for your records.

The purpose of this notice is to inform you, our customer, of how your medical information may be disclosed or used, and how you can get access to this information. By law, Scott Pharmacy is required to protect the privacy of your health/medical information, and to provide you with our Notice of Privacy Practices. Which includes our policies & procedures regarding your "Protected Health Information," or PHI, and how we will abide by the terms of the notice, which can be updated. PHI: "a record that contains individually identifiable information." As our patient you have the right to the following:

- Receive a copy of Scott Pharmacy's Notice of Privacy Practices.
- Request an amendment of your PHI.
- Request restrictions on the uses & disclosures of your PHI.
- Request communications of your PHI by alternative means or at alternative locations.
- Obtain copies of your PHI, and examine them.

The following are examples of how Scott Pharmacy may use & disclose your PHI:

- Your PHI may be disclosed in use of treatment, payment and other health care operations. Including those involved with patient care, business associates, the U.S.D.A., any workers compensation associates or other payees, public health officials, law enforcement, and as required by law.
- Disclosing PHI for treatment purposes will take place when providing, managing, & coordinating your healthcare, etc. by one or more of your providers (EX: Pharmacist consulting your physician/specialist)
- Disclosing PHI for payment purposes involves obtaining or providing reimbursement for any pharmaceutical care services. Your PHI may be disclosed not only to insurers, pharmacy benefits managers, claims administrators & computer switching companies, but also any intermediaries employed by your plan sponsor(s).
- Disclosing PHI for healthcare operations purposes includes provider review training, quality assessment & improvement, underwriting activities as well as planning & development, management & administration, which help assist in the evaluation of the care we provide you.
- In addition, Scott Pharmacy may disclose your PHI in these other cases. Contacting you about refill reminders, health screenings, and vaccinations or when informing you about treatment alternatives or other health-related benefits & services related to your PHI. The pharmacy is also permitted to contact your physician(s)/staff, and disclose information to other pharmacies who state your request/consent to transfer PHI.
- Scott Pharmacy may also employ the services of business associates who may assist on tasks and who may use, change, or create PHI. These business associates will be required to comply with all of Scott Pharmacy's Privacy Regulations. We may also need to disclose your PHI without your authorization to comply with workers compensation laws, law enforcement, legal proceedings, public health requirements, and for other payment purposes.
- Other uses & disclosures of your PHI will only be done with your written authorization.
- Scott Pharmacy may use your name and/or prescription # to reference your prescriptions & pharmaceutical care services. You or the person on your behalf will be required to sign a signature log form to acknowledge receipt of the service(s). For delivery, and mail-out purposes the log form will be completed by the technician preparing your order.
- Additional disclosure of your PHI include: We may disclose information to person(s) who ask for your prescription by name. You may restrict or prohibit this use by notifying Scott Pharmacy. Your restrictions will be put in writing, disclosed on your file, and kept for our records. If you request our services you are making an agreement for us to provide treatment services to you, even if you object to signing to acknowledgement of receipt, and of this notice. In the case of someone else picking up your prescription, they will be required to sign. By requesting delivery, your prescription(s) information may be disclosed on the outside of the package. For mail-outs, your PHI, not including the delivery information, will not be disclosed. In the event of any emergency or your incapacity, Scott Pharmacy will do what is in our best reasonable judgment, in consent with your known preference, to determine what may be in your best interest in regards to who will be allowed to pick up you prescription(s) and in regards to other issues concerning your health treatment/information.
- Scott Pharmacy may also disclose PHI to one of your family members or a relative, to a close personal friend, or to any other person identified by you. Including PHI that is directly related to the person's involvement with your care or payment. We may also disclose your PHI in case of death, or incapacity to the above people, and also to any other personal representative responsible for care/payment.
- Scott Pharmacy reserves the right to change the terms of this notice and to make provisions.
- Scott Pharmacy also reserves the right to charge for any research/amendments involving your PHI.

If you believe that your privacy rights have been debased, you may file a complaint with us at Scott Pharmacy, Privacy Officer, 238 S. Main St. PO Box 188, Fayette, IA 52142, 1-800-246-0024 or with the Secretary of the Dept. of Health & Human Services, Hubert H. Humphrey Building, 200 Independence Ave. SW. Washington DC, 20201. You will not be retaliated against for filing a complaint.

This notice is effective 3/7/2003 Revised 04/20/2019

I acknowledge that I have received a copy of Scott Pharmacy's Notice of Privacy Practices. This notice contains information involving Scott Pharmacy's use and disclosure of my personal health information.

I acknowledge that I have received a copy of Scott Pharmacy's Notice of Privacy Practices.

Signature: _____ Date: _____

Printed Name: _____