

This notice describes how your medical information may be used and disclosed and how you can get access to this information. **Please review it carefully.**

## YOUR RIGHTS

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you. You have the right to:

### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable fee.

### Ask us to correct your medical record

- You can ask us to correct your health information.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information. We will say “yes” unless there is a law that requires us to share the information.

### Get a list of those with whom we’ve shared information

- You can ask for a list of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide this information for a year free of charge, but will charge a reasonable fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will promptly send you a copy.

### **Choose someone to act for you**

- If you have given someone healthcare power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **Right to Receive Notice of Breaches**

- You have the right to receive notification of a breach of your unsecured medical information.

### **Request Restrictions on release of your information to a Health Plan**

- You have the right to request in writing a restriction or limitation on the medical information we disclose about you to a health plan. This applies to releases for purposes of payment or health care operations.
- You, or someone on your behalf, must pay for the health care item or service out of pocket in full.
- If you, or someone on your behalf, have paid for the health care item or service out of pocket in full, we are required to agree to your request if the disclosure to the health plan relates to payment or health care operations.
- You must request this for each service you receive each time you receive it.
- In your request, you must tell us the following:
  - 1) The name of the health plan that is not to receive the disclosure
  - 2) What health care item or service you wish to restrict from disclosure
  - 3) The location in which the health care item or service was provided to you
  - 4) The date the health care item or service was provided to you
- If we have already released the information to the health plan, we cannot comply with your request.

### **Ask questions or file a complaint if you feel your rights are violated**

- You can ask questions about this notice or complain if you feel we have violated your rights by contacting our Privacy Officer at 855-213-0007.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 877-696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)
- We will not retaliate against you for filing a complaint.

## YOUR CHOICES

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions as best we can.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to your health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Sharing of psychotherapy notes

## OUR USES AND DISCLOSURES

### How do we typically use or share your health information?

We typically use or share your health information in the following ways:

1. We can use your health information and share it with other professionals who are treating you.  
Example: A doctor treating you for an injury asks another doctor about your overall health condition.
2. We can use and share your health information to run our practice, improve your care, and contact you when necessary.  
Example: We use health information about you to manage your treatment and services.  
Example: We share health information with our affiliates to ensure medication compliance.  
Example: We may contact you by text or email to remind you to refill your medication.
3. We can use and share your health information to bill and get payment from health plans or other entities.  
Example: We give information about you to your health insurance plan so it will pay for your services.

## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## Help with law enforcement, health oversight, public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Health research

## Comply with the law, lawsuits and legal actions

We will share information about you:

- If state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- In response to a court or administrative order, or in response to a subpoena.

## Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

## Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### Help maintain your medication therapy

We can use or share information:

- With your practitioner about how you are using your medication
- To notify you of shipments or reminders about your medication therapy
- To contact you with education about your medication therapy
- To contact you about managing your therapy
- To communicate with you by telehealth, phone, text, or email about your therapy

### OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

**Effective Date: This notice is effective 2/1/18.**

**You can reach us at:**

**Privacy Officer  
Saint Francis Healthcare Specialty Pharmacy  
310 Integrity Drive  
Madison, WI 53717  
855-213-0007**