

**CABRINI PHARMACY SERVICES
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 Cabrini Pharmacy Services, 206-682-1011.

Cabrini Pharmacy Services is required by law to maintain the privacy of **Protected Health Information** (“PHI”) and to provide you with the notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present, and future physical or mental health or condition and related health care services. This **Notice of Privacy Practices** (“Notice”) describes how we may use and disclose PHI to carry out treatment, payment or health care operations and for other specific purposes that are permitted or required by law. The Notice also describes your rights with respect to your PHI. We are required to provide this notice to you by the **Health Insurance Portability and Accountability Act** (“HIPAA”).

Cabrini Pharmacy Services is required to follow the terms of this Notice. We will not use or disclose your PHI without your written authorization, except as described or otherwise permitted by this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide any revised Notice to you.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following categories describe different ways that we use and disclose your protected health information. We have provided you with examples in certain categories; however, not every use or disclosure in a category will be listed.

For Treatment. We may use your health information to provide and coordinate the treatment, medications and services you receive. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care. We may contact you regarding compliance programs such as drug recommendations, therapeutic substitution, refill reminders, other product recommendations, counseling and drug utilization review (DUR), product recalls or disease state management.

For Payment. We may use your health information for various payment-related functions. Example: We may contact your insurer, an insurance company or a third party for the treatment and services you received, pharmacy benefit manager, or other health care payer to determine whether it will pay for your medication and the amount of your co-payment. We will bill you or a third-party payer for the cost of the medication dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the medications you are taking.

For Health Care Operations. We may use your health information for certain operational, administrative, financial, legal, and quality assurance activities. Example: We may use information in your health record to monitor the performance of the pharmacists providing treatment to you. This information will be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. We may disclose health information to business associates if they need to receive this information to provide a service to us and will agree to abide by specific HIPAA rules relating to the protection of health information.

We may also use your health information to provide you with information about benefits available to you, and, in limited situations, about health-related products or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

SPECIAL SITUATIONS:

As Required by Law. We will disclose your PHI when required to do so by international, 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. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform delivery services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ or Tissue Donation. If you are an organ donor, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Military and Veterans. If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Public Health Risks. We may disclose your PHI to public health activities or legal authorities include disclosures to prevent or control disease, injury or disability. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information. We will promptly notify affected individuals following breaches as well as to notify the HHS secretary and the media for breaches involving 500 or more individuals.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may disclose your PHI for law enforcement purposes as required by law or in response to a subpoena or court order.

Coroners, Medical Examiners, and Funeral Directors. We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased

person or to determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

National Security, Intelligence activities, and Protective Services for the President and Others. We may release PHI to authorized federal officials for intelligence, counter-intelligence, officials so they may provide protection to the President, and other authorized persons or foreign heads of state or to conduct special investigations, and other national security activities authorized by law.

Correctional Institution. If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and safety of the public or another person.

Victims of Abuse or Neglect. We may disclose PHI about you to a government authority if we believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

To Communicate with Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a family member, a relative, a close personal friend or any person you identify, your PHI directly relevant to that person's involvement in your care or payment related to your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Food and Drug Administration (FDA). We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to advise events with respect to drugs, foods, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

Notification. We may use or disclose your PHI to notify or assist in notifying a family member, or personal representative, or another person responsible for your care, regarding your location and general condition.

Marketing and Fundraising. We will and may contact you to obtain your written authorization before using or disclosing of PHI for marketing and fundraising effort.

Other Uses and Disclosures of PHI. We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided above (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Used and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

Obtain a Notice Copy Upon Request. You may request a paper copy or by electronic form of our current Notice at any time.

Request a Restriction on Certain Uses and Disclosures of PHI. You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request to the Pharmacy. We are not required to agree to those restrictions. We cannot agree to restrictions on uses or disclosures that are legally required, or which are necessary to administer our business.

Inspect and Obtain Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. You must send a written request to the pharmacy, we have up to 30 days to make your PHI available to you and we may charge you a fee if you need the information for a claim for benefits under Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Request an Amendment of PHI. If you feel the PHI we maintain about you is incomplete or incorrect, you may request that we amend it. The request an amendment, you must send a written request to the pharmacy. You must include a reason that supports your request. In certain cases, we may deny your request for amendment.

Receive an Accounting of Disclosures of PHI. You have the right to receive an accounting of the disclosures we have made of your PHI after April 14 2003, for most purposes other than treatment, payment, or health care operations. The right to receive an accounting is subject to certain exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to the pharmacy. Your request must specify the time period. The time period may not be longer than six years and may not include the dates before April 14 2003.

Out-of-Pocket-Payments. Your treatment will not be disclosed to the health plans if you make full payment in cash.

Request Communication of PHI by Alternative Means or at Alternative Locations. For instance, you may request that we contact you at a different residence or post office box. To request confidential communication of your PHI, you must submit a request in writing to the pharmacy. Your request must tell us how or where you would like to be contacted. We will accommodate all reasonable requests.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. This notice will contain the effective date on the last page, in the bottom left-hand corner.

For more information or to report complaints or a problem. If you have any questions or would like additional information about Cabrini Pharmacy Services' privacy practices, you may contact the pharmacy at 901 Boren Ave Suite 100, Seattle, WA 98104 or by telephone at 206-682-1011. If you believe that your privacy rights have been violated, you can file a complaint with the pharmacy or with the secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date. This Modification Notice is effective as of May 25, 2016.