



Notice of Privacy Practices

Effective Date: September 23, 2013

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.

Who Will Follow this Notice

The pharmacies of AIDS Healthcare Foundation will follow this notice. AHF pharmacies are part of an affiliated group of companies including AHF Healthcare Centers, AIDS Healthcare Foundation MCO of Florida, Inc., and AIDS Healthcare Foundation Disease Management of Florida, Inc., which treats itself a single entity for purposes of using and disclosing health information about you. When we use the term "AHF," "we," "us" and "our" in this notice, we are referring to this group.

Our Pledge and Responsibilities Regarding Your Medical Information

In the course of providing health care, we collect protected health information ("PHI") from patients and other sources, including other health care providers. PHI is information about you, including identifiers such as your name and Social Security number, and relates to your past, present, or future health; provision of health care; or payment for health care. For simplicity, throughout this notice, we will use the term "medical information" instead of "PHI," but the two terms will have the same meaning.

We understand that information about you and your health is personal. We are committed to protecting medical information about you. We will disclose information to someone other than you only when permitted under federal or state law. In some circumstances, the law permits us to use and disclose your medical information without your express permission, as described in this Notice. In all other circumstances, we will obtain your written authorization before we use or disclose your medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Tell you about your rights and our legal duties with respect to your medical information; and
- Follow the terms of the Notice of Privacy Practices that is currently in effect.

How We May Use and Disclose Medical Information about You

Disclosure at Your Request

We may disclose information when requested by you. We may ask that you make a request in writing using an AHF form.

For Treatment

We may use medical information about you in order to provide you with pharmaceutical products or services – for example, to dispense medications. We may contact you to provide treatment-related services such as refill reminders, or to tell you about treatment alternatives (such as generics) or other health-related benefits or services, including those offered by AHF, that may be of interest to you. We may disclose your information to other health care providers for the purpose of treatment.

For Payment

We may use your medical information to receive payment for our products and services to you. For example, we may contact your insurer, payor, or other agent and share your medical information in order to determine whether they will pay for your prescription.

For Health Care Operations

We may use and disclose medical information about you for our health care operations. For example, we may use your information to monitor the quality of our pharmacy services and for training our pharmacy staff.

Fundraising Activities

We may use medical information about you, or disclose such information to a business associate or foundation for the purpose of raising money for our charitable activities. We only would release demographic information and the dates you received treatment or services. If you do not want to be contacted about these fundraising efforts, please notify our Privacy Officer in writing (see below for contact information).

Marketing Activities

We will not use or disclose medical information about you for third-party marketing purposes without your written authorization.

Sale of Medical Information

We will not sell medical information about you without your written authorization, and the written authorization must acknowledge that we will receive remuneration for the medical information.

Business Associates

We may contract with business associates to perform certain functions or activities on our behalf, such as payment and health care operations. These business associates must agree to safeguard your medical information.

Individuals Involved in Your Care or Payment for Your Care

We may release medical information about you to a friend or family member who is involved in your medical care. If you have not previously authorized this in writing, and you are not present or lack the decision-making capacity to consent to a disclosure to a friend or family member, we will use our professional judgment to determine if it is in your interest to disclose your medical information. For example, we may allow someone to pick up a prescription for you. We may also give information to someone who helps pay for your care.

Research

Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process and protocols to protect your privacy.

As Required By Law

We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone reasonably able to help prevent or lessen the threat.

Special Situations

Organ and Tissue Donation

We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Activities

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you or your lawyer) or to obtain an order protecting the information requested.

Law Enforcement

We may release medical information if asked to do so by a law enforcement official, including:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the pharmacy; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about members to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

Correctional institution

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official. This disclosure might be required, for example, (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Multidisciplinary Personnel Teams

We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.

Special Categories of Information

In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use

or disclosure of certain categories of information – *e.g.*, tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Certain states, such as California, have additional patient privacy laws, which we will follow. (See addendum.) Also, state government health benefit programs, such as Medi-Cal in California may also limit the disclosure of beneficiary information for purposes unrelated to the program.

Your Rights Regarding Medical Information about You

You have the following rights regarding medical information we maintain about you.

Right to Inspect and Copy

In general, you have the right to inspect and copy your medical information. Usually, this includes medical and billing records, but may not include some mental health information or other information that may be withheld by law.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer (see below for contact information). If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by AHF will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for AHF.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer (see below for contact information). In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for AHF;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

Right to be Informed of Breach of Medical Information

You have the right to be informed about any breach of unsecured medical information, unless our risk assessment determines that there is a low probability that your medical information has been compromised.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations (as those functions are described above) and with certain other exceptions provided by law.

To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer (see below for contact information). Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request, unless you request that we restrict your medical information to a health plan as long as (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (b) the medical information pertains solely to a health care item or service for which you have paid us in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to our Privacy Officer (see below for contact information). In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer (see below for contact information). We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact our Privacy Officer (see below for contact information).

Changes to This Notice

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. If we make an important change to this notice, we will send it to you or make it available on our website. You may also obtain a copy of our current notice at any time by contacting our Privacy Officer (see below for contact information). The notice will contain the effective date on the first page, in the top right-hand corner.

Concerns about Our Use of Your Medical Information

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer (see below for contact information). All complaints must be submitted in writing. *You will not be penalized for filing a complaint.*

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we or others have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

If you have any questions about this Notice, please contact:

AHF Privacy Officer
6255 W. Sunset Boulevard, 21st Floor
Los Angeles, CA 90028
(323) 860-5200

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**Acknowledgement of Receipt of AHF's Notice of Privacy Practices**

I \_\_\_\_\_ (printed name) have received AHF's Notice of Privacy Practices.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please detach and return this Acknowledgement to your local AHF Pharmacy or to the address specified on the Notice.