

**Effective Date: This notice is effective as of April 14, 2003**

## **APOTHECARY OPTIONS**

3006 Esplanade, Suite I, Chico, CA 95973  
phone: 530-345-RxRx (7979) fax: 530-345-9797

### **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 THIS NOTICE CAREFULLY.

Apothecary Options is required by federal law to maintain the privacy of Protected Health Information ("PHI"). PHI is information that may identify you, and that relates to your past, present, or future physical or mental health condition and related health services. Apothecary Options is committed to making certain that your personal medical information is kept private (with the exception of specific, legally authorized conditions).

The following categories describe different ways that we may legally use and disclose medical information about you.

**For Treatment:** We may use your health information to provide you with medical treatment and services. Example: Information obtained by our pharmacy, including information obtained from your doctor or other health care provider(s), will be used to dispense medications to you. We will document in your record information related to medications and services provided to you.

**For Payment:** We may use and disclose your health information to others for the purposes of receiving payment for services that you receive. Example: We will bill you or your insurance provider for prescription medications and/or supplies. The bill may have information that identifies you, your diagnosis, and the prescriptions that you are taking.

**For Pharmacy Operations:** Apothecary Options may use your health information to:

- Evaluate the performance of our staff in caring for you;
- Assess the quality of care and outcomes in your case and similar cases;
- Assess ways to continually improve the quality and effectiveness of our services.

**For Legal Purposes:** Apothecary Options may use and disclose your information for:

- Judicial and administrative proceedings pursuant to legal authority (subpoena, warrant, summons, or similar processes);
- Assisting law enforcement officials in the performance of their official duties and responsibilities.

**Health and Safety Purposes:** Your PHI may be used or disclosed to public health officials to prevent or control disease, injury, or disability, or for other health oversight activities. We may disclose your information to avert a serious threat to the public health and safety pursuant to applicable law.

**Workers Compensation:** Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

**Coroners, Medical Examiners, and Funeral Directors:** We may release your PHI to a coroner or medical examiner. This

may be necessary to help identify a deceased person or determine the cause of death. We are also allowed to disclose your information to funeral directors consistent with applicable law.

**Inmates:** If you are an inmate of a correctional facility or under custody of law enforcement, we may release your medical information to the appropriate authorities.

**Military and Veterans:** If you are, a member of the armed forces, foreign or domestic, we may release your PHI as required by military command authority (foreign or domestic).

**National Security and Intelligence Activities:** We are authorized by law to release your health information to federal officials for the purposes of intelligence, counterintelligence, and other national security activities, including suitability for security clearance or service abroad.

**Protective Services for the President and Others:** We are allowed to release your information to authorized federal authorities so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations.

**Victims of Abuse, Neglect or Domestic Violence:** We are allowed by law to disclose your PHI to a government authority, such as social services, or protective services, if we reasonably believe that you are a victim of abuse, neglect, or domestic violence.

**Other Uses:** Apothecary Options will obtain your written authorization before using your personal information for any other purposes than those listed above. You may revoke your authorization in writing at any time.

### **Your Health Information Rights**

You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR § 164.522. We will try to comply with your request, however, we are not required by law to honor your requested restriction;
- Obtain a paper copy of this notice;
- Obtain a copy of your health record as provided for in 45 CFR § 164.524;
- Amend your health record as provided in 45 CFR § 164.526;
- Request communications of your health information by alternative means or at alternative locations;
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken;
- Receive an accounting of disclosures made of your health information as provided by 45 CFR § 164.528.

**For More Information or to Report a Problem:** If you have questions about Apothecary Options' privacy practices you may contact us at Apothecary Options, 3006 Esplanade, Suite I, Chico, CA 95973. Our phone number is 530-345-7979. If you believe that your rights have been violated, you can file a complaint with the Secretary of the U.S. Department of Health and Human Services. **There will be no retaliation or penalty for filing a complaint.**

**Changes to this Notice:** Apothecary Options reserves the right to revise or change this notice as allowed by law. We will post a copy of our current privacy notice in our lobby. The current effective date of our notice can be found in the upper left-hand corner of the document. You may ask for a copy of this notice at any time.