

# Pharmacare

## 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.**

Pharmacare is providing this Notice of Privacy Practices because the privacy of your health information is very important to you and to us, and in compliance with federal regulations.

By “your health information” we mean the information that we maintain that specifically identifies you and your health status. This is referred to as Protected Health Information or PHI.

### Summary

This Notice describes how we use your health information within Pharmacare and its affiliated covered entities (Value Drug, Ltd. dba Pharmacare, RJB Corporation dba Aiea Medical Pharmacy, and Pharmacare International, Inc. dba Pharmacare) and disclose it outside Pharmacare, and why.

The Notice covers:

- Uses or disclosures which do not require your written authorization.
  - >> Treatment, payment, and health care operations.
  - >> Uses or disclosures of your health information to which you may object.
  - >> Uses or disclosures required or permitted.
- Uses or disclosures which require your written authorization.
- Your rights as a patient regarding privacy of your health information.
- Our duties in protecting your health information.
- Complaints, contact person, effective date, and acknowledgement.

### **Uses or disclosures which do not require your written authorization**

#### **Treatment, Payment, and Health Care Operations**

We use or disclose your health information to carry out your treatment; to obtain payment for your treatment; and to conduct health care operations. For example:

- >> For treatment, we use your health information to fill your prescriptions, provide infusion, and nutritional support services. We disclose your health information for treatment purposes to physicians and other health care professionals outside our company who are involved in your care. We may use and disclose your PHI if we are contacted by another pharmacy who states they have your request and consent to transfer pharmacy records to them.

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### Uses or disclosures which do not require your written authorization

*(continued)*

#### **Treatment, Payment, and Health Care Operations** (continued)

- >> For payment, we use your health information to prepare documentation required by your insurance company or HMO or by Medicare or Medicaid. We disclose that part of your health information that these organizations require to pay us for your prescriptions, infusion, and nutritional support services.
- >> For health care operations, we use or disclose your health information, for example, to improve the quality of our services, to plan better ways of serving patients, and to evaluate staff performance.

### Uses or Disclosures of Your Health Information to Which You May Object

We may use or disclose your health information for the following purposes, unless you ask us not to. If you object to our use of your health information for any of these purposes you must submit your request in writing to the Privacy Officer, c/o Pharmacare, 3375 Koapaka St. Suite G320, Honolulu, HI 96819.

- Informing family and friends. We may disclose your health information to family, friends, or others identified by you who are involved in your care, or payment for your services. For example; to allow others to pick-up prescriptions or accept deliveries on your behalf. We will also use our judgment and experience regarding your best interests in the use of your PHI.
- Assistance in disaster relief efforts.
- Confirming our visits to your home or other appointments.
- Contact you to provide refill reminders, informing you about treatment alternatives, health screenings, or other health-related benefits and services that may be of interest to you.

We are not required to agree to your request. However, we will make every attempt to honor your request.

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### Uses or Disclosures Required or Permitted

Where we are required or permitted to do so, we may use or disclose your health information in the following circumstances without your written authorization.

- Federal government investigation, when required by the Secretary of Health and Human Services to investigate or determine our compliance with federal regulation.
- Federal, state or local law requirements.
- Public health activities, for example to report communicable diseases or death; or for matters involving the Food and Drug Administration.
- Reporting of abuse, neglect or domestic violence.
- Health oversight activities by a health oversight agency. (A health oversight agency is an organization authorized by the government to oversee eligibility and compliance and to enforce civil rights laws.)
- Judicial or administrative proceedings, for example responding to a court order or subpoena.
- Law enforcement purposes, for example to report certain types of wounds or other physical injuries or to identify or locate a suspect, fugitive, material witness, or missing person.
- Use by coroners, medical examiners, or funeral directors.
- Facilitating organ, eye, or tissue donation.
- Research, provided that very strict controls are enforced.
- Averting a serious threat to your health or safety or that of the public.
- Specialized government functions such as military or veterans' affairs, national security, and intelligence activities.
- Workers' compensation.

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### **Uses or disclosures which require your written authorization**

Your written authorization, which you may revoke (in writing), is required if we use or disclose your health information for any purpose other than those stated above. In particular, your authorization is required if:

- We use or disclose your health information for marketing of goods or services.

## **Your Rights As A Patient to Privacy Of Your Health Information**

### **Right to Request Restrictions**

You have the right to request restrictions on our uses and disclosures of your health information. You must make your request in writing. However, we may refuse to accept the restriction. Submit your written request to the Privacy Officer, c/o Pharmacare, 3375 Koapaka St., Suite G320, Honolulu, HI 96819. We will make every effort to honor your request.

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you confidentially, for example to speak with you only in private; to send mail to an address you designate; or to telephone you at a number you designate. You must make your request in writing. Submit your written request to the Privacy Officer, c/o Pharmacare, 3375 Koapaka St., Suite G320, Honolulu, HI 96819. We will make every effort to honor your request.

### **Right to Request Access to Your Health Information**

You have the right to request access to your health information in order to inspect or copy it. You must make your request in writing. Submit your written request to the Privacy Officer, c/o Pharmacare, 3375 Koapaka St., Suite G320, Honolulu, HI 96819. We will make every effort to honor your request. If we deny your request, you may request a review of the denial. We may charge you a fee for copying, mailing, or other supplies.

### **Right to Request an Amendment of Your Health Information**

You have the right to request an amendment to your health information.

**Your request must be in writing and must provide a reason for the amendment.** Submit your written request to the Privacy Officer, c/o Pharmacare, 3375 Koapaka St., Suite G320, Honolulu, HI 96819. We will make every effort to honor your request. We may deny your request and, if so, you may submit a statement of disagreement.

### **Right to Request an Accounting of Disclosures of Your Health Information**

You have the right to request an accounting of our disclosures of your health information for purposes other than treatment, payment, and health care operations. You must make your request in writing. Submit your written request to the Privacy Officer, c/o Pharmacare, 3375 Koapaka St., Suite G320, Honolulu, HI 96819. We will make every effort to honor your request. We are not required to provide an accounting for disclosures before April 14, 2003, or for more than six (6) years prior to the date of your request. You may be charged for a cost of

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accounting. Pharmacare will notify you of the cost involved, and you may choose to withdraw or modify your request at that time.

### **Right to Obtain a Paper Copy of this Notice**

If you received this Notice electronically, you have the right to receive a paper copy.

### **Our Duties in Protecting Your Health Information**

- We are required by law to maintain the privacy of your health information.
- We must inform patients or their legal representatives of our legal duties and privacy practices with respect to health information. This Notice discharges that duty.
- We must abide by the terms of the Notice currently in effect.
- We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that we maintain. At any time, you may obtain a copy of the current notice from the Privacy Officer.

### **Complaints, Contact Person, Effective Date, and Acknowledgement**

- You may complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated.
- You will not be retaliated against for filing a complaint.
- You may submit or mail your complaint (in writing) to the Privacy Officer, c/o Pharmacare, 3375 Koapaka St. Suite G320, Honolulu, HI 96819.
- You may file a complaint with the Secretary of Health and Human Services by writing to:

Secretary of Health and Human Services  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(source: [www.hhs.gov](http://www.hhs.gov))

- This notice is effective April 14, 2003.
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