



## **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.**

### **I. OUR DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION**

Express Med Pharmacy Services (EMP) is committed to preserving the privacy and confidentiality of your health information whether created by us or maintained on our premises. EMP is required by certain state and federal regulations to implement policies and procedures to safeguard the privacy of your health information. Copies of our privacy policies and procedures are maintained in the business office. Express Med Pharmacy Services is required by state and federal regulations to abide by the privacy practices described in this notice including any future revisions that EMP may make to the notice as may become necessary or as authorized by law.

Individually identifiable information about your past, present, or future health or condition, the provisions of health care to you, or payment for the health care treatment or services you receive is considered *protected health information* (PHI). As such, EMP is required to provide you with this *Privacy Notice* that contains information regarding our privacy practices that explains how, when and why EMP may use or disclose your protected health information and your rights and our obligations regarding any such uses or disclosures. Except in specified circumstances, EMP must use or disclose only the minimum necessary protected health information to accomplish the intended purpose of the use or disclosure of such information.

Express Med Pharmacy Services reserves the right to change this notice at any time and to make the revised or changed notice effective for health information EMP already has about you as well as any information EMP receives in the future about you. Should EMP revise/change this Privacy Notice, EMP will post a copy of the new/revised Privacy Notice in the main lobby and web site. You also may request and obtain a copy of any new/revised Privacy Notice from the business office.

Should you have questions concerning our Privacy Notices, the names, addresses, telephone numbers, website addresses, etc., of whom you should contact are listed on the last page of this document.

### **II. HOW EXPRESSMED PHARMACY SERVICES MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

Express Med Pharmacy Services uses and discloses protected health information for a variety of reasons. Express Med Pharmacy Services has a limited right to use and/or disclose your health information for purposes of treatment, payment, or for the operations of our agency. For other uses, you must give us your written authorization to release your protected health information unless the law permits or requires us to make the use or disclosure without your authorization.

Should it become necessary to release your protected health information to an outside party, EMP will require the party to have a signed agreement with us that the party will extend the same degree of privacy protection to your information as EMP does.

The privacy law permits us to make some uses or disclosures of your protected health information without your consent or authorization. The following describes each of the different ways that EMP may use or disclose your protected health information. Where appropriate, EMP has included examples of the different types of uses or disclosures. These include:

**1. Use and Disclosures Related to Treatment:**

Express Med Pharmacy Services may disclose your protected health information to those who are involved in providing medical and nursing care services and treatments to you. For example EMP may release health information about you to our pharmacists, pharmacy technicians, as well as nurses, medical and nursing students, therapists, pharmacists, medical records personnel, consultants, physicians who are involved in your care. Express Med Pharmacy Services may also disclose your protected health information to outside entities performing other services relating to your treatment; such as diagnostic laboratories, home health/hospice agencies, family members, etc.

**2. Use and Disclosures Related to Payment:**

Express Med Pharmacy Services may use or disclose your protected health information to bill and collect payment for services or treatments EMP provided to you. For example, EMP may contact your insurance agency, health plan, or another third party to obtain payment for services EMP provided to you.

**3. Use and Disclosures Related to Health Care Operations:**

Express Med Pharmacy Services may use or disclose your protected health information to perform certain functions within our agency should these uses or disclosures become necessary to operate our agency and to ensure that you and others EMP provides care and services to continue to receive quality care and services. For example, EMP *may* take your photograph for wound care management or use your health information to evaluate the effectiveness of the care and services you are receiving. Express Med Pharmacy Services may disclose your protected health information to our staff (pharmacists, pharmacy technicians, nurses, physicians, staff consultants, therapists, etc.) for auditing, care planning, treatment, and learning purposes. Express Med Pharmacy Services may also combine your health information with information from other health care providers to study how our agency is performing in comparison to like agencies or what EMP can do to improve the care and services EMP provides to you. When information is combined, EMP removes all information that would identify you so that others may use the information in developing research on the delivery of health care services without learning your identity.

