

# SOLARA MEDICAL SUPPLIES/ dba IMPERIAL BEACH 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.**

Solara Medical Supplies, Inc./ dba Imperial Beach Pharmacy is committed to protecting your privacy and understands the importance of safeguarding your personal health information. We are required by federal law to maintain the privacy of health information that identifies you or that could be used to identify you (known as "Protected Health Information"). We also are required to disclose our privacy practices with respect to Protected Health Information that we collect and maintain. This Notice describes your rights under federal law and state law, where applicable, relating to your Protected Health Information. Solara Medical Supplies/ dba Imperial Beach Pharmacy is required by federal law to abide by this Notice. However, we reserve the right to change the privacy practices outlined in the Notice and make the new practices effective for all Protected Health Information that we maintain. Should we make such a change, we will display the revised Notice at our pharmacies and make it available to you upon request.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

#### **Routine Uses and Disclosures of Protected Health Information For Treatment, Payment, or Health Care Operations**

Solara Medical Supplies/ dba Imperial Beach Pharmacy is permitted under federal law to use and disclose Protected Health Information without your specific permission for three types of routine purposes: treatment, payment, and health care operations.

Your pharmacist will use or disclose your Protected Health Information as described below. Your Protected Health Information may be used and disclosed by your pharmacist, pharmacy staff, and others outside of the pharmacy that are involved in your care and treatment. Set out below are examples of the uses and disclosures of your Protected Health Information we are permitted to make for these routine purposes. While this list is not meant to be exhaustive, it should give you an idea of the everyday uses and disclosures "behind the scenes" that are essential to the care you receive.

**Treatment.** Your Protected Health Information can be used and disclosed by Solara Medical Supplies/ dba Imperial Beach Pharmacy for treatment purposes. For example, your Protected Health Information will be used by our pharmacists to fill your prescription and to counsel you about the appropriate use of your medication.

We also may use and disclose your Protected Health Information to provide you with information regarding possible alternative treatment options and other health-related benefits and services that we believe might interest you.

For example, we may send you reminders to refill generic alternatives for your prescription, or information about new or updated products that may enhance or improve your treatment.

**Payment.** Your Protected Health Information can be used and disclosed for payment purposes. For example, we may communicate your Protected Health Information to your insurance company so that it can process payment for your prescription.

**Health Care Operations.** Your Protected Health Information can be used and disclosed to allow us to conduct health care operations, which generally are the administrative activities that we undertake in order to operate our pharmacies. For example, we may use your Protected Health Information to evaluate the performance of our pharmacists and to engage in other quality assurance activities.

#### **Other Uses and Disclosures of Protected Health Information Solara Medical Supplies/ dba Imperial Beach Pharmacy is Permitted or Required to Make Without Your Authorization.**

In general, we are required to obtain your specific written authorization to use or disclose your Protected Health Information for purposes unrelated to treatment, payment, or health care operations. However, there are exceptions to this general rule under which we are permitted or required to make certain uses and disclosures of your Protected Health Information without authorization. These situations include:

**Required by the Secretary of Health and Human Services.** We may be required to disclose your Protected Health Information to the Secretary of Health and Human Services to investigate or determine our compliance with the federal privacy law.

**Public Health.** We may disclose your Protected Health Information for public health activities, such as disclosures to a public health authority or other government agency that is permitted by law to collect or receive the information (e.g., the Food and Drug Administration).

**Abuse or Neglect.** If you have been a victim of abuse, neglect, or domestic violence, we may disclose your Protected Health Information to the government agency authorized to receive such information.

**Health Oversight.** We may disclose Protected Health Information to a health oversight agency for activities authorized by law, such as: civil or criminal investigations; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight of retail pharmacies, governmental health benefit programs, or compliance with laws.

**Judicial and Administrative Proceedings.** We may disclose Protected Health Information in response to a court or agency order, and in some cases, in response to a subpoena or other lawful process not accompanied by a court order.

**Law Enforcement.** We may disclose Protected Health Information for law enforcement purposes, such as providing information to the police about the victim of a crime.

**Coroners, Medical Examiners, and Funeral Directors.** We may disclose Protected Health Information to a coroner, medical examiner, or funeral director if it is needed to carry out their duties.

**Research.** We may disclose your Protected Health Information to researchers when the research is being conducted under established protocols to ensure the privacy of your information.

**Serious Threat to Health or Safety.** Your Protected Health Information may be disclosed if we believe it is necessary to prevent a serious and imminent threat to the public health to prevent or lessen the threat.

