

## HIPAA NOTICE OF PRIVACY PRACTICES

NeighboRx Pharmacy Slate Hill  
2904 Route 6, Suites 8&9  
Slate Hill, NY 10963  
(845)-355-5555

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**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.**

### **Our Commitment to Your Privacy**

NeighboRx Pharmacy Salte Hill is committed to safeguarding your privacy. We are required by law to maintain the privacy of Protected Health Information (PHI) and to provide you with notice of our legal responsibilities and privacy practices. We are also required to provide you with this notice regarding our policies and procedures regarding your Protected Health Information. You have a right to be notified when a breach of your unsecured PHI has occurred. The information we collect is neither sold nor distributed. This notice may be revised and updated if necessary.

### **Information We Collect**

To provide you with the best possible pharmaceutical care, it is necessary for us to obtain information about you. This information may come from you, your agent, your employer, your health benefit plan sponsor, or other health care professionals. Examples include your name, address, phone number, insurance enrollment number, date of birth, and medical history. We may receive your information verbally, in writing, by telephone, or electronically.

### **How We Use Your Information**

We use your information to provide you with treatment, to receive payment for our services and in other various aspects of health care operations. Treatment examples include contacting health care providers regarding your prescription, treatment, and medical condition. Payment examples include contacting any of several intermediaries involved in the reimbursement of your pharmaceutical care, including but not limited to, insurers, pharmacy benefit managers, claims administrators and computer switching companies. Health care operations include general administrative activities including auditing and quality assurance activities.

### **Protecting Your Personal Information**

We protect your personal information by limiting access to only those who need it. Our Privacy Officer assures the training of our entire staff on our privacy policies.

### **What Other Ways Might We Share Your Information**

We may disclose to one of your family members, to a close personal friend, or to any other person identified by you or asking for your prescription by name, Protected Health Information that is directly relevant to the person's involvement with your care or payment related to your care. We may also disclose your PHI as required by law to comply with court orders or in other situations required by law. Using our professional judgment, we may disclose your PHI to address or avoid a serious threat to your health or that of other individuals.

### **Disclosures Requiring Your Signature**

Uses or disclosures of PHI for marketing purposes, the sale of PHI and other disclosures require your written authorization. You may revoke the authorization at any time.

### **Opt Out**

You have the right to opt out of receiving any communications discussing therapy alternatives or other health-related products or services. You also have the right to opt out of receiving fundraising communications.

### **Your Rights Established By Law**

You have the right to restrict the disclosure of your PHI to a health plan when your pay for the service is full out of pocket. You have the right to make a written request to have restrictions placed on certain uses and disclosures of your information. We are not required to agree to your request. In respect to your Protected Health Information, you have the right to request inspection and copying, amendment or correction, an accounting of the disclosures of your information by us, and the right to receive a paper copy of this notice. All disclosure requests must state a time period that does not include a date earlier than six years prior to the request date. Your request should be made in writing to the Privacy Officer at the above

listed address. If applicable, you must supply supporting documentation. We may require you to pay for this request to cover our costs. In addition, you may request, and we must accommodate a reasonable written request, to receive confidential communications of protected Health Information by alternate means or at alternate locations. You may request an amendment to change your records. This should be in writing and include the reason for the change.

**How To File A Complaint**

You may file a complaint with our Privacy Officer, Alfonso Squitieri, at the address at the top of this notice. You will not be penalized for filing a complaint. You may also file a complaint to the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201.