**4. Use and Disclosures Related to Treatment Alternatives, Health-Related Benefits and Services:**

Express Med Pharmacy Services may use or disclose your protected health information for purposes of contacting you to inform you of treatment alternatives or health-related benefits and services that may be of interest to you. For example, a newly released medication or treatment that has a direct relationship to your treatment or medical condition.

### **III. Uses and Disclosures Requiring Your Written Authorization**

For uses and disclosures of your protected health information beyond treatment, payment and operations purposes, EMP is required to have your written authorization, except as permitted by law. You have the right to revoke an authorization at any time to stop future uses or disclosures of your information except to the extent that EMP has already undertaken an action in reliance upon your authorization. Your revocation request must be provided to us in writing. The name, address, telephone number of the person to contact is located on the last page of this document. You may use our *Authorization for Use or Disclosure of Protected Health Information* form and/or our *Revocation of an Authorization* form to submit your request to us. Copies of these forms are available in the business office.

Examples of uses or disclosures that would require your written authorization include, but are not limited to, the following:

1. A request to provide your protected health information to an attorney for use in a civil litigation claim.
2. A request to provide certain information to an insurance or pharmaceutical agency for the purposes of providing you with information relative to insurance benefits or new medications that may be of interest to you.
3. A request to provide certain information to another individual or agency.

### **IV. Uses or Disclosures of Information Based Upon Your Verbal Agreement**

In the following situations, EMP may disclose a limited amount of your protected health information if EMP provides you with an advance oral or written notice and you do not object to such release or such release is not otherwise prohibited by law. However, if there is an emergency situation and you are unable to object (because you were not present or you were incapacitated, etc.), disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interest. When a disclosure is made based on these or emergency situations, EMP will only disclose health information relevant to the person's involvement in your care. For example, if you are sent to the emergency room, EMP may only inform the person that you suffered an apparent heart attack, stroke, etc., and/or EMP may provide information on your prognosis or progress. You will be informed and given an opportunity to object to further disclosures of such information as soon as you are able to do so.

#### **1. Information Disclosed to Family Members, Friends or Others Involved in Your Care:**

Express Med Pharmacy Services may disclose your protected health information to your family members and friends who are involved in your care or who help pay for your care. Express Med Pharmacy Services may also disclose your protected health information to a disaster relief organization for the purposes of notifying your family and/or friends about your general condition, location, and/or status (i.e., alive or dead). You may object to the release of this information. You may use our *Request to Restrict the Use or Disclosure of Protected Health Information* form to notify us of your objection or your objection may be made orally. The name, address, and telephone number of the person to whom you may make your objection is listed on the last page of this document. (See also Section VI, paragraph 1.)

**V. Uses and Disclosures of Information That Do Not Require Your Consent or Authorization**

State and federal laws and regulations either require or permit us to use or disclose your protected health information without your consent or authorization. The uses or disclosures that EMP may make without your consent or authorization include the following:

**1. When Required by Law:**

Express Med Pharmacy Services may disclose your protected health information when a federal, state or local law requires that EMP report information about suspected abuse, neglect, or domestic violence, reporting adverse reactions to medications or injury from a health care product, or in response to a court order or subpoena.

**2. For Public Health Activities for the Purpose of Preventing or Controlling Disease, Injury or Disability:**

Express Med Pharmacy Services may disclose your protected health information when EMP is required to collect information about diseases or injuries (e.g., your exposure to a disease or your risk for spreading or contracting a communicable disease or condition, product recalls, or to report vital statistics (e.g., deaths) to the public health authority).

**3. For Health Oversight Activities:**

Express Med Pharmacy Services may disclose your protected health information to a health oversight agency such as a protection and advocacy agency, the state agency responsible for inspecting our agency or to other agencies responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents or to ensure that EMP are in compliance with applicable state and federal laws and regulations and civil rights issues.

**4. To Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations or Tissue Banks:**

Express Med Pharmacy Services may disclose your protected health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death.

**5. To Avert a Serious Threat to Health or Safety:**

Express Med Pharmacy Services may disclose your protected health information to avoid a serious threat to your health or safety or to the health or safety of others. When such disclosure is necessary, information will only be released to those law enforcement agencies or individuals who have the ability or authority to prevent or lessen the threat of harm.

