

KENNEDY PHARMACY
University of Medicine and Dentistry Doctor's Pavilion, Suite 1900
42 East Laurel Road
Stratford, New Jersey 08084
Phone (856) 346-3535 Fax (856) 346-4953

NOTICE OF PRIVACY PRACTICES

Effective Date: April 12, 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.

Kennedy Pharmacy is required by law to maintain the privacy of protected health information and to provide individuals with this Notice of our legal duties and privacy practices with respect to protected health information. This Notice is being given to you to comply with the requirements of the privacy rules issued under the Health Insurance Portability and Accountability Act ("the HIPAA Privacy Rules").

OUR COMMITMENT TO YOUR PRIVACY

Kennedy Pharmacy is committed to safeguarding the privacy of your health information. We will comply with all applicable federal and state laws as to the privacy and confidentiality of your health information.

WHO SHOULD READ THIS NOTICE?

You should read this Notice if you are a customer of Cub Pharmacy or if you might become a customer.

WHAT IS PROTECTED HEALTH INFORMATION?

Your protected health information ("PHI") is information that may identify you and that has to do with your past, present, or future physical or mental health or condition; the providing of health care to you; or the past, present, or future payment for health care provided to you.

WHO IS COVERED BY THIS NOTICE?

The terms "we" or "our" in this Notice refer to Kennedy Pharmacy, Suite 1900, 42 East Laurel Road, Stratford, NJ 08084

WHAT INFORMATION IS IN THIS NOTICE?

This Notice describes your rights as to your PHI. This Notice also describes how we may use and disclose your PHI to carry out treatment, payment, health care operations, and for other specified purposes that are permitted or required by law. We are required to comply with the terms of this Notice. We will not use or disclose your PHI without your written authorization, except as described in this Notice.

WHAT RIGHTS DO YOU HAVE AS TO YOUR HEALTH INFORMATION?

To protect your privacy, you have been given the following rights as to your PHI:

Right to inspect and copy your PHI. You have the right to inspect and copy your PHI that is contained in a designated record set for as long as we maintain that PHI. The designated record set will usually include prescription and billing records. To inspect or copy your PHI, you must fill out a written request (found at the back of this Notice) that must be addressed to the Privacy Practices Compliance Officer (Gregory W. Papa, R.Ph.). In certain limited circumstances, we may deny your request to inspect and copy. If you are denied access to your PHI, you will be given written notice, and in most cases, you may request a review of that denial.

Right to request an amendment of your PHI. If you believe 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, must fill out a written request (found at the back of this Notice) that must be addressed to the Privacy Practices Compliance Officer (Gregory W. Papa, R.Ph.). You must include a reason for 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 may give a rebuttal to your statement.

Right to receive an accounting of disclosures of your PHI. You have the right to receive an accounting of any disclosures of your PHI that we make for most purposes other than treatment, payment, or health care operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures that you authorize, disclosures to friends or family members involved in your care, disclosures made by us in our notifications to you or to those involved in your care. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting of disclosures of your PHI, you must fill out a written request (found at the back of this Notice) that must be addressed to the Privacy Practices Compliance Officer (Gregory W. Papa, R.Ph.).

Right to request confidential communications. You have the right to request that we communicate your PHI to you by alternative means or to an alternative location.

Right to request a restriction on certain uses and disclosures of PHI. You have the right to request restrictions on our use or disclosure of your PHI for purposes of treatment, payment, or health-care operations or to family members or other persons involved in, or responsible for, your health care. We are not required to agree to a restriction you request, but if we do agree, we will comply with that restriction unless that restriction would prevent you from receiving emergency medical treatment.

Right to obtain a paper copy of this Notice upon request. You may request a copy of this Notice at any time.

HOW MAY WE USE OR DISCLOSE YOUR HEALTH INFORMATION?

We have listed below descriptions and examples of the ways in which we may use or disclose your PHI. We will not use or disclose your PHI any more than is necessary to accomplish the purpose of that use or disclosure.

To provide pharmacy services to you, we must use and disclose your PHI as follows:

We will use PHI for your treatment. Example: Your PHI will be used by the pharmacist to dispense prescription medications to you. We will keep records having to do with the medications we dispense to you and services we provide to you.

