



NATURALMED APOTHECARY

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.

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, we have created this Notice of Privacy Practices (Notice) and will ask you to sign an Acknowledgement that you have received this Notice. This Notice describes NaturalMed Apothecary's privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that we protect the privacy of your PHI the we have received or created.

How we may use and disclose health information:

The following is an accounting of the ways that we are permitted, by law, to use and disclose your PHI.

- **Uses and disclosures of PHI for Treatment:** We may use and disclose PHI that we receive from you to fill your prescription and coordinate or manage your healthcare. For example, we may disclose PHI to doctors, nurses, pharmacists, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.
- **Uses and disclosures of PHI for Payment:** We may use and disclose PHI so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.
- **Uses and disclosures of PHI for Health Care Operations:** We may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Other permitted or required uses and disclosures along with special circumstances:

- **Use and disclosures as required by law:** We will disclose Protected Health Information when required to do so by international, federal, state or local law.
- **Use and disclosures for reminders, treatment alternatives and other health related benefits and services:** We may use and disclose PHI to contact you to remind you that you have a prescription with us. We also may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.
- **Disclosures to individuals involved in your care or payment for your care:** When appropriate, we may share Protected Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.
- **Use and disclosure about victims of abuse, neglect or domestic violence:** We may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.
- **Use and disclosures to avert a serious threat to health or safety:** We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.
- **Use and disclosures for public health risks:** We may disclose Protected Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Use and disclosures to business associates:** We may disclose Protected Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- **Use and disclosures for health oversight activities:** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Disclosures for worker's compensation:** We may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Use and disclosures for data breach notification purposes:** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Use and disclosures for law enforcement purposes:** We may release Protected Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- **Use and disclosures for military, veteran's, and other specialized government functions:** We may use or disclose PHI about you for specialized government functions including; military and veteran's activities, national security and intelligence, protective services, department of state functions, and correctional institutions and law enforcement custodial situations.
- **Use and disclosures about the deceased:** We may release PHI to a coroner or medical examiner. This may be necessary for example, to identify a deceased person or determine the cause of death. We also may release PHI to funeral directors as necessary for their duties.
- **Use and disclosures for cadaveric organ, eye or tissue donation purposes:** If you are an organ donor, we may use or release PHI to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

- **Use and disclosures for inmates or individuals in custody:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.
- **Use and disclosures for research purposes:** Under certain circumstances, we may use and disclose PHI for research. For example, a research project may involve comparing the health of patients who received one medication to those who received another, for the same condition. Before we use or disclose PHI for research, the project must have been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Authorized Use and Disclosure

We will obtain a written authorization from you for all other uses and disclosures of PHI, and we will only use or disclose pursuant to such an authorization. In addition, you may revoke such an authorization in writing at any time. To revoke a previously authorized use or disclosure, please contact Erik Cornett, Privacy Officer, to obtain a Request for Restriction of Uses and Disclosures.

Your Rights:

You have the following rights regarding Health Information we have about you:

- **Right to Inspect and Copy.** You have a right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
- **Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
- **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- **Right to Amend.** If you feel that PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office.
- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we made of PHI for purposes other than treatment, payment and health care operations or for which you provided written authorization.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the Protected Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- **Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may also obtain a copy of this notice at our web site, www.naturalmedapothecary.com

NaturalMed Apothecary Inc., Duties

NaturalMed Apothecary is required by law to maintain the privacy of your PHI, and to provide you with this notice of our legal duties and privacy practices with respect to your personal health information, and to notify affected individuals following a breach of unsecured PHI. We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all PHI that we maintain. Any revised Notices will be made available upon request. A copy of our current notice will be available in our office. The notice will contain the effective date on the bottom right-hand corner of the pages.

Contacting NaturalMed Apothecary Inc.

- If you have any questions about this Notice or how NaturalMed Apothecary, Inc uses and discloses your PHI please contact the Privacy Officer.
- You may obtain forms for submitting written requests from our Privacy Officer.
- If you believe your privacy rights have been violated, you may file a complaint with our office and/or to the Secretary of the Department of Health and Human Services. There won't be any adverse actions against you as a result of you filing a complaint. If you wish to file a complaint with NaturalMed Apothecary, please contact Erik Cornett, information provided below.
 Erik Cornett, Privacy Officer
 NaturalMed Apothecary, Inc.
 212 North Park Ave., Herrin, IL 62948
 Phone: (877) 768-7853 or (618) 942-6900
 Fax: (855) 345-3234 or (618) 942-7600
 email: contact@naturalmedapothecary.com
- If you wish to file a complaint with the Secretary please visit, www.hhs.gov/ocr/privacy/index.html to obtain contact information for regional OCR offices.