



Notice of **PRIVACY PRACTICES**

Allied Health Solutions Specialty Pharmacy

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 of Privacy Practices, please ask a member of our staff. **You may contact Allied Health Solutions Specialty Pharmacy by calling: 304-285-7216 or toll free at: 1-844-988-7216.**

This is your Notice of Privacy Practices (NOPP) from Allied Health Solutions Specialty Pharmacy. Please read it carefully. This notice describes how we may use and disclose your protected health information (PHI) in order to carry out treatment, payment, and healthcare operations and for other specified purposes that are permitted or required by law. This notice also describes your rights with respect to your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related healthcare services. There are special protections for HIV, alcohol and substance abuse, mental health, and genetic information. This Notice is required by privacy regulations (the "HIPAA Privacy Rules") issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with an additional copy of our NOPP upon request;
- abide by the terms of this notice; and
- communicate any changes to the NOPP to you.

Use and Disclosure of Protected Health Information Without Your Authorization

The following categories describe different ways that Allied Health Solutions Specialty Pharmacy may use and disclose your protected health information without getting a special form of written permission from you called an "authorization" under the HIPAA Privacy Rules.

TREATMENT: We will use and disclose your protected health information in order to provide treatment to you. For example, protected health information will be used by your pharmacist to dispense prescription medications to you. We will document in your record information related to the medications dispensed to you and services provided to you.

PAYMENT: We will use and disclose your protected health information in order to obtain payment for healthcare services provided to you. For example, we may contact your insurer to determine whether it will authorize payment for your prescription and to determine the amount of your co-payment or co-insurance. We may bill you or your insurer for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the prescriptions you are taking. In the event coverage for a particular prescription is denied, we may contact your physician or insurer to obtain a prior authorization or confirm medical necessity.

HEALTHCARE OPERATIONS: We will use and disclose your protected health information in order to carry out our general business operations as a healthcare provider. For example, we may use information in your health record to monitor the



performance of the pharmacists providing treatment to you. We will share your protected health information with third party business associates that perform various activities for us.

LAW ENFORCEMENT: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law, including laws that require the reporting of certain types of wounds or other physical injuries; pursuant to court order, court-ordered warrant, subpoena, summons, administrative request, or other similar process; for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person; when you are the victim or suspected to be the victim of a crime; when we suspect that the information relates to criminal conduct that occurred on our premises; to alert law enforcement officials regarding a death; and in an emergency to report a crime.

PUBLIC HEALTH: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information for the purpose of preventing or controlling disease, injury, or disability, including the FDA. We may also disclose your protected health information to a public health authority authorized by law to receive reports of child abuse or neglect. We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition. In certain instances, we may also report work-related illnesses and injuries to employers for workplace safety purposes.

FOOD AND DRUG ADMINISTRATION: We may disclose your protected health information to a person or company subject to the jurisdiction of the Food and Drug Administration ("FDA") to report adverse events, product defects or problems, biologic product deviations, or track FDA-regulated products; to enable product recalls; to make repairs or replacements; to conduct post-marketing surveillance; or for other purposes related to the quality, safety, or effectiveness of a product or activity regulated by the FDA.

HEALTH OVERSIGHT ACTIVITIES: We may disclose your protected health information to health oversight agencies during the course of audits, investigations, inspections, licensure, and other proceedings required by the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS: We may disclose protected health information about you in response to an order of a court or administrative order. We may also disclose protected health information about you 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.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

TO CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS: We may disclose your protected health information to a coroner or medical examiner for identification purposes, to determine cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, consistent with applicable law, in order to permit the funeral director to carry out his or her duties.

ORGAN OR TISSUE DONATION: Consistent with applicable law, 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.

RESEARCH: We may use and disclose your protected health information for medical research purposes following IRB guidelines. We will obtain your authorization prior to using your information in research studies, if information that directly identifies you is disclosed. The only exception would be granted under rare circumstances when the IRB is permitted by federal regulations to grant a waiver of authorization.

MILITARY AND VETERANS: If you are a member of the armed forces, including a foreign military, we may use and disclose protected health information about you as required by military command authorities.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES, PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS: We may release protected health information about you to authorized federal officials for the conduct of intelligence, counterintelligence, protection of the President, and other national security activities authorized by law.

CORRECTIONAL INSTITUTION: If you are or become an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose to the institution or law enforcement official protected health information necessary for the provision to you of healthcare services, your health and safety, the health and safety of others, law enforcement on the premises of the correctional institution and the administration, and maintenance of the safety, security, and good order of the correctional institution.



WORKERS' COMPENSATION: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar programs established by law.

VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE: We may disclose protected health information about you to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

REFILL AND APPOINTMENT REMINDERS; HEALTH-RELATED BENEFITS AND SERVICES: We may contact you to provide refill or appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information to encourage you to purchase or use a product or service through a face-to-face communication or by giving you a promotional gift of nominal value.

DISCLOSURES TO YOU OR FOR HIPAA COMPLIANCE INVESTIGATIONS: We may disclose your protected health information to you or to your personal representative, and we are required to disclose your protected health information in certain circumstances described on the next page in connection with your rights of access to your protected health information and to an accounting of certain disclosures of your protected health information. We must also disclose your protected health information to the Secretary of the United States Department of Health and Human Services (the "Secretary") when requested by the Secretary in order to investigate our compliance with the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996.

