

# NOTICE OF PRIVACY PRACTICE



Valley Mission Homecare Pharmacy  
12509 E Mission, Suite 103  
Spokane, WA 99216  
509-928-6400

**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**

## SECTION A: Uses and Disclosures of Protected Health Information

1. Under applicable law, we are required to protect the privacy of your individual health information (information we refer to in this notice as "Protected Health Information"). We are also required to provide you with this Notice about our policies and procedures regarding your Protected Health Information and to abide by the terms of this notice. We encourage you to review this notice periodically as it may be updated from time to time.

We are permitted to make certain types of uses and disclosures under applicable law for the treatment, payment, and healthcare operations purposes. We obtain medical information about you to dispense medications, provide medical supplies, to coordinate payments for goods and services and for the documentation of pertinent information in your records that may assist us in managing your medication therapy, your medical supply needs or your overall health.

For treatment purposes, such use and disclosure will take place in providing care directly to you. Additionally these uses and disclosure will occur for the purposes of coordinating or managing your healthcare needs and its related services with one or more of your providers, such as when your pharmacist consults with your physician or a specialist regarding your medications or supplies, treatment or condition.

For payment and reimbursement purposes, such use and disclosure will take place to obtain or provide reimbursement for the provision of pharmaceutical or medical supply care supplies or services. For example, we may contact your insurance and use and disclose information about you to the extent that it is needed to determine eligibility, deductible or co pay information for products of services that we are being asked to provide to you. In the process of submitting claims or receiving payment from insurance for products or services provided to you, your Protected Health Information may be disclosed to one or several intermediaries employed by your plan sponsor including but not limited to insurers, pharmacy benefits managers, claims administrators and computer switching companies. In addition we may use and disclose information to your insurance if your case is reviewed to ensure that appropriate care was rendered

Your Protected Health Information may be used in our normal accounting practices and information concerning your account payable to us may be sent to your address on file or another known address, for purposes of financial accounting and collection activities.

For healthcare operations purposes, such use and disclosure will take place in a number of ways including for quality assessment and improvement; provider review and training; underwriting activities; reviews and compliance activities; and planning, development, management and administration. Your information could be used, for example, to assist in the evaluation of the quality of care that you were provided.

We store some of your Protected Health Information in electronic computer files. We backup our electronic records periodically and employ other precautions to safeguard the integrity of your Protected Health Information. In spite of these precautions it is possible but unlikely that a computer crash or other technological failure could cause the loss of data. Reasonable safeguards are employed to protect your Protected Health Information stored on electronic media to the best extent possible.

We may contact you, your family or other appropriate caregivers with pertinent issues involving the provision and logistics of your care. For example, we may contact your caregiver to coordinate medication or supply delivery or pick-up times or a clarification of a requested item. Health care by nature may involve care provision to you without your physical presence or involve situations where you are unable to represent yourself. We may provide or perform services for you through interactions with an individual, who in our reasonable judgment, is acting on your behalf; for example, to a family member who is picking up your medications or supplies and asks for them by your name. Any Protected Health Information disclosed in such interactions is limited to that which is immediately pertinent to the supply received or services rendered.

We may contact you periodically for pertinent health related matters such as refill reminders, health screenings, wellness events, inoculations, vaccinations or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may use and disclose your Protected Health Information, with or without your authorization, when, in our judgment, there is a bona fide and reasonable need to provide such information to enable, coordinate or facilitate your health-related care or financial obligations payment. For example, we may disclose your Protected Health Information through contacting a physician or physician's staff about medications or supplies you receive, or when we are contacted by another pharmacy who states they have your request and consent to transfer pharmacy records to them, or to your insurer, plan sponsor or any other entity involved in the processing or payment of your health care obligations. Such disclosures will be limited in scope to information that is reasonably necessary to the current need.

From time to time we may employ the services of business associates who may assist us in one or more tasks and who may use, change or create Protected Health Information. Business associates are required to comply with all the privacy regulations on your behalf.

Some situations may occur that may result in a disclosure of your Protected Health Information pursuant to national priority purposes both within and outside of the health care context. Such situations are considered on a case-by-case basis in an effort to strike a balance between your individual privacy interest and the public interest need for this information. Such situations may include information requested that must be provided due to law including by statute, regulation, or court order; public health activities including, but not limited to preventing or controlling disease, injury or disability, child abuse and neglect; FDA regulated adverse event reporting or tracking, product recalls and post-marketing surveillance; CDC or local public health communicable disease post exposure notification; employment health surveillance situations concerning a work-related illness or injury or as needed to comply with Occupational Safety and Health Administration or similar law; judicial or administrative proceedings in response to a subpoena or other lawful process; any other law enforcement purposes such as court-order or warrant, to identify or locate a suspect, fugitive, material witness, or missing person, in response to a law enforcement inquiry regarding a victim or suspected victim of a crime, to alert law enforcement of a person's death if suspected due to criminal activity, or if information is suspected to be material evidence of a crime; decedent individuals or entities such as funeral

directors, coroners or medical examiners as authorized by law; essential governmental functions including national security activities, or any situation that arises that we believe involves the potential prevention or opportunity to lessen the extent of an imminent threat to a person or the public.

