



MCHEST PHARMACY 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 are required by law to maintain the privacy and security of health information about you (called “protected health information” or “PHI”). We must follow the duties and privacy practices described in this notice, as it may be updated from time to time, and to give you a copy of this notice. We will not use or share your protected health information other than as described in this notice unless you tell us we can in writing.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The following categories describe different ways that we may use and disclose your PHI without your prior written authorization. For each category of uses and disclosures we will explain what we mean and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose your PHI without your authorization will fall within one of the categories.

Treatment. We may use and disclose your PHI for treatment purposes, such as when your pharmacist consults with your physician or a specialist regarding your medications, treatment or condition. We may also use and disclose your PHI if we are contacted by another pharmacy that states they have your request and consent to transfer pharmacy records to them.

Payment. We may use and disclose your PHI for payment purposes. For example, we may contact your insurer, payor, or other entity, for purposes of receiving payment for treatment or services that you receive from us or to determine whether the entity will pay for the particular service or product.

Health Care Operations. We may use and disclose your PHI to operate our business. Such uses and disclosures will take place in a number of ways, including for quality assessment and improvement activities, conducting patient satisfaction surveys, and business planning and development. We may also share your PHI with our business associates who assist us in our operations and who are contractually obligated to protect the privacy and security of your PHI in the same way that we are.

Organized Health Care Arrangement. An organized health care arrangement is a clinically integrated care setting in which individuals typically receive health care from more than one health care provider. We may participate in organized health care arrangements with skilled nursing facilities or other facilities/entities in connection with the services we furnish to the patients or residents of such entities. PHI may be shared between the participants of the organized health care arrangement for the health care operations of the arrangement.

Refill Reminders and Alternative Treatments. We may use and disclose your PHI to provide you with refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.



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Fundraising. We may use and disclose your PHI for charitable fundraising activity efforts, but you have the right to request that we discontinue such communications.

Friends and Family Members Involved in Your Care. With your permission, we may disclose to your family members, a relative, a close personal friend, or any other person identified by you, PHI that is directly relevant to the person's involvement with your care or payment related to your care. In addition, if you are incapacitated or there is an emergency and you are unable to give us your permission, we may still share your PHI with your family or friends, if in our professional judgment we believe such a disclosure is in your best interest.

Disaster Relief Purposes. Unless you object, we may disclose your PHI to disaster relief organizations or agencies so that your friends and family can be notified about your general condition, status, and location in a disaster relief situation.

Required by Law. We may use and disclose your PHI if state or federal law requires it, including to the United States Department of Health and Human Services if it wants to see that we are complying with federal privacy laws.

Public Health and Safety Issues. We may use or disclose your PHI for public health activities, such as reporting communicable diseases, reporting adverse reactions to medications, helping with product recalls, reporting suspected abuse or neglect, and preventing or reducing a serious threat to anyone's health or safety.

Health Care Oversight. We may disclose your PHI to a health oversight agency for oversight activities authorized by law, such as audits, investigations, and inspections.

Research. We may use or disclose your PHI for research purposes if we follow a special review and approval process related to protecting the privacy of your PHI.

Law Enforcement. We may disclose your PHI to law enforcement officials in certain limited situations, such as in response to an investigative demand or to help identify or locate a suspect, fugitive, material witness, or missing person.

Judicial or Administrative Process. We may disclose your PHI in response to a court or administrative order, a subpoena, or as otherwise required or permitted by law related to administrative or judicial proceedings.

Medical Examiners and Others. We may disclose PHI about you to medical examiners, coroners, or funeral directors to allow them to perform their lawful duties. If you are an organ or tissue donor, we may disclose PHI about you to organizations that help with organ, eye, and tissue donation and transplantation.

Government Functions and Correctional Institutions. We may use or disclose your PHI for specialized government functions, such as protection of public officials, national security and intelligence activities, or reporting to various branches of the armed services. Additionally, if you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official when necessary for the institution to provide you with health care and to protect the health and safety of others.

Workers Compensation. We may use or disclose your PHI as required or permitted by state law governing workers' compensation programs.



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Except as described above, we will not use or disclose your PHI without first receiving written authorization from you. You may revoke any authorization given at any time, except to the extent we have already taken action in reliance on a previously signed authorization form. We will never sell your PHI or use or disclose your PHI for marketing purposes without first receiving your written authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Right to Request Restrictions. You may ask us to restrict uses and disclosures of your PHI to carry out treatment, payment, or healthcare operations, or to restrict disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. Your request must be made in writing, and we are not required to agree to your request, unless your request relates to information about a service or product that you paid for out-of-pocket in full, and the disclosure is to your health insurer for payment or operations purposes. If we agree to your request, we will comply with it unless the information is needed for emergency treatment.

Right to Access Your Protected Health Information. You have the right to inspect and/or obtain a copy of the PHI we use to make decisions about you. Your request must be in writing. We may charge a reasonable, cost-based fee for providing you with copies of your PHI. We will respond to your request within thirty (30) days of receiving your request. In very limited circumstances, we may deny your request. If we deny your request, we will explain our reasons to you in writing, as well as any additional rights that you may have related to requesting that our denial be reviewed.

Right to Amend. You have the right to request that we make changes to correct your PHI if you believe that it is inaccurate or incomplete. Your request must be made in writing and should include a reason supporting your request. We will review your request and make changes to your PHI if we agree that your request is reasonable, and if we do not, we may say “no” and tell you why in writing.

Right to an Accounting of Disclosures. You have a right to request who accessed or received your PHI, and for what purpose, during the 6 years preceding your request. This list will not include all disclosures of your PHI that we have made. For example, it will not include routine disclosures of your PHI for treatment, payment, or health care operations. We will provide you with one list for free every 12 months, but we may charge a reasonable, cost-based fee for additional lists that you request within a 12 month period. Requests for an accounting of disclosures must be made in writing.

Request for Confidential Communications. You have the right to request that we communicate with you in a certain way (e.g., home or mobile phone) or to send mail to a different address. Such requests must be made in writing and we will agree to all reasonable requests.

Right to Notification of Breach. You have the right to be informed promptly if a breach occurs that may have compromised the privacy or security of your unsecured PHI.

Right to File a Complaint. If you believe that your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Ave., SW, Washington, DC 20201 or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. You will not be retaliated against for filing a complaint.



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Right to a Paper Notice. You have the right to obtain a paper copy of this notice upon request by contacting the Privacy Officer, even if you have agreed to receive this notice electronically.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this notice and to make new notice provisions effective for all PHI we maintain about you. We will post the latest version of this notice on our website at www.mchest.com. You may receive a copy of this notice by contacting us as described below, even if you have already received a copy previously.

CONTACTING US

You may contact us for further information or to exercise your rights as described herein at:

M Chest Pharmacy
Privacy Officer
PO Box 6397
Tyler, Tx 75711
903-630-6000