



THE MEDICINE SHOPPE® 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 IT CAREFULLY.

Our Pledge To You. Your health information -- which means any written or oral information that we create or receive that describes your health condition, treatment or payments -- is personal. Therefore, the Pharmacy pledges to protect your health information as required by law. We give you this Privacy Notice to tell you (1) how we will use and disclose your "protected" health information, or "PHI" and (2) how you can exercise certain individual rights related to your PHI as a Patient of the Medicine Shoppe Pharmacy ("the Pharmacy"). We are required by law to maintain the privacy of your PHI and to provide you with this notice of our legal duties and privacy practices. We must follow the duties and privacy practices described in this notice, as it may be updated from time to time, and to give you a copy of this notice. We will not use or share your protected health information other than as described in this notice unless you tell us we can in writing.

I. How We Will Use And Disclose Your PHI. Except as otherwise indicated, the following categories describe different ways that we may use and disclose your PHI without your prior written authorization. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose your PHI without your authorization will fall within one of the categories. _

A. To Provide Treatment. We may use and disclose your PHI to provide, coordinate, or manage your treatment, medications and services you received from the Pharmacy. For example, we may contact you regarding medications, equipment, supplies, compliance programs such as drug recommendations, therapeutic substitutions, refill reminders or other products or service recommendations, such as specialty and infusion therapies, counseling and drug utilization review (DUR), product recalls or disease statement management.

B. To Obtain Payment. We may also use and disclose your PHI, as needed, to obtain payment for services that we provide to you. This may include certain communications to your health insurer, a pharmacy benefit manager, health plan, or other health care payor, to confirm (1) your eligibility for health benefits, (2) the medical necessity of a particular service or procedure, or (3) any prior authorization or utilization review requirements. We will bill your third party payer for the cost of medications, equipment and supplies dispensed to you. The information on or accompanying the bill may

include information that identifies you as well as the medications you are taking. We may also disclose your PHI to another provider involved in your care for the other provider's payment activities. For example, this may include disclosure of demographic information to another physician practice that is involved in your care, or to a hospital where you were recently hospitalized, for payment purposes.

- C. To Perform Health Care Operations.** We may also use or disclose your PHI, as necessary, to carry on our day-to-day health care operations, and to provide quality care to all of our Patients, but only on a "need to know" basis. These health care operations may include such activities as: quality improvement; physician and employee reviews; health professional training programs, including those in which students, trainees, or practitioners in health care learn under supervision; accreditation; certification; licensing or credentialing activities; compliance reviews and audits; defending a legal or administrative claim; business management development; and other administrative activities. In certain situations, we may also disclose your PHI to another health care provider or health plan to conduct their own particular health care operation requirements.
- D. To Contact You.** To support our treatment, payment and health care operations, we may also contact you at home, either by telephone or mail, from time to time (1) to remind you of prescription fills and refills, or an upcoming appointment date or (2) to ask you to return a call to the Pharmacy unless you ask us, in writing, to use alternative means to communicate with you regarding these matters.
- E. To Be In Contact With Your Family or Friends.** With your permission or if you are not available, based on the circumstances and our professional judgement, we may disclose to your family members, a relative, a close personal friend, or any other person identified by you, PHI that is directly relevant to the person's involvement with your care or payment related to your care. For example, we may disclose your prescription to a friend or family member that comes to pick up your prescription. In addition, if you are incapacitated or there is an emergency and you are unable to give us your permission, we may still share your PHI with your family or friends, if in our professional judgment we believe such a disclosure is in your best interest. Unless you object, we may also disclose your PHI to disaster relief organizations or agencies so that your friends and family can be notified about your general condition, status, and location in a disaster relief situation.
- F. To Conduct Research.** We may use or disclose your PHI for research purposes if we follow a special review and approval process related to protecting the privacy of your PHI.
- G. According to Laws That Require or Permit Disclosure.** We may disclose your PHI when we are required or permitted to do so by any federal, state or local law, as follows:
- 1. When There Are Risks to Public Health.** We may disclose your PHI to (1) report disease, injury or disability; (2) report vital events such as births and deaths; (3) conduct public health activities; (4) collect and track FDA-related events and defects; (5) notify appropriate persons regarding communicable disease concerns; or (6) inform employers about particular workforce issues.