Other Uses and Disclosures That May Be Made Without Your Authorization

We also may use and disclose your protected health information in the three instances set forth below without getting your authorization under the HIPAA Privacy Rules, although you may in certain circumstances have the opportunity to agree or object to these uses and disclosures. If you are not present or able to agree or object to the use or disclosure of the protected health information, then we may, using our professional judgment, determine whether the disclosure is in your best interest.

OTHERS INVOLVED IN YOUR HEALTHCARE: We may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information directly related to that person's involvement in your care or payment related to your care.

NOTIFICATION: We may use or disclose your protected health information to notify or assist in notifying a family member, personal representative, or caregiver about your location, general condition, or death.

DISASTER RELIEF: We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts. You may have the opportunity to object unless we determine that to do so would impede our ability to respond to emergency circumstances.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITH YOUR AUTHORIZATION: Other uses and disclosures of your protected health information will be made only with your written authorization as required under the HIPAA Privacy Rules, unless otherwise permitted or required by law as described above. You may revoke this authorization in writing at any time except to the extent that we have taken an action in reliance on the authorization.

Your Health Information Rights

YOU HAVE THE FOLLOWING RIGHTS REGARDING YOUR HEALTH INFORMATION.

For more information about these rights or to request copies, amendments, or restrictions of your records, **contact:**

WVU Hospitals Health Information Management
Department (WVUH HIM Department)
PO Box 8049, Morgantown, WV 26506

or call: 304-598-4109.

NOTIFICATION OF BREACH: You have the right to be notified when your PHI has been disclosed to or accessed by a person who was not authorized to receive the information. We will notify you of any breach of your protected information within 60 days of our becoming aware of the breach.

OBTAIN A PAPER COPY OF THE NOTICE UPON REQUEST:

You may request a copy of this notice from us at any time, even if you have agreed to receive it electronically. You may obtain a paper copy at the site where you obtain healthcare services or by contacting the WVUH HIM Department.

RIGHT TO REQUEST A RESTRICTION ON CERTAIN USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:

You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request to the WVUH HIM Department. We are not required to agree to the restrictions, except in the case where the disclosure is to a health plan for purposes of carrying out payment or healthcare operations, is not otherwise required by law, and the PHI pertains solely to a healthcare item or service for which you, or a person on your behalf, has paid in full.



RIGHT TO INSPECT AND COPY YOUR PROTECTED HEALTH

INFORMATION: With a few exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of protected health information we maintain about you. **To inspect or copy your protected health information, you must send a written request to:** WVUH Health Information Management Department at PO Box 8049, Morgantown, WV 26506. We may charge you a fee for the costs of copying, mailing, or other supplies that are necessary to grant your request. If you wish other parties to receive copies of your records, you must designate the individual(s) by signing an authorization or submitting a signed request, including information regarding the designated recipient and where to send the copy.

REQUEST AN AMENDMENT OF PROTECTED HEALTH

INFORMATION. You may request that your health information be amended if you feel that the information is not correct. Your request must be in writing and provide rationale for the amendment. We will consider your request and will make amendments based on the medical opinion of the healthcare provider who originated the entry. However, if the healthcare provider believes the entry should not be amended, we are not required to make the amendment. We will inform you about the denial and how to can disagree with the denial. **To request an amendment, you must send a written request to:** WVU Health Information Management Department at PO Box 8049, Morgantown, WV 26506.

RECEIVE AN ACCOUNTING OF DISCLOSURES OF

PROTECTED HEALTH INFORMATION: You have the right to receive an accounting of certain disclosures we have made of your protected health information. This list will not include many types of disclosures, including those made for treatment, payment, or healthcare operations; disclosures we have made directly to you or your personal representative; disclosures to friends or family members involved in your care; disclosures for notification purposes; and disclosures made with your authorization. To request an accounting of disclosures, contact the Health Information Management Department as indicated above.

REQUEST CONFIDENTIAL COMMUNICATIONS OF

PROTECTED HEALTH INFORMATION: You have the right to request that we communicate with you about protected health information in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. You must make your request in writing to the Health Information Management Department and explain how or where you wish to be contacted.

Changes to This Notice

We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for protected health information we already have about you, as well as any protected health information we receive in the future. The effective date of this notice is December 2015. You may request a copy of the Notice by asking for one at your next visit to our organization, **by calling us at: 304-285-7216 or toll free at: 1-844-988-7216, or via our website at: AlliedHealthSolutionsRx.com.**

For More Information or to Report a Problem

If you have questions or would like additional information about our privacy practices, you may contact the WVU Hospitals Privacy Officer at 304-598-4109.

If you believe your privacy rights have been violated, you may file a complaint with the Office for Civil Rights. We will provide you with the address to file your complaint upon request.

Information may also be found at OCR's website at: hhs.gov/ocr.

We support your right to protect the privacy of your medical information. You will not be treated differently or penalized for filing a complaint. We will not retaliate in any way if you choose to file a complaint with us or with the Office for Civil Rights.