



Seven Lakes Prescription Shoppe
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PRESCRIPTION SHOPPE HIPAA NOTICE OF PRIVACY PRACTICES

EFFECTIVE October 2022

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

We understand the confidential nature of the Protected Health Information (PHI) you provide to Seven Lakes Prescription Shoppe. We want you to understand how Seven Lakes and Whispering Pines Prescription Shoppes may use and disclose certain information you provide us, and what rights you have concerning that information. If you have questions about this notice, please contact Rob Barrett.

Your PHI is information about you that could identify you, as it relates to your past, present and future physical or mental health or conditions.

This pharmacy will abide by the terms presented within this Notice. For any uses or disclosures that are not listed herein, the pharmacy will obtain a written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail within this notice.

We reserve the right to change the Pharmacy's Privacy Practices and this Notice. Revisions of this Notice will be posted in the pharmacy and upon your request, provided to you in a paper format.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you (PHI). Except for the purposes described below, we will use and disclose your PHI only with your written permission. You may revoke such permission at any time by writing to our Privacy Practice Officer Rob Barrett.

For Treatment. We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose your PHI to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with your prescriptions or other medical care.

For Payment. We may use and disclose your PHI so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and other services you receive. For example, we may give your health plan provider information about you so that they will pay for your prescriptions, treatment and other services you receive here at the pharmacy.

For Health Care Operations. We may use and disclose your PHI for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office through improvement activities, quality assessments, and to evaluate the pharmacy work force. For example, we may use and disclose information to make sure the care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (your health plan) for their health care operation activities.

Appointment and Refill Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose PHI to contact you to remind you of prescription refills and appointments that you have with us. We also may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Fundraising. We may use demographic PHI to send you fundraising information, or we may disclose demographic PHI about you to its business associates or an institutionally related foundation to send you a fundraising packet. No further disclosure will be allowed by the business associates or an institutionally related foundation without your written authorization.

Research. Under certain circumstances, we may use and disclose PHI for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose your PHI for research, the project will undergo a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or copy any PHI. The pharmacy will request a signed authorization by the individual for all other research purposes.

SPECIAL SITUATIONS: PUBLIC USE AND BENEFIT ACTIVITIES.

The following is an accounting of additional ways in which we are permitted or required to use or disclose PHI about you without your written authorization.

As Required by Law. We will disclose PHI when required to do so by International, Federal, State, or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI 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 PHI about you to our business associates for services that they may provide to or for the pharmacy. For example, we may use another company to perform billing services on our behalf. All 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.

Public Health Risks. We may disclose PHI for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law. For example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government benefit programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. We may disclose PHI about you in the course of any judicial or administrative proceedings, provided that proper documentation is presented to us through an order from a court or administrative tribunal, or 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 PHI 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.

Coroners, Medical Examiners and Funeral Directors. We may disclose PHI about the deceased, or prior to, and in reasonable anticipation of an individual's death, to coroners, medical examiners and to funeral directors as necessary for their duties.

Organ and Tissue Donation. If you are an organ donor, we may use or release PHI to organizations that manage organ procurement, banking, or transportation of cadaveric organs, eyes, or tissues to facilitate organ, eye or tissue donation or transplantation.

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

National Security and Intelligence Activities. We may release PHI to authorized federal officials for intelligence, counterintelligence, and other National Security activities authorized by law.

Protective Services for the President and Others. We may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads-of-state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to them. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) the safety and security of the correctional institution or law enforcement official.

Worker's Compensation. We may release PHI for worker's compensation or similar programs as authorized by and to the extent necessary to comply with worker's compensation laws or programs established by law. For example, these programs provide benefits for work-related injuries or illness.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT OR OPT OUT.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI 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 PHI 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. We will provide you an opportunity to agree or object to such a disclosure whenever we can practically do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES.

The following uses and disclosures of your PHI will be made only with your written authorization:

1. Uses and disclosures of PHI for marketing purposes.
2. Disclosures that constitute a sale of your Protected Information.

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer, Rob Barrett, and we will no longer disclose PHI under the authorization. The disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR HEALTH INFORMATION RIGHTS.

You have the following rights in respect to your PHI:

Rights to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request in writing to the Pharmacy. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment of health care 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 we agree, we will comply with your request unless the information is needed to provide emergency treatment to you.

Right to Request Confidential Communications. You have the right to request that the pharmacy communicate with you using an address or phone number other than your residence. However, state and federal laws require the pharmacy to have an accurate address and home phone number or cell phone number in case of emergencies. We will consider all reasonable requests. To request confidential communications, you must make your request, in writing, to Prescription Shoppe at Seven Lakes or Whispering Pines. Your request must specify how or where you wish to be contacted.

Right to Inspect and Copy. You have a 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, other than psychotherapy notes. To inspect and copy this PHI, you must make your request, in writing, to Prescription Shoppe at Seven Lakes or Whispering Pines. We have up to 30 days 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. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic copy of Electronic Medical Records. If your PHI 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 you request, if readily producible in such form or format. If the PHI is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, 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 Amend. If you feel that the PHI 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 Prescription Shoppe at Seven Lakes or Whispering Pines.

Right to Obtain Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured PHI.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of PHI 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 Prescription Shoppe at Seven Lakes or Whispering Pines.

Right to Paper Copy of this Notice. You have a right to a paper copy of this Notice. You may ask us to give you a copy at any time. Even if you agreed to receive this notice electronically, you are still entitled to a paper copy. You may obtain a copy of this notice at our web site: www.rxshoppenc.com. To obtain a written copy of this notice call Seven Lakes Prescription Shoppe at 910-673-7467 or Whispering Pines Prescription Shoppe at 910-949-3700.

CHANGES OR REVISIONS TO THIS NOTICE.

We reserve the right to change or revise this notice and make the new revised version applicable to all PHI received prior to its effective date. The revised Notice will be available, upon request, to all. The Pharmacy will also post the revised version of the notice on our website and in the Pharmacy.

COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with the Pharmacy and/or to the Secretary of the Department of Health and Human Services at 200 Independence Ave. S.W.; Washington D.C. 20201 To file a complaint with our office, contact, Rob Barrett. All complaints must be made in writing. You will not be penalized for filing a complaint. Address: Rob Barrett, 120 McDougall Drive, West End, N.C. 27376