



## CHEEK & SCOTT

### NOTICE OF PRIVACY PRACTICES

Effective Date: 04/14/2013

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.

Cheek and Scott Drugs, Inc. (the "Pharmacy") is required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to take reasonable steps to protect the privacy of your Protected Health Information ("PHI") and to provide you with notice of our legal duties and privacy practices with respect to PHI. Your PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. Your PHI includes your prescription records and related information maintained by the Pharmacy. This Notice of Privacy Practices ("Notice") describes how we may use and disclose your PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. This Notice also describes your rights with respect to your PHI.

The Pharmacy is required to follow the terms of this Notice. We will not use or disclose your PHI without your written authorization, except as described in this Notice. Unless otherwise permitted by applicable laws and rules or by your written authorization, we will not directly or indirectly receive remuneration in exchange for your PHI. We reserve the right to change our privacy practices and this Notice and to make the new Notice effective for all your PHI we maintain. Any revised Notice will be available at the Pharmacy and, upon your request, we will provide such revised Notice to you.

#### **Your Health Information Rights**

You have the following rights with respect to your PHI:

- The right to obtain a paper copy of the Notice upon request. You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, contact the Privacy Officer, Cheek and Scott Drugs, Inc., 1520 Ohio Ave. South, Live Oak, Florida 32064. You may also obtain a copy of the Notice at the Pharmacy counter or at our website: [www.cheekandscott.com](http://www.cheekandscott.com).
- The right to request a restriction on certain uses and disclosures of your PHI. You have the right to request additional restrictions on our use or disclosure of your PHI. We are required to agree to a request to restrict the disclosure of your PHI to a health plan if: (A) the disclosure is for the purposes of carrying out payment or health care operations and is not otherwise required by law; and (B) the PHI pertains solely to a health care item or service for which you, or a person on your behalf other than the health plan, has paid the covered entity out-of-pocket in full. We may not be required to agree to all other restriction requests and in certain cases, we may deny your request.
- The right to inspect and obtain a copy of your PHI. You have the right to access and copy your PHI contained in a designated record set for as long as we maintain your PHI. The designated record set usually will include prescription and billing records. To inspect or copy your PHI, you must complete the PHI Release Authorization Form and give it to a Pharmacy associate for review. If the request can be granted, then the Pharmacy associate will provide you with your PHI that we maintain in our designated record set. We may charge you a fee for the costs of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your PHI, you may request that this denial be reviewed.
- The right to request an amendment of your PHI. If you feel that your PHI that we maintain is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain your PHI. If we deny your request for amendment, you have the right to file a statement of disagreement with our denial and we may record a rebuttal to your statement.
- The right to receive an accounting of disclosures of your PHI. You have the right to receive an accounting of the disclosures we have made of your PHI. This accounting includes only those PHI disclosures required to be accounted for under HIPAA. This accounting is also limited to the time period that these disclosures need to be accounted for under HIPAA.
- The right to request communications of your PHI by alternative means or at alternative locations. You have the right to request communications of your PHI by alternative means or at alternative locations. For example, if you prefer to receive communications of PHI from us only at a certain address, phone number or other method, you may request such a method.
- The right to receive written notification of a breach of your unsecured PHI.

#### **Examples of How We May Use and Disclose Your PHI**

Your protected health information may be used or disclosed by the Pharmacy for purposes of treatment, payment, and health care operations. Health care professionals use medical information in the Pharmacy to take care of you. Your protected health information may be shared, with or without your consent, with another health care provider for purposes of your treatment. The Pharmacy may use or disclose your health information for case management and services. The Pharmacy may send the medical information to insurance companies, Medicaid, or community agencies to pay for the services provided you.

We are likely to use or disclose your PHI for the following purposes:

- Use of Business Associates: There are some services provided by us through arrangements with our business associates. Examples of our business associates include claims processors or administrators, records administrators, attorneys, pharmacy benefit managers, etc.
- Communication with individuals involved in your care or payment for your care
- Health-related communications
- Limited data set and de-identified information
- Food and Drug Administration (FDA)
- Workers' compensation
- Public health
- Law enforcement
- As required by law
- Health oversight activities
- Judicial and administrative proceedings

In addition, we are permitted to use or disclose your PHI for the following purposes:

- Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.
- Coroners, medical examiners and funeral directors
- Organ or tissue procurement organizations
- Notification: We may use or disclose your PHI to notify or assist in notifying a family member, personal representative or another person responsible for your care, your location, and your general condition.
- Correctional institution: If you are, or become an inmate of a correctional institution, we may disclose your PHI to the institution or its agents when necessary for your health or the health and safety of others.
- To avert a serious threat to health or safety
- Military and veterans: If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.
- National security and intelligence activities: We may release your PHI to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- Protective services for the President and others: We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- Victims of abuse, neglect or domestic violence: We may disclose your PHI to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence to prevent serious harm to you or someone else.

#### **Other Uses and Disclosures of PHI**

We will obtain your written authorization before using or disclosing your PHI for the following purposes: (i) most uses and disclosures of psychotherapy notes (to the extent maintained by the Pharmacy); (ii) uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization. When using or disclosing your PHI or requesting your PHI from another covered entity, we will make reasonable efforts to limit such use, disclosure, or request, to the extent practicable, to the PHI maintained in a limited data set, or if needed, to the minimum necessary to accomplish the intended purpose of such use, disclosure, or request, respectively.

#### **For More Information or to Report a Problem**

If you have questions or would like additional information about the Pharmacy's privacy practices, you may contact the Privacy Officer, Cheek and Scott Drugs, Inc., 1520 Ohio Ave. South, Live Oak, Florida 32064 or 386-362-2591. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer at the above address or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.



