

Highland Pharmacy	Standard Operating Procedure		
Title	HIPAA Privacy & Patient Confidentiality		
Policy No.	1.10	Revision	0

Prepared by/Date:07/21/2023	Approved by/Date:07/21/2023
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1.10 HIPAA Privacy & Patient Confidentiality

- I. **Purpose:** This procedure describes how Pharmacy personnel will comply with the HIPAA Privacy and Patient Confidentiality Rule, as well as applicable state laws.
- II. **Scope:** This procedure applies to all Pharmacy personnel.
- III. **Definitions:** N/A
- IV. **Procedure:** We will provide a copy of our HIPAA Notice of Privacy Practices (Notice) to our patients and to anyone else who requests a copy, and we will revise the Notice as appropriate. Our personnel will not use or disclose patient information in a manner that is inconsistent with our Notice, HIPAA, or state law.

Pharmacy personnel are responsible for the following:

- 1.0 Provide our Notice to each new patient and have the patient sign the Acknowledgement of Receipt form. If the patient refuses to sign the acknowledgment, note on the form that the patient refused and the reason for the refusal. If the patient has a personal representative, such as a parent/ or guardian, provide the Notice to that individual, asking the person to sign the Acknowledgment form.
- 2.0 Retain each completed acknowledgment form for (10) years from the date it was created or the date that it was last in effect, whichever is later.
- 3.0 Do not access patient information that you are not authorized to access or is not necessary to perform your job. Always limit uses, disclosures, and requests for patient information to the minimum amount necessary.
- 4.0 When a patient picks up a prescription, and you do not know the person, ask for a photo ID, date of birth, address, or some other information to verify identity.
- 5.0 When someone other than a patient requests to pick up a prescription or asks for another patient's information, that individual may not do so until the patient has first signed an authorization form.
- 6.0 In all other cases, if you are not sure that an individual has the authority to access the information requested, direct the request to the Privacy Officer who will verify the person's identity and authority to make a determination regarding the patient information requested.

V. References:

- [FM-06 HIPAA Notice of Privacy Practices](#)

VI. Attachments: N/A

IMPORTANT: Please read before using this template

This template and the other policies and procedures templates provided by Bula are reviewed and updated annually. However, due to the dynamic nature of the pharmacy industry, changes may require Bula to make modifications between annual update cycles. As a result, you are advised to check online within the Bula product site at <https://in.bulalaw.com/> to verify that you are working with the most current version before customizing the template for your pharmacy.

All use of this template is at your own risk. This template is informational in nature and is not intended and should not be used as legal advice. You are solely responsible for determining what policies and procedures to use in the operation of your pharmacy and the content of those policies and procedures. You should carefully review and revise this template in order to make sure that it accurately reflects the practices of your pharmacy and complies with applicable laws and regulations, including the laws and regulations in your state(s).

No attorney-client relationship is formed between you and Bula as a result of the provision of this template.

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FM-06 HIPAA Notice of Privacy Practices and Acknowledgement

NOTICE OF PRIVACY PRACTICES Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

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Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

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You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html>.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

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How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

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We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- **We are required by law to maintain the privacy and security of your protected health information.**
- **We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.**
- **We must follow the duties and privacy practices described in this notice and give you a copy of it.**
- **We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.**

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

If you need any additional information about this Notice or wish to exercise any of your rights set forth in this Notice, please contact the Privacy Officer at the following address:

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Telephone: _____

POLICY MAKER NOTE: To the Policy Maker only. Delete prior to publication The Privacy Rule requires you to describe any state or other laws that require greater limits on disclosures. For example, "We will never share any substance abuse treatment records without your written permission." Insert this type of information here. If no laws with greater limits apply to your entity, no information needs to be added.

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

* You May Refuse to Sign This Acknowledgement*

I, _____, have received a copy of this office's Notice of Privacy Practices.

Please Print Name

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

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- Treat you
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- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director

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