



## NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR IDENTIFIABLE HEALTH INFORMATION.

### PLEASE REVIEW THIS NOTICE CAREFULLY

#### A. OUR COMMITMENT TO YOUR PRIVACY

Our organization is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

To summarize, this notice provides you with the following information:

- How we may use and disclose your identifiable health information
- Your privacy rights in your identifiable health information
- Our obligations concerning the use and disclosure of your identifiable health information

The terms of this notice apply to all records containing your identifiable health information that are created or retained by our practice. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records our practice has created or maintained in the past, and for any of your records we may create or maintain in the future. Our organization will post a copy of our current notice in our offices in a prominent location, and you may request a copy of our most current notice at any time.

#### B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Rite Care Pharmacy  
ATTN: Corporate Compliance Officer  
7560 Greenville Ave  
Dallas TX, 75231

#### C. REPORTING FRAUD AND ABUSE

As an accredited organization by the Accreditation Commission for Healthcare, we make protection of your privacy our priority. If you are receiving calls from other providers soliciting business without your authorization, you can report them to the fraud and abuse hotline at your insurance company, to Medicare (1-800-447-8477) or to the Accreditation Commission for Healthcare (1-919-785-1214)

#### D. USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

The following categories describe the different ways in which we may use and disclose your identifiable health information.

- 1. Assistance:** Our organization may use your identifiable health information to assist you. Many of the people who work for our organization may use or disclose your identifiable health information in order to assist you in solving any problems. Additionally, we may disclose your identifiable health information to others who may assist in your care, such as your physician, therapists, affiliate companies of Rite Care Pharmacy Dept. of Patient Privacy., spouse, children or parents.
- 2. Payment:** Our organization may use and disclose your identifiable health information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your identifiable health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your identifiable health information to bill you directly for services and items.
- 3. Healthcare Operations:** Our organization may use and disclose your identifiable health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our organization may use your health information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.
- 4. Order Reminders:** Our organization may use and disclose your identifiable health information to contact you and remind you of orders/deliveries.

5. **Health-Related Benefits and Services:** Our organization may use and disclose your identifiable health information to inform you of health-related benefits or services that may be of interest to you.
6. **Disclosures Required By Law:** Our organization will use and disclose your identifiable health information when we are required to do so by federal, state or local law.

## E. USE AND DISCLOSURE OF YOUR IDENTIFIABLE HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

**Public Health Risks:** Our organization may disclose your identifiable health information to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths
- Reporting child abuse or neglect
- Preventing or controlling disease, injury or disability
- Notifying a person regarding potential exposure to a communicable disease
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

**Health Oversight Activities:** Our organization may disclose your identifiable health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system in general.

**Lawsuits and Similar Proceedings:** Our organization may use and disclose your identifiable health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your identifiable health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

**Law Enforcement:** We may release identifiable health information if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement concerning a death we believe might have resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

**Serious Threats to Health or Safety:** Our organization may use and disclose your identifiable health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**Military:** Our organization may disclose your identifiable health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities.

**National Security:** Our organization may disclose your identifiable health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your identifiable health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

**Inmates:** Our organization may disclose your identifiable health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide healthcare services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

**Workers' Compensation:** Our organization may release your identifiable health information for workers' compensation and similar programs.

## F. YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION

You have the following rights regarding the identifiable health information that we maintain about you:

- **Confidential Communications:** You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Rite Care

Pharmacy Dept. of Patient Privacy specifying the requested method of contact, or the location where you wish to be contacted. Our organization will accommodate reasonable requests. You do not need to give a reason for your request.

- **Requesting Restrictions:** You have the right to request a restriction in our use or disclosure of your identifiable health information for treatment, payment or healthcare operations. Additionally, you have the right to request that we limit our disclosure of your identifiable health information to individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your identifiable health information, you must make your request in writing to Rite Care Pharmacy Dept. of Patient Privacy. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure or both; and (c) to whom you want the limits to apply.
- **Inspection and Copies:** You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Rite Care Pharmacy Dept. of Patient Privacy in order to inspect and/or obtain a copy of your identifiable health information. Our organization may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted by another licensed healthcare professional chosen by us.
- **Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing and submitted to Rite Care Pharmacy Dept. of Patient Privacy. You must provide us with a reason that supports your request for amendment. Our organization will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the identifiable health information kept by or for the organization; (c) not part of the identifiable health information which you would be permitted to inspect and copy; or (d) not created by our organization, unless the individual or entity that created the information is not available to amend the information.
- **Accounting of Disclosures:** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures our organization has made of your identifiable health information. In order to obtain an accounting of disclosures, you must submit your request in writing to Rite Care Pharmacy Dept. of Patient Privacy. All requests for an "accounting of disclosures" must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12 month period is free of charge, but our practice may charge you for additional lists within the same 12 month period. Our organization will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
- **Right to a Paper Copy of This Notice:** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Rite Care Pharmacy Dept. of Patient Privacy: **1-855-214-7483**
- **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, contact Rite Care Pharmacy Dept. of Patient Privacy: **1-855-214-7483**. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- **Right to Provide an Authorization for Other Uses and Disclosures:** Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your identifiable health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note: We are required to retain records of your care.

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### **Assignment of Benefits**

- Medicare/Medicaid Benefits: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I request that payment of authorized benefits be made on my behalf to Rite Care Pharmacy
- Private Insurance: I authorize Rite Care Pharmacy to bill my insurance carrier directly for services provided on my behalf.

I authorize payment for any services provided to me by Rite Care Pharmacy to be paid directly to Rite Care Pharmacy. I understand that I am financially responsible to Rite Care Pharmacy for any copayment or noncovered medications not paid by my insurance company. In the event that I do not pay my balance for any amount due within thirty (30) days from the date of the invoice, unless special arrangements are made, late fees may apply. I understand that at any time, I may contact Rite Care Pharmacy at 1-888-214-7483 to request an estimated amount of my financial responsibility for services provided by Rite Care Pharmacy.

### **Disclosure – Pharmacy Records**

We will only release your confidential record to you, your agent, or to: (a) a practitioner or another pharmacist if, in the pharmacist's professional judgment, the release is necessary to protect your health and well-being; (b) the pharmacy board or another state or federal agency authorized by law to receive the record; (c) a law enforcement agency engaged in investigation of a suspected violation of the controlled substances laws, or the Comprehensive Drug Abuse Prevent Control Act of 1970; (d) a person employed by a state agency that licenses a practitioner, if the person is performing the person's official duties; or (e) an insurance carrier or other third party payor authorized by the patient to receive the information.

### **Additional Information that may be included in Your Shipment/Delivery:**

- Authorization to Contact/Release of Information Form/ Assignment of Benefits
- Proper use and instructions.
- Customer Satisfaction Survey.
- Other products/services available from Rite Care Pharmacy.
- Invoice.
- Self-Addressed Stamped Envelope.

### **Acknowledgement of Receipt of Rite Care Pharmacy's Notice of Privacy Practices/Assignment of Benefits**

I \_\_\_\_\_ (printed name) have received Rite Care Pharmacy's Notice of Privacy Practices/  
Assignment of Benefits

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please detach and return this Acknowledgement to Rite Care Pharmacy or mail to Rite Care Pharmacy - 7560 Greenville Ave, Dallas, TX, 75231