

**Med-Fast Pharmacy
2003 Sheffield Road
Aliquippa, PA 15001**

Notice of Privacy Practices

**This notice describes how medical information about you may be used and disclosed.
It also describes how to gain access to your information.
Please Review this Notice Carefully.**

Revised April 2003

Uses and Disclosures of PHI:

1. Med-Fast Pharmacy and its employees are required to protect the privacy of your individual health information (Protected Health Information is referred to in this notice as “**PHI**”). We are also required to provide you with this notice regarding our policies and procedures regarding your **PHI** and to abide by the terms of this notice, as updated from time to time.

We are permitted to make certain types of uses and disclosures under applicable law for **treatment, payment, and healthcare operations purposes**.

For **treatment purposes**, such use and disclosure of **PHI** will take place in providing, coordinating, or managing healthcare and its related services by one or more of your providers. For example, when your Pharmacist consults with your physician or a specialist regarding your medications, treatment, or condition.

For **payment purposes**, such use and disclosure of **PHI** will take place to obtain or provide reimbursement for providing pharmaceutical care services. For example, when your case is reviewed to ensure that appropriate care was rendered. For payment purposes, your **PHI** may be disclosed to any intermediary employed by your plan sponsor including but not limited to insurers, pharmacy benefit managers, claims administrators, and computer switching companies.

For **healthcare operations purposes**, we may disclose **PHI** to assure quality assessment and improvement, provider review, training, underwriting, and compliance activities: planning, development, management and administration. For example, your **PHI** is used to assist in the evaluation of the quality of care that you were provided.

We store some of your **PHI** in electronic computer files. We backup our electronic records, may store backups off site and employ other precautions to safeguard the integrity of your **PHI**. 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 (firewalls) are employed to ensure the privacy of your **PHI**.

In addition, we may contact you to provide notices that may be of interest to you, including:

Refill Reminders

Flu Clinics

Treatment Alternatives

Health Fairs

Wellness Events

Nutritional Store Tours

Diabetes Awareness Events

We may use and disclose your **PHI** without your authorization when the pharmacy needs to contact a physician, a physician's staff, or your plan sponsor and are permitted to do so without individual written authorization. We may use and disclose your **PHI** if we are contacted by another pharmacy who states they have your request and consent to transfer pharmacy records to them.

From time to time we may employ services of business associates who may assist us in one or more tasks and who may use, change or create records of **PHI**. 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 agencies, legal proceedings, public health requirements, health oversight activities and as otherwise 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 in the section titled **Contacting Us**.

2. You may ask us to restrict uses and disclosures of your **PHI** 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. This disclosure is not guaranteed by law. However, we will make every attempt to comply with these wishes.
3. You have the right to request the following with respect to your **PHI**:
 - Inspection and copying of records
 - Amendment or correction of errant records
 - An accounting of the disclosures of your information to outside agencies other than:
 - Disclosures for treatment, payment or operations
 - Disclosures to you
 - Disclosures to your care givers
 - Disclosures otherwise excluded from accounting by law
 - A paper copy of this Notice of Privacy Practices upon request

You may also request to receive communication of PHI by alternative means or to be sent to alternative locations. We must accommodate this request if reasonable. To make this request please contact:

**Med-Fast Pharmacy
Douglas Kaleugher
2003 Sheffield Road
Aliquippa, PA 15001**

4. We may use your name to reference your prescriptions and pharmaceutical care services. You may be required to sign a signature log form to acknowledge:
 - Receipt of pharmacy services provided
 - Understanding of this notice and of its content
 - To acknowledge your consent to a requested disclosure of **PHI**

We may disclose this information to other persons who ask for you or your prescription by name. You may restrict or prohibit these uses and disclosures by notifying us orally or in writing of your request. We are not required by law to honor those requests. We are able to provide treatment services to you even if you object to sign the acknowledgment 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 adhere to your known preference as reasonable judgment suggests that it serves your best interest. We will inform you of any such uses or disclosures if your signed authorization is required and give you an opportunity to object as soon as practicable.

5. We may disclose to a family member, a relative, or a family associate, **PHI** 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 **PHI** to notify, identify, or locate a member of your family, your personal representative, or certain disaster relief agencies of your

location, general condition, or death. If you are incapacitated, 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 entities involvement with your healthcare. We will use our judgment and experience regarding your best interest in allowing people to pick up filled prescriptions, or other similar forms of **PHI**.

6. We reserve the right to change the terms of this notice effective for all **PHI** we maintain. You may receive a copy of this notice by contacting us as outlined in **Contacting Us** below or by asking upon receipt of pharmacy care services.
7. If you believe that your privacy rights have been violated, please contact the location described in **Contacting Us** below or the The Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 100 Independence Avenue SW, Washington, DC 20201.
8. Pennsylvania Law makes special provision for the privacy of HIV related information. Med-Fast Pharmacy and its staff will not disclose any HIV-related information, except in situation where the subject of the information has provided us with a written consent allowing the release or where we are authorized or required by state or federal law to make the disclosure.

Contacting Us:

You may contact us for further information at:

or:

**Med-Fast Pharmacy
Douglas Kaleugher
2003 Sheffield Road
Aliquippa, PA 15001
Phone: 724-375-3336
Fax: 724-375-3337**