

## 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. If you have questions about this notice, please contact our Privacy Officer at 206-347-4644.

### WHY ARE WE GIVING YOU THIS NOTICE?

Madison Park Pharmacy and Wellness Center (hereafter referred to as Madison Park Pharmacy) respects your privacy and understands that medical information about you and your health is personal and sensitive. In 1996, the United States Congress enacted a law titled the Health Insurance Portability and Accountability Act, commonly known as "HIPAA" and referred to herein as "the Act". The Act, and similar state laws which apply to us, are designed to help protect the privacy of individual health information that we have created or received regarding your healthcare or payment for your healthcare, which includes your prescription records and personal information such as your name, social security number, address, and phone number. One of the requirements of the law is to provide you with this notice of our legal duties and privacy practices in order to better inform you about your rights and how your medical information may be used. This notice describes the ways we may use and disclose medical and other personal information about you and our obligations if we do so. It also describes your rights and obligations regarding the use and disclosure of your medical information. We are required to make sure that medical information that identifies you is kept private, and to follow the terms of the Privacy Notice that is currently in effect.

### WHO WILL FOLLOW THIS NOTICE

All employees of Madison Park Pharmacy dealing with confidential medical information will be bound by the policy set forth.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

Madison Park Pharmacy is allowed to use and disclose your medical information in a number of ways pertaining to your treatment, prescriptions, payment for products and services, and our healthcare operations. The following three categories describe some of the different ways that we use and disclose medical information. Not every possible use or disclosure is listed, but all of the ways we are permitted to use and disclose information will fall within one of these three categories:

**Treatment.** We may use medical information about you to provide you with medical, and prescription treatment or services. We may disclose medical information about you to doctors, nurses, technicians, pharmacy students or other authorized personnel who are involved in your healthcare. For example, a doctor prescribing a pain medication should know if you are allergic to certain pain medications so you do not have an adverse drug reaction.

**Payment.** We may use and disclose medical information about you so that we can collect payment from you, your insurance company, or another third party for the services you receive at Madison Park Pharmacy. For example, we may need to give your prescription plan information about prescriptions you received at Madison Park Pharmacy so it will pay us or reimburse you for the prescriptions. We may also tell your health plan or health insurer about prescriptions or services you are going to receive to obtain prior approval or to determine if your insurance plan will cover it.

**Healthcare Operations.** We may use and disclose medical information about you for operational purposes. These uses and disclosures are necessary to run Madison Park Pharmacy efficiently and effectively and to make sure that all of our patients receive quality care. For example, we may use medical information to review and improve the service you receive, to provide training, to help decide the services we offer, and what prices to charge. We may also share your health information with other individuals (such as consultants) and organizations that help us with our business activities. If we share your health information with other organizations for this purpose, they must also agree to protect your privacy, pursuant to agreements with Madison Park Pharmacy.

### OTHER ROUTINE USES AND DISCLOSURES

**Prescription reminders.** We may contact you in writing, by phone, or by electronic methods including but not limited to text and email, to remind you that a prescription is due for renewal.

**Health-related benefits and services.** We may tell you about health-related benefits, services or products that may be of interest to you.

**Individuals involved in your care or payment for your care.** We may release or disclose medical information about you to a friend or family member who is involved in your health care, to someone who helps pay for your care, or to an entity assisting in financial relief. The information may include, but not necessarily be limited to, your prescription information, price, availability for pickup or denial status.

**As required by law.** We will disclose medical information about you when required to do so by federal, state or local laws or regulations.

**To avert a serious threat to health or safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat from materializing.

#### SPECIAL SITUATIONS

**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public health and safety.** We may disclose medical information about you for public health activities. These activities generally include the following:

- ☐ To prevent or control disease, injury or disability;
- ☐ To report suspected abuse, neglect or domestic violence to the appropriate government authority;
- ☐ To 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.

**Health oversight activities.** We may disclose medical information to a health oversight agency for activities authorized by law such as 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.

**Legal proceedings.** We may disclose medical information about you in the course of any legal proceeding in response to an order of a court or administrative agency and, in certain cases, in response to a subpoena, discovery request, or other lawful process.

**Law enforcement.** We may release medical information in certain situations if asked to do so by a law enforcement official:

- ☐ In response to a court order, subpoena, warrant, summons or similar process;
- ☐ To identify or locate a suspect, fugitive, material witness, or missing person;
- ☐ About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- ☐ About a death we believe may be the result of criminal conduct;
- ☐ About criminal conduct which may have occurred at Madison Park Pharmacy; and
- ☐ In emergency circumstances to report a crime; the location of the crime; or the identity, description and/or location of the victim or person who may have committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials as authorized by law or in connection with providing protective services to the president of the United States or foreign heads of state.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official for certain purposes, such as providing prescriptions to you or protecting your health and safety or that of other individuals.

#### YOUR HEALTH INFORMATION RIGHTS

*Note: You may exercise any of the rights described below, or ask questions about these rights, by contacting the Privacy Officer at 425-486-7711.*

#### **You have the right to:**

**Obtain a paper copy of the Notice upon request.** You may request, and have the right to receive, a copy of our current Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy at the site where you obtain health care services from us or by mailing a request to *Madison Park Pharmacy Drug & Gift, PO Box 82057, Kenmore, WA 98028.*

**Request restrictions** by asking that we limit the way we use or disclose your medical information for treatment, payment, or health care operations. You may also ask that we limit the information we give someone who is involved in your care, such as a family member or friend. We are not required to agree to your request. If we do agree, we will honor your restriction unless it is an emergency. We may ask you to make your request in writing.

**Ask that we communicate with you** by another means to preserve confidentiality. For example, if you want us to communicate with you at a different address or telephone number we can usually accommodate your request if it is reasonable. We may ask that you make your request in writing.

**Receive a copy of your pharmacy record** within 30 days of the request. If you feel an error has been made, you may request that the record be changed. We are not required to agree to your request. We may ask you to make your request in writing.

**Receive an accounting of disclosures of PHI.** With the exception of certain disclosures, you have a right to receive a list of the disclosures we have made of your PHI, in the six years prior to the date of your request, to entities or individuals other than you. To request an accounting, you must submit a request in writing to the Privacy Office. Your request must specify a time period. You may request the accounting at the site where you obtain health care services from us or by mailing a request to Madison Park Pharmacy and Wellness Center 4130 E Madison St. Seattle, WA 98112.

**To Report a Problem:** If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the US Department of Health & Human Services (HHS) Secretary of Health and Human Services. You can also file a complaint at the site where you received health care services, and we will route your complaint to the Privacy Officer. There will be no retaliation for filing a complaint.