

# Notice of HIPAA Privacy Practices

Federal privacy regulations recognize that patients have certain rights to their health information as well as how to use and release a patient's health information to the patient and others. These are federal rules designed to protect the privacy and security of our patients' Protected Health Information, or PHI. PHI includes any information about a patient's health condition, healthcare, and/or payment for care. It also includes any information that could be used to identify the patient, such as name, date of birth, address, phone number, and/or other relevant information.

***This notice describes how medical information about you may be used and disclosed, and how you can get access to this information.***

## **Please Review Carefully**

We are required by law to give you this Notice. It explains how we may use and disclose your protected health information and how you can get access to that information. It also describes certain rights you have regarding your protected health information, and tells you how to file a complaint, either with PMSI or with the Secretary of Health and Human Services.


## **Ways in Which We May Use and Disclose Your Protected Health Information**

In the following section, we tell you about the different ways PMSI may use and disclose your protected health information. We provide examples, but they are not meant to be exhaustive. Every use and disclosure will fall into one of the following categories.

**Treatment:** We will use and disclose your protected health information to provide you with care and treatment. We may also share your information with other healthcare providers. For example, we may discuss your medications with your doctor to help ensure you receive quality care, or to contact you for refill or prescription reminders.

**Payment:** We will use and disclose your protected health information to ensure that we are paid for the services and treatments we provide for you. For example, we may disclose information that identifies you to a third-party payor, such as an insurance company.

**Healthcare Operations:** We will use and disclose your protected health information to monitor and improve our ongoing operations. For example, we may share your information with other pharmacists in order to review our quality of service.



**As Required By Law:** We will use and disclose your protected health information when required by federal, state, or local law, statute, ordinance, or regulation.

**Others Involved in Your Healthcare:** We will disclose your protected health information to a family member, friend, or relative or other person you identify who is involved with your healthcare or payment for healthcare services.

**Treatment Alternatives:** We will use and disclose your protected health information to tell you about alternative treatments or other products or services that you may be interested in.

**Research:** We may disclose your protected health information to researchers, provided that the research program has been approved by an Independent Review Board, and that satisfactory assurances have been made to protect the privacy of your protected health information.


**To Avert a Serious Threat to Public Health or Safety:** We will disclose your protected health information to public health authorities that are allowed to collect and receive such information for the purpose of controlling disease. If requested, we will also disclose your protected health information to a foreign government agency that is cooperating or collaborating with the public health authority.

**Workers' Compensation:** Disclosures for workers' compensation purposes are exempt from the HIPAA Privacy Rule. We may use and disclose your protected health information pursuant to workers' compensation or similar programs that provide benefits to you if you are injured or ill on the job.

**Military and Veterans:** If you are a member of the Armed Forces, we may disclose your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

**Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the lawsuit or dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the requested information.

**Inmates:** If you are an inmate in a correctional facility or under custody of a law enforcement official, we will disclose your protected health information to the facility or law enforcement official if necessary for the facility to provide you with healthcare, protect the health and safety of you or others, or for the safety and security of the correctional facility.



**National Security Activities:** We may disclose your protected health information to authorized federal officials for intelligence, counter-intelligence, and other national security activities as authorized by law.

**Health Oversight Activities:** We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system.

## Your Privacy Rights

The medical record that PMSI maintains about you is the physical property of PMSI. However, the information contained in that record belongs to you, and you have the right to:

**A Paper Copy of This Notice:** You have the right to receive a paper copy of this Notice upon request. You may download and print a copy from our website, or request a printed copy via our website or by contacting our Privacy Office.


**Request Confidential Communications:** You may ask that we communicate with you in a particular way. For example, you may want us to call you only at work. Your request must be submitted in writing to our Privacy Office. We will make every effort to accommodate any reasonable request.

**Inspect and/or Copy:** You have the right to inspect and receive a copy of the health information we maintain about you in our designated record set. The designated record set includes billing and treatment records, as well as any other information we use to make decisions about you.

If we have received any psychotherapy notes about you from other healthcare providers, they are, by law, not available for your inspection. We may charge a reasonable fee to cover the cost of copying, mailing, and other supplies necessary to fulfill your request.

If you wish to inspect or copy your medical information you must submit your request in writing to our Privacy Office. We will respond to your request within 30 days if the information is maintained at our facility. If the information is maintained off site, we will respond within 60 days, but we will notify you of the delay.

**Amend Your Health Record:** You have the right to request that we amend your health record if you believe that it is incomplete or inaccurate. You must make this request in writing to our Privacy Office, and you must tell us what information is in error and why you believe it is in error. We may deny your request if it is not a written request or if it does not include a reason for the amendment.



We may also deny your request if you ask us to amend information that:

- Was not created by PMSI unless the person or entity that created the information is no longer available to make the amendment, or;
- Is not part of the protected health information kept by or for PMSI, or;
- Is not part of the information you would normally be permitted to inspect or copy, or;
- PMSI believes is accurate and complete.

**Restricted Use and Disclosure:** You may request restrictions on how we use or disclose your protected health information for treatment, payment, and ongoing operations. For example, you may ask that we not disclose medication information to a family member. Your request must be submitted in writing to our Privacy Office. We are not required to agree to your request. If we do agree, we will comply with your request except when emergency treatment is required.

**Accounting of Disclosures:** You may request a list of the disclosures we've made for purposes other than treatment, payment, or operations. Your request must be in writing and must specify the time period for which you want the list. You may not request information for dates prior to November 1, 2007 or for a period of more than six years. Your first request in any 12-month period is free, but we may charge a reasonable fee for subsequent requests within the same 12-month period.

### **Uses and Disclosures Not Covered**

Uses and disclosures of your protected health information not covered by this Notice or the various laws that apply to us may only be made with your written authorization. You may revoke an authorization at any time and we will stop using and disclosing the information. Any use or disclosure made prior to the revocation is not affected by the revocation. Your written authorization must tell us what information to release, to whom it should be released, and when the authorization should expire.



## **To File a Complaint**

You have the right to complain to us or to the Secretary of Health and Human Services about the ways in which we have used or disclosed your protected health information. Complaints must be made in writing and signed by you or your authorized representative. Complaints should be sent to our Privacy Office at the address shown below. If you wish to complain to the Secretary, send your written complaint to:

**Region 4  
Office of Civil Rights  
U.S. Department of Health & Human Services  
Atlanta Federal Center  
Suite 3B70  
61 Forsythe St. SW  
Atlanta, GA 30303-8909**

## **Changes to This Notice**

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for any protected health information we already have about you, as well as any protected health information we may receive about you in the future. We will post a copy of the current Notice on our website. We are not required to automatically give a copy of the revised Notice if you have already received a copy of the previous Notice.

## **To Contact Us**

**PMSI  
Attn: Privacy Office  
175 Kelsey Lane  
Tampa, Florida 33619  
877.ASK.PMSI  
[www.pmsionline.com](http://www.pmsionline.com)**

Our Privacy Officer is:  
John Bencivenga  
Vice President and Group Counsel

Effective Date: November 1, 2007