

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT
PHARMACY SPECIALTIES & CLINIC, INC.
2333 West 57th St
Sioux Falls, SD 57108
605-334-1672/866-738-0035

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the new Omnibus provisions effective September 23, 2013, I have certain rights to privacy regarding my protected health information, which Pharmacy Specialties & Clinic (PS&C), is required to provide to me.

PS&C knows that keeping your personal information private is important to you. This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review this information carefully.

I understand that my personal health information can and will be used to:

- Conduct, plan and direct my **treatment** and follow-up among the multiple healthcare providers who may be directly or indirectly involved in that treatment.
- Obtain **payment** from any third party payers
- Conduct **normal healthcare operations** such as, but not limited to: quality assessments, verbal gathering of information when a patient presents to the pharmacy for the first time, verbal consultation regarding prescription information (as required by law according to OBRA 90) and physician operations and interactions on behalf of the patient to fill or refill a prescription.

Your personal health information is protected by physical, electronic and procedural safeguards that meet state and federal regulations. The information collected will be limited to only that needed to help PS&C deliver pharmacy products and services. Access to patient information is limited only to people that need the information for authorized pharmacy purposes, or under circumstances required by law, such as required reporting of controlled substances dispensed, response to a valid subpoena or court order, as required in response to a public health agency requirement, or to a health oversight agency performing activities authorized by law. PS&C may disclose your protected health information to individuals who assist with your care, are responsible for paying for your care, or who have permission to act on your behalf.

Your Rights:

- At any time, you can request a copy of your prescription history with Pharmacy Specialties & Clinic by sending a request, **in writing**, to PS&C at the address listed above. This request **must** be signed and dated.
- PS&C will agree to a request by you **NOT** to disclose your medical information to your health plan **IF** it relates to a prescription drug that you have personally paid for **in cash**. All such requests must be in writing, signed and dated and mailed to us at the address noted above.
- You may ask PS&C to communicate with you in a particular way or particular place by writing to us at the address above and providing an alternative method or location where we may contact you.
- You may request a paper copy of this policy by sending a written request to our Privacy Officer at the address listed above.
- If you feel that your privacy rights have been violated, you can write to our Privacy Officer at the address listed above. Please provide specific information indicating what violation occurred and the date(s) of the occurrence.

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN TO PHARMACY

I acknowledge that I have received your Notice of Privacy Practices and may request a more complete description of the uses and disclosures of my health information. This information is also available to me at any time by clicking on the "Privacy" link on the PS&C web page.

Patient Name (**PRINT**): _____ **DOB**: ____/____/____

Signature: _____ / Today's Date: _____

Persons authorized by me to have access to my health information and their relationship to me:

_____/_____
_____/_____

Office Use only:

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented

below: _____ (Initials) _____ (Date) _____