**6. For Specific Government Functions:**

Express Med Pharmacy Services may disclose protected health information of military personnel and veterans, when requested by military command authorities, to authorized federal authorities for the purposes of intelligence, counterintelligence, and other national security activities (such as protection of the President), or to correctional institutions.



## VI. Your Right Regarding Your Protected Health Information

You have the following rights concerning the use or disclosure of your protected health information that EMP creates or that EMP may maintain on our premises:

### 1. To Request Restrictions on Uses and Disclosures of Your Protected Health Information:

You have the right to request that EMP limit how EMP uses or discloses your protected health information for treatment, payment, or health care operations. You also have the right to request a limit on the health information EMP discloses about you to someone who is involved in your care or the payment for your care or services. For example, you could request that EMP not disclose to family members or friends information about a medical treatment you received.

Should you wish a restriction placed on the use and disclosure of your protected health information, you must submit such request in writing. (**Note:** You may submit such request using our *Request to Restrict the Use and Disclosure of Protected Health Information* form. Copies of this form are available in the business office.) The name, address, and telephone number of the person to whom the request is to be submitted is listed on the last page of this document.

**Express Med Pharmacy Services is not required to agree to your restriction request.** However, should EMP agree, EMP will comply with your request not to release such information unless the information is needed to provide emergency care or treatment to you.

### 2. The Right to Inspect and Copy Your Medical and Billing Records:

You have the right to inspect and copy your health information, such as your medical and billing records that EMP uses to make decisions about your care and services. In order to inspect and/or copy your health information, you must submit a written request to us. If you request a copy of your medical information, EMP may charge you a reasonable fee for the paper, labor, mailing, and/or retrieval costs involved in filing your requests. Express Med Pharmacy Services will provide you with information concerning the cost of copying your health information prior to performing such service. The name, address, and telephone number of the person to whom you may file your request is listed on the last page of this document. You may submit your requests on our *Request for Inspection/Copy of Protected Health Information* form. Copies of these forms are available in the business office.

Express Med Pharmacy Services will respond within thirty (30) days of receipt of such requests. Should EMP deny your request to inspect and/or copy your health information, EMP will provide you with written notice of our reasons of the denial and your rights for requesting a review of our denial. If such review is granted or is required by law, EMP will select a licensed health care professional not involved in the original denial process to review your request and our reasons for denial. Express Med Pharmacy Services will abide by the reviewer's decision concerning your inspection/copy requests. You may submit your denial review requests on our *Denial of Inspection/Copy of Protected Health Information* form. Copies of these forms are available in the business office.

**3. The Right to Amend or Correct Your Health Information:**

You have the right to request that your health information be amended or corrected if you have reason to believe that certain information is incomplete or incorrect. You have the right to make such requests of us for as long as EMP maintains/retains your health information. Your requests must be submitted to us in writing. Express Med Pharmacy Services will respond within sixty (60) days of receiving the written request. If EMP approves your request, EMP will make such amendments/corrections and notify those with a need to know of such amendments/corrections.

Express Med Pharmacy Services may deny your request if:

- a. Your request is not submitted in writing;
- b. Your written request does not contain a reason to support your request;
- c. The information was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- d. It is not a part of the health information kept by or for our agency;
- e. It is not part of the information which you would be permitted to inspect and copy; and/or
- f. The information is already accurate and complete.

If your request is denied, EMP will provide you with a written notification of the reason(s) of such denial and your rights to have the request, the denial, and any written response you may have relative to the information and denial process appended to your health information.

The name, address, and telephone number of the person to whom you may file your request is listed on the last page of this document. You may submit your amendment/correction requests on our *Request for Amendment/Correction of Protected Health Information* form. Copies of these forms are available in the business office.

**4. The Right to Request Confidential Communications:**

You have the right to request that EMP communicate with you about your health matters in a certain way or at a certain location. For example, you may request that EMP not send any health information about you to a family member's address. Express Med Pharmacy Services will agree to your request as long as it is reasonably easy for us to do so. You are not required to reveal nor will EMP ask the reason for your request. To request confidential communications you must:

- a. Notify us in writing;
- b. Indicate what information you wish to limit;
- c. Indicate whether or not you wish to limit or restrict our use or disclosure of such information; and
- d. Identify to whom the restrictions apply (e.g., which family member(s), agency, etc).

