

and health care operations. We are not required to agree to your request, unless your request relates to a disclosure to your health plan regarding health care items or services for which you have paid the bill in full. To request a restriction, you must make your request in writing to the Pharmacy's Privacy Officer.

2. You have the right to reasonably request to receive confidential communications of protected health information by alternative means or at alternative locations. To make such a request, you must submit your request in writing to the Pharmacy's Privacy Officer.

3. Subject to certain limited exceptions, you have the right to inspect and copy the protected health information contained in your medical and billing records and in any other Pharmacy records used by us to make decisions about you. In order to inspect and copy your health information, you must submit your request in writing to the Pharmacy's Privacy Officer. If you request a copy of your health information, we may charge you a fee for the costs of copying and mailing your records, as well as other costs associated with your request.

4. You have the right to request an amendment to your protected health information, but we may deny your request for amendment in certain limited situations. In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records. In order to request an amendment to your health information, you must submit your request in writing to the Pharmacy's Privacy Officer, along with a description of the reason for your request.

5. You have the right to receive an accounting of certain disclosures of protected health information made by us to individuals or entities other than to you for the six years prior to your request, except for disclosures for which we are not required to keep an accounting, such as disclosures for treatment, payment and health care operations. To request an accounting of disclosures of your health information, you must submit your request in writing to the Pharmacy's Privacy Officer. Your request must state a specific time period for the accounting (e.g., the past three months). The first accounting you request within a twelve (12) month period will be free. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

6. You have the right to receive a notification, in the event that there is a breach of your unsecured PHI, which requires notification under the Privacy Rule.

#### COMPLAINTS.

If you believe that your privacy rights have been violated, you should immediately contact the Pharmacy's Privacy Officer. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of Health and Human Services.

This notice is effective as of September 23, 2013.

**apthorp pharmacy** since 1910

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## Privacy Notice

*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.*

#### INTRODUCTION

Apthorp Pharmacy understands that your medical information is private and confidential. Further, we are required by law to maintain the privacy of "protected health information." "Protected health information" includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures we will make of your protected health information. We must comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information we maintain. You can always request a written copy of our most current privacy notice from the Pharmacy's Privacy Officer.

If you have any questions or would like further information about this notice, please contact the Pharmacy's Privacy Officer.

#### PERMITTED USES AND DISCLOSURES

We can use or disclose your protected health information for purposes of treatment, payment and health care operations. For each of these categories of uses and disclosures, we have provided a description and an example below. However, not every particular use or disclosure in every category will be listed.

- **Treatment** means the provision, coordination or management of your health care, including consultations and referrals between health care providers regarding your care. For example, a pharmacist may need to know information about your health conditions or other medication you are taking in order to reduce the likelihood of side effects from medications you are prescribed.
- **Payment** means the activities we undertake to obtain reimbursement for the health care provided to you, including billing, collections, claims management, determinations of eligibility and coverage and utilization review activities. For example, prior to providing health care services, we may need to provide information to your Third Party Payor about the medication prescribed for you to determine whether the proposed medication will be covered.
- **Health care operations** means the support functions of our Pharmacy related to treatment and payment, such as quality assurance activities, case management, responding to patient complaints, compliance programs, audits, business planning, development, management and administrative activities. For example, we may use your protected health information to evaluate the performance of our staff when providing services to you.

## OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

In addition to using and disclosing your information for treatment, payment and health care operations, we may use your protected health information in the following ways:

- We may contact you to provide refill or appointment reminders, or to tell you about or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you.
- We may disclose protected health information to your family, friends or any other individual identified by you for the following purposes: (i) if the information is directly relevant to such person's involvement with your care or payment for your care; (ii) to notify such person(s) of your location, general condition or death. If you are present or otherwise available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not present or otherwise available, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon our professional judgment.
- We will allow your family and friends to act on your behalf to pick up filled prescriptions, medical supplies, and similar forms of protected health information, when we determine, in our professional judgment, that it is in your best interest to make such disclosure.
- We may contact you as part of our efforts to market our Pharmacy's services as permitted by applicable law.
- Subject to applicable law, we may make incidental uses and disclosures of protected health information which are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.
- We will use or disclose protected health information about you when required to do so by applicable law.

## SPECIAL SITUATIONS

Subject to the requirements of applicable law, we will make the following uses and disclosures of your protected health information:

- **Public Health Activities and Health Oversight Activities.** To prevent or control disease, injury or disability; to report abuse or neglect (in the case of an adult, we will only make this disclosure if the patient agrees or when required or authorized by law); to the Food and Drug Administration (FDA) for activities related to FDA-regulated products or services and to report reactions to medications or problems with products; 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; to Federal or State agencies that oversee our activities to monitor the health care system, government benefit programs and compliance with civil rights laws or regulatory program standards.
- **Lawsuits and Disputes.** We may disclose health information about you in response to a court or administrative order; or in response to a subpoena, discovery request, or other lawful process if the Pharmacy is given assurances that efforts have been made to tell you about the request or to obtain an order

protecting the information requested.

- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official: in response to a court order, subpoena, warrant, summons or similar process or in emergency circumstances; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime under certain limited circumstances; about a death we believe may be the result of criminal conduct or about criminal conduct on our premises; and in emergency circumstances, to report a crime, the location of the crime or the identity, description or location of the person who committed the crime.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official.
- **Serious Threats.** We may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or is necessary for law enforcement authorities to identify or apprehend an individual.
- **Other special situations.** Subject to the requirements of applicable law, we may also use or disclose your protected health information for the purposes of: Organ and Tissue Donation (if you are a donor, to procurement or transplantation organizations); Workers Compensation (to programs that provide benefits for work related injuries or illnesses); Coroners, Medical Examiners and Funeral Directors (to determine cause of death or to carry out funeral director services); Disaster Relief Efforts (to public and private entities authorized to assist in disaster relief efforts); Military and Veterans (if you are an Armed Forces member or foreign military member, as required by appropriate military command authorities); National Security and Intelligence Activities (to authorized Federal Officials for intelligence, counterintelligence or other national security activities); and Protective Services for the President and Others (to authorized Federal Officials to protect the present foreign heads of state of other authorized persons or to conduct special investigations).

**Note:** Information regarding HIV, genetics, alcohol and/or substance abuse, mental health and other specially protected health information may enjoy certain special confidentiality protections under applicable State and Federal law. Any disclosures of these types of records will be subject to these special protections.

## OTHER USES OF YOUR HEALTH INFORMATION

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your permission in a written authorization, including uses and/or disclosures: (a) of psychotherapy notes (where appropriate); (b) for marketing purposes; and (c) that constitute a sale of PHI under the Privacy Rule. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization.

## YOUR RIGHTS

1. You have the right to request restrictions on our uses and disclosures of protected health information for treatment, payment