



Tampa Family Pharmacy | DBA: TFP Wellness Systems  
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## 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 your information. **Please review carefully.***

### 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.

<b>Get an electronic or paper copy of your medical record:</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>
<b>Ask us to correct your medical record</b>	<ul style="list-style-type: none"> <li>You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li> <li>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li> </ul>
<b>Request confidential communication</b>	<ul style="list-style-type: none"> <li>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.</li> <li>We will say “yes” to all reasonable requests.</li> </ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>You can ask us not to use or share certain health information for treatment, payment, or our operations.</li> <li>We are not required to agree to your request, and we may say “no” if it would affect your care.</li> <li>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.</li> <li>We will say “yes” unless a law requires us to share that information.</li> </ul>
<b>Get a list of those with whom we’ve shared information</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>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.</li> <li>We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>You can complain if you feel we have violated your rights by contacting us using the contact information above.</li> <li>We will not retaliate against you for filing a complaint.</li> <li>You can file a complaint with the following agencies:             <ul style="list-style-type: none"> <li>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 <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li> <li>Florida Board of Pharmacy -- Telephone: <b>(850) 245-4339</b> Mailing Address: <b>Consumer Services, 4052 Bald Cypress Way, Bin C75, Tallahassee, Florida 32399-3275</b>. For information on how to submit a complaint or grievance to another state board of pharmacy, please go to <a href="https://nabp.pharmacy/about/boards-of-pharmacy">https://nabp.pharmacy/about/boards-of-pharmacy</a></li> </ul> </li> <li>You can also submit complaints and grievances to the Accreditation Commission for Health Care, Inc. "ACHC" at <b>855-937-224</b>.</li> </ul>

## 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.

<p><b>In these cases, you have both the right and choice to tell us to:</b></p>	<ul style="list-style-type: none"> <li>• Share information with your family, close friends, or others involved in your care</li> <li>• Share information in a disaster relief situation</li> <li>• Include your information in a hospital directory</li> <li>• Contact you for fundraising efforts</li> </ul> <p>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.</p>
<p><b>In these cases we never share your information unless you give us written permission:</b></p>	<ul style="list-style-type: none"> <li>• Marketing purposes</li> <li>• Sale of your information</li> <li>• Most sharing of psychotherapy notes</li> </ul>
<p><b>In the case of fundraising:</b></p>	<ul style="list-style-type: none"> <li>• We may contact you for fundraising efforts, but you can tell us not to contact you again.</li> </ul>

## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

<p><b>Treat you</b></p>	<ul style="list-style-type: none"> <li>• We can use your health information and share it with other professionals who are treating you. <ul style="list-style-type: none"> <li>➤ <b>Example:</b> A doctor treating you ask what other medications you are taking</li> </ul> </li> </ul>
<p><b>Run our organization</b></p>	<ul style="list-style-type: none"> <li>• We can use and share your health information to run our practice, improve your care, and contact you when necessary. <ul style="list-style-type: none"> <li>➤ <b>Example:</b> We use health information about you to manage your treatment and services.</li> </ul> </li> </ul>
<p><b>Bill for your services</b></p>	<ul style="list-style-type: none"> <li>• We can use and share your health information to bill and get payment from health plans or other entities. <ul style="list-style-type: none"> <li>➤ <b>Example:</b> We give information about you to your health insurance plan so it will pay for your services.</li> </ul> </li> </ul>

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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

<p><b>Help with public health and safety issues</b></p>	<ul style="list-style-type: none"> <li>• We can share health information about you for certain situations such as: <ul style="list-style-type: none"> <li>➤ Preventing disease</li> <li>➤ Helping with product recalls</li> <li>➤ Reporting adverse reactions to medications</li> <li>➤ Reporting suspected abuse, neglect, or domestic violence</li> <li>➤ Preventing or reducing a serious threat to anyone’s health or safety</li> </ul> </li> </ul>
<p><b>Do research</b></p>	<ul style="list-style-type: none"> <li>• We can use or share your information for health research.</li> </ul>
<p><b>Comply with the law</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

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## Our Uses and Disclosures Continued...

<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"> <li>We can share health information about you with organ procurement organizations.</li> </ul>
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"> <li>We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>
<b>Address workers' compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"> <li>We can use or share health information about you:           <ul style="list-style-type: none"> <li>➤ For workers' compensation claims</li> <li>➤ For law enforcement purposes or with a law enforcement official</li> <li>➤ With health oversight agencies for activities authorized by law</li> <li>➤ For special government functions such as military, national security, and presidential protective services</li> </ul> </li> </ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"> <li>We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>

### Your Rights Regarding Reproductive Health Care Privacy

- We are prohibited from using or disclosing your protected health information (PHI) to conduct a criminal, civil, or administrative investigation into any person, or to impose liability on any person, for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
- Reproductive Health Care is broadly defined as care, services, or supplies related to the health of an individual in all matters relating to the reproductive system, its functions, and processes.

### Substance Use Disorder Records

Information regarding substance use disorder treatment is protected by federal law (42 CFR Part 2). We will not disclose these records without your written consent, except in limited circumstances such as medical emergencies, or to carry out treatment, payment, or healthcare operations.

## 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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of This Notice

This notice is effective as of February 16, 2026. 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, at Tampa Family Pharmacy, and on our web site.

