



## DFW Wellness Pharmacy Notice of our privacy practices

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

At DFW Wellness Pharmacy, we are strongly committed to protecting your privacy. Because we respect your privacy, we ask that you please read this important Notice. It concerns the privacy of your health information when you use the DFW Wellness Pharmacy Delivery Pharmacy Service to fill your prescriptions. We recommend that you keep a copy of this Notice for future reference.

This Notice explains our privacy practices and describes how DFW Wellness Pharmacy may use and disclose your health information that specifically identifies you or could be used to identify you (your "health information"). This Notice also provides you with important information about your privacy rights and how you may exercise those rights. Please note that others involved in your healthcare (for example, your health plan, physicians, retail pharmacies, etc.) may send you separate notices describing their privacy practices.

### Your health information

To provide you with safe and convenient home delivery pharmacy services, we need to obtain and use your health information. Without your health information, we would be unable to fill your prescriptions. Examples of the health information we hold include your prescription records, your health plan information, your prescription payment history, and your address. This information may come from you (for example, when you tell us about your medical history or drug allergies), your physician, and your health plan and its agents.

### The HIPAA privacy standards

The United States Department of Health and Human Services has adopted privacy standards "the HIPAA Privacy Standards" which protect your health information. The HIPAA Privacy Standards establish rules for when healthcare providers, such as DFW Wellness Pharmacy, may use or disclose your health information. Importantly, the HIPAA Privacy Standards also tell us what we cannot do with your health information. Activities that are not permitted under HIPAA will require your written authorization.

### How DFW Wellness Pharmacy may use or disclose your health information

The HIPAA Privacy Standards allow us to use and disclose your health information, without your authorization, to perform the activities listed below in our role as a home delivery pharmacy.

### Routine business activities related to your pharmacy care, such as:

**Treatment:** We are permitted to use and disclose your health information to fill your prescriptions and provide you with appropriate treatment. For example, we may use or disclose your health information to:

- Review and interpret your prescriptions
- Screen your prescriptions to make sure the prescribed medications are safe for you
- Contact your physicians to resolve questions about your prescriptions
- Contact your case manager or social worker to resolve questions about your prescriptions and other pertinent information pertaining to your prescription drug therapy
- Refill your prescriptions when you ask us to do so
- Notify you of drug recalls or other problems with your medications

**Payment:** We are permitted to use and disclose your health information to receive payment for our services. For example, we may:

- Bill you for your prescriptions
- Contact your health plan or its agents to check your co-payment amount
- Check to see if specific medications are covered under your plan
- Provide your health plan or its agents with the health information they need to pay us for the medications we dispense, and so that they may otherwise manage your prescription benefit(s).

**Healthcare operations:** We are permitted to use and disclose your health information for the general administrative and business activities necessary for us to operate as a pharmacy. For example, we may:

- Review and evaluate the performance of our pharmacists
- Conduct audits and compliance programs
- Collect medical history and drug allergy information from you
- Send communications informing you of the status of your prescriptions
- Provide customer service
- Operate our website
- Review and resolve grievances

**DFW Wellness Pharmacy may also share health information with:**



**You:** We are permitted to disclose your health information to you. For example, we may inform you of the status of your home delivery prescription order, or you may check your prescription information on our website. In addition, we may contact you to provide refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Family members and others involved in your care:** In certain circumstances, we are permitted to disclose your health information to family members or other people involved in your care. For example:

- If a family member calls a customer service representative on your behalf, we may provide the family member with information about your home delivery prescriptions, but only if he or she is able to tell us certain information about you; for example, your prescription number.
- If you and a family member mail your prescriptions to us in the same envelope, we may mail back your medications both yours and your family member's together in the same package.