We will use PHI to obtain payment. Example: We will contact your insurer or pharmacy benefit manager to determine whether it will pay for your prescription and to determine the amount of your co-payment. We will bill you or a third-party payor 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 medications you are taking.

We will use PHI for health care operations. Health care operations include carrying out activities to improve the quality of our services; training our employees; reviewing the performance of our employees; obtaining legal services; auditing our financial statements; doing planning and development for our business; selling or buying prescription records; and managing the Pharmacy. Example: We 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 services we provide to you.

We may also use or disclose your PHI for the following purposes, but only to the extent allowed under the HIPAA Privacy Rules and any applicable state laws, to the extent they are more stringent than the HIPAA Privacy Rules:

Business associates. To provide services to you, we need help from outside business associates, such as prescription-processing software providers; third-party billing and reconciliation services; electronic data switching services; store security services; our auditors; our lawyers; the operators of franchised supermarkets in which our pharmacies may be located; and temporary-employee services that provide relief pharmacists. We may disclose your PHI to our business associates so they can perform the services we have asked them to do. We will require each of our business associates to appropriately safeguard your PHI.

Health-related communications. We may use or disclose your PHI for communications with you that have to do with your treatment or your health. For example, we may get in touch with you to give you refill reminders; to give you information about treatment alternatives or other health-related benefits, products, or services that may be of interest to you; to give you counseling about your treatment; to conduct drug-utilization reviews; or to discuss your health-care coverage or prescription benefits.

As required by law. We must disclose your PHI when required to do so by law.

Food and Drug Administration (FDA). We may disclose your PHI to the FDA, or persons under the jurisdiction of the FDA, for the purpose of reporting adverse events, defects, problems, or biological product deviations having to do with drugs, foods, diet supplements, and other products; tracking products; enabling the recall, repair, or replacement of products; or conducting post-marketing surveillance.

Quality Reviews. We may disclose your PHI to accreditation or health care services review organizations for the purposes of conducting management audits, financial audits, program monitoring and evaluation, health care services reviews, or accreditation.

Health-Care Providers. We may disclose your PHI to a health care provider or any person acting under the supervision of a health care provider or to emergency medical services personnel, including medical staff members, employees, or persons serving in training programs or participating in volunteer programs and affiliated with the health care provider, to the extent that person needs access to your PHI to perform his or her duties, if: (a) the person is rendering assistance to you; (b) the person is being consulted regarding your health; (c) your the life or health appears to be in danger and the information contained in your PHI may aid the person in rendering assistance to you; or (d) the person prepares or stores records, for the purposes of the preparation or storage of those records.

Court Order. We may disclose your PHI as required under a lawful order of a court of record.

Government Agency. We may disclose your PHI in response to a written request by any federal or state governmental agency to perform a legally authorized function, including but not limited to management audits, financial audits, program monitoring and evaluation, facility licensure or certification, or individual licensure or certification.

Medical Research. We may disclose your PHI for purposes of research if the researcher is affiliated with us and provides written assurances to the custodian of your PHI that your PHI will be used only for the purposes for which it is provided to the researcher, your PHI will not be released to a person not connected with the study, and the final product of the research will not reveal information that may serve to identify you without your informed consent.

Investigation of Elder Abuse or Neglect. We may disclose your PHI to a county agency or other investigating agency for the purposes of reporting or investigating elder abuse and/or neglect. We may release your PHI by initiating contact with the county agency or county protective services agency without receiving a request for release of your PHI from the county agency or county protective services agency.

Investigation of Child Abuse. We may disclose your PHI to a county department, a sheriff or police department, or a district attorney for purposes of investigating threatened or suspected child abuse or neglect or suspected unborn child abuse or for purposes of prosecuting alleged child abuse or neglect, if the person conducting the investigation or prosecution identifies the subject of the record by name. We may release your PHI by initiating contact with a county department, sheriff or police department or district attorney without receiving a request for release of such PHI.

School District. We may disclose your PHI to a school district employee or agent, with regard to patient health care records maintained by the school district by which he or she is employed or is an agent, if the employee or agent has responsibility for preparation or storage of patient health care records, or access to the patient health care records is necessary to comply with a requirement in federal or state law.