# TFP Wellness Systems

## PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

### Patients have the right to:

1. Be fully informed verbally and/or in writing in advance about services/care to be provided.
2. Provided any charges that may occur prior to treatment or receiving medication.
3. Be treated with dignity, courtesy and respect as a unique individual, without discrimination.
4. Be able to identify company employees through name and job title (Name badge, Job title) and to speak with a pharmacist if requested.
5. Choose a healthcare and pharmacy provider.
6. Receive information about the scope of care/services that are provided by TFP as well as any limitations to the company's care/service capabilities.
7. Receive upon request evidence-based practice information for clinical decisions (manufacturer package insert, published practice guidelines, peer-reviewed journals, etc.) including the level of evidence or consensus describing the process for intervention in instances where there is no evidence-based research, conflicting evidence, or no level of evidence.
8. Receive in advance of services being provided, complete verbal or written explanations of expected payments from Medicare or any other third-party payer, charges for which you may be responsible, and explanation of all forms you are requested to sign.
9. Receive quality medications and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social or economic status, age, disease process, DNR status or disability in accordance with physician orders.
10. Receive medications and services from qualified personnel and receive instructions and education on safely handling and taking medications.
11. Receive information regarding your order status. Patients or caregivers can call (813) 871-5161 and speak with a TFP pharmacy employee.
12. Receive prompt response on all inquiries.
13. Be informed of rights and responsibilities during the whole treatment process.
14. A patient has the right to know what rules and regulations apply to his or her conduct.
15. Confidentiality and privacy of all the information contained in your records and of Protected Health Information (except as otherwise provided for by law or third-party payer contracts).
16. If desired, to be referred to other health care providers within an external health care system (ex. Dietician, mental health services, etc.). Patients may also be referred to back to their own prescriber for follow up.
17. Receive information about when and to whom your personal health information was disclosed, as permitted under applicable law and as specified in the company's policies and procedures.
18. Express dissatisfaction/concerns/complaints for lack of respect, treatment or service, and to suggest changes in policy, staff or services without discrimination, restraint, reprisal, coercion, or unreasonable interruption of services. Patients or caregivers can call (813) 871-5161 and ask to speak with a pharmacist, supervisor, or pharmacy director.
19. Have concerns/complaints/dissatisfaction about services be investigated properly.
20. Be offered assistance with any eligible internal programs that help with patient management services, manufacturer copay and patient assistance programs, health plan programs (tobacco cessation programs, disease management, suicide prevention/behavioral health programs).
21. Be advised of pharmacy number, (813) 871-5161 for after hours as well as normal business hours of Monday-Thursday 8am-5:30pm, Friday 8am-12:30pm, Saturday/Sunday-Closed (EST).
22. Be advised of any change in the plan of service before the change is made.
23. Participate in the development and periodic revision of the plan of care/service.
24. Receive information in a manner, format and/or language that you understand.
25. Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, involved in care, treatment, and/or service decisions.
26. Be fully informed of your responsibilities.
27. To be automatically enrolled in TFP's Patient Management Program as a patient of TFP at no additional cost. You have the right to opt out, decline participation, revoke consent or disenrollment in any TFP services at any point in time. To learn more about the Patient Management Program, please call TFP and ask for a clinical pharmacist.
28. To know the philosophy and characteristics of the Patient Management Program, have personal health information shared with the patient management program only in accordance with state and federal law, speak to a health professional, receive information about the patient management program, and receive administrative information regarding changes in (or termination of) the patient management program.
29. To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
30. The patient has the right to express grievances, make suggestions to the organization and complain to the Florida Board of Pharmacy Telephone: **(850) 245-4339** Mailing Address: **Consumer Services, 4052 Bald Cypress Way, Bin C75, Tallahassee, Florida 32399-3275**. For information on how to submit a complaint or grievance to another state board of pharmacy, please go to **<https://nabp.pharmacy/about/boards-of-pharmacy>** to find your states contact info. You can also submit complaints and grievances to the Accreditation Commission for Health Care, Inc. "ACHC" at **855-937-2242**.

**Patients have the Responsibility to:**

1. Adhere to the plan of treatment or service established by your physician and to notify him/her of your participation in TFP's Patient Management Program.
2. Notify TFP if you are hospitalized, have changes in your medication or other matters pertaining to your health.
3. Inform your physician you are a patient of TFP and are enrolled in our Patient Management Program.
4. Participate in the development of an effective plan of care/treatment/services. Pharmacists will discuss with you any concerns or questions you have regarding your medication. Issues discussed include disease overview, medication, dose, when to take medication, interactions, side effects, and anything else appropriate for your specific needs.
5. Participate in periodic reviews to plan of care and any changes implemented.
6. Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services.
7. Ask questions about your care, treatment and/or services.
8. Have clarified any instructions provided by company representatives.
9. A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
10. Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
11. Be available to receive medication deliveries and coordinate with TFP during the times you will be unavailable.
12. Treat pharmacy personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.
13. Provide a safe environment for the organization's representatives to provide services.
14. Use medications according to instructions provided, for the purpose it was prescribed, and only for/on the individual to whom it was prescribed.
15. Communicate any concerns on ability to follow instructions provided.
16. Promptly settle unpaid balances except where contrary to federal or state law.
17. Notify pharmacy of change in prescription or insurance coverage.
18. Notify pharmacy immediately of address or telephone changes, temporary or permanent. As part of the Patient Management Program, you have the Responsibilities to submit forms that are necessary to participate in the program, to the extent required by law, and give accurate clinical and contact information and to notify the patient management program of changes in this information.

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**By signing below, I attest that I have received a copy of TFP Wellness Systems' Notice of Privacy Practices and Patient Bill of Rights and Responsibilities.**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

Approved By: TFP Quality Committee Creation Date: 6/25/2014 Revision Date(s): 12/1/15, 3/1/16, 1/25/17, 5/30/19, 3/25/20, 3/18/24, 4/10/25, 2/16/26
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