



Regency Medical Pharmacy, Inc.  
1000 Newbury Road, Suite 100  
Newbury Park, Ca 91320  
805-375-4050 or 818-575-9977 Fax 805-375-4120

Valued Patient/Customer,

As of April 14, 2003, we are required by the Federal Government to inform you of our Privacy Practice.

Please read the following document and complete the form at the end of this document and either mail the completed acknowledgement to us or fax to 805-375-4120. Please print this page and keep it as your record of the Privacy Practice.

Thank you for your patronage,

Regency Medical Pharmacy, Inc. Management

### **NOTICE OF PRIVACY PRACTICES**

**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.**

The Pharmacy is required to maintain the privacy of your Protected Health Information ("PHI") and to provide you with a notice of our legal duties and privacy practices with respect to PHI. PHI is information about you, including basic demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices ("Notice") describes how we may use and disclose PHI about you to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

The Pharmacy is required to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for PHI we maintain. Upon request, we will provide a revised Notice to you.

## **Your Health Information Rights**

You have the following rights with respect to PHI about you:

- *Obtain a paper copy of the Notice upon request.* You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a copy, contact the Regency Medical Pharmacy, Inc. Management at the phone or fax number listed above.
- *Request a restriction on certain uses and disclosures of PHI.* You have the right to discuss any concerns related to the privacy of your PHI and make a request for additional restrictions on our use or disclosure of PHI about you or for additional confidential treatment of communications. We are not required to agree to those restrictions.
- *Inspect and obtain a copy of PHI.* You have the right to access and copy PHI about you contained in a designated record set for as long as the Pharmacy maintains the PHI. The "designated record set" usually will include prescription and billing records. To inspect or copy PHI about you, you must send a written request to the Regency Medical Pharmacy, Inc. Management at the phone or fax number listed above. We may charge you a fee for the costs of copying, mailing or other supplies that are necessary to grant your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI about you, you may request that the denial be reviewed.
- *Request an amendment of PHI.* If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI. To request an amendment, you must send a written request to the Regency Medical Pharmacy, Inc. Management at the phone or fax number listed above. In addition, you must include a reason that supports your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we give you a rebuttal to your statement.
- *Receive an accounting of disclosures of PHI.* You have the right to receive an accounting of the disclosures we have made of PHI about you after April 14, 2003, for most purposes other than treatment, payment or health care operations. The accounting will exclude disclosures we have made directly to you, disclosures to friends or family members involved in your care and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions and

- limitations. To request an accounting, you must submit your request in writing to the Regency Medical Pharmacy, Inc. Management at the phone or fax number listed above. Your request must specify the time period, but may not be longer than six years. You may be charged for the cost of providing an accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.
- *Request communications of PHI by alternative means or at alternative locations.* For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of PHI about you, you must submit your request in writing to the Regency Medical Pharmacy, Inc. Management at the phone or fax number listed above. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.
  - *Revoke your consent to use or disclose PHI.* You may revoke a consent in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the consent. We may refuse to continue to treat a customer that revokes his or her consent.

### **Examples of How We May Use and Disclose PHI Without Your Written Consent**

The following categories describe and provide examples of different ways that we use and disclose PHI about you without your written consent.

*We will use PHI for treatment.* Example: Information obtained by the pharmacist will be used to dispense prescription medications to you. We will document in your record information related to the medications dispensed to you and services provided to you.

*We will use PHI for payment.* Example: We will contact your insurer or pharmacy benefit manager to determine whether it will pay for your prescription and the amount of your co-payment responsibility. We will bill you or a third-party payer for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the prescriptions you are taking.

*We will use PHI for health care operations.* Example: The Pharmacy may use information in your health record to monitor the performance of the pharmacists providing treatment to you. This information will be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

*We are likely to use or disclose PHI without your written authorization for the following purposes:*

**Business associates:** There are some services provided by us through contracts with business associates. Examples include our software system vendor and technology provider PDX. When these services are contracted for, we may disclose PHI about you to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect PHI about you, we enter into written contracts and require satisfactory assurance from the business associate to appropriately safeguard the PHI.

**Communication with individuals involved in your care or payment for your care:** Health professionals such as pharmacists, using their professional judgment, may disclose to a family member, other relative, close personal friend or any person you identify, PHI relevant to that person's involvement in your care or payment related to your care.

**Personal communications:** We may contact you to provide refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Food and Drug Administration (FDA):** We may disclose to the FDA or its agents PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repair or replacement.

**Worker's compensation:** We may disclose PHI about you to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Public health:** As required by law, we may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Law enforcement:** We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena.

**As required by law:** We must disclose PHI about you when required to do so by law.

**Health oversight activities:** We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs and compliance with civil rights laws.

**Judicial and Administrative proceedings:** If you are involved in a lawsuit or dispute, we may disclose PHI about you in response to a court or administrative

order. We may also disclose PHI about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or obtain an order protecting the requested PHI.

**Research:** We may disclose PHI about you to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

**Coroners, medical examiners and funeral directors:** We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to carry out their duties.

**Organ or tissue procurement organizations:** Consistent with applicable law, we may disclose PHI about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

**Notification:** We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative or another person responsible for your care, your location and general condition.

**Correctional institution:** If you are or become an inmate of a correctional institution we may disclose to the institution or its agents PHI necessary for your health and the health and safety of others.

**To avert a serious threat to health or safety:** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Military and veterans:** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

**National security and intelligence activities:** We may release PHI about you to authorized officials for intelligence, counterintelligence and other national security activities authorized by law.

**Protective services for the President and others:** We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Victims of abuse, neglect or domestic violence:** We may disclose PHI about you to a 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. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

### **Other Uses and Disclosures of PHI Requiring Your Written Authorization**

The pharmacy will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above (or as otherwise permitted or required by law). You may revoke this authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization.

### **For More Information or to Report a Problem**

If you have questions or would like additional information about the Pharmacy's privacy practices, you may contact the Regency Medical Pharmacy, Inc. Management at the pharmacy address and telephone number at the top of this document.

If you believe your privacy rights have been violated, you can file a complaint with the Regency Medical Pharmacy, Inc. Management at the phone or fax number listed above or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

### **Effective Date**

This Notice is effective as of October 1, 2005

(Please [click here to go to the Acknowledgement of the Receipt of the Notice of Privacy Practices](#) that may be mailed or faxed to the pharmacy at the top of the document.)