

## BLOOMINGTON DRUG NOTICE OF PRIVACY PRACTICES

This Notice is effective November 01, 2017

**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.**

The Health Insurance Portability and Accountability Act of 1996, "HIPAA," requires that we (Bloomington Drug) protect the privacy of your individual health information (referred to as "protected health information" or "PHI"). This medical information may be information about healthcare we provide to you or payment for healthcare provided to you. It may also be information about your past, present, or future medical condition(s).

We are also required by law to provide you with this Notice of Privacy Practices ("Notice") explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice.

The pharmacy may change the terms of this Notice in the future and make the new Notice applicable to all PHI that we maintain. The revised Notice will be available, upon request, to all individuals. The pharmacy will also post the revised version of the Notice in the pharmacy waiting area and [www.bloomingtondrug.com](http://www.bloomingtondrug.com).

The rest of this Notice will discuss how we may use and disclose your PHI as well as explain your rights with respect to your PHI.

### **HOW THE PHARMACY MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)**

We are permitted to make certain types of uses and disclosures of your PHI in the following categories. We have provided you with examples in certain categories; however, not every permissible use or disclosure will be listed in this Notice. Note that some types of PHI (ex. HIV information, genetic information, alcohol and/or substance abuse records, and mental health records) may be subject to special confidentiality protections under applicable state or federal laws and we will abide by these laws.

### **USES AND DISCLOSURES OF YOUR PHI THAT DO NOT REQUIRE YOUR PRIOR AUTHORIZATION**

Except where prohibited by federal or state laws that require special privacy protections, we are permitted to use or disclose your PHI for treatment, payment, or healthcare operations without your prior authorization as follows:

**Treatment.** We may use and disclose your PHI to provide, coordinate, or manage the treatment, medications, and services you receive. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with other third parties, such as hospitals, other pharmacies, healthcare facilities, and agencies.

**Payment.** We may use and disclose your PHI in order to obtain payment for pharmaceutical care services that we provide to you and for other payment activities related to the services that we provide. Your PHI may be disclosed to one or several intermediaries employed by your plan sponsor including but not limited to insurers, pharmacy benefit managers, claims administrators, and computer switching companies.

**Health Care Operations.** We may use and disclose your PHI for our healthcare operations as necessary or required, and especially to monitor or improve the quality of the health care products and services provided to you by us and other healthcare providers. For example, we may use your PHI for quality assessments, improvement activities, provider review and training, underwriting activities, compliance activities, planning, development, management, and administration.

**In addition to treatment, payment, and health care operations as described above, we may use and disclose your PHI without your prior authorization for the following purposes:**

**Business Associates.** From time to time, we may employ the services of business associates who may assist us in one or more tasks and who may use, change, or create PHI. Business associates are required to comply with all privacy regulations on your behalf.

**To Communicate with Individuals Involved in Your Care or Payment for Your Care.** We may disclose your PHI to a relative, close personal friend, or to any other person identified by you, PHI that is directly relevant to the person's involvement with your care or payment related to your care.

**Federal and State Government Agencies.** We may disclose your PHI to federal and state government agencies for a variety of purposes, most of which are directed at monitoring health care quality and safety, and government programs related to health care and our compliance with laws applicable to health care. For example, the United States Drug Enforcement Administration (DEA) monitors the distribution and usage of controlled substances, while the United States Food and Drug Administration (FDA) monitors adverse drug events. We may disclose your PHI to such agencies where required by the agency so that the agency can carry out its required activities. Related to this, some private businesses, such as manufacturers of medications and medical devices are legally required to conduct post marketing surveillance in order to ensure the safety of their products. Disclosing your PHI for such surveillance may be necessary. A number of state agencies also conduct health care quality and safety activities, for which we may disclose your PHI. For example, some states maintain a controlled substance monitoring program and require that we report to the state the prescriptions for controlled substances that we dispense to you.

**Federal and State Government Health Care Insurance Programs.** If you apply for and receive benefits from federal and state health care programs, such as Medicare or Medicaid, your PHI may be disclosed to the agency granting these benefits. If you are employed by a business that is required to carry workers' compensation insurance, and you are injured in such a way that the workers' compensation plan covers your health care, it may be necessary to disclose your PHI to the workers' compensation plan. Such plans have a right to conduct audits, inspections, and investigations of our activities and your activities, and where required, we will disclose your PHI for these activities.

**Public Health and Safety.** There are several federal and state laws that require health care providers to report to various government agencies matters related to public health. If your physical or mental health condition and illness is of a nature that requires that it be reported, then we will disclose your PHI to the appropriate government agency in order to comply with these laws.

**Law Enforcement.** We may disclose your PHI for law enforcement purposes as required or permitted by law – for example, in response to a subpoena or court order, in response to a request from law enforcement, and to report limited information in certain circumstances.

**As Required by Law.** At any time we are required by federal or state laws, or by court order, subpoena or other legal mandate, to disclose your PHI, we will do so as necessary.

**Health Oversight Activities.** In addition, as a state licensed pharmacy, a variety of federal, state, and local health care agencies, such as the state board of pharmacy, regulate our activities. These agencies may engage in a number of activities designed to monitor and improve federal and state health care programs and systems, including conducting of inspections and investigations of our activities and the health care products and services that we provide to our patients.

