

OKULEY'S PHARMACY HOME MEDICAL EQUIPMENT

NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

The following categories describe the different ways in which we may use and disclose your identifiable health care information.

A. OUR COMMITMENT TO YOUR PRIVACY

Our organization is dedicated to maintaining the privacy of your identifiable health information. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

To summarize, this notice provides you with the following information:

- How we may use and disclose your identifiable health information
- Your privacy rights in your identifiable health information
- Our obligation concerning the use and disclosure of your identifiable health information

B. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS

1. **Treatment.** Additionally, we may disclose your identifiable health information to others who may assist in your care, such as your physicians, nurses, therapists, spouse, children, or parents.
2. **Payment.** Our organization may use and disclose your identifiable health information in order to bill and collect payment for the services and items you may receive from us.
3. **Health Care Operations.** Our business may use and disclose your identifiable health information to operate our business.
4. **Appointment reminders.** Our business may use and disclose your identifiable health information to contact you and remind you of visits/deliveries. If we reach an answering machine or other family member, we will leave our business name and phone number only. No other identifiable information will be left in this manner.
5. **Health Related Benefits and Services.** Our business may use and disclose your identifiable health information to inform you of health-related benefits or services that may be of interest to you.
6. **Release of Information to Family/Friends.** Our business may release your identifiable health information to a friend or family member who is helping you pay for your health care or who assists in taking care of you.
7. **Disclosure Required by Law.** Our business will use your identifiable health information when we are required to do so by federal, state, or local law.

C. USE AND DISCLOSURE OF YOUR IDENTIFIABLE HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES.

The following categories describe unique scenarios in which we may use or disclose your identifiable health information about you without prior authorization. We may give out medical information about you without prior authorization for public health purposes, death, domestic violence, abuse or neglect reporting, health oversight audits or inspections, qualified research studies, workers' compensation purposes, or to prevent or lessen serious and imminent health or safety threats or other emergencies. Additional reasons include but are not limited to:

- Preventing or controlling disease, injury, or disability
- Notifying a person regarding potential exposure to a communicable disease
- Reporting reactions to drugs or problems with products or devices
- Notifying individuals if a product or device they may be using has been recalled
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance
- Lawsuits and Similar Proceedings
- Law Enforcement requests
- Serious threats to health or safety
- Requests for identifiable health information by the military

D. YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION

You have the following rights regarding the identifiable health information that we maintain about you:

1. **Confidential Communication.** You have the right to request that our business communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Okuley's Pharmacy and Home Medical at 419-784-4800 specifying the requested method of contact or the location where you wish to be contacted.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your identifiable health information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your identifiable health information to individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request; however,** if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your identifiable health information, you must make your request in writing to Okuley's Pharmacy and Home Medical at 419-784-4800.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to Okuley's Pharmacy and Home Medical, 1201 E. Second St., Defiance, Ohio 43512, 419-784-4800 in order to inspect and/or obtain a copy of your identifiable health information. Our business may charge a fee for the cost of copying, mailing, labor and supplies associated with your request. Our business may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted by another licensed health care professional chosen by us.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our business. To request an amendment, your request must be made in writing and submitted to Okuley's Pharmacy and Home Medical, 1201 E. Second St., Defiance, Ohio 43512, 419-784-4800. You must provide us with a reason that supports your request for amendment. Our business will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the identifiable health information kept by or for the organization; (c) not part of the identifiable health information which you would be permitted to inspect and copy; or (d) not created by our business, unless the individual or entity that created the information is not available to amend the information.
5. **Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures our organization has made of your identifiable health information. In order to obtain an accounting of disclosures, you must submit your request in writing to Okuley's Pharmacy and Home Medical, 1201 E. Second St., Defiance, Ohio 43512, 419-784-4800. All requests for an "accounting of disclosures" must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12 month period is free of charge, but our business may charge you for additional lists within the same 12 month period. Our organization will notify you of the cost involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Okuley's Pharmacy and Home Medical, 1201 E. Second St., Defiance, Ohio 43512. 419-784-4800.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our business, contact Tammy Boecker, HME manager, at 419-784-4800. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**
8. **Right to Provide an Authorization for Other Uses and Disclosures.** Our business will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your identifiable health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note, we are required to retain records of your care.

If you have any questions regarding this notice of our health information privacy policy, contact our Privacy Officer, Tammy Boecker, HME Manager, at Okuley's Pharmacy & Home Medical, 1201 East Second Street, Defiance, Ohio 43512 or contact us at 419-784-4800.