

GREAT LAND INFUSION PHARMACY - 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.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). We are required by law to maintain the privacy of protected health information (PHI) and provide you with notice of our legal duties and privacy practices with respect to PHI. This notice describes how we may use or disclose your PHI, with whom PHI may be shared, and the safeguards we have in place to protect PHI. This notice also describes your rights to access or amend your PHI. We are required to abide by the terms of the notice currently in effect, however, we reserve the right to change the terms of this notice and make the new notice provisions effective for all PHI that it maintains. If this notice is revised or updated, you will promptly receive a revised notice.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your PHI and your privacy rights. The delivery of your services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your services, and will use and disclose your PHI for treatment, payment and operations when necessary.

HOW WE PROTECT YOUR PHI

We protect your PHI a variety of ways. For example, we authorize individuals to access your PHI only to the extent necessary to conduct treatment, payment or health care operations, such as billing for services. We take steps to secure our buildings and electronic systems from unauthorized access. We train our employees on our written confidentiality policy and procedures and employees are subject to disciplinary action if they violate them.

INFORMATION WE OBTAIN

We obtain PHI that we need to provide you with the services you need, to conduct our normal business functions and to comply with the law. Examples of your PHI include your name, Social Security number, address, telephone number, account number, employment, medical history, health records, billing information, etc.

We obtain most of your PHI directly from you or your exchanges with other parties. We may also obtain information from third parties related to your finances, employment, medical history, and other PHI. These third parties may include agents, employers, health care providers, other health plans or insurers, and state and federal agencies.

INFORMATION WE DISCLOSE

The following are some of the different ways that we may use and disclose your personal health information:

For Treatment. We may use or disclose medical information about you to facilitate treatment. For example, we may disclose medical information to other healthcare providers who are involved in taking care of you.

For Payment. We may use and disclose medical information about you to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies (either directly or through a third party billing company), medical necessity determinations and reviews, and collection of outstanding accounts.

For Health Care Operations. We may use and disclose medical information about you for other health care operations necessary to run the pharmacy. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; licensing; personnel training programs; fraud and abuse detection; and administrative activities.

To Business Associates. There are some services provided through contracts with business associates. Examples include accounting, legal, training, and consulting services. Whenever an arrangement with a business associate involves the use or sharing of your personal health information, a contract will be in place to protect the privacy of your personal health information.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

As Required by Law. We will disclose medical information about you when required to do so by federal, state or local law. For example, we may disclose medical information when required by a court order.

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.

GREAT LAND INFUSION PHARMACY - NOTICE OF PRIVACY PRACTICES

CLIENT RIGHTS

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You may come to our offices and inspect and copy most of the medical information about you that we maintain. We may charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. For example, you do not have a right to access psychotherapy notes. If you wish to inspect and copy your medical information, you should contact the Privacy Officer

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must provide a supporting reason, be made in writing, and be submitted to the Privacy Officer. If we agree to amend the information, we will generally amend your information within 60 days of your request and will notify you when we have amended the information. We may deny your request for an amendment if it does not meet the requirements listed above. In addition, we may deny your request if you ask us to amend information that:

- is not kept by or for our pharmacy;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request a list of disclosures, where such disclosure was made for any purpose other than treatment, payment or health care operations. We are not required to give you an accounting of information we have shared with our business associates or for which you have given us a written authorization. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years or before April 14, 2003. Your request should indicate in what form you want the list (i.e. paper or electronic). The first list you request within a 12-month period will be free, and you may be charged for the cost of any additional lists. We will notify you of the cost and you may choose to withdraw or modify your request before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a treatment we provided. We are not required to agree to your request. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must describe: (1) what information you want to limit; (2) whether you want to limit use, disclosure or both; and (3) to whom the limits shall apply, for example, your spouse.

Right to Request Confidential Communications. You can request that we communicate confidentially with you about medical matters. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You may request a paper copy at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

AUTHORIZATION

There may be times when we would like to release your PHI for other reasons. At those times, and before we disclose it, we will ask you to provide us with written authorization. Written authorizations may be revoked at any time, except to the extent that we have already taken action in reliance upon the authorization, or if the authorization was obtained as a condition of obtaining insurance coverage, in which case the insurer has the right to contest a claim under the policy.

COMPLAINTS

If you believe these privacy rights have been violated, you may file a written complaint with the Great Land Infusion Pharmacy Privacy Officer or the Department of Health and Human Services. No retaliation will occur against you for filing a complaint.

CONTACT INFORMATION

You may contact Great Land Infusion Pharmacy's Privacy Officer for further information about the complaint process or for further explanation of this Privacy Policy. The Privacy Officer may be contacted at Great Land Infusion Pharmacy 2421 E. Tudor Rd, Anchorage, AK 99507, or by phone at (907) 561-2421.