

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Understanding Your Health Information**

Each time you visit our website or use our mail order services for filling prescriptions, a record of your information is made. Typically, our records contain your prescription, your personal information, and other relevant health information. We understand the importance of maintaining the privacy of your health information.

- We will keep confidential all information given to us by you, your physician or physician's office.
- We will not share any confidential information except to those health care providers or other individuals who you have authorized
- Access to your information will be limited to those personnel who have need to use your information for filling, dispensing, adjudicating, and billing of your prescriptions
- Any electronic transmission will be sent by encrypted and secure data sets as described by HIPAA (government privacy standards) regulations
- No information will be released without permission in writing from you or your designated representative (power of attorney or guardian)

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where and why others may access your health information
- make more informed decisions when authorizing disclosure to others.

**Your Health Information Rights:**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information but we are not required to agree to such restrictions.
- obtain a paper copy of the notice of information practices upon request
- inspect and copy your health information records
- request an amendment to your health information records in writing
- obtain an accounting of disclosures of your health information for up to 6 years prior to request
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information in a written request except to the extent that action has already been taken

**Our Responsibilities:**

We are required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us.

We will not use or disclose your health information without your authorization, except as described in this notice.

We reserve the right to charge you a reasonable fee for services requested.

We will keep copies of your health information records for 6 years.

**For More Information or to Report a Problem**

If have questions and would like additional information, you may contact the [Legal Compliance Department] at (215) 331-0848.

If you believe your privacy rights have been violated, you can file a complaint with the [Legal Compliance Department] or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

**Examples of Disclosures for Treatment, Payment and Health Operations**

*We will use your health information for treatment. For example:* A prescription sent to us will be used for the purposes of filling and dispensing the prescription. We may need to consult with your other health care providers regarding your prescription if our systems indicate an adverse drug interaction.

*We will use your health information for payment. For example:* A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

*We will use your health information for regular health operations. For example:* Members of our staff or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the services we provide.

**Other Uses or Disclosures**

*Services:* We will process your prescription drug claims. This process may involve sharing certain information with you or your doctor, pharmacist, health plan or plan administrator. These disclosures would be made in accordance with the

terms of your health plan or prescription benefit plan. We will process and send the orders you have placed. We also reserve the right to use your personal or health information to generate aggregate data for analysis. We may also provide you with refill reminders or information about treatment alternatives.

*Health Plans:* We may disclose your confidential health information to your group health plan, carrier or HMO.

*Business Associates:* There are some services provided in our organization through contacts with business associates. An example includes a software or technology vendor we may use to provide technical support. When these services are contracted, such business associate may have access to your health information so that they can perform the job we've asked them to do. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.

*Communication with Family:* Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

*Marketing:* We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

*Fund Raising:* We may contact you as part of a fund-raising effort.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

*Workers Compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Public Health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

*Correctional Institution:* Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health, and the health and safety of other individuals.

*Law Enforcement:* We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.