The name, address, and telephone number of the person to whom you may file your request is listed on the last page of this document. You may submit your requests on our



*Request for Restriction of Confidential Communications* form. Copies of these forms are available in the business office.

**5. The Right to Request an Accounting of Disclosures of Protected Health Information:**

You have the right to request that EMP provide you with a listing of when, to whom, for what purpose, and what content of your protected health information EMP has released over a specified period of time. This accounting will not include any information EMP has made for the purposes of treatment, payment, or health care operations or information released to you, your family, or the agency directory, disclosures made for national security purposes, or any releases pursuant to your authorization.

Your request must be submitted to us in writing and must indicate the time period for which you wish the information (e.g., May 1, 2003 through August 31, 2005). Your request may not include releases for more than six (6) years **prior** to the date of your request and may not include releases **prior** to April 14, 2003. Your request must indicate in what form (e.g., printed copy or email) you wish to receive this information. Express Med Pharmacy Services will respond to your request with sixty (60) days of the receipt of your written request. Should additional time be needed to reply, you will be notified of such extension. However, in no case will such extension exceed thirty (30) days. The first accounting you request during a twelve (12) month period will be free. There may be a reasonable fee for additional requests during the twelve (12) month period. Express Med Pharmacy Services will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

The name, address, and telephone number of the person to whom you may file your request is listed on the last page of this document. You may submit your requests on our *Request for an Accounting of Disclosures of Protected Health Information* form. Copies of these forms are available in the business office.

**6. The Right to Receive a Paper Copy of This Notice:**

You have the right to receive a paper copy of this notice even though you may have agreed to receive an electronic copy of this notice. You may request a paper copy of this notice at anytime or you may obtain a copy of this information from our website (as applicable). The name, address, and telephone number of the person to whom you may obtain a paper copy of this notice is listed on the last page of this document.

**VI. How to File a Complaint About Our Privacy Practices**

If you have reason to believe that EMP has violated your privacy rights, violated our privacy policies and procedures, or you disagree with a decision EMP made concerning access to your protected health information, etc., you have the right to file a complaint with us or the Secretary of the Department of Health and Human Services. Complaints may be filed without fear of retaliation in any form.

The name, address, and telephone number of the person to whom you may file your complaint is listed on the last page of this document. You may submit your complaint on our *Privacy Practices Complaint* form. Copies of these forms are available in the business office.



### Effective Date of This Privacy Notice

The effective date of this *Privacy Notice* is April 14, 2003.

### Changes or Revisions to our Privacy Notice

Express Med Pharmacy Services reserves the right to change our agency's *Privacy Notice* at any time and to make the revised or changed notice effective for health information EMP already have about you as well as any information EMP receives in the future about you. Should EMP revise or change our *Privacy Notice*, EMP will post a copy of the new or revised notice in our main lobby. You may obtain a copy of the newly revised *Privacy Notice* from the business office or download a copy from our website (as applicable).

Our *Privacy Notice* was revised on \_\_\_\_\_.  No changes since the effective date listed above.

Should you have any questions concerning our agency's privacy practices, obtaining copies of our privacy notice, requesting restrictions on the release of your information, revoking an authorization, amending or correcting your health information, obtaining a listing of the information EMP disclosed concerning your health information, requests to inspect or copy your medical information, requests that EMP communicates information about your health matters in a certain way, denial of access to your health information, filing complaints, or any other concerns you may have relative to our agency's privacy practices, please contact:

Joseph Marasco, R. Ph., Privacy Office  
3950 Brodhead Road, Suite 100, Monaca, PA 15061  
(724) 775-8688 (ext: 310)  
(888) 350-6337 (ext: 310)  
<http://www.expressmedrx.com>

### YOU MAY ALSO FILE COMPLAINTS WITH:

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201  
(202) 619-0257  
(877) 696-6775