



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

USES AND DISCLOSURES

TREATMENT. YOUR HEALTH INFORMATION MAY BE USED BY STAFF MEMBERS OR DISCLOSED TO OTHER HEALTH CARE PROFESSIONALS FOR THE PURPOSE OF EVALUATING YOUR HEALTH, DIAGNOSING MEDICAL CONDITIONS, AND PROVIDING TREATMENT. FOR EXAMPLE, RESULTS OF LABORATORY TESTS AND PROCEDURES WILL BE AVAILABLE IN YOUR MEDICAL RECORD TO ALL HEALTH PROFESSIONALS WHO MAY PROVIDE TREATMENT OR WHO MAY BE CONSULTED BY STAFF MEMBERS.

PAYMENT. YOUR HEALTH INFORMATION MAY BE USED TO SEEK PAYMENT FROM YOUR HEALTH PLAN, FROM OTHER SOURCES OF COVERAGE SUCH AS AN AUTOMOBILE INSURER, OR FROM CREDIT CARD COMPANIES THAT YOU MAY USE TO PAY FOR SERVICES. FOR EXAMPLE, YOUR HEALTH PLAN MAY REQUEST AND RECEIVE INFORMATION ON DATES OF SERVICE, THE SERVICES PROVIDED, AND THE MEDICAL CONDITION BEING TREATED.

HEALTH CARE OPERATIONS. YOUR HEALTH INFORMATION MAY BE USED AS NECESSARY TO SUPPORT THE DAY-TO-DAY ACTIVITIES AND MANAGEMENT OF WEST KINGMAN PHARMACY. FOR EXAMPLE, INFORMATION ON THE SERVICES YOU RECEIVED MAY BE USED TO SUPPORT BUDGETING AND FINANCIAL REPORTING, AND ACTIVITIES TO EVALUATE AND PROMOTE QUALITY.

FACILITY DIRECTORY UNLESS YOU NOTIFY US THAT YOU DO NOT WANT TO PARTICIPATE IN THE PATIENT DIRECTORY, WE MAY USE AND DISCLOSE YOUR NAME, FACILITY LOCATION, RELIGIOUS AFFILIATION, AND GENERAL CONDITION FOR DIRECTORY PURPOSES. THIS INFORMATION IS DISCLOSED ONLY TO PEOPLE WHO ASK FOR YOU BY NAME.

PARTICIPATION IN SHARED ELECTRONIC MEDICAL RECORDS DATABASE. OUR FACILITY SHARES AN ELECTRONIC MEDICAL RECORDS DATABASE WITH OTHER HEALTH CARE PROVIDERS IN ORDER TO PROVIDE QUALITY OF CARE AND INFORMATION SHARING. PLEASE CONTACT OUR PRIVACY OFFICER FOR MORE INFORMATION ON HEALTH CARE PROVIDERS WHO PARTICIPATE IN THE SHARED ELECTRONIC MEDICAL RECORD.

PARTICIPATION IN HEALTH INFORMATION EXCHANGES OR HIE'S. WE MAY PARTICIPATE IN CERTAIN HEALTH INFORMATION EXCHANGES WHERE WE MAY DISCLOSE YOUR HEALTH INFORMATION FOR PAYMENT, TREATMENT, AND HEALTHCARE OPERATIONS. HIE'S ALLOW EFFICIENT ACCESS TO YOUR SHARED MEDICAL INFORMATION. YOU HAVE THE CHOICE TO "OPT OUT" OF HIE PARTICIPATION.

LAW ENFORCEMENT. YOUR HEALTH INFORMATION MAY BE DISCLOSED TO LAW ENFORCEMENT AGENCIES TO SUPPORT GOVERNMENT AUDITS AND INSPECTIONS, TO FACILITATE LAW ENFORCEMENT INVESTIGATIONS, AND TO COMPLY WITH GOVERNMENT-MANDATED REPORTING. PUBLIC HEALTH REPORTING. YOUR HEALTH INFORMATION MAY BE DISCLOSED TO PUBLIC HEALTH AGENCIES AS REQUIRED BY LAW. FOR EXAMPLE, WE ARE REQUIRED TO REPORT CERTAIN COMMUNICABLE DISEASES TO THE STATE'S PUBLIC HEALTH DEPARTMENT.

OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION. DISCLOSURE OF YOUR HEALTH INFORMATION OR ITS USE FOR ANY PURPOSE OTHER THAN THOSE LISTED ABOVE REQUIRES YOUR SPECIFIC WRITTEN AUTHORIZATION. IF YOU CHANGE YOUR MIND AFTER AUTHORIZING A USE OR DISCLOSURE OF YOUR INFORMATION YOU MAY SUBMIT A WRITTEN REVOCATION OF THE AUTHORIZATION. HOWEVER, YOUR DECISION TO REVOKE THE AUTHORIZATION WILL NOT AFFECT OR UNDO ANY USE OR DISCLOSURE OF INFORMATION THAT OCCURRED BEFORE YOU NOTIFIED US OF YOUR DECISION TO REVOKE YOUR AUTHORIZATION. WITHOUT YOUR AUTHORIZATION, WE ARE EXPRESSLY PROHIBITED TO USE OR DISCLOSE YOUR PROTECTED

HEALTH INFORMATION FOR MARKETING PURPOSES WHEN FINANCIAL REMUNERATION IS INVOLVED. WE MAY NOT SELL YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION. WE MAY NOT USE OR DISCLOSE MOST PSYCHOTHERAPY NOTES CONTAINED IN YOUR PROTECTED HEALTH INFORMATION. WE WILL NOT USE OR DISCLOSE ANY OF YOUR PROTECTED HEALTH INFORMATION THAT CONTAINS GENETIC INFORMATION THAT WILL BE USED FOR UNDERWRITING PURPOSES.

