



## NOTICE OF PRIVACY PRACTICES

DATE OF NOTICE: April 14, 2003

**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.**

### WHO WILL FOLLOW THIS NOTICE

This Notice of Privacy Practices ("Notice") describes the privacy practices of Jones Pharmacy and Home Health Care Center, including but not limited to:

- Jones Pharmacy and Home Health Care Center
- Jones Pharmacy and Home Health Care Center internet site at <http://www.jonesrx.com>
- All pharmacists of Jones Pharmacy and Home Health Care Center providing services at a Jones Pharmacy site, or at a skilled or non-skilled nursing facility serviced by Jones Pharmacy.
- Students/trainees engaged in educational pursuits at or through Jones Pharmacy and Home Health Care Center
- All Jones Pharmacy and Home Health Care Center pharmacists, pharmacy technicians, pharmacy assistants, home health care specialists and other workforce members.

"We," "us," and "our" in this Notice refer to the parties listed above regardless of where the service was provided. This Notice does not cover the care that you may receive from independent providers outside of Jones Pharmacy and Home Health Care Center or actions by any health plan.

### QUESTIONS

If you have any questions, please contact: The Privacy Officer at 509-838-3145. See below.

### SUMMARY OF THIS NOTICE

A brief summary of this Notice follows. For more details, please read the Notice or contact the Privacy Officer.

- **Use and Disclosures.** We will not use or disclose your information unless you tell us to do so or unless the law allows or requires us to do so. We use and disclose your information:
  - For treatment, payment, and health care operations.
  - Through a patient scheduling directory, to friends and family involved in your care, or for notification after you have a chance to object.
  - To review drug treatment regimens, pharmaceutical care services or to give you information about treatment alternatives or health-related benefits and services.
  - In addition, we may contact you to provide refill reminders, health screenings, wellness events, inoculations, vaccinations or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
  - As permitted or required by law.

- For certain activities, such as: public health; reporting of abuse, neglect, or domestic violence; health oversight; lawsuits and disputes; law enforcement activities; coroner, medical examiner, or funeral director purposes; organ donation; avoidance of a serious threat to health or safety; workers' compensation; and national security.
- With your authorization.
- **Your Rights.** As limited by law, you generally have the right to:
  - Inspect and copy your records.
  - Ask to amend incomplete or inaccurate information in your records.
  - Receive an accounting of certain disclosures of your health information.
  - Ask for additional privacy protections (although we do not have to agree).
  - Ask for alternative confidential communications.
  - Receive a paper copy of this Notice.
  - File a complaint without penalty.
- **Our Duties.** We must maintain the privacy of your health information, and we must give you and follow the terms of this Notice. We may change this Notice.

**SECTION A: Uses and Disclosures of Protected Health Information**

1. Under applicable law, we are required to protect the privacy of your individual health information (information we refer to in this notice as “Protected Health Information”). We are also required to provide you with this Notice regarding our policies and procedures regarding your Protected Health Information and to abide by the terms of this notice, as it may be updated from time to time.

We are permitted to make certain types of uses and disclosures under applicable law for treatment, payment, and healthcare operations purposes. We may obtain information to dispense prescriptions and for the documentation of pertinent information in your records that may assist us in managing your medication therapy or your overall health. For treatment purposes, such use and disclosure will take place in providing, coordinating, or managing healthcare and its related services by one or more of your providers, such as when your pharmacist consults with your physician or a specialist regarding your medications, treatment or condition.

For payment purposes, such use and disclosure will take place to obtain or provide reimbursement for providing pharmaceutical care services, such as when your case is reviewed to ensure that appropriate care was rendered. For reimbursement purposes, your Protected Health Information may be disclosed to one or several intermediaries employed by your plan sponsor including but not limited to insurers, pharmacy benefits managers, claims administrators and computer switching companies.

For healthcare operations purposes, such use and disclosure will take place in a number of ways, including for quality assessment and improvement; provider review and training; underwriting activities; reviews and compliance activities; and planning, development, management and administration. Your information could be used, for example, to assist in the evaluation of the quality of care that you were provided.