**This is done for the convenience of you and your family, so that the people close to you may continue to be involved in your care. If for any reason you do not want us to disclose your health information to your family members, you have the right to request a restriction as provided below in *Your Privacy Rights*.**

**DFW Wellness Pharmacy service vendors:** At times, we must provide your health information to outside companies so that they may help us operate more efficiently. For example, we may provide your name, address, and other health information to a company that helps us mail important health communications to you. These companies perform their duties at our direction, within strict guidelines established by the HIPAA Privacy Standards. All of these companies are required to protect your health information and use it only for authorized purposes.

**Courts and government bodies:** In certain circumstances, federal and state laws may require us to disclose your health information. For example, as a home delivery pharmacy, we are required to provide the Drug Enforcement Administration with information regarding our dispensing of certain medications. We may also provide information to government agencies for healthcare-related investigations, audits, or inspections; to comply with workers' compensation laws; or for certain national security or intelligence activities. If you are involved in a legal matter, we may be ordered to provide your health information to a court or other party. In those cases, only the specific health information required by law, subpoena, or court order will be disclosed.

**Public health and safety entities:** We are also permitted to disclose your health information for certain purposes that have been determined to benefit the public as a whole. For example, we may disclose your health information to the Food and Drug Administration, to your local public health department, or to law enforcement agencies if the disclosure will prevent or control disease, or prevent a serious threat to the health and safety of an individual or the public.

**The Department of Health and Human Services:** We are required to disclose your health information to the Department of Health and Human Services, at its request, so it may investigate complaints and review our compliance with the HIPAA Privacy Standards.

#### **Other ways DFW Wellness Pharmacy may use and disclose your health information:**

**To create "de-identified health information":** We may create data that cannot be linked to you by removing certain elements from your health information, such as your name, address, telephone number, birth date, and prescription number. DFW Wellness Pharmacy may use this de-identified information to conduct certain business activities; for example, to create summary reports and to analyze and monitor industry trends.

**For research purposes:** We are permitted to use and disclose your health information for research purposes, but only if we receive prior approval from a special review board. Before we receive approval, the review board must consider a number of factors and determine whether there are appropriate safeguards in place to protect the privacy of your health information.

**For other purposes:** We must obtain your written authorization if we want to use or disclose your health information for activities other than those listed above. If we need your authorization for certain activities, we will contact you. You may revoke your authorization at any time in writing.

#### **Your privacy rights**

DFW Wellness Pharmacy is committed to complying with the HIPAA Privacy Standards while providing you with all the information you need to make informed decisions about your healthcare. The following describes your privacy rights under the HIPAA Privacy Standards:

- The right to request your DFW Wellness Pharmacy "designated record set": You may request a copy of your health information maintained by DFW Wellness Pharmacy, "your DFW Wellness Pharmacy designated record set". The DFW Wellness Pharmacy designated record set will contain health information specific to your prescriptions filled through our home delivery pharmacy. It will not contain information about the prescriptions that you fill through other retail pharmacies.
- The right to request amendments to your DFW Wellness Pharmacy designated record set: You may request changes to the information contained in your DFW Wellness Pharmacy designated record set. However, we are not required to honor your request if, for example, the information you want to amend is accurate and complete. When requesting an amendment, you must provide a reason to support your request.
- The right to request an "accounting of disclosures": You may request a list or accounting of the non-routine disclosures of your health information that we have made. Examples may include disclosures to a court or government agency, to a public health and safety entity, for research, or to the Department of Health and Human Services. You may receive one accounting per year free of charge. For additional requests within a one-year period, we may impose a reasonable fee.