Other uses and disclosures will be made only with your written authorization, and you may revoke your authorization by notifying us as described in Section B. Regardless of the situation for a use or disclosure, we will make every reasonable effort to limit any information covered under these rules to the "minimum necessary" to conduct business

2. You may ask us to restrict uses and disclosures of your Protected Health Information to carry out treatment, payment, or healthcare 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. Note that we will make every reasonable effort to accommodate your wishes, however we are not required to agree to your request. For instance, we may not be able to accommodate a limitation request if the limitation results in our not being able to provide health care services to you or if the limitation conflicts with federal or state law.
3. You have the right to request the following with respect to your Protected Health Information: (i) inspection and copying to the extent that the records are part of a designated record set as defined by HIPPA; (ii) amendment or correction if you believe the content is incomplete, inaccurate, or for some other reason needs to be changed (however we may not be able to accommodate this request if the information was not created by us or if the change requested would cause your Protected Health Information to become inaccurate); (iii) an accounting of the disclosures of this information by us (however, we are not required to account to you for disclosures made for treatment, payment, operations, disclosures to you, disclosures to your caregivers, for notifications or as otherwise excluded by law); and (iv) the right to receive a paper copy of this notice upon request. We may require you to pay for this request to cover our costs of copying, labor and postage. Please note that in Washington State, law provides a minor patient authorized under federal or state law to consent to healthcare without parental consent, the sole right to exercise the rights of a patient relating to Protected Health Information.

In addition, you may request, and we must accommodate the request, if reasonable, to receive communications of Protected Health Information by alternative means or at alternative locations. To make this request please contact us, in writing, as described in Section B.

4. We may use your name to reference your prescriptions, medical supply and pharmaceutical care services. You may be required to sign a signature log form to acknowledge receipt of medications, supplies or service. Such log forms are for administrative purposes only and although your name may be recognizable to other customers, no individual Protected Health Information is recorded on the log sheets. You may be required to sign a signature log sheet to acknowledge receipt of this Notice and the disclosure of Protected Health Information as outlined herein, however, once again, no individual Protected Health Information is recorded on the log sheets. You may restrict or prohibit these uses and disclosures by notifying a pharmacy representative orally or in writing of your restriction or prohibition. We will make reasonable efforts to accommodate your wishes, however we are not required to honor those requests.
5. We are able to provide medications, supplies or treatment services to you even if you object to sign the acknowledgement of the receipt of this Notice or if we decide not to honor a request regarding the information in this document. In the event of an emergency or your incapacity, we will do in our reasonable judgment what is consistent with your known preference, and what we determine to be in your best interest. We will inform you of any such uses or disclosures if uses and disclosures would require your signed authorization under such circumstances and give you an opportunity to object as soon as practicable.
6. We may disclose to one of your family members, to a relative, to a close personal friend, to any other person identified by you, or to any person we have a reasonable belief is involved in your care, Protected Health Information that is directly relevant to the person's involvement with your care or payment related to your care. In addition we may use or disclose the Protected Health Information to notify, identify, or locate a member of your family, your personal representative, another person responsible for care, or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you object to this use or disclosure, we will do in our judgment what is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your healthcare.
8. In the course of our communications with you, either within our business establishment, over the phone, or in your place of residence, unintended and incidental disclosures may occur due to the nature of the surrounding and other individuals nearby. We will make reasonable efforts within physical or proximal limits to prevent or minimize such disclosures, such as maintaining voice volume appropriate to the conditions and redirecting conversation to a more private area, however we cannot assure you that no incidental protected health information will be overheard or viewed. If you find any situation unacceptable from a confidentiality perspective, we ask that you notify our patient care representatives promptly and we will work with you to further mitigate or eliminate the concern.
7. We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all Protected Health Information we maintain. You may receive a copy of this Notice by contacting us as outlined in Section B or upon the receipt of medical supply and/or pharmacy care services.
8. If you believe that your privacy rights have been violated, you may complain to us at the location described in Section B or to the Secretary of the Department of Health and Human Services; Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. You will not be retaliated against for filing a complaint.

#### Section B: Contacting Us

You may contact us for further information at:

Valley Mission Homecare Pharmacy  
12509 E Mission, Suite 103  
Privacy Officer: D.R. Redmond, Pharmacist  
Spokane, WA 99216  
509-928-6400