



398 W. Grand Avenue
Rahway, NJ 07065

PRIVACY PRACTICES INFORMATION

Protected Health Information (PHI)

Initial Effective Date:

THIS NOTICE DESCRIBES HOW YOUR PERSONAL MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction:

In accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) PFSP Pharmacy is required to inform you of its practices in relation to the protected health information that it maintains about you. HIPAA requires minimum standards that a covered entity, such as PFSP Specialty Pharmacy, must maintain in relation to your protected health information. This Notice of Privacy Practices is being given to you to help you understand how we meet those standards. It is also meant to inform you of ways that we may use the personal information we collect about you and how we may disclose it.

I. Permitted Uses and Disclosures of Protected Health Information:

- (1) To the Individual. We may disclose protected health information to the individual who is the subject of the information.
- (2) Treatment, Payment, Health Care Operations. We may use and disclose protected health information for our own treatment, payment, and health care operations activities.

A. Treatment is the provision, coordination, or management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another. Treatment also includes clinical assessment by nurses and pharmacists on our staff. We may use this type of information, in coordination with your physician, to determine the best course of treatment for you

B. Payment: We may contact your insurer, payer or other agent and share your PHI with that entity to determine whether it will pay for your prescription and the payment amount. We may also contact you about a payment or balance due for prescriptions dispensed

C. Health care operations includes such activities as : (a) quality assessment and improvement activities, including case management and care coordination; (b) competency assurance activities, including provider or health plan performance evaluation, credentialing, and accreditation; (c) conducting or arranging for medical reviews, audits, or legal services; (d) specified insurance functions, such as underwriting, risk rating, and reinsuring risk; (e) business planning, development, management, and administration; and (f) business management and general administrative activities

II. Other Uses and Disclosures:

There are limited number of other uses and disclosures of PHI that do not require a specific authorization from you. We may in the following circumstances, disclose your PH

- We may disclose your protected health information when we are required to do so by any federal , state or local law.
- We may disclose health information to a legally authorized government authority, such as a social service or protective service agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence.
- We may disclose protected health information to agencies authorized by law to conduct health oversight activities, including audits, investigations, licensing and similar activities.
- We may disclose your PHI in response to a court or administrative order, and under certain conditions, a subpoena, discovery request or other lawful process.
- We may disclose protected health information for certain public health activities and purposes.
- We may contact you to provide refill reminders or for billing or collections and may leave messages on your answering machine, voice mail or through other methods.
- We may disclose your protected health information to third parties known as "Business Associated" that perform various activities (e.g. Attorneys, accountants, delivery of goods) for us and that agree to protect the privacy of your protected health information.

III. Uses and Disclosures which you authorize:

These are the certain types of disclosures for which we must obtain an authorization from you or your personal representative.

- Psychotherapy notes
- Marketing communications
- Health information being sold
- Disclosures made to an individual or organization for purposes other than treatment, payment, or operations.

IV. Your Rights:

- In accordance with HIPAA you have the following rights in relation to your protected health information. You may exercise these rights by submitting a written request to the Privacy Officer at the contact information listed at the end of this Privacy Notice.
- You may request an amendment of your protected health information if you believe such information is inaccurate or incomplete.
- You may have the right to obtain a copy of this Notice of Privacy Practices. You may also obtain a copy of the current version of our Privacy Notice at the following website : PFSPpharmacy.com
- You have the right of access to inspect and obtain a copy of your medical record, subject to certain limitations.
- You have the right to obtain an accounting of disclosures of your medical record for purposes other than treatment, payment, and healthcare operations.
- You have the right to request that we communicate with you in certain ways such as at an alternative address or through alternative means i.e. electronically.
- You may ask us not to use or disclose any of your protected health information for the purpose of treatment, payment, or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Privacy Notice.

V. Our Responsibilities:

In accordance with HIPAA, we are required to maintain the confidentiality of your protected health information. Your state laws may provide more protection than the federal laws and, in that case, we will abide by the more restrictive statute. We are required to abide by terms of this Privacy Notice as may be amended from time to time. If there is a change to our Notice of Privacy Practices, we will provide you with a revised notice at the most recent address you have supplied to us. If we discover a breach by us or our business associates involving your unsecured protected health information, we are required to notify you of the breach by letter or other method permitted by law.

VI. For more information or To Report A Problem:

You have the right to express complaints to us and to the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint.

Contact Person/Privacy Officer:

The contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer. Information regarding matters covered by this Privacy Notice can be requested by contacting at:

PFSP

398 W. Grand Avenue

Rahway, NJ 07065

844-527-9486

pfsprx.com