Investigation of Death of Resident of Residential Facility. We may disclose your PHI to the Department or to a sheriff, police department, or district attorney for purposes of investigating the death of a child who resided in a residential care center for children and youth, a resident of a community-based residential facility, or a resident of a nursing home.

Coroners and Medical Examiners. Following your death, we may disclose your PHI to a coroner, deputy coroner, medical examiner, or medical examiner's assistant, for the purpose of completing a medical certificate or investigating your death. We may release your PHI by initiating contact with the office of the coroner or medical examiner without receiving a request for release of your PHI and must release your PHI upon receipt of an oral or written request for the information from the coroner, deputy coroner, medical examiner, or medical examiner's assistant.

Placement of Child. If you are a child or juvenile who has been placed in a foster home, treatment foster home, group home, residential care for children and youth, or a secured correctional facility, or for whom placement in a foster home, treatment foster home, group home, residential care for children and youth, or secured correctional facility is recommended, we may disclose your PHI to an agency directed by a court to prepare a court report, to an agency responsible for preparing a permanency plan regarding the child or juvenile, or to an agency that placed the child or juvenile or arranged for the placement of the child or juvenile in any of those placements.

Unidentified Information. We may disclose your PHI if that PHI does not contain information that would permit you to be identified and if the circumstances of the disclosure do not provide information that would permit you to be identified.

Prisoners. If you are a prisoner, we may disclose your PHI to a your health care provider, the medical staff of a prison or jail in which a you are confined, the receiving institution intake staff at a prison or jail to which you are being transferred, or a person designated by a jailer to maintain prisoner medical records, if the disclosure is requested by you or the your health care provider.

NO OTHER USES OR DISCLOSURES WITHOUT YOUR AUTHORIZATION

Except as expressly set forth above, we will not use your PHI or disclose your PHI to anyone other than you or to certain persons deemed authorized by you without your informed consent in writing. If you want to revoke your consent, you may do so in writing at any time, but your revocation will only affect uses and disclosures of PHI that occur after we receive your revocation.

HOW DO YOU MAKE A COMPLAINT?

If you believe your privacy rights have been violated, you may file a complaint with us (complaint form is part of this Notice)

-or-

Department of Health and Human Services
Office of Civil Rights
Room 509F HHH Building
Hubert H. Humphrey Building
200 Independence Ave. SW
Washington, DC 20201

Complaints must be made in writing. **You will not be penalized for filing a complaint.**

WHEN IS THIS NOTICE EFFECTIVE?

This Notice is effective as of **April 12, 2003**, and will remain in effect until we change it. We reserve the right to change our privacy practices and this Notice and to have those changes apply to all present or future PHI that we maintain, even PHI that was created or obtained before those changes went into effect. If we make changes to our privacy practices, we will revise this Notice, and if those changes are material, we will distribute the revised Notice.

KENNEDY PHARMACY
University of Medicine and Dentistry Doctor's Pavilion, Suite 1900
42 East Laurel Road
Stratford, New Jersey 08084
Phone (856) 346-3535 Fax (856) 346-4953

PERSONAL HEALTH INFORMATION (PHI) REQUEST FORM

Instructions for Submitting a PHI Request Form

- ❶ Detach this form from this "Notice of Privacy Practices" packet.
- ❷ Fill this form out completely.
- ❸ Place this form in a sealed envelope.
- ❹ Place the name of Privacy Practices Compliance officer (Gregory W. Papa, R.Ph.) on it.
- ❺ Give the sealed envelope to a staff member or mail this request to the above address.

Date _____

Name (Print) _____
Last First Middle

Your Information (Address, Phone Number and/or E-mail Address):

ADDRESS _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

☞ In the space provided below, please explain your request with regard to your personal health information. You may continue your request on the back of this form if needed. If you are requesting a copy of your prescription records, you have the following options: (1) Pick them up yourself (2) Have them mailed to you (3) Provide written authorization (on this form) for another individual to pick your records up. Your signature along with the name of the individual whom you are authorizing to pick up your prescription records must accompany this request.

Signature

Date