We store some of your Protected Health Information in electronic computer files. We backup our electronic records periodically and store backups off site, and employ other precautions to safeguard the integrity of your Protected Health Information. In spite of these precautions it is possible but unlikely that a computer crash or other technological failure could cause the loss of data. In addition reasonable safeguards are employed to protect your Protected Health Information stored on electronic media. In addition, we may contact you to

provide refill reminders, health screenings, wellness events, inoculations, vaccinations or information about treatment alternatives or other health-related benefits and services that may be of interest to you. In addition, we may disclose your health information to your plan sponsor. In addition we may contact you for the purpose of fund raising activities.

We may use and disclose your Protected Health Information, without your authorization when the pharmacy needs to contact a physician or physician's staff and is permitted or required to do so without individual written authorization. We may use and disclose your Protected Health Information if we are contacted by another pharmacy who states they have your request and consent to transfer pharmacy records to them.

From time to time we may employ the services of business associates who may assist us in one or more tasks and who may use, change or create Protected Health Information. Business associates are required to comply with all the privacy regulations on your behalf.

We may disclose Protected Health Information about you without your authorization to comply with workers compensation laws, as required by law enforcement, legal proceedings, public health requirements, health oversight activities and as required by law.

Other uses and disclosures will be made only with your written authorization, and you may revoke your authorization by notifying us as described in Section B.

2. You may ask us to restrict uses and disclosures of your Protected Health Information to carry out treatment, payment, or healthcare operations, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care or payment for your care. However, we are not required to agree to your request.
3. You have the right to request the following with respect to your Protected Health Information: (i) inspection and copying; (ii) amendment or correction; (iii) an accounting of the disclosures of this information by us (we are not required to account to you for disclosures made for treatment, payment, operations, disclosures to you, disclosures to your care givers, for notifications or as otherwise excluded by law); and (iv) the right to receive a paper copy of this notice upon request. We may require you to pay for this request to cover our costs of copying, labor and postage.

In addition, you may request, and we must accommodate the request, if reasonable, to receive communications of Protected Health Information by alternative means or at alternative locations. To make this request please contact, in writing:

Sarah M. Wallace  
Privacy Officer  
Jones Pharmacy and Home Health Care Center  
906 S. Monroe Street  
Spokane, WA 99204

4. We may use your name to reference your prescriptions and pharmaceutical care services. You may be required to sign a signature log form to acknowledge receipt of service, to acknowledge receipt of this Notice and the disclosure of Protected Health Information as outlined herein. This information may be disclosed by us to other persons who ask for you or your prescriptions by name. You may restrict or prohibit these uses and disclosures

by notifying a pharmacy representative orally or in writing of your restriction or prohibition. We are not required to honor those requests. We are able to provide treatment services to you even if you object to sign the acknowledgment of the receipt of this Notice or if we decide not to honor a request regarding the information in this document. In the event of an emergency or your incapacity, we will do in our reasonable judgment what is consistent with your known preference, and what we determine to be in your best interest. We will inform you of any such uses or disclosures if uses and disclosures would require your signed authorization under such circumstances and give you an opportunity to object as soon as practicable.

5. We may disclose to one of your family members, to a relative, to a close personal friend, or to any other person identified by you, Protected Health Information that is directly relevant to the person's involvement with your care or payment related to your care. In addition we may use or disclose the Protected Health Information to notify, identify, or locate a member of your family, your personal representative, another person responsible for care, or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you object to this use or disclosure, we will do in our judgment what is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your healthcare. We will also use our judgment and experience regarding your best interest in allowing people to pick-up filled prescriptions, or other similar forms of Protected Health Information.
6. Jones Pharmacy and Home Health Care Center routinely mails and delivers prescriptions. Your Protected Health Information will be contained within the package upon leaving the pharmacy. The pharmacy is not responsible for any disclosure of your Protected Health Information once the prescription has left the pharmacy.
7. We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all Protected Health Information we maintain. You may receive a copy of this Notice by contacting us as outlined in Section B or upon the receipt of pharmacy care services.
8. If you believe that your privacy rights have been violated, you may complain to us at the location described in Section B or to the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. You will not be retaliated against for filing a complaint.

#### Section B: Contacting Us

You may contact us for further information at:

Sarah M. Wallace  
Privacy Officer  
Jones Pharmacy and Home Health Care Center  
906 South Monroe Street  
Spokane, WA 99204  
Phone (509) 838-6451  
E-Mail: [info@jonesrx.com](mailto:info@jonesrx.com)  
Internet: <http://www.jonesrx.com>