

by notifying a pharmacy representative, orally or in writing. We are not required to honor those requests. We are able to provide treatment services to you even if you object to sign the acknowledgement of the receipt of this notice, or if we decide not to document. In the event of an emergency or your incapacity, we will do what is best based on reasonable judgment and what is considered to be your known preference, and what we determine to be in your best interest. We will inform you of any uses or disclosures if these would require your signed authorization under such circumstances and give you an opportunity to object as soon as possible.

We may disclose to one of your immediate family or relatives, to a close personal friend, or to any other person identified by you, PHI that is directly relevant to the persons' involvement with your care, or payment related to your care. If you are incapacitated, there is an emergency, or you object to the use of this disclosure, we will do in our judgment what is in your best interest and will disclose only the information that is directly relevant to the persons involvement with your health care. We also use our judgment and experience in allowing people to pick up your filled prescriptions or receive PHI.

We reserve the right to change the terms of this notice and make new notice provisions for all protected health information we maintain. You may receive a copy of this notice by contacting us at the address below.

The Apothecary
165-19th Street South
Suite 102
Sartell, MN 56377
320-251-0107

If you believe that your privacy rights have been violated you may register a complaint to us at our address provided or to the Secretary of the Department of Health and Human Services, 200 Independence Ave SW, Washington, DC 20201. You will not be retaliated against for filing a complaint.

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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 carefully.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

All of us at The Apothecary value your relationship with us. We respect your privacy; this has always been the foundation of our relationship.

According to new federal guidelines, we are required to protect the privacy of your Protected Health Information (PHI). We are required to provide you with this notice regarding our policies and procedures about your PHI and abide by these terms. If release of your information falls outside of these terms, we will obtain written permission.

This notice may be updated from time to time. We will post any changes to this notice in the Pharmacy.

WAYS THAT WE MAY USE AND DISCLOSE YOUR PHI

Treatment: providing, coordinating, or managing healthcare and its related services by one or more of your providers, i.e. when your pharmacist consults with your doctor regarding your medications, treatment, or condition.

Payment: for reimbursement purposes, your PHI may be disclosed to any parties employed by your insurance sponsor. This includes insurers; pharmacy benefits managers, claim administrators, computer switching companies, public or private insurance programs that provide or pay for your healthcare. They can conduct

audits, inspections, and investigations in relation to both pharmacy/customer activities requiring disclosure of your PHI.

Healthcare Operations: activities necessary to provide healthcare products and services to you.

Your information could be used to assist in the evaluation of the quality of care that you were provided. We may contact you to provide refill reminders, health screenings, wellness events, influenza information, treatment alternatives, or other health related services.

We may contact your physician or physician's staff when required without individual written authorization. We may give another pharmacy your PHI if they state you have asked to transfer your pharmacy records to them.

We store some of your PHI in electronic computer files. We backup our records daily and use other precautions to safeguard your PHI. It is possible but unlikely that a computer crash could cause loss of data.

Business Associates: We may employ the services of business associates who assist us in tasks and may use PHI as necessary. For example, our software vendor, insurance companies, or pharmacy benefits managers that process claims for payment. Business associates are required to comply with all privacy regulations on your behalf.

We may disclose PHI about you without your authorization to comply with workers compensation laws, as required by law enforcement, legal proceedings, public health requirements, health oversight activities and as required by law.

Other uses and disclosures will be made only

with your written authorization, and you may revoke your authorization by notifying us as described at the end of the brochure.

YOUR CUSTOMER RIGHTS AND RESTRICTIONS

You may ask us to restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care or payment for your care. However, we are not required to agree to your request.

You have the right to request the following with respect to your PHI. A) Inspection and copying. B) Amendment or correction. C) an accounting of the disclosures of this information by use (we are not required to account to you for your disclosures made for treatment, payment, operations, disclosures to you, disclosures to your care giver, for notifications or as otherwise excluded by law); and D) the right to receive a paper copy of this notice upon your request. We may require you to pay for this request to cover our costs of copying, labor and postage.

In addition you may request, and if reasonable we must accommodate the request for PHI by alternative locations. To make this request please contact in writing the person listed at the end of this brochure.

We may use your name to reference your prescriptions and pharmaceutical care services. You may be required to sign a signature log to acknowledge receipt of service, receipt of this notice and the disclosure of PHI. This information may be disclosed by us to other persons who ask for your prescriptions by name. You may restrict or prohibit these uses and disclosures