

## HIPAA 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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

**Uses and Disclosures of Protected Health Information:** Your protected health information may be used and disclosed by our organization, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the organization, and any other use required by law.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. We would disclose your protected health information, as necessary, to doctors, nurses, and other personnel outside our pharmacy who are involved in your medical care and need the information to provide you with medical care. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for coverage of medications, equipment or supplies may require that your relevant protected health information be disclosed to the health plan to obtain approval for coverage so that they will pay for your services.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of our organization. These activities include, but are not limited to, quality assessment activities, employee review activities, accreditation activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to someone who is involved in your medical care or payment for your care, such as a member of your family or a close friend. We may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort. We may also call you by name while you are at our facility. We may use or disclose your protected health information, as necessary, to contact you to check the status of your equipment.

#### **We May Use or Disclose Your Protected Health Information in the Following Situations Without Your Authorization:**

**As Required By Law:** We will disclose Health Information 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 Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**Business Associates:** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Military and Veterans:** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We may also release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation:** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** We may disclose Health Information for public health activities. These activities include disclosures to prevent or control disease, injury or disability; report births and deaths; report abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Health Oversight Activities:** We may disclose Health 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.

**Data Breach Notification Purposes:** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information 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 or to obtain an order protecting the information requested.

**Law Enforcement:** We may release Health Information if asked by a law enforcement official if the information is (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**National Security and Intelligence Activities:** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

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**Inmates or Individuals in Custody:** We may disclose Health Information for inmates of a correctional institution or in the custody of a law enforcement official to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide health care; (2) to protect health and safety of the inmate and others; or (3) the safety and security of the correctional institution.

**Other Permitted and Required Uses and Disclosures Will Be Made Only with Your Consent, Authorization or Opportunity to Object, unless required by law. Unless you object, we may disclose Protected Health Information to:**

**Individuals Involved in Your Care or Payment for Your Care:** We may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief:** We may disclose your Protected Health Information to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster.

### **Your Written Authorization is Required for Other Uses and Disclosures**

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. This would include the release of psychotherapy notes, the use of PHI for marketing or fundraising purposes or the sale of PHI. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosures that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

### **Your Rights With Respect to Your Protected Health Information.**

**Right to Inspect and Copy:** You have the right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records. To inspect and copy this PHI you must make your request, in writing, to: Mast Drug Co., Inc. Attn: Privacy Officer 1910 Ross Mill Rd Henderson, NC 27537. We have up to 30 days (with a one time 30 day extension, if necessary) to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

**Right to an Electronic Copy of Electronic Medical Records:** If your Protected Health Information is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format that you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format that you request, your record will be provided in either our standard electronic format or a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Get Notice of a Breach:** You have the right to be notified upon a breach of any of your Protected Health Information.

**Right to Amend:** If you feel that Health Information we have 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 our office. To request an amendment, you must make your request, in writing, to: Mast Drug Co., Inc. Attn: Privacy Officer 1910 Ross Mill Rd Henderson, NC 27537.

**Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to: Mast Drug Co., Inc. Attn: Privacy Officer 1910 Ross Mill Rd Henderson, NC 27537.

**Right to Request Restrictions:** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or the payment of your care. For example, you could ask that we not share information about a particular medication with your spouse. Your request must state the specific restriction requested and to whom you want the restriction to apply. To request a restriction, you must make your request, in writing, to: Mast Drug Co., Inc. Attn: Privacy Officer 1910 Ross Mill Rd Henderson, NC 27537.

We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full.

If our organization believes it is in your best interest to permit use and disclosure of your Protected Health Information, your Protected Health Information will not be restricted. You then have the right to use another Healthcare Professional.

**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 by mail or at work. To request confidential communications, you must make your request, in writing, to: Mast Drug Co., Inc. Attn: Privacy Officer 1910 Ross Mill Rd Henderson, NC 27537. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**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. You may obtain a copy of this notice at our website, [www.mastdrug.com](http://www.mastdrug.com). To obtain a paper copy of this notice, you must make your request, in writing, to: Mast Drug Co., Inc. Attn: Privacy Officer 1910 Ross Mill Rd Henderson, NC 27537.

## HIPAA NOTICE OF PRIVACY PRACTICES

We reserve the right to change the terms of this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice in the pharmacy.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. You may file a complaint with us by notifying our Privacy Officer of your complaint. **You will not be penalized for filing a complaint.**

**We are required by law** to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information, if you have any questions concerning or objections to this form, please ask to speak with our Chief Operations Officer by phone at 252-438-3112.

**Associated companies with whom we may do business,** such as an answering service or delivery service, are given only enough information to provide the necessary service to you. No medical information is provided.

**We welcome your comments:** Please feel free to call us if you have any questions about how we protect your privacy. Our goal is always to provide you with the highest quality services.