2. **To Report Suspected Abuse, Neglect Or Domestic Violence.** We may notify government authorities if we believe that a Patient is the victim of abuse, neglect or domestic violence, but only when specifically required or authorized by law or when the Patient agrees to the disclosure.
3. **To Conduct Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight, but we will not disclose your PHI if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or public benefits.
4. **In Connection With Judicial and Administrative Proceedings.** We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal. In certain circumstances, we may disclose your PHI in response to a subpoena if we receive satisfactory assurances that you have been notified of the request or that an effort was made to secure a protective order.
5. **For Law Enforcement Purposes.** We may disclose your PHI to a law enforcement official to, among other things, (1) report certain types of wounds or physical injuries, (2) identify or locate certain individuals, (3) report limited information if you are the victim of a crime or if your health care was the result of criminal activity, but only to the extent required or permitted by law.
6. **To Coroners, Funeral Directors, and for Organ Donation.** We may disclose PHI to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties. We may also disclose PHI to a funeral director in order to permit the funeral director to carry out their duties. PHI may also be disclosed for organ, eye or tissue donation purposes.
7. **In the Event of a Serious Threat to Health or Safety, or For Specific Government Functions.** We may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public, or for certain other specified government functions permitted by law.
8. **For Worker's Compensation.** We may disclose your PHI to comply with worker's compensation laws or similar programs.
9. **To Conduct Fundraising.** Under certain circumstances, we may use and disclose certain of your PHI to communicate with you and conduct fundraising activities on our behalf, but only when permitted by HIPAA. Please note that you always have the right to "opt out" of receiving any future fundraising communications and any such decision will have no impact on your treatment or payment for services.
10. **To Communicate With You Regarding Your Treatment.** We may also communicate information to you, from time to time, that may encourage you to use or purchase a particular product or service, but only as it relates to your treatment and only when permitted by HIPAA.

11. As Otherwise Required By Law. There may be other purposes for which we are required by law to disclose your PHI. In such instances we must comply with the relevant law, but will only disclose your PHI to the extent required by the law.

H. Special Categories of Information. In some circumstances, your PHI related to certain health conditions may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there may be special restrictions on the use or disclosure of information related to your HIV status, mental health, and substance use disorder history. Government health benefit programs, may also limit the disclosure of beneficiary information for purposes unrelated to the program and the care provided to the beneficiary.

II. With Your Prior Express Written Authorization. Other than as stated above, we will not disclose your PHI, without first obtaining your express written authorization. We will not use or disclose your PHI for marketing purposes or sell your PHI, unless otherwise permitted by HIPAA and applicable state law without your written authorization.

III. Your Individual Rights Concerning Your PHI

A. The Right to Request Restrictions on How We Use and Disclose Your PHI.

You may ask us to restrict uses and disclosures of your PHI to carry out treatment, payment, or healthcare operations, or to restrict disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. Your request must be made in writing, and we are not required to agree to your request, unless your request relates to information about a service or product that you paid for out-of-pocket in full, and the disclosure is to your health insurer for payment or operations purposes. If we agree to your request, we will comply with it unless the information is needed for emergency treatment.

B. The Right to Opt Out of Fundraising. We may use or disclose your name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information or outcome information, to a Business Associate or institutionally related foundation, for the purpose of raising money for the Pharmacy's benefit. Although we may contact you to raise funds for the Pharmacy, you have the right to opt out of receiving future fundraising communications, and your decision will have no impact on your treatment or payment for services at the Pharmacy.

C. The Right to Receive Confidential Communications of PHI. You may request to receive communications of PHI from us by alternative means or at alternative locations, and we will work with you to reasonably accommodate your request. For example, if you prefer to receive communications of PHI from us only at a certain address, phone number or other method, you may request such a method.

