



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.

Effective date: August 24, 2004

MetMeds respects your privacy. We understand that medical information about you and your health is personal. This “protected health information” is required by state and federal law to be kept confidential. We will not share your information with others unless you tell us to do so, or unless the law authorizes or requires us to do so. Protected health information includes not only personal identification information such as your social security number, address and phone number, but also health information we create and obtain in providing our service to you. For example, it also includes medication information that we maintain for filling and refilling your prescriptions, health information we may receive from your doctor, as well as billing and payment information for your prescriptions.

OUR RESPONSIBILITIES

MetMeds is required by law to:

- take steps to protect the privacy of the medical information that identifies you.
- provide you with this notice of our legal duties and privacy practices with respect to medical information about you.
- follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Without your specific written permission, we are allowed to use and share your health care records for the purposes of treatment, payment, and health care operations.

- Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. For example, the pharmacist may contact your doctor to obtain additional information regarding your prescription and your protected health information may be shared in the process.
- Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities. For example, we may share your protected health information when we contact your insurance company to see if your prescriptions will be covered.
- Health Care Operations** include the business aspects of running our pharmacy. For example, we may use the information in your health record to improve services, conduct quality review, and for audit functions.

We may also use or disclose your protected health information in the following circumstances without your authorization:

- **Organ and Tissue Donation** – to organizations that obtain, store, or transplant organs if you are an organ donor.
- **Military** – to military command authorities if you are a member of the armed forces, and to the appropriate agencies regarding foreign military personnel.
- **Workers' Compensation** – to programs with which you have filed a report of accident.
- **Disaster Relief** – to agencies that assist in notifying family and friends of your condition.
- **Individuals Involved in Your Care** - to a caregiver who may be a friend or family member involved in your care or responsible for your medical payments
- **Health Oversight Activities** – to agencies for activities authorized by law such as audits, investigations, inspections, and licensure.
- **Judicial and Administrative Proceedings** – in response to a court or administrative order, a subpoena, discovery request, or other lawful process if you are involved in a lawsuit or dispute.
- **Law Enforcement** – to law enforcement officials in limited circumstances for purposes such as locating a suspect, fugitive, material witness, or missing person; reporting a crime; or providing information about the victim of a crime.
- **Coroners, Medical Examiners and Funeral Directors** – to all three groups of these people as required by law and necessary for them to perform their duties.
- **Specialized Government Functions** – to authorized federal officials for intelligence activities and national security.
- **Correctional Facilities** – to the facility or law enforcement official if you are an inmate or under custody.
- **Public Health and Safety** – to agencies in order to prevent or reduce a serious threat to the health and safety of an individual or to the public including the following:
 - to report child abuse or neglect
 - to report suspected abuse, neglect, or domestic violence
 - to prevent or control disease, injury, or disability
 - to report reactions to medications or problems with products
 - to report births and deaths
 - to notify people of recalls of products they may be using
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- **Research** – to medical researchers preparing to conduct a research project if the research has been approved by an institutional review board and measures have been taken to protect the privacy of your health information.
- **As Required By Law** – when required to do so by federal, state, or local law.

OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Other uses and disclosures of your health information will be made only with your written permission, unless otherwise permitted or required by law. You may revoke an authorization at any time by submitting a request in writing, except to the extent that we have already taken action on the information disclosed or if we are permitted by law to use the information.

YOUR HEALTH INFORMATION RIGHTS

The health and billing records we create and store are the property of our pharmacy. The protected health information in the records, however, generally belongs to you. You have a right to:

- ❖ **Access your protected health information.** With some limited exceptions, you have a right to review or obtain copies of your protected health information records, which usually include prescription and billing information. This request must be made in writing and you may be charged a fee for copying, mailing, and supplies necessary to fulfill your request. If you are denied access due to certain limited circumstances, you may request that the denial be reviewed.
- ❖ **Amend your protected health information.** If you feel that the information we have about you is incorrect or incomplete, you can request that we change it. Your request must be in writing and must include the reason you are seeking a change. We may deny your request if, for example, you ask us to amend information that was not created by us, or you ask us to amend a record that is already accurate and complete. If we deny your request, we will notify you in writing. You then have a right to submit to us a written statement of disagreement with our decision.
- ❖ **Request an accounting of certain disclosure.** You have a right to request an accounting of certain disclosures that we have made to others about your health information excluding those made for the purpose of treatment, payment, or health care operations as identified previously. Your request must be made in writing and must state the time period for which you want an accounting. The first list you request within a 12-month period will be free. We may charge for additional accountings within the same time period. You will be informed of the cost in advance, and you may choose to withdraw or modify your request at that time.
- ❖ **Request restrictions.** You have the right to request that we limit the way we use and disclose your health information. Your request must be made in writing and tell us: 1) what information you want to limit; 2) whether you want to limit the use or disclosure of information, or both, and 3) to whom you want the restrictions to apply. We are not required to agree. If we do agree, however, we will comply with your request unless the information is needed to provide you with emergency treatment or required by law.
- ❖ **Receive confidential communications.** You have a right to request that we use a certain method to communicate with you or that we send information to a certain location. For example, you may request that we only contact you at work or by mail. Your request must be made in writing. We will accommodate all reasonable requests. You do not have to provide a reason, but the request must specify how or where you wish to be contacted.
- ❖ **Receive a paper copy of this notice.** You can request a copy of this notice at any time.

CHANGES TO THIS NOTICE

MetMeds reserves the right to change the terms of this Notice at any time; effective for health information that we already have about you as well as any information that we receive in the future. A current copy of this Notice, including the effective date, will be posted on our website at: <http://www.metmeds.com>

QUESTIONS AND COMPLAINTS

If you have questions about this Notice, please contact us at: **1-800-835-1501**

If you believe your privacy rights have been violated, you may file a written complaint with us at MetMeds, 5707 Lacey Blvd, Suite 103, Lacey, WA, 98503. If we cannot resolve your concerns, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services, Office for Civil Rights, US DHHS, 2201 6th Avenue, Suite 900, Seattle, WA, 98121-1831. We support your right to protect the privacy of your health information and we will not retaliate against you for filing a complaint.

FREQUENTLY ASKED QUESTIONS ABOUT THIS NOTICE

1. What is this Notice about?
This Notice of Privacy Practices informs you about how your personal health information at MetMeds may be used and disclosed, and your rights regarding that information.
2. Why am I receiving this Notice?
This Notice is required by a federal law called the Health Insurance Portability and Accountability Act of 1996 (HIPAA). MetMeds is committed to patient confidentiality, however, with or without the federal law.
3. What am I supposed to do with this Notice?
Part of MetMeds' responsibility under HIPAA is to ask for confirmation that you have received this Notice. We must request this confirmation by signature before we can fill your prescriptions (see New Client Enrollment Form).
4. Who do I contact with questions or for more information?
Contact MetMeds at: **1-800-835-1501**