



Pharmacy Solutions, Inc. Privacy Practices Information

Protected Health Information

Initial Effective Date: August 16, 2013

THIS NOTICE DESCRIBES HOW YOUR PERSONAL MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

In accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Pharmacy Solutions, Inc. is required to inform you of its practices in relation to the protected health information that it maintains about you. HIPAA requires minimum standards that a covered entity, such as Pharmacy Solutions, Inc. must maintain in relation to your protected health information. This Notice of Privacy Practices is being given to you to help you understand how Pharmacy Solutions, Inc. meets those standards. It is also meant to inform you of ways that Pharmacy Solutions, Inc. may use the personal information it collects about you and how it may disclose it.

Understanding Your Protected Health Information

When you receive care from a health care provider, a record of that treatment is made. This record will typically contain information on your diagnosis, treatment, and future plan of treatment and is often collectively referred to as your "medical record". This medical record includes protected health information, and is the foundation for deciding on your plan of care and treatment and allows for a successful communication between all the healthcare professionals and contributes to your care.

HIPAA protects information found in your medical record from disclosure (being made available to other persons or organizations) without your authorization. The information protected by HIPAA includes:

- any information related to your past, present, or future physical or mental health;
- the past, present, or future payment for health services you have received;
- the specific care that you have received, are receiving or will receive;
- any information that identifies you as the individual receiving the care; and
- any information that someone could reasonably use to identify you as receiving the care.

This information is referred to as protected health information throughout this Notice.

Treatment, Payment, And Healthcare Operations

As a covered entity, Pharmacy Solutions, Inc. is required to inform you of how it may use your protected health information. In providing treatment to you, Pharmacy Solutions, Inc. will use your protected health information for the purposes of treatment, payment, and healthcare operations.

Treatment—As it pertains to Pharmacy Solutions, Inc. treatment means providing you medication, supplies, and durable equipment as ordered by your physician. Treatment also includes coordination and consultation with your physician and other healthcare providers. Treatment also includes clinical assessment by nurses and pharmacists on our staff. As Pharmacy Solutions, Inc. provides these services to you, information obtained during this process will be recorded in your medical record. For example, a nurse may refer to records from a recent hospital stay to better plan your drug administration or catheter care.

Pharmacy Solutions, Inc. will use this type of information, in coordination with your physician, to determine the best course of treatment for you.

Payment—Payment purposes consist of activities required to obtain reimbursement from your insurance carrier for the services ordered by your physician and provided to you by Pharmacy Solutions, Inc. This includes, but is not limited to, eligibility determination, pre-certification, billing and collection activities, obtaining documentation required by your insurer, and when applicable, disclosure of limited information to consumer reporting agencies. For example, our billing office may need to send the insurance company information about your diagnosis and prescriptions in order for them to process the claims and pay us for the services you receive.

Healthcare Operations—Operations can include, but are not limited to, review of your protected health information by members of Pharmacy Solutions, Inc.'s professional healthcare staff to ensure compliance with all federal and state regulations. This information will then be used to continually improve the quality and effectiveness of the services provided to you by Pharmacy Solutions, Inc. Healthcare operations also include Pharmacy Solution, Inc.'s business management and general administrative activities. For example, staff members at Pharmacy Solutions, Inc. may need to review your medical record to assure that we maintain a high standard of quality in our clinical services.

Other Uses And Disclosures

In order to release information contained in your medical record for purposes other than treatment, payment, or healthcare operations, Pharmacy Solutions, Inc. must obtain a specific signed authorization from you. You may revoke such authorization at any time, except to the extent Pharmacy Solutions, Inc. has taken action in reliance on the authorization.

There are a limited number of other uses and disclosures of protected health information that do not require a specific authorization from you. Pharmacy Solutions, Inc. may, in the following circumstances, disclose your protected health information.

- Pharmacy Solutions, Inc. may disclose to a member of your family, other relative, or a close personal friend, or any other person identified by you, the protected health information directly relevant to that person's involvement with your care or payment related to your healthcare.
- Pharmacy Solutions, Inc. may disclose protected health information to others as required by law.
- Pharmacy Solutions, Inc. may disclose protected health information for certain public health activities and purposes.
- Pharmacy Solutions, Inc. may disclose protected health information to a legally authorized 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.
- Pharmacy Solutions, Inc. may disclose protected health information for law enforcement purposes and in response to court orders or subpoenas.
- Pharmacy Solutions, Inc. may disclose protected health information to agencies authorized by law to conduct health oversight activities, including audits, investigations, licensing and similar activities.
- Pharmacy Solutions, Inc. may disclose protected health information to attorneys, accountants, and others acting on behalf of Pharmacy Solutions, Inc. provided they have signed written contracts agreeing to safeguard the confidentiality of the information.
- Pharmacy Solutions, Inc. will provide all required notification to you, as a patient, if your protected health information is disclosed

There are certain types of disclosures for which we must obtain an authorization from you. These include:

- Psychotherapy notes
- Marketing communications
- Health information being sold

- Disclosures made to an individual or organization for purposes other than treatment, payment, or operations.

Your Rights As A Patient Of Pharmacy Solutions, Inc.

In accordance with HIPAA you have the following rights in relation to your protected health information.

- You may request, in writing, additional restrictions to the use or disclosure of your protected health information; however, Pharmacy Solutions, Inc. is not required to agree to the requested restrictions. (See last bullet in this section.)
- You have the right to request amendments to your medical record.
- You have the right to obtain a copy of this Notice of Privacy Practices.
- You have the right of access to inspect and obtain a copy of your medical record, subject to certain limitations. You will be required by our pharmacy to request access to your health information in writing.
- You have the right to obtain an accounting of disclosures of your medical record for purposes other than treatment, payment, and healthcare operations.
- You have the right to request communications of your medical record by alternative means (i.e. electronically) or at alternative locations.
- You have the right to revoke authorization to use or disclose your protected health information except to the extent that action has already occurred.
- You have a right to request that we not provide health information to your health plan under certain conditions. For example, if your treatment is not paid for by the plan you may request that the plan not receive the treatment information. There are exceptions to this rule, including situations where the disclosure of your health information is required by law.

Responsibilities Of Pharmacy Solutions, Inc.:

In accordance with HIPAA, Pharmacy Solutions is required to:

- Maintain the confidentiality of your protected health information. Your state laws may provide more protection than the federal laws and, in that case, Pharmacy Solutions, Inc. will abide by the more restrictive statute;
- Provide you with notice of its legal obligations and privacy practices regarding information it may accumulate about you and is obligated to abide by the terms of this notice;
- Notify you if it is unable to agree to a requested restriction, and make every effort to accommodate reasonable requests for communication of health information by alternative means; and
- Post its Notice of Privacy Practices on its website at <http://www.pharmacysolutionslincoln.com>

Please be advised that in addition to these responsibilities, Pharmacy Solutions, Inc. reserves the right to change the terms of its Notice of Privacy Practices and make those changes applicable to all protected health information maintained at that time. If there is a change to its Notice of Privacy Practices, it will provide you with a revised notice at the most recent address you have supplied to Pharmacy Solutions, Inc.

Pharmacy Solutions, Inc. will not use or disclose your protected health information without your authorization, except as described in this notice.

For More Information OR To Report A Problem

If you have questions, would like additional information, or if you suspect misuse of your protected health information and believe that your rights have been violated, you may, without fear of retaliation, contact:

The Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue SW Room 509F
HHH Building Washington DC 20201
1-800-368-1019

OR

Pharmacy Solutions, Inc.
5750 Hidcote Dr.
Lincoln, NE 68516