

# HIPAA NOTICE

*Your Information. Your Rights.  
Our Responsibilities.*

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.**

## **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.

### **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 have about you.

- To do so, submit a written request to AuBurn Pharmacy at the address listed on page 2.

### **Ask us to correct your medical record**

You can ask us to correct health information about you that you think is incorrect or incomplete.

- You must provide a reason supporting your request to amend.
- Such request must be made in writing and submitted to AuBurn Pharmacy at the address listed on page 2.

### **Request confidential communications**

You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address.

- You must state an alternate contact method or location that you would like us to use.
- Your request must be submitted in writing to AuBurn Pharmacy at the address listed on page 2.

### **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.

- Your request must 1) be in writing; 2) state the restrictions you are requesting; and 3) state to whom the restriction applies.
- We are not required to agree to your request, and we may say “no,” for example, if it could affect your care.
- If we agree to your request, we may still share this information in the event that you need emergency treatment.

### **Ask us to limit what we share with your health plan**

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

- We will say “yes” unless a law requires us to share that information.
- If you do not pay for the services within 30 days of first statement date, the restriction is void and we may bill your insurance.

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

You can ask for a list (accounting) of the times we’ve 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, health care operations, and certain other disclosures (such as any you asked us to make).
- You must submit your request in writing to AuBurn Pharmacy at the address listed below.

### **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 provide you with a paper copy.

- For information about how to obtain a copy of this notice and answers to frequently asked questions, please call (785) 448-3600.

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

If someone has authority to act as your personal representative, such as if someone has your medical 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.

### **File a complaint if you feel your rights are violated**

You can complain if you feel we have violated your rights to privacy by contacting us using the information at the bottom of this notice. Please include your name and address.

- 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, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

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.

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 or payment for your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
  - *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 health or safety.*

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

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

## ***Our Uses and Disclosures***

We may use or share your health information in the following ways.

### **Treat you**

We can use your health information and share it with other professionals who are treating you.

- For example, our pharmacist may disclose medical information about you to your physician in order to coordinate the prescribing and delivery of your medications.

### **Run our organization**

We can use and share your health information to run our pharmacy operations, improve your care, and contact you when necessary.

- For example, we may use and disclose medical information about you to:
  1. Assess the use or effectiveness of certain medications
  2. Develop and monitor medical protocols
  3. Give you helpful medication reminders and health-management services.

### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

- For example, we may provide you with claim forms containing information for you to submit to your health plan or employer for payment.

## ***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.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

### **Help with 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

### **Do research**

We can use or share your information for health research.

- Before we use or disclose medical information about you, we will either remove information that personally identifies you or gain approval through a special approval process designed to protect the privacy of your medical information.

### **Comply with the law**

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.

### **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 for the purpose of determining cause of death or other duties authorized by law.

### **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

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## ***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 in this notice 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/notecepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notecepp.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 web site.

**Contact AuBurn Pharmacy:**  
**AuBurn Pharmacy Corporate Office**  
**259 W. Park Road,**  
**Garnett, KS 66032**  
**785-448-3600 / 785-448-3206 Fax**