

NOTICE OF PRIVACY PRACTICES

09/01/2013

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.

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, Sierra Compounding Pharmacy (Pharmacy) has created this Notice of Privacy Practices (Notice). This Notice describes the Pharmacy's privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that we protect the privacy of your PHI that we have received or created.

We will abide by the terms presented within this Notice. For any uses or disclosures that are not listed below (Including Marketing and Selling of PHI), we will obtain a written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail below. **We reserve the right to change the privacy practices and this Notice.**

HOW SIERRA COMPOUNDING PHARMACY MAY USE AND DISCLOSE YOUR PHI

The following is an accounting of the ways that the Pharmacy is permitted, by law, to use and disclose your PHI.

Uses and disclosures of PHI for Treatment: We will use the PHI that we receive from you to fill your prescription, and coordinate or manage your health care.

Uses and disclosures of PHI for Payment: We will disclose your PHI to obtain payment or reimbursement from insurers for your health care services.

Uses and disclosures of PHI for Health Care Operations: We may use the minimum necessary amount of your PHI to conduct quality assessments, improvement activities, and evaluate our workforce.

The following is an accounting of additional ways in which we are permitted or required to use or disclose PHI about you *without* your written authorization.

Uses and disclosures as required by law: We are required to use or disclose PHI about you as required and as limited by law.

Uses and disclosure for Public Health Activities: We may use or disclose PHI about you to a public health authority that is authorized by law to collect for the purpose of preventing or controlling disease, injury, or disability. This includes the FDA so that it may monitor any adverse effects of drugs, foods, nutritional supplements and other products as required by law.

Uses and disclosure about victims of abuse, neglect or domestic violence: We may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.

Uses and disclosures for health oversight activities: We may use or disclose PHI about you to a health oversight agency for oversight activities which may include audits, investigations, inspections as necessary for licensure, compliance with civil laws, or other activities the health oversight agency is authorized by law to conduct.

Disclosures to Individuals Involved in your Care: We may disclose PHI about you to individuals involved in your care.

Disclosures for judicial and administrative proceedings: We may disclose PHI about you in the course of any judicial or administrative proceedings, provided that proper documentation is presented to us.

Disclosures for law enforcement purposes: We may disclose PHI about you to law enforcement officials for authorized purposes as required by law, or in response to a court order or subpoena.

Uses and disclosures about the deceased: We may disclose PHI of a deceased individual, or in reasonable anticipation of an individual's death, to coroners, medical examiners, and funeral directors.

Uses and disclosures for cadaveric organ, eye or tissue donation purposes: We may use and disclose PHI for the purpose of procurement, banking, or transplantation of cadaveric organs, eyes, or tissues for donation purposes.

Uses and disclosures for research purposes: We may use and disclose PHI about you for research purposes with a valid waiver of authorization approved by an institutional review board or a privacy board. Otherwise, we will request a signed authorization by the individual for all other research purposes.

Uses and disclosures to avert a serious threat to health or safety: We may use or disclose PHI about you, to avert a serious threat to health or safety, provided it is in good faith, and is consistent with any applicable law and standards of ethical conduct.

Uses and disclosures for specialized government functions: We may use or disclose PHI about you for specialized government functions including: Military and veteran's activities, national security and intelligence, protective services, department of state functions, and correctional institutions and law enforcement custodial situations.

Disclosure for workers' compensation: We may disclose PHI about you as authorized by, and to the extent necessary, to comply with workers' compensation laws or programs established by law.

Disclosures for disaster relief purposes: We may disclose PHI about you as authorized by law to a public or private entity to assist in disaster relief efforts, and for family and personal representative notification.

Disclosures to business associates: We may disclose PHI about you to our business associates for services that they may provide to or us or so we may provide quality health care. To ensure the privacy of your PHI, we require all business associates to apply appropriate safeguards to any PHI they receive or create.

OTHER USES AND DISCLOSURES

We may contact you for the following purposes:

Information about treatment alternatives: We may contact you to notify you of alternative treatments and/or products.

Health related benefits or services: We may use your PHI to notify you of benefits and services we provide.

Fundraising: If we participate in a fundraising activity, we may use demographic PHI to send you a fundraising packet, or we may disclose demographic PHI about you to our business associate or an institutionally related foundation to send you a fundraising packet. No further disclosure will be allowed by the business associates or an institutionally related foundation without your written authorization. You will be provided with an opportunity to opt-out of all future fundraising activities.

FOR ALL OTHER USES AND DISCLOSURES

We will obtain a written authorization from you for all other uses and disclosures of PHI, and we will only use or disclose pursuant to such an authorization. In addition, you may revoke such an authorization in writing at any time. To revoke a previously authorized use or disclosure, please contact us to obtain a *Request for Restriction of Uses and Disclosures* form.

YOUR HEALTH INFORMATION RIGHTS

The following are a list of your rights in respect to your PHI. Please contact us for more information about the items below.

Request restrictions on certain uses and disclosures of your PHI: You have the right to request additional restrictions for our uses and disclosures of your PHI; however, we are not required to accommodate these requests. This includes the right to restrict disclosures to insurances for those products and services you pay out-of-pocket for.

The right to have your PHI communicated to you by alternate means or locations: You have the right to request that we communicate confidentially with you using an address or phone number other than your residence. However, state and federal laws require us to have an accurate address and home phone number in case of emergencies. We will consider all reasonable requests.

The right to inspect and/or obtain a copy your PHI: You have the right to request access and/or obtain a copy of your PHI that is contained at the Pharmacy for the duration we maintain PHI about you. There may be a reasonable cost-based charge for photocopying documents. You will be notified in advance of incurring such charges, if any.

The right to amend your PHI: You have the right to request an amendment of the PHI we maintain about you if you feel that your PHI is incorrect or otherwise incomplete. Under certain circumstances we may deny your request for amendment. If we do deny the request, you will have the right to have the denial reviewed by someone we designate who was not involved in the initial review. You may also ask the Secretary, United States Department of Health and Human Services ("HHS"), or their appropriate designee to review such a denial.

The right to receive an accounting of disclosures of your PHI: You have the right to receive an accounting of certain disclosures of your PHI made by us.

The right to receive additional copies of the Pharmacy's Notice of Privacy Practices: You have the right to receive additional paper copies of this Notice, upon request, even if you initially agreed to receive the Notice electronically

Notification of Breaches: You will be notified of any breaches that have compromised the privacy of your PHI.

REVISIONS TO THE NOTICE OF PRIVACY PRACTICES

We reserve the right to change and/or revise this Notice, and make the new revised version applicable to all PHI received prior to its effective date. We will also post the revised version of the Notice in a publicly viewable area in the pharmacy's lobby.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us, and/or to the Secretary of HHS, or his designee. If you wish to file a complaint with us, please contact us and ask for our office HIPAA contact. If you wish to file a complaint with the Secretary of HHS, please refer to:

<http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html>

Sierra Compounding Pharmacy will not take any adverse action against you as a result of your filing of a complaint.

CONTACT INFORMATION

If you have any questions on Sierra Compounding Pharmacy's privacy practices, or for clarification on anything contained within the Notice, please contact us and ask for our office HIPAA contact:



1101 Maidu Drive Ste 200
Auburn, CA 95603
(530) 823-5200