**Specialized Government Functions.** We may disclose Protected Health Information for purposes related to military or national security concerns, such as for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits.

**Inmates.** Under certain circumstances, we may disclose the Protected Health Information of inmates of a correctional institution.

**Workers' Compensation.** Your Protected Health Information may be disclosed to comply with workers' compensation laws and other similar programs.

#### **Other Restrictions on Uses and Disclosures of Protected Health Information**

The uses and disclosures of your Protected Health Information described above are permitted or required by federal law. Some states have laws that require additional privacy safeguards above and beyond the federal requirements. Thus, if a state law is more restrictive regarding uses and disclosures of your Protected Health Information or provides you with greater rights with respect to your Protected Health Information, Solara Medical Supplies/ dba Imperial Beach Pharmacy will comply with the

state law. If your state has enacted a more stringent law, we have attached as an addendum to this Notice our privacy practices regarding your Protected Health Information in that state.

**Disclosures to Other Parties for Conducting Permitted Activities**

Solara Medical Supplies/ dba Imperial Beach Pharmacy may conduct the above-described activities ourselves, or we may use non-Solara Medical Supplies/ dba Imperial Beach Pharmacy entities to perform those operations. In those instances where we disclose your Protected Health Information to a third party acting on our behalf, we will protect your Protected Health Information through an appropriate privacy agreement.

**Other Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization**

Other uses and disclosures of your Protected Health Information, not described above, will be made only with your written authorization. You may revoke this authorization at any time, in writing, except to the extent that we have taken action in reliance on the authorization.

**YOUR RIGHTS**

As a patient, you have certain rights regarding your Protected Health Information. We may ask that you submit a written request to exercise your patient rights. The rights include:

**You have the right to request a restriction on certain uses and disclosures of your Protected Health Information.** This means that you may ask us not to use or disclose any part of your Protected Health Information for purposes of treatment, payment or health care operations. You may also request that any part of your Protected Health Information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction to apply. Solara Medical Supplies/ dba Imperial Beach Pharmacy is not required to agree to such a restriction. If we do agree, we will abide by your restriction unless we need to use your Protected Health Information to provide emergency treatment. In addition, we may elect to terminate the restriction at any time.

**You have the right to request to receive information from us by an alternative means or at an alternative location if you believe it would enhance your privacy.** For example, you may request that we send written communications to an alternative address. We will attempt to accommodate all reasonable requests and will not request an explanation from you as to the basis for your request.

**You have the right to inspect and copy your Protected Health Information.** If you would like to see or copy your Protected Health Information, we are required to provide you access to your Protected Health Information for inspection and copying within 30 days after receipt of your request (60 days if the information is stored off-site). We may charge you a reasonable fee to cover duplicating costs. In addition, there may be situations where we may decide to deny your request for access. For example, we may deny your request if we believe the disclosure will endanger your life or health or that of another person. Depending on the circumstances of the denial, you may have a right to have this decision reviewed.

**You have the right to amend your Protected Health Information.** This means you may request an amendment of your Protected Health Information in our records for as long as we maintain this information. We will respond to your request within 60 days (with up to a 30-day extension, if needed). We may deny your request if, for example, we determine that your Protected Health Information is accurate and complete. If we deny your request, we will send you a written explanation and allow you to submit a written statement of disagreement.

**You have the right to receive an accounting of certain disclosures we have made of your Protected Health Information.** An accounting is a record of the disclosures that have been made of Protected Health Information. This right generally applies to non-routine disclosures, i.e., for purposes other than treatment, payment, or health care operations, as described in this Notice, made in the six-year period prior to your request (although you are free to request an accounting for a shorter period). We

are required to provide the accounting within 60 days (with one 30-day extension, if needed) and to provide one accounting free of charge in any 12-month period. (For more frequent requests, a reasonable fee may be charged.)

**You have the right to obtain a paper copy of this notice from Solara Medical Supplies/ dba Imperial Beach Pharmacy.**

**COMPLAINTS**

If you believe your privacy rights have been violated, you have the right to report such alleged violations to Solara Medical Supplies/ dba Imperial Beach Pharmacy, and we will promptly investigate the matter. You may file a complaint with Solara Medical Supplies/ dba Imperial Beach Pharmacy by contacting our Corporate Privacy Officer, Tod Robinson. Rest assured we will not retaliate against you in any way for filing a complaint about our privacy practices. You may also contact the Secretary of Health and Human Services.

You may contact our HIPAA Compliance/Legal Department at (800) 423-0896 for further information about the complaint process or any other information covered by this Notice.

This notice is effective on April 14, 2003.