- The right to request a copy of this Notice: You may request a copy of this Notice at any time.
- The right to request restrictions: You may request restrictions on how we use and disclose your health information, and whether we disclose your health information to family members or others involved in your care. Although DFW Wellness Pharmacy is not required to agree to your restriction requests, we will try to honor your request to block health information from your family members. If DFW Wellness Pharmacy agrees to your restriction request, it is important to understand that your family members will no longer be able to act on your behalf or continue to be involved in your care, which may make our services less convenient for you and your family. In addition, accommodating your request for restrictions may involve limiting some of the services that DFW Wellness Pharmacy provides to you and your family.
- The right to request "confidential communications" of your health information: You may request that we send your health information to an address that is different than your family address (for example, your work address). Communications containing your health information will be sent to you at the address indicated. However, please note that certain billing information related to your Home Delivery Pharmacy benefit may continue to be mailed to the primary member. If you request this confidential handling of your health information, it is important to understand that your family members will no longer be able to act on your behalf or continue to be involved in your care, which may make our services less convenient for you and your family. In addition, accommodating your request for confidential communications may involve limiting some of the services that DFW Wellness Pharmacy provides to you and your family.

To exercise any of your privacy rights, please put your request in writing and mail it to DFW Wellness Pharmacy ATTN: President, 711 E LAMAR BLVD, ARLINGTON, TX 76011. To ensure the accuracy of your report, the request must include the following information: your name, full mailing address, date of birth, and telephone number(s).

#### **Additional rights**

Some states may provide additional privacy protections under existing or future state laws. We are committed to complying with applicable laws when we use or disclose your health information.

#### **DFW Wellness Pharmacy' responsibilities**

We are required by the HIPAA Privacy Standards to maintain the privacy and security of your health information. We must obey all of the applicable conditions of the HIPAA Privacy Standards and only use and disclose your health information as allowed by law. We are required to provide you with this Notice and to abide by the privacy practices outlined in this Notice. DFW Wellness Pharmacy reserves the right to change a privacy practice described in this Notice and to make the new privacy practice effective for all health information that we maintain. If we need to make a material change to this Notice, you will receive a new Notice by mail, e-mail, or other means permitted by the HIPAA Privacy Standards.

#### **Protecting your health information**

Because protecting your health information is important to us, we have made significant investments in technologies that protect your health information from unauthorized uses and disclosures. We restrict access to your health information to those members of the DFW Wellness Pharmacy workforce who need this information to continue providing the prescription services that you need. We make your privacy a priority. To that end, we have trained and educated members of our workforce about the meaning and requirements of our privacy practices and their role in complying with the HIPAA Privacy Standards.

#### **Privacy complaints**

If you have any concerns about our privacy practices, or if you feel your privacy rights have been compromised, you have the right to file a complaint with DFW WELLNESS PHARMACY, ATTN: PRESIDENT, 711 E LAMAR BLVD, ARLINGTON, TX 76011, or with the United States Department of Health and Human Services. Please be assured that if you file a privacy complaint, your complaint will be handled in a professional manner, and you will not be subject to any type of penalty for filing the complaint.

#### **Questions?**

At DFW Wellness Pharmacy, we want to make it easy for you to make informed healthcare decisions. If you have any questions about this Notice or our privacy practices as they relate to your medications, you may call the DFW Wellness Pharmacy at (817) 459-8400.

This Notice last revised November 1, 2003 and May 15, 2005.



**Privacy Notice Acknowledgment Form**

*It is important that you understand our privacy practices and how they affect you. Although a response is not required, we would appreciate your letting us know that you have received the DFW Wellness Pharmacy Health Notice of Privacy Practices by filling out this form and mailing or faxing it to the address listed below.*

You are also authorizing \_\_\_\_\_,  
\_\_\_\_\_, and the medical staff to review all of your  
prescription information on file with DFW Wellness Pharmacy.

**Name** (please print):

**Address:**

**Address** (continued):

**City, State, Zip:**

**Telephone number with area code:**

(       )

*You may share this Notice with other adult members (spouse, significant other, care-giver, etc.) of your family. They may also acknowledge having received this notice by checking the box below and signing the acknowledgement form.*

I have received the Notice of Privacy Practices

Print Name

Sign Here

Please mail or fax this form to:

**DFW Wellness Pharmacy**  
**Attn: President**  
**711 E LAMAR BLVD, ARLINGTON, TX 76011**  
**Fax: 817-557-3903**