

ELM PLAZA PHARMACY 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 IT CAREFULLY.

If you have any questions about this Notice please contact This Notice of Privacy Practices describes how Elm Plaza may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, that may identify you and that relates to your past, present or future physical, medical and/or mental health or condition and related health care services. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time but will provide a new notice to you upon treatment following the change.

Your Health Information Rights

Although your health record is the physical property of Elm Plaza Pharmacy, the information belongs to you, you have the right to:

- × Request a restriction on certain uses and disclosures of your information
- × Inspect and obtain a copy of your health record unless access is restricted by law
- × Amend your health record
- × Revoke your authorization to use or disclose health information except to the extent that action has already been taken
- × Obtain an accounting of authorized disclosures

Any request to amend or copy your protected health information must be made in writing. Requests for restrictions must be made in writing and will not be accepted if it has a negative impact on the operational delivery of care.

Our Responsibilities

This organization is required to:

- × Maintain the privacy of your health information
- × Provide you with a notice as to our legal duties and privacy practices with respect to your protected health information
- × Abide by the terms of this notice
- × Notify you if we are unable to agree to a requested restriction
- × Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

If you believe your privacy rights have been violated, you can file a complaint with our Pharmacy or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. You may contact our Pharmacy at 630-455-4377 for further information about the complaint process or to obtain additional information about any other matters in this notice.

Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment. When you receive treatment, the provider will record information in your file and it will be used to determine the course of treatment that will work best for your condition. Copies of your record will be provided to the healthcare provider, which will include copies of tests and reports in order to permit quality care. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We will use your health information for payment. A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We will use your health information for regular health operations. Members of our Quality Improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contracts with business associates. These may include our billing service, collection agencies, accreditation bodies, consultants, lawyers, and auditors. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Law: We may disclose health information as required by law or in response to a valid subpoena or by law officials during an investigation. All other uses and disclosures will be made only with your authorization and such authorization may be revoked by you at any time by giving us written notice. This notice was published and becomes effective on July 7th, 2015