

NOTICE OF HIPAA 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.

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Debbie's Family Pharmacy is committed to protecting the privacy of your protected health information (PHI). We only use PHI as necessary to provide you with health care products and services. PHI is any information that identifies you and relates to the health care services or products provided to you.

This Notice of HIPAA Privacy Practices describes how we may use and disclose your PHI and your rights to access and amend your PHI.

We are required by law to maintain the privacy of your PHI, provide you with notice of our legal duties and privacy practices with respect to your PHI, and abide by the terms of this notice

Permitted Uses and Disclosures of your Medical Information

As permitted by law, your health plan, or prescription benefit plan, we may use and disclose your PHI for the following purposes only:

Treatment

To facilitate the ability of healthcare professionals to provide, coordinate, and manage the delivery of medical products or services.

Payment

To manage your account and process your claims for products or services you have received. This includes providing forms with your PHI on them in order for you to submit claims to your health plan or employer for payment.

Healthcare Operations

To conduct activities necessary and related to providing health care products and services to you at the highest quality possible. These services include, but are not limited to: A) Conducting quality assessment and improvement, case management and care coordination, B) Medical review, legal services, and auditing functions, including fraud and abuse detection, C) Provide you with helpful reminders, information about your conditions, recommendations related to your health conditions, and other programs designed to improve your health.

Other Persons Involved in Your Care or Payment for Your Care

To someone who assists in or pays for your care. Unless you inform us in writing and specifically request us not to, we may disclose your medical information to someone who has your permission to act on your behalf.

Business Associates

To provide some services through contracts with business associates acting on our behalf. Your PHI will be protected from further use and disclosure using confidentiality agreements. For example, we submit PHI to processing companies in order to process claims with your prescription benefit plan. These business associates receive the information in order to electronically bill your insurance plan and inform us of your copay.

Research

For research purposes. Before disclosing we will either remove personally identifying information or gain approval through a special approval process designed to protect your PHI. This medical information may be used to generate aggregate data to study outcomes, costs, and provider profiles, and to suggest benefit design for your employer or health plan. These studies generate aggregate data that we may sell or disclose to other companies or organizations. Aggregate data does not personally identify you.

Legal

To social services, protective agency, or other government authority if we believe you are the victim of abuse, neglect, or domestic violence. We will inform you of our disclosure unless informing you will place you at additional risk of harm.

To respond to a court order, subpoena, or other lawful process, but only after efforts are made to notify you of the disclosure.

To law enforcement as required by law in response to a subpoena, warrant, summons, or to report a crime.

Miscellaneous

To the Public Health Department, FDA, or CDC when required by law for the reporting or tracking of illnesses.

To governmental healthcare agencies that oversee the healthcare system and government benefit programs.

To prevent or lessen an imminent threat to the health or safety of another person or the public.

To a coroner or medical examiner for the purpose of determining cause of death.

To organizations involved in organ transplantation to facilitate donation and transplantation.

Other Uses and Disclosures

To comply with other Federal, State, or Local law.

Any other disclosure of your PHI not listed in this notice will be made only with your written authorization. You may revoke this authorization at any time unless we have taken action in reliance upon it.

Your Rights with Respect to Your Medical Information

You have the following rights regarding your PHI we maintain about you:

Right to Inspect and Copy - Subject to some restrictions, you may inspect and copy PHI that may be used to make decisions about you. To do so, please submit a written request to the address listed above.

Right to Amend - If you believe PHI about you is incorrect or incomplete, you may ask us to amend the information. To do so, please submit a written request to the address listed above and the reason supporting your request to amend.

Right to an Accounting of Disclosures - You may request an accounting of disclosures of your PHI other than for treatment, payment, or healthcare operations. To do so, you must submit a request in writing to the address listed above.

Right to be Notified - You have the right to be notified of a breach of unsecured PHI if your PHI is affected. This notification may be made by mail, our website, or public media outlets.

Right to Request Restrictions - You have the right to request a restriction or limitation on the PHI we use and disclose about you for treatment, payment, or healthcare operations. You may request that your PHI not be disclosed to family members or friends involved in your care or payment for your care. Your request must 1) be in writing; 2) state the restrictions you are requesting; and 3) state to whom the restrictions apply. We are not required to agree to your request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment.

Right to Request Disclosures to Your Insurance Plan - You may request that we do not disclose information to your insurance plan about services or products provided however you must pay for the services or products in full at time of service. If payment is not made the request is void.

Confidential Communications - You may request that we communicate with you in a particular way. You must submit your request in writing to the address listed above.

Right to a Paper Copy of this Notice - You have the right to request a paper copy of this notice at any time.

Right to File a Complaint - If you believe we have violated your privacy rights you may file a written complaint by submitting it in writing to the address listed above. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint

Conclusion

If you have any questions or would like additional information please contact us at the address listed above. Thank you for allowing us to care for you.