D. The Right to Inspect and Copy Your PHI. You may inspect and obtain a copy of your PHI that we have created or received as we provide your treatment or obtain payment for your treatment. A copy may be made available to you either in paper or electronic format if we use an electronic health format or are otherwise able to reasonably accommodate your request. To inspect and copy your PHI, you must submit a written request to the Privacy Officer. We may charge you a fee for the reasonable costs that we incur in processing your request. We will respond to your

request within thirty (30) days of receiving your request. In very limited circumstances, we may deny your request. If we deny your request, we will explain our reasons to you in writing, as well as any additional rights that you may have related to requesting that our denial be reviewed.

- E. The Right to Request Amendments To Your PHI.** You may request that your PHI be amended so long as it is a part of our official Patient Record. All such requests must be in writing and directed to our Privacy Officer. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may respond to your statement in writing and provide you with a copy.
- F. The Right to Receive an Accounting of Disclosures of PHI.** You have a right to request who accessed or received your PHI, and for what purpose, during the 6 years preceding your request. This list will not include all disclosures of your PHI that we have made. For example, it will not include routine disclosures of your PHI for treatment, payment, or health care operations. As before, your request must be made in writing to our Privacy Officer. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- G. The Right to Receive Notice of a Breach.** You have the right to receive written notice in the event we learn of any unauthorized acquisition, use or disclosure of your PHI that compromises the privacy or security of your PHI. Such notice will be provided as soon as reasonably possible and in all events within 60 days of our discovery, unless a shorter timeframe is required by applicable state law.
- H. The Right to File A Complaint.** You have the right to contact our Privacy Officer at any time if you have questions, comments or complaints about our privacy practices or if you believe we have violated your privacy rights. You also have the right to contact our Privacy Officer or the Department of Health and Human Services' Office for Civil Rights in Baltimore, Maryland regarding these privacy matters, particularly if you do not believe that we have been responsive to your concerns. We urge you to contact our Privacy Officer if you have any questions, comments or complaints, either in writing or by telephone. Please note that we will not take any action, or otherwise retaliate, against you in any way as a result of your communications to the Pharmacy or to the Department of Health and Human Services' Office for Civil Rights. As always, please feel free contact us. We look forward to serving you as a Patient.
- I. Right to a Paper Notice.** You have the right to obtain a paper copy of this notice upon request by contacting the Privacy Officer, even if you have agreed to receive this notice electronically.

IV. Change to this Notice

We reserve the right to change the terms of this notice and to make new notice provisions effective for all PHI we maintain about you. We will post the latest version of this notice on our website at <https://MountShasta.medicineshoppe.com/contact>. You may receive a copy of this notice by contacting us as described below, even if you have already received a copy previously.

V. Contacting Us

You may contact our Privacy Officer at:

148 Morgan Way, Ste 148, Mount Shasta, CA 96067

(530) 568-0270

This notice is effective 02/01/2021

Last Revised: 02/01/2021



**FORM D-1: Acknowledgment of Receipt of Notice of Privacy Practices and
Notice of Privacy Practices**

**Mount Shasta Pharmacy Inc.
d/b/a Mount Shasta Pharmacy, The Medicine Shoppe® Pharmacy #2192
148 Morgan Way, Ste 148
Mount Shasta, CA 96067**

NOTICE OF PRIVACY PRACTICES

IMPORTANT NOTICE TO OUR PATIENTS

As required by HIPAA, all Patients who receive health care and pharmacy services from The Medicine Shoppe Pharmacy ("the Pharmacy") must:

- **Receive** or at least be offered the attached "Notice of Privacy Practices" Form; and
- **Sign** the "Acknowledgement" Form below and return it to our front desk for our records.

Please note that the attached Notice is not a consent form that must be read in full and signed before treatment can be provided; rather, the Notice provides our Patients with a summary description of (1) how our office will use and disclose medical and billing information for legitimate business purposes, and (2) how our Patients can exercise their rights with regard to this medical information. These notices are similar to the ones that the general public received from their banks and other financial institutions last year.

Please Sign the Acknowledgement Form below and return it to our front desk for our records.

Thank you very much.

ACKNOWLEDGMENT FORM

I hereby acknowledge that I have received (or was at least offered) a current copy of Pharmacy's Privacy Notice.

Patient or Personal Representative* Signature

Date

(*) If signed by Personal Representative, please state your relationship to Patient: