



## 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 IT CAREFULLY.**

We understand that your medical information is personal and we are committed to protecting your medical information. While you are a patient of Chem Rx Pharmacy Services, LLC (referred to as “Chem Rx” or “we” throughout this Notice), we create records of the pharmacy services that have been provided to you. We need these records to provide you with quality pharmacy services and to comply with certain legal requirements.

This Notice describes how we may use and disclose your medical information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your medical information.

This Notice describes the privacy practices of Chem Rx. We will share information as necessary to carry out our treatment obligations, payment activities and health care operations.

### *Your Rights*

Although the pharmacy records containing your medical information are the physical property of Chem Rx, the information belongs to you. By law, you have the right to:

- Inspect and copy your medical information. Generally, we will respond to your request within 30 days, but under certain circumstances and if permitted by law, we may deny your request. To inspect and copy your medical information, you must submit your request in writing to our Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request as permitted by law.
- Request a copy of your electronic health record, if we maintain your medical information in electronic format.
- Request a restriction on certain uses and disclosures of your medical information. To request restrictions, you must make your request in writing to our Privacy Officer. In your request, you must tell us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply, for example, disclosures to your spouse. We are not required to agree with a requested restriction unless your request is to restrict certain disclosures to your insurance company and you have paid in full for the services out of pocket.
- Request that we communicate with you by using a specified method or at a specified location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must submit your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- Request an amendment of your medical information if you believe that protected health information we have about you is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for Chem Rx. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: was not created by us, unless the person or entity that created the information is no longer available to make the amendment, is not part of the protected health information kept by or for Chem Rx, is not part of the information which you would be permitted to inspect and copy, or is accurate and complete.
- Request an accounting of certain disclosures we have made of your medical information. To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period for which the list of disclosures is sought. This period may not be longer than six years and may not include dates before February 26, 2003. Your request should indicate in what form you want the list (for example, on paper). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- Revoke any authorization you have provided for the use or disclosure of your medical information except to the extent that action has already been taken in reliance on such authorization.
- Obtain a copy of this Notice upon request. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our Website, [www.Chemrx.net](http://www.Chemrx.net). To obtain a paper copy of this notice, please contact the local Privacy Officer listed below.

### ***Our Responsibilities***

We are required to:

- Maintain the privacy of your medical information.
- Provide you with this Notice concerning our legal duties and privacy practices with respect to your medical information.
- Provide you with notice in the event the security or privacy of your personal health information is breached, as required by Federal and applicable state law.
- Abide by the terms of this Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for protected health information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice on Chem Rx's website at [www.chemrx.net](http://www.chemrx.net). The Notice will specify the effective date of the Notice. Each time you visit our website, you will see a link to the current Notice in effect. Any new Notice will also be available to you by requesting that a copy be sent to you in the mail.

### ***Permitted Disclosures of Medical Information***

Unless otherwise prohibited by law, we may disclose your medical information for purposes of treatment, payment, health care operations and other purposes as described below.

**Treatment.** We may use protected health information about you to provide you with pharmacy products or services. We may disclose protected health information about you to doctors, nurses, or other health care professionals who are involved in taking care of you. For example, a doctor prescribing medication for you may need to know what other medications you are taking to protect against harmful drug interactions. We may also share medical information about you in order to coordinate your treatment. For example, your medical information will be provided to the consultant pharmacist who reviews your treatment.

**Payment.** We may use and disclose protected health information about you so that the medications and pharmacy services you receive through Chem Rx may be billed, and payment may be collected, from you, an insurance company or a third party. For example, we may need to give your health plan information about what medications were dispensed to you, and what your physician authorized us to dispense, so that your health plan will pay us or reimburse you for the medications. We may also tell your health plan about a prescription that you are going to have filled in order to obtain prior approval or to determine whether your plan will cover the cost of the medication.