**Court Proceedings.** Lawsuits and other legal disputes may involve your PHI that we possess. In the event that you are involved in a lawsuit or other legal proceeding, we will disclose your PHI when required to comply with a court order, subpoena, discovery proceeding, such as a deposition, or other legal mandate served upon us.

**Research.** We may use or disclose your PHI to research organizations if the organization has satisfied certain conditions about protecting the privacy of your PHI.

**Coroners, Medical Examiners, and Funeral Directors.** We may disclose your PHI to coroners or medical examiners so that they can carry out their duties. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

**Organ or Tissue Procurement Organizations.** Consistent with applicable laws, we may disclose your PHI to organ procurement organizations or other entities engaged in procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Notification.** We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location, general condition, or death. If you are incapacitated, there is an emergency, or you object to this use or disclosure, we will do what in our judgement is in your best interest regarding such disclosures and will disclose only the information that is directly relevant to the person's involvement with your health care. We will also use our judgement and experience regarding your best interest in allowing people to pick up filled prescriptions, or similar forms of PHI. We may also use our best judgement to disclose PHI in order to avert serious threat to health or safety if consistent with applicable laws and standards of ethical conduct.

**Disaster Relief.** We may use or disclose your PHI to organizations for purposes of disaster relief efforts.

**Correctional Institution.** If you are or become an inmate of a correctional institution, we may disclose to the institution, or its agents, necessary PHI for your health and the health and safety of other individuals.

**To Avert a Serious Threat to Health or Safety.** We may use or disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Certain Government Functions.** We may use or disclose your PHI for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities.

**Victims of Abuse or Neglect.** We may also disclose your PHI to government agencies in other situations where we are required to submit reports, such as suspected domestic, child, or elder abuse, or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

**Other Uses and Disclosures.** In addition, we contact you to provide refill reminders or information about health screenings, wellness events, inoculations, vaccinations, or other information about treatment alternatives or health-related benefits and services that may be of interest for you. We may also contact you for the purpose of fundraising activities, unless you object.

#### **USES AND DISCLOSURES OF PHI THAT REQUIRE YOUR PRIOR AUTHORIZATION**

The pharmacy will obtain a written authorization from you for all other uses and disclosures of PHI not described above. You may revoke such an authorization in writing at any time, except to the extent the pharmacy has already taken action in reliance on a previously signed authorization form.

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

You have several rights with respect to your PHI as outlined below. If you would like to know more about your rights, please contact our pharmacy.

**Right to a Copy of this Notice.** You have a right to receive this written Notice of Privacy Practices describing how we will protect your PHI. You are entitled to request this written Notice at any time from our pharmacy. In addition, a copy of this Notice will always be posted in our waiting area.

**Right to Request Limitation of Use and Disclosure of PHI.** You have the right to request additional limitations on our use or disclosure of your PHI by sending a written request to the pharmacy. We are not required to agree to the limitations, except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you, or a person on your behalf, has paid in full.

**Right of Access to Inspect and Copy.** You have the right to review or receive photocopies of our records that contain your PHI, to the extent that these records are a part of a designated record set as defined by HIPAA. The most common type of records are your prescriptions on file, our profile for you, and our billing records for health care products and services that have been provided to you. If we maintain an electronic health record containing your PHI, you have the right to request to obtain the PHI in an electronic format. To inspect or obtain a copy of your PHI, you must send a written request to our pharmacy. You may ask us to send a copy of your PHI to a third party that you designate. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed.

**Right to Request an Amendment of PHI.** You have the right to request changes in the content of your PHI contained in our records where you believe the content is incomplete, inaccurate or for some other reason needs to be changed. We may not be able to agree to the requested change if we no longer have the records or if the requested change would cause your PHI to become inaccurate. If we are not able to agree to your requested change we will notify you in writing as to why we are not able to agree.

**Right to Receive an Accounting of Disclosures of PHI.** With exception of certain disclosures, you have the right to receive a list of the disclosures we have made of your PHI, in the six (6) years prior to the date of your request, to entities or individuals other than you. To request an accounting, you must submit a written request to the pharmacy. Your request must specify a time period.

**Right to Request an Alternative Method of Contact.** You have the right to request to be contacted at a different location or by a different method about health matters. For example, you may prefer to have all written information mailed to a different residence, post office box, via e-mail or other electronic means rather than to your home address. Please note that if you choose to receive communications from us via e-mail or other electronic means, those may not be a secure means of communication and your PHI that may be contained in our e-mails to you will not be encrypted. This means that there is risk that your PHI in the e-mails may be intercepted and read by, or disclosed to, unauthorized third parties. To request confidential communication of your PHI, you must submit a request in writing to the pharmacy. Your request must tell us how or where you would like to be contacted. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

**Right to Notification of Breach.** You also have the right to be notified in the event of a breach of your PHI. If a breach of your PHI occurs, and if that information is unsecured (not encrypted), we will notify you in accordance with applicable law.

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

If you have questions or would like additional information about Bloomington Drug's privacy practices, you may contact the pharmacy at 509 West 98<sup>th</sup> Street, Bloomington, Minnesota 55420 or at (952) 884-7528. If you believe your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the Secretary of Health and Human Services. To file a written complaint with us, you may bring your complaint directly to the pharmacy, or you may mail it to our pharmacy address. To file a written complaint with the federal government, please use the following contact information: U.S. Department of Health and Human Services, Centralized Case Management Operations, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201. We will not take any action against you or change our treatment of you in any way if you file a complaint.