
Our Use Of Your Information

Under the law we are permitted to use and disclose your PHI without your authorization for the purposes of treatment, payment, and health care operations:

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. Examples are when we contact your physician or other health care providers to obtain refill authorizations, ask questions about medication doses, inform them of potential drug interactions, or to determine validity of prescription orders. We may also use and disclose your information when your physician, health care provider, or another pharmacy contacts us and says that you have requested them to provide health care services.
- **Payment** means such activities as obtaining payment for services, confirming health plan coverage, and billing or collection activities. Examples are electronically billing your insurance company or health plan at the time we fill your prescriptions. Insurance companies or health plans may also contact us about services we provide to you.
- **Health care operations** includes business aspects of running our pharmacy, such as planning, financial analysis, and customer service. An example is when we look at records to evaluate how well our pharmacists and technicians provide service to you.

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We may also use your PHI without your authorization to provide you with refill reminders; information about alternatives to medications or services you receive through our pharmacy; or notices of health screenings, special events, or other wellness activities we may conduct.

We may release information about you to a family member or others who are involved in your medical care. Examples include if a family member picks up a prescription for you or if you have a nursing aide that assists you with your medications.

Whenever anyone receives PHI on your behalf we will provide only the minimum amount of information necessary to insure your quality of care. We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena.

Our pharmacy may use and disclose your PHI when necessary to reduce or prevent serious threat to your health and safety or the health and safety of another individual or the public.

Any other uses and disclosures other than those provided for above (or as otherwise permitted or required by law) will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except for actions we have already taken relying on your authorization.

Your Rights

You have the following rights with respect to your PHI, which you can exercise by presenting a written request to the Privacy Official:

- The right to request restrictions on certain uses and disclosures, including any group of persons or person identified by you. We are, however, not required to agree to a requested restriction.
- The right to reasonable requests to receive confidential communications from us by alternative means or at alternative locations.
- The right to inspect and copy your PHI. We reserve the right to schedule this activity and charge a reasonable fee to gather the information and for copy expenses.
- The right to amend your PHI.
- The right to receive a list of disclosures of your PHI when you complete our request form.
- The right to obtain a paper copy of this notice.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

Effective Date of Notice

This notice is effective as of **April 14, 2003** and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post any revised notice in our pharmacy and you may receive a written copy of a revised notice by requesting orally or in writing.

Complaint Process

If you believe your privacy protections have been violated, you have the right to file a formal, written complaint with us at the address shown in the contact information, or with the Department of Health & Human Services, Office of Civil Rights. Our pharmacy can provide you with the address of the regional office of Civil Rights for this area. We will not retaliate against you for filing a complaint.

Contact Information

Please contact us for more information:

Galen Jordre, Privacy Official
North Dakota Pharmacy
Service Corporation
1906 E Broadway Ave
Bismarck ND 58501
701-258-4922

Department of Health & Human Services

For more information about HIPAA or how to file a complaint you can go to the website below:

www.hhs.gov/ocr/hipaa/

North Dakota Pharmacy Service Corporation

NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW YOUR
MEDICAL INFORMATION MAY BE
USED BY OUR PHARMACY AND
DISCLOSED AND HOW YOU CAN GET
ACCESS TO THIS INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

Protecting Medical Information

Our Pharmacy is required by the Health Insurance Portability & Accountability Act of 1996 ("HIPAA") to maintain the privacy of your Protected Health Information (PHI). PHI is considered to be your medical records and other health information that identifies you. This includes any information we keep, use, or disclose in any form, whether electronically, on paper, or orally. As required by HIPAA, we must provide this notice to you and make a good faith effort to obtain your acknowledgement that you have received it. This notice explains how we will use and disclose your PHI while maintaining your privacy, explains your rights with respect to PHI, and explains our duty to abide by the terms of the notice and any updates that we may make in the future.