



## Notice of Privacy Practices

This notice of Privacy Practices applies to PharmaLabs.

**Important:** Can you read this? You may be able to get this notice written in your language. For help, please call PharmaLabs at (727) 498-1228.

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***This notice describes how medical information about you may be used and disclosed in connection with PharmaLabs ("PharmaLabs") and how you can get access to this information. Please review it carefully before signing and returning the acknowledgment.***

PharmaLabs considers personal information confidential. In accordance with federal and state privacy laws, as well as our internal privacy policies, we protect the privacy of personal information.

This notice describes how we may use and disclose information about you in order to administer your direct delivery pharmacy services. It also explains your legal rights regarding this information.

When we use the term "personal information," we mean information that identifies you as an individual. Personal Information can include your name and Social Security Number, as well as health, financial, or other nonpublic information that we obtain so we can provide you with pharmacy services. By "health information," we mean information that identifies you and relates to your medical history (i.e. the health care you receive or the amounts paid for that care).

This notice became effective on January 1, 2013.

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### How PharmaLabs Uses and Discloses Personal Information in Connection with PharmaLabs

In order to provide you with pharmacy services, we need personal information about you, and we obtain that information from many different sources – including you, your doctors, and other health care providers. In order to administer these services, we may use and disclose personal information about you in various ways. Some of these may include:

**Health Care Operations:** During the course of running our pharmacy, we may use and disclose personal information. Some instances could include operational activities including quality assessment and improvement; accreditation by independent organizations; performance measurement and outcomes assessment; health service research; and preventative health, disease management, case management and care coordination.

Other operational activities requiring use and disclosure include detection and investigation of fraud; facilitation of a sale, transfer, merger, or other business transaction with another entity (including due diligence related to such activity); and other general administrative activities, including data and information systems management, and customer service.

**Payment:** We may use and disclose personal information while conducting utilization and medical necessity reviews; coordinating care; determining eligibility; determining formulary compliance; to help us determine the amount you need to pay for your pharmacy services; and when responding to complaints, appeals and requests for external review.

**Treatment:** We may disclose information to doctors, dentists, hospitals and other health care providers who take care of you. For example, we may disclose personal information to other health plans maintained by your employer if it has been arranged for us to do so in order to have certain expenses reimbursed. We also may use personal information in

providing pharmacy services and by sending certain information to doctors for patient safety or other treatment-related reasons.

**Disclosure to Other Covered Entities:** We may disclose personal information to other covered entities or business associates of those entities for treatment, payment and certain health care operations purposes.

### **Additional Reasons for Disclosure**

We may use or disclose personal information about you to provide you with alternative treatments options, reminders, or other related services. We may also disclose personal information in support of:

- **Research** – to researchers, after ensuring a system is in place to protect your privacy.
- **Industry Regulation** – to state insurance departments, boards of pharmacy, U.S. Food and Drug Administration, U.D. Department of Labor, and any other government agency that regulates us.
- **Law Enforcement** – to federal, state, and local law enforcement officials, if required to by law.
- **Legal Proceedings** – in response to a court order or other lawful process.
- **Public Welfare** – to address matters of public interest as required or permitted by law (e.g. child abuse, threats to public health and safety, and national security).

### **Disclosure to Others Involved in Your Health Care**

We may disclose health information about you to a relative, a friend, or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member calls with prior knowledge of a pharmacy order, we may confirm whether or not the order has been filled. You have the right to stop or limit this kind of disclosure by calling us at the toll free number at the top of this notice at any time.

If you are a minor, you may have the right to block parental access to your health information in certain circumstances, if permitted by state law. You can contact us at the toll-free number at the top of this notice.

### **Written Authorization for Uses and Disclosures**

In all situations other than those described above, we will ask you for your written authorization before using or disclosing your personal information. If you have given us authorization, you may revoke it at any time, if we have not already acted on it. If you have questions regarding authorizations, please call the toll free number at the top of this notice.

### **Your Legal Rights**

Federal privacy laws give you the right to make certain requests regarding your personal health information. You may ask us to:

- Limit our communication with you to a particular location or a particular form or restrict individuals we communicate with. We will accommodate reasonable requests.
- Restrict the way we use or disclose health information about you in connection with health care operations, payments and treatment. We will consider, but may not agree to, such requests.
- Obtain a copy of health information that is contained in a "designated record set" – the records maintained and used for processing and related decision. We may ask you to make your request in writing, and we may charge a reasonable fee for producing and mailing the copies. In certain cases, we may deny the request.
- Amend health information that is contained in a "designated record set". Your request must be in writing and must include the reason for the request. If we deny the request, you may file a written statement of disagreement.
- Provide a list of certain disclosures we have made about you, such as disclosures of health information to government agencies that license us. Your request must be in writing. If you request such an accounting more than once in a 12-month period, we may charge a reasonable fee.

You may make any of the requests described above by calling the toll-free number at the top of this notice.

You also have the right to file a complaint if you think your privacy rights have been violated. To do so, please send your inquiry to the following address:

PharmaLabs Privacy  
PharmaLabs  
10901 Roosevelt Boulevard North, Suite 1200  
St. Petersburg, FL 33716

You may also write to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

### **PharmaLabs's Legal Obligations**

The federal privacy regulations require us to keep personal information about you private, to give you notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect.

### **Safeguarding Your Information**

We guard your information with administrative, technical, and physical safeguards to protect it against unauthorized access and against threats and hazards to its security and integrity. We comply with all applicable state and federal law pertaining to the security and confidentiality of personal information.

### **This Notice Is Subject to Change**

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the information that we already have, as well as any information that we may receive or hold in the future.

Please note that we do not destroy personal information about you when we terminate your participation with us. It may be necessary to use and disclose this information for the purposes described above even after your participation terminates, although policies and procedures will remain in place to protect against inappropriate use or disclosure.

### **Contacting PharmaLabs**

If you have questions regarding this notice or requests related to your information, please contact:

Mailing Address: PharmaLabs  
10901 Roosevelt Boulevard North, Suite 1200  
St. Petersburg, FL 33716

Toll-Free: (888) 572-8367

**ACKNOWLEDGMENT FOR RECEIPT OF**

**NOTICE OF PRIVACY PRACTICES**

I hereby acknowledge that I have received a copy of PharmaLabs's Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Personal Representative's Authority

**Please sign both copies of this form. Save one for your records and mail the second copy to PharmaLabs in the enclosed business reply envelope.**



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