

Notice of Privacy Practices

This information describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

How We Handle your Protected Health Information

We are required by law to maintain the privacy of Protected Health Information (“PHI”) and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. This Notice of Privacy Practices (“Notice”) describes how we may use and disclose PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

Our Pharmacy is required to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request we will provide any revised Notice to you.

Your Health Information Rights

You have the following rights with respect to PHI about you:

Obtain a paper copy of the Notice upon request: You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, contact us at the address listed at the bottom of this page.

Request a restriction on certain uses and disclosures of PHI: You have the right to request additional restrictions on our use or disclosure of PHI about you by sending a written request to the address listed at the bottom of this page. We are not required to agree to those restrictions.

Inspect and obtain a copy of PHI: You have the right to access and copy PHI about you contained in a designated record set for as long as we maintain the PHI. The designated record set usually will include prescription and billing records. To inspect or copy PHI about you, you must send a written request to the address at the bottom of this page. We may charge you a fee for the costs of copying, mailing, and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI about you, you may request that the denial be reviewed.

Request an amendment of PHI: If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI. To request an amendment, you must send a written request to the address listed at the bottom of the page. You must include a reason that supports your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of your disagreement with the decision and we may give a rebuttal to your statement.

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Receive an accounting of disclosures of PHI: You have the right to receive an accounting of the disclosures we have made of PHI about you for most purposes other than treatment, payment, or health care operations. The accounting will exclude certain disclosures such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to a request in writing. Your request must specify the time period, but may not be longer than six years. The first accounting you request within a 12 month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time.

Request communications of PHI by alternative means or at alternative locations: For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communications of PHI about you, you must submit a written request. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests.

Examples of How We May Use and Disclose PHI

The following are descriptions and examples of ways we use and disclose PHI:

We will use PHI for treatment. Example: Information obtained by the pharmacist will be used to dispense prescription medications to you. We will document in your record information related to the medications dispensed to you and services provided to you.

We will use PHI for payment. Example: We will contact your insurer or pharmacy benefit manager to determine whether it will pay for your prescription and the amount of your copayment. We will bill you or a third-party payor for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the prescriptions you are taking.

We will use PHI for health care operations. Example: We may use information in your health record to monitor the performance of the pharmacists providing treatment to you. This information will be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

We will not disclose your prescription drug information without first obtaining your consent, except in the following circumstances.

- (a) The lawful transmission of a prescription drug order in accordance with state and federal laws pertaining to the practice of pharmacy.
- (b) Communications among licensed practitioners, pharmacists and other health care professionals who are providing or have provided services to you.
- (c) Information gained as a result of a person requesting informational material from a prescription drug or device manufacturer or vendor.

(d) Information necessary to affect the recall of a defective drug or device or protect the health and welfare of an individual or the public.

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(e) Information whereby the release is mandated by other state or federal laws, court order, or subpoena or regulations (e.g., accreditation or licensure requirements).

(f) Information necessary to adjudicate or process payment claims for health care, if the recipient makes no further use or disclosure of the information.

(g) Information voluntarily disclosed by you to entities outside of the provider-patient relationship.

(h) Information used in clinical research monitored by an institutional review board, with your written authorization.

(i) Information which does not identify you by name, or that is encoded so that identifying you by name or address is generally not possible, and that is used for epidemiological studies, research, statistical analysis, medical outcomes, or pharmoeconomic research.

(j) Information transferred in connection with the sale of a business.

(k) Information necessary to disclose to third parties in order to perform quality assurance programs, medical records review, internal audits or similar programs, if the third party makes no other use or disclosure of the information.

(l) Information that may be revealed to a party who obtains a dispensed prescription on your behalf.

(m) Information necessary in order for a health plan licensed by the South Carolina Department of Insurance to perform case management, utilization management, and disease management for individuals enrolled in the health plan, if the third party makes no other use or disclosure of the information.

We are permitted to use or disclose PHI about you for the following purposes.

Research: We may disclose PHI about you to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, medical examiners, and funeral directors: We may release PHI about you to a coroner or medical examiner. 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 carry out their duties.

Organ or tissue procurement organizations: Consistent with applicable law, we may disclose PHI about you to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Notification: We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and your general condition.

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

To avert a serious threat to health or safety: We may use and disclose PHI 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.

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

National security and intelligence activities: We may release PHI about you 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 about you to authorized federal official so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Victims of abuse, neglect, or domestic violence: We may disclose PHI about you to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. 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 or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

Other Uses and Disclosures of PHI

We will not disclose your information or the nature of professional pharmacy services rendered to you, without your express consent or the order or direction of a court, except to:

- (a) You, or your agent, or another pharmacist acting on your behalf;
- (b) The practitioner who issued the prescription drug order;
- (c) Certified/licensed health care personnel who are responsible for your care;
- (d) An inspector, agent or investigator from the Board of Pharmacy or any federal, state, county, or municipal officer whose duty is to enforce the laws of South Carolina or the United States relating to drugs or devices and who is engaged in a specific investigation involving a designated person or drug; and
- (e) A government agency charged with the responsibility of providing medical care of you upon written request by an authorized representative of the agency requesting the information.

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For More Information or to Report a Problem

If you have questions or would like additional information about our privacy practices, you may contact the privacy officer at the address on the front. If you believe your privacy rights have been violated, you can file a complaint with the privacy officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Please contact us for more information

Walter Hughes III
Sadler Hughes Apothecary
216 South Broad Street
Clinton, SC 29325