

SUBJECT: NOTICE OF PRIVACY PRACTICES	REFERENCE #1005
CATEGORY: Rights and Responsibilities of the Individual	

## Notice of Privacy Practices – Reference # 1005

*To our patients.* This notice describes how health information about you, as a patient of this pharmacy, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### **Our commitment to your privacy**

Our pharmacy is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

We realize that these laws are complicated, but we must provide you with the following important information:

### **Use and disclosure of your health information in certain special circumstances, the following circumstances may require us to use or disclose your health information:**

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and similar programs.

- If you have any questions or concern please contact BioAccess Pharmacy at 626-999-3636
- Or Visit us at 120 N Fairway Ln Ste A, West Covina CA 91791.

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#### Your rights regarding your health information – Reference #1005

1. Communications. You can request that our pharmacy communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
  2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
  3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing.
  4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our pharmacy. To request an amendment, your request must be made in writing and submitted. You must provide us with a reason that supports your request for amendment.
  5. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time.
  6. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our pharmacy or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
  7. Right to provide an authorization for other uses and disclosures. Our pharmacy will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law
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SUBJECT: NOTICE OF PRIVACY CONSENT	REFERENCE #1007
CATEGORY: Rights and Responsibilities of the Individual	

## Notice of Privacy Consent – Reference # 1007

### **POLICY:**

All clients or caregivers must sign a consent for Pharmacy services.

### **PROCEDURE:**

- Each client is to be assessed for Pharmacy services eligibility.
- Each client is to be informed of his/her rights and responsibilities prior to the initiation of Pharmacy services.
- Each client is to sign consent for Pharmacy services. The signed original consent form must be in the client's or other file seven days after therapy begins.
- Any questions or concerns that the client may have about the Rights and Responsibilities agreement and/or the Pharmacy Services consent are to be clarified and documented in the client's computer file.
- The signed original of the Rights and Responsibilities and consent/assignment of benefits form is to be placed in the client's or other file.
- Medical information pertaining to the client's consent is to be kept confidential at all times, except as defined in the document.
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