

## 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.

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, Spectrum Pharmacy of Arizona (hereafter “the Facility”) has created this Notice of Privacy Practices (Notice). This Notice describes the Facility’s privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that the Facility protect the privacy of your PHI that the Facility has received or created. This Facility will abide by the terms presented within this Notice. For any uses or disclosures that are not listed below (including marketing and selling of PHI), the Facility 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 below. The Facility reserves the right to change the Facility’s privacy practices and this Notice.

#### HOW THE FACILITY MAY USE AND DISCLOSE YOUR PHI

The following is a statement of how the Facility is permitted or required by law to use and disclose your PHI.

**Uses and disclosures of PHI for Treatment:** We will use the PHI that we receive from you to fill your prescription and coordinate or manage your health care.

**Uses and disclosures of PHI for Payment:** The Facility will disclose your PHI to obtain payment or reimbursement from insurers for your health care services.

**Uses and disclosures of PHI for Health Care Operations:** The Facility may use the minimum necessary amount of your PHI to conduct quality assessments, improvement activities, and evaluate the Facility workforce.

**Uses and disclosures as required by law:** The Facility is required to use or disclose your PHI as required and limited by law.

**Uses and disclosure for Public Health Activities:** The Facility may use or disclose PHI about you to a public health authority that is authorized by law to collect for the purpose of preventing or controlling disease, injury, or disability. This includes the FDA so that it may monitor any adverse effects of drugs, foods, nutritional supplements and other products as required by law.

**Uses and disclosure about victims of abuse, neglect or domestic violence:** The Facility may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.

**Uses and disclosures for health oversight activities:** The Facility may use or disclose PHI about you to a health oversight agency for oversight activities which may include audits, investigations, inspections as necessary for licensure, compliance with civil laws, or other activities the health oversight agency is authorized by law to conduct.

**Disclosures to individuals:** The Facility may disclose your PHI to individuals involved in your care.

**Disclosures for judicial and administrative proceedings:** The Facility may disclose PHI in the course of any judicial or administrative proceedings, provided that proper documentation is presented to the Facility.

**Disclosures for law enforcement purposes:** The Facility may disclose PHI about you to law enforcement officials for authorized purposes as required by law or in response to a court order or subpoena.

**Uses and disclosures about the deceased:** The Facility may disclose PHI about a deceased, or prior to, and in reasonable anticipation of an individual’s death, to coroners, medical examiners, and funeral directors.

**Uses and disclosures for cadaveric organ donation purposes:** The Facility may use and disclose PHI for the purpose of procuring, banking, or transplanting cadaveric organs, eyes, or tissues for donation purposes.

**Uses and disclosures for research purposes:** The Facility may use and disclose PHI about you for research purposes with a valid waiver of authorization approved by an institutional review board or a privacy board. Otherwise, the Facility will request a signed authorization by the individual for all other research purposes.

**Uses and disclosures for health or safety:** The Facility may use or disclose PHI believed to aid in averting a serious threat to health or safety. Disclosure must be made in good faith and consistent with any applicable law and ethical conduct.

**Uses and disclosures for specialized government functions:** The Facility may use or disclose PHI about you for specialized government functions including; military and veteran’s activities, national security and intelligence, protective services, department of state functions, and correctional institutions and law enforcement custodial situations.

**Disclosure for workers’ compensation:** The Facility may disclose PHI about you as authorized by and to the extent necessary to comply with workers’ compensation laws or programs established by law.

**Disclosures for disaster relief purposes:** The Facility may disclose PHI as authorized by law to a public or private entity to assist in disaster relief efforts and for family and personal representative notification.

**Disclosures to business associates:** The Facility may disclose PHI about you to the Facility’s business associates for services that they may provide to or for the Facility to assist the Facility to provide quality health care. To ensure the privacy of your PHI, we require all business associates to apply appropriate safeguards to any PHI they receive or create.



**Information about treatment alternatives:** The Facility may contact you regarding alternative treatments and/or products.  
**Health related benefits or services:** The Facility may contact you about benefits or services we provide.

#### **FOR ALL OTHER USES AND DISCLOSURES**

The Facility will obtain a written authorization from you for all other uses and disclosures of PHI, and the Facility will only use or disclose pursuant to such an authorization. In addition, you may revoke such an authorization in writing at any time. To revoke a previously authorized use or disclosure, please contact Madison West, the Facility's representative.

#### **YOUR HEALTH INFORMATION RIGHTS**

The following are a list of your rights regarding your PHI. Please contact Madison West for more information about the below.

**Request restrictions on certain uses and disclosures of your PHI:** You have the right to request additional restrictions of the Facility's uses and disclosures of your PHI. The Facility is not required to accommodate a request, excepting a request to restrict disclosures to health insurance plans related to products and services you pay out-of-pocket for.

**The right to have your PHI communicated to you by alternate means or locations:** You have the right to request that the Facility communicate confidentially with you using an address or phone number other than your residence. However, state and federal laws require the Facility to have an accurate address and home phone number in case of emergencies. The Facility will consider all reasonable requests.

**The right to inspect and/or obtain a copy your PHI:** You have the right to request access and/or obtain a copy of your PHI that is contained in the Facility for the duration the Facility maintains PHI about you. There may be a reasonable charge for photocopying documents. You will be notified if any such charges apply.

**The right to amend your PHI:** You have the right to request an amendment of the PHI the Facility maintains about you if you feel that the PHI the Facility has maintained about you is incorrect or incomplete. Under certain circumstances we may deny your request for amendment. If we do deny the request, you will have the right to have the denial reviewed by someone we designate who was not involved in the initial review. You may also ask the Secretary of the United States Department of Health and Human Services (HHS), or their appropriate designee, to review such a denial.

**The right to receive an accounting of disclosures of your PHI:** You have the right to receive an accounting of certain disclosures of your PHI made by the Facility.

**The right to receive additional copies of the Facility's Notice of Privacy Practices:** You have the right to receive additional paper copies of this Notice upon request

**Notification of Breaches:** You will be notified of any breaches that may compromise the privacy of your PHI.

#### **REVISIONS TO THE NOTICE OF PRIVACY PRACTICES**

The Facility reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Facility and/or to the Secretary of HHS or their designee. If you wish to file a complaint with the Facility, please contact Madison West. If you wish to file a complaint with the Secretary, please use the following link:

<http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html>

The Facility will not take any adverse action against you as a result of your filing of a complaint.

#### **CONTACT INFORMATION**

If you have any questions on the Facility's privacy practices or anything contained within the Notice, please contact:

Spectrum Pharmacy of Arizona  
Attn: Madison West  
6250 E. Grant Road #388  
Tucson, AZ 85712  
(520) 296-0317