NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used, disclosed, and how you can get access to this information. Please read it carefully.

Our Duty to Safeguard Your Protected Health Information (PHI)

We are committed to preserving the privacy and confidentiality of your health information. We are required by certain state and federal regulations to implement policies and procedures to safeguard your health information. We are required by state and federal regulations to abide by the privacy practices described in this notice, including any future revision that we may make to notice as they become necessary or as authorized by law.

Individually identifiable information about your past, present or future of your health condition, the provision of health care to you or payment for the health care services you received is considered protected health information (PHI). Accordingly, we are required to provide you with this notice that contains information regarding our privacy practices to explain how, when and why we may use or disclose your PHI and your rights and our obligations regarding any such uses or disclosures, except in specified circumstances. In specified circumstances we must use or disclose only the minimum amount of PHI necessary to accomplish the intended purpose of such information.

How We May Use and Disclose Your Protected Health Information

We have a limited right to use and/or disclose your protected health information (PHI) for purposes of treatment, payment, or other health related services. For other uses and disclosures, you must give Premier Pharmacy Services your written authorization to release your PHI unless the law permits or requires us to make the use or disclosure without your authorization.

Should it become necessary to give access to your PHI to an outside party performing services on our behalf, we will require the party to have a signed agreement with us to ensure the same degree of privacy protection to your information is extended by the other party as we do. The privacy law permits us to make some uses or disclosures of your PHI without your consent or authorization. The following describes each of the different ways that way may use or disclose your PHI:

1. Uses and Disclosures to Treatment: We may disclose your PHI to those who are involved in providing medical and/or nursing care services and treatments to you. We may also disclose your PHI to outside entities performing other services relating to your treatment.

2. Use and Disclosures Related to Payment: We may use or disclose your PHI to bill and collect payment for items or services we provide to you.

3. Use and Disclosures Related to Health Care Services: We may use or disclose your PHI to perform certain functions in monitoring and improving the quality of care and services that you and others receive. We may also disclose your PHI for auditing, care planning, quality improvement, and learning purposes.

4. Use and Disclosures Related to Treatment Alternatives, Health Related Benefits and Services: We may disclose your PHI to contact you to inform you of treatment alternatives or health related benefits and services that may be of interest to you, such as newly released medication that has a direct relationship to your treatment or medical condition.

For uses and disclosures of your PHI beyond the above expected purposes, we are required to have your written authorization, except otherwise required or permitted by law. You have the right to revoke an authorization at any time to stop future uses or disclosures of your information except to the extent that we have already undertaken an action in reliance upon your authorization. Your revocation request must be provided to us in writing.

We may disclose a limited amount of your PHI if we provide you with an advance verbal or written notice and you do not object to such release or such release is not otherwise prohibited by law. However, in an emergency situation and you're unable to object, disclosure may be made if it is consistent with all prior expressed wishes and disclosure determined to be in your best interest. When disclosure is made based upon an emergency situation, we will only disclose PHI relevant to the person's involvement to your care. You will be informed and given an opportunity to object to further disclosures of such information as soon as you able to do so.

State and federal laws and regulations in some instances either require or permit us to use or disclose your PHI without your consent or authorization. These uses or disclosures that we may make without your consent include the following:

– When required by law
– Abuse, neglect, or domestic violence
– Communicable disease
– Disaster relief

— Food and Drug Administration (FDA)
— For public health activities
— For health oversight activities
— To coroners, medical examiners, funeral directors, organ procurement organizations or tissue banks
— For research purposes
— To avert a serious threat to health or safety
— For judicial or administrative proceedings
— To law enforcement
— To personal representatives
— For specific government functions
— For workers compensation

Your Rights Regarding your Protected Health Information

You have the following rights concerning the use or disclosure of your protected health information:

1. The Right to Request Restrictions on Uses and Disclosures of Your Protected Health Information: You have the right to request that we limit how we use or disclose your PHI for treatment, payment, or health care services. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment of your services. Should you place a restriction on the use of disclosure of your PHI, you must submit such request in writing.

2. The Right to Inspect and Copy Your Health and Billing Records: You have the right to inspect and copy your PHI. To inspect and/or copy your PHI, you must submit a written request to Premier Pharmacy Services.

3. The Right to Amend or Correct Your Protected Health Information: You have the right to request that your PHI be amended or corrected if you have reason to believe that certain information is incomplete of incorrect. You have the right to make such request of us for as long as we maintain your protected health information. Your request must be submitted to us in writing.

4. The Right to Request Confidential Communications: You have the right to request that we communicate with you about your health matters in a certain way. We will agree with your request as long as it is reasonable for us to do so