**Health Care Operations.** We may use and disclose protected health information about you for health care operations. These are uses and disclosures that are necessary to run our business. Health care operations may include business management and general administrative functions, as well as quality assessment, peer reviews and compliance audits. For example, to make sure that all of our customers receive quality pharmacy services, we may use protected health information to conduct reviews of our services and to evaluate the performance of our staff in providing services to you. We may also combine protected health information about many Chem Rx customers to decide what additional services we should offer you, what services are not needed, and whether certain pharmacy practices are effective. We may also disclose information to pharmacists and pharmacy technicians for review and learning purposes. We may use your medical information to contact you as a reminder to refill a prescription. We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. We may use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you. We may also use it to notify you of health-related news that you may find of interest.

### **Other Permitted Disclosures.**

- Unless you object, we may disclose your medical information to your family member, relative, close personal friend, or other person that you identify.
- We will make your medical information available to you, the Secretary of the Department of Health and Human Services, and as otherwise required by Federal and state law.
- We may disclose your medical information to a public health agency to help prevent or control disease, injury or disability. This may include disclosing your medical information to report certain diseases, abuse, neglect or domestic violence or reporting information to the Food and Drug Administration if you experience an adverse reaction from any of the drugs, supplies or equipment.
- We may disclose your medical information to government agencies so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.

- We may disclose your medical information as authorized by and to the extent necessary to comply with laws related to workers' compensation or other similar programs established by law to provide benefits for work-related injuries or illnesses.
- We may disclose your medical information in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process (subject to certain procedural requirements).
- We may disclose your medical information to law enforcement officials to report or prevent a crime, locate or identify a suspect, fugitive or material witness or assist a victim of a crime.
- If you are a member of the armed forces, we may disclose your medical information as required by military command authorities or to evaluate your eligibility for veterans benefits. We also may disclose your medical information for conducting national security and intelligence activities, including providing protective services to the President or other persons provided protective services under Federal law.
- We may disclose your medical information to coroners, medical examiners and funeral directors so that they can carry out their duties or for purposes of identification or determining cause of death.
- We may disclose your medical information to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.
- We may share your medical information with third party "business associates" that perform various services for us. For example, we may disclose your medical information to third parties to provide billing or copying services. To protect your medical information, however, we require our business associates to safeguard your medical information.

***Authorization Required***

Authorization. For uses and disclosures of your medical information beyond the uses and disclosures described in this Notice or as authorized or required by law, we are required to obtain your written authorization. You may revoke an authorization in writing at any time to stop any future uses or disclosures by us with certain limited exceptions.

***For More Information or to Report a Complaint***

If you have questions or would like more information about our privacy practices, you may contact one of our local Privacy Officer's listed below. If you believe your privacy rights have been violated, you may file a written complaint with the Privacy Officer or the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint. To file a complaint with Chem Rx, please contact:

Long Beach

Paula Agoglia, R.Ph.  
 Privacy Officer  
 Chem Rx Pharmacy Services, LLC  
 750-790 Park Place  
 Long Beach, NY 11561

Albany

Deborah Zucker  
 Privacy Officer  
 Chem Rx Pharmacy Services, LLC  
 16 Walker Way  
 Albany, NY 12205

New Jersey

Jennifer Swenson  
 Privacy Officer  
 Chem Rx Pharmacy Services, LLC  
 4041 Hadley Road, Building M  
 South Plainfield, NJ 07080

**Effective Date: June 1, 2011**



Name of Patient: \_\_\_\_\_

*I hereby acknowledge that Chem Rx Pharmacy Services, LLC’s Notice of Privacy Practices (the “Notice”) has been offered and made available to me.*

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

**(COMPLETE ONLY IF PATIENT OR PERSONAL REPRESENTATIVE DOES NOT SIGN ABOVE)**

**DOCUMENTATION OF GOOD FAITH EFFORTS TO OBTAIN ACKNOWLEDGEMENT**

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Chem Rx’s Notice of Privacy Practices has been offered and made available to the named individual. A good faith effort was made to obtain the individual’s written acknowledgement of receipt of the Notice. However, an acknowledgment was not obtained for the following reason(s):**

- Individual refused to sign acknowledgement.**
- Individual was unable to sign the acknowledgement because:**

\_\_\_\_\_  
\_\_\_\_\_

- Other reason (describe below):**

\_\_\_\_\_

**Name of Employee Completing Form:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_