ADDITIONAL USES OF INFORMATION

APPOINTMENT REMINDERS. YOUR HEALTH INFORMATION WILL BE USED BY OUR STAFF TO SEND YOU APPOINTMENT REMINDERS.

INFORMATION ABOUT TREATMENTS. YOUR HEALTH INFORMATION MAY BE USED TO SEND YOU INFORMATION THAT YOU MAY FIND INTERESTING ON THE TREATMENT AND MANAGEMENT OF YOUR MEDICAL CONDITION. WE MAY ALSO SEND YOU INFORMATION DESCRIBING OTHER HEALTH RELATED PRODUCTS AND SERVICES THAT WE BELIEVE MAY INTEREST YOU.

FUNDRAISING. UNLESS YOU REQUEST US NOT TO, WE MAY USE YOUR NAME AND OTHER INFORMATION NECESSARY TO SUPPORT OUR FUNDRAISING EFFORTS. IF YOU DO NOT WANT TO PARTICIPATE IN FUNDRAISING EFFORTS, PLEASE CHECK OFF THE FOLLOWING BOX.

MARKETING. UNLESS YOU REQUEST US NOT TO, THERE ARE SOME MARKETING ACTIVITIES THAT WE MAY USE YOUR NAME AND ADDRESS FOR, TO PROVIDE YOU WITH INFORMATION ABOUT SERVICES AVAILABLE AT OUR PRACTICE

INDIVIDUAL RIGHTS YOU HAVE CERTAIN RIGHTS UNDER THE FEDERAL PRIVACY STANDARDS. THESE INCLUDE:

- THE RIGHT TO REQUEST RESTRICTIONS ON THE USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION
- THE RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS CONCERNING YOUR MEDICAL CONDITION AND TREATMENT
- THE RIGHT TO INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION THE RIGHT TO AMEND OR SUBMIT CORRECTIONS TO YOUR PROTECTED HEALTH INFORMATION
- THE RIGHT TO RECEIVE AN ACCOUNTING OF HOW AND TO WHOM YOUR PROTECTED HEALTH INFORMATION HAS BEEN DISCLOSED
- THE RIGHT TO OPT OUT OF FUNDRAISING COMMUNICATIONS.
- THE RIGHT TO RESTRICT CERTAIN TYPES OF USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION.
- THE RIGHT TO RECEIVE A PRINTED COPY OF THIS NOTICE THE RIGHT TO "OPT OUT" OF HIE HEALTH INFORMATION EXCHANGES THAT MAKE AVAILABLE SECURE SHARING OF YOUR MEDICAL INFORMATION TO PROVIDE BETTER CARE

OUR DUTIES

WE ARE REQUIRED BY LAW TO MAINTAIN THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION AND TO PROVIDE YOU WITH THIS "NOTICE OF PRIVACY PRACTICES." WE ALSO ARE REQUIRED TO ABIDE BY THE PRIVACY POLICIES AND PRACTICES THAT ARE OUTLINED IN THIS NOTICE. IN THE EVENT OF A BREACH OF UNSECURED PROTECTED HEALTH INFORMATION, IF YOUR INFORMATION HAS BEEN COMPROMISED IT IS OUR DUTY TO NOTIFY YOU.

RIGHT TO REVISE PRIVACY PRACTICES

AS PERMITTED BY LAW, WE RESERVE THE RIGHT TO AMEND OR MODIFY OUR PRIVACY POLICIES AND PRACTICES. THESE CHANGES IN OUR POLICIES AND PRACTICES MAY BE REQUIRED BY CHANGES IN FEDERAL AND STATE LAWS AND REGULATIONS. UPON REQUEST, WE WILL PROVIDE YOU WITH THE MOST RECENTLY REVISED NOTICE ON ANY OFFICE VISIT. THE REVISED POLICIES AND PRACTICES WILL BE APPLIED TO ALL PROTECTED HEALTH INFORMATION WE MAINTAIN.

REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION

YOU MAY GENERALLY INSPECT OR COPY THE PROTECTED HEALTH INFORMATION THAT WE MAINTAIN. AS PERMITTED BY FEDERAL REGULATION, WE REQUIRE THAT REQUESTS TO INSPECT OR COPY PROTECTED HEALTH INFORMATION BE SUBMITTED IN WRITING. YOU MAY OBTAIN A FORM TO REQUEST ACCESS TO YOUR RECORDS BY CONTACTING OUR MEDICAL RECORDS DEPARTMENT.

COMPLAINTS IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED OR IF YOU WOULD LIKE TO FILE A COMPLAINT, YOU CAN DO SO BY SENDING A LETTER OUTLINING YOUR CONCERNS TO THE SECRETARY OF THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES AT 200 INDEPENDENCE AVE, S.W. WASHINGTON, DC 20201 OR YOU MAY CONTACT OUR HIPAA COMPLIANCE OFFICER LISTED BELOW. YOU WILL NOT BE PENALIZED IN ANY WAY FOR FILING A COMPLAINT.

CONTACT PERSON

HIPAA COMPLIANCE OFFICER
WEST KINGMAN PHARMACY
3135 STOCKTON HILL ROAD
KINGMAN, AZ, 86401

EFFECTIVE DATE

THIS NOTICE IS EFFECTIVE ON OR AFTER 01/17.