

We understand that your medical information is personal. We are committed to protecting your medical information. St. Croix Valley Pharmacies, LLC is required by law to maintain the privacy of your protected health information (PHI), to follow the terms of this Notice, and to give you this Notice of our legal duties and privacy practices concerning your health information. We must follow the terms of the current Notice.

USES AND DISCLOSURES OF INFORMATION ABOUT YOUR HEALTH WITHOUT YOUR AUTHORIZATION

HEALTH INFORMATION EXCHANGES: We may participate in health information exchanges, record locator services and other similar activities designed to enable us and other providers to give you safer and more efficient care. We will get your permission to share your personal information for these purposes if required by law.

FOR TREATMENT: We may use your PHI to dispense prescriptions to you. We may disclose your PHI to treating physicians, pharmacists and other persons who are involved in dispensing your prescription.

FOR PAYMENT: We may use and disclose your PHI so that your pharmacy services may be billed to, and payment collected from you, your insurance company or a third party.

FOR HEALTH CARE OPERATIONS: We may use and disclose your PHI for pharmacy operations, which include activities necessary to run the Pharmacy and make sure that you receive quality customer service.

FOR PRESCRIPTION REFILL REMINDERS AND HEALTH- RELATED PRODUCTS AND SERVICES: We may use or disclose your PHI for prescription refill reminders, to tell you about health-related products or services, or to recommend possible treatment alternatives that may be of interest to you.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE: We may disclose your PHI to a family member or friend who is involved in your medical care or payment for your care, provided you agree to this disclosure, or we give you an opportunity to object to the disclosure. If you are unavailable or are unable to object, we will use our best judgment to decide whether this disclosure is in your best interests.

AS REQUIRED BY LAW: We will disclose your PHI when required to do so by federal, state or local law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

PUBLIC HEALTH RISKS: We may disclose your PHI for public health activities, such as those aimed at preventing or controlling disease, preventing injury, reporting reactions to medications or problems with products, and reporting the abuse or neglect of children, elders and dependent adults.

FOR HEALTH OVERSIGHT ACTIVITIES: We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities, which are necessary for the government to monitor the health care system, include audits, investigations, inspections and licensure.

LEGAL PROCESS: We may disclose medical information about you in response to a state or federal court order, legal orders, subpoenas or other legal documents.

MILITARY, NATIONAL SECURITY, OR INCARCERATION/LAW ENFORCEMENT OFFICIALS: If you are involved with the military, law enforcement officials, national security or intelligence activities or you are in the custody of law enforcement officials, or an inmate of a correctional institution, we may release your medical information to the proper authorities so they may carry out their duties under the law.

WORKERS' COMPENSATION: We may disclose your health information for workers' compensation or similar programs.

ORGAN AND TISSUE DONATION: We may also disclose your PHI to organ procurement or similar organizations for purposes of donation or transplant.

CORONERS AND FUNERAL DIRECTORS: We may release your PHI to a coroner or medical examiner, for example, to determine a person's cause of death. We may also disclose your PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

PERSONAL REPRESENTATIVES: We may disclose your PHI to a person legally authorized to act on your behalf, such as a parent, legal guardian, administrator or executor of your estate or other individual authorized under applicable law.

USES AND DISCLOSURES OF INFORMATION ABOUT YOUR HEALTH WITH YOUR AUTHORIZATION

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. For example, uses and disclosures made for the purpose of marketing and the sale of protected health information require your authorization. You have the right to opt out of receiving any communications regarding fundraising. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

YOUR RIGHTS REGARDING INFORMATION ABOUT YOUR HEALTH

RIGHT TO RESTRICT DISCLOSURE: You may request restrictions on the use or disclosure of your PHI for treatment, payment or health care operations, or when using or disclosing your PHI to someone who is 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. If we agree, we will comply with your request except in certain emergency situations or as required by law.

RIGHT TO INSPECT AND COPY: You may inspect and copy your Pharmacy records, with certain exceptions. Usually, this includes prescription and billing records. To the extent possible, we will provide access in the format requested. We may charge you for the costs of your request. We may deny your request in some circumstances, in which case, you may request that the denial be reviewed.

RIGHT TO AMEND: You may request that we amend your health information if it is incorrect or incomplete. You must provide a reason that supports your request. We may deny your request if the health information is accurate and complete, or is not part of the health information kept by or for St. Croix Valley Pharmacies, LLC. If we deny your request, you have the right to submit a statement of disagreement regarding any item in your record you believe is incomplete or incorrect. If you request, this will become part of your medical record. We will attach it to your records and include it when we make a disclosure of the item or statement you believe to be incomplete or incorrect.

RIGHT TO AN ACCOUNTING OF DISCLOSURES:

You may request an accounting of disclosures of your PHI. This is a list of the disclosures made with your health information, other than for treatment, payment or health care operations, and other exceptions allowed by law. Your request must specify a time period, which may not be longer than six years and may not include dates before July 2, 2012.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:

You may request that we contact you in a certain way or at a certain location. For example, you may request we contact you only at work or at a different residence or post office box. Your written request must state how or where you wish to be contacted. We will grant all reasonable requests.

RIGHT TO A COPY OF THIS NOTICE: You have the right to a paper copy of this notice. You may ask us to give you a paper copy of this notice at any time. You may also obtain a copy of this notice at our Web site, www.scvpharmacies.org.

RIGHT TO BREACH NOTIFICATION: You have the right to be notified when a breach of your unsecured protected health information has occurred.

CHANGES TO THIS NOTICE: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post copies of this notice in the medical center. This notice will contain the effective date. In addition, each time you are in our facility for treatment, we will offer you a copy of the current notice in effect.

FOR MORE INFORMATION AND TO FILE A COMPLAINT:

If you have questions and would like additional information, you may contact our Privacy Officer at **715-483-0409**.

If you believe your privacy rights have been violated, you may file a written complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

PHARMACY SERVICES



235 State Street
St. Croix Falls, WI 54024
715-483-3261

Frederic Pharmacy

201 Oak St. W
Frederic, WI 54837
715-327-4208

St. Croix Falls Pharmacy

216 S Adams Street
St. Croix Falls, WI 54024
715-483-0426

Unity Pharmacy

1504 190th Avenue
Balsam Lake, WI 54810
715-825-4498

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW
INFORMATION ABOUT YOU MAY
BE USED AND DISCLOSED AND
HOW YOU CAN GET ACCESS TO
THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

This notice was published and effective
on June 1, 2015



www.scvpharmacies.org