



# NOTICE OF PRIVACY PRACTICES

## PLEASE REVIEW THIS INFORMATION CAREFULLY

This notice complies with the minimum requirement of the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economics and Clinical Health (HITECH) Act of 1996, enacted as part of the American Recovery and Reinvestment Act (ARRA) of 2009

### WHO WILL FOLLOW THIS NOTICE?

This notice describes the privacy practices of Amber Pharmacy and its affiliates and subsidiaries. Amber Pharmacy is required by law to maintain the privacy of Protected Health Information ("PHI") and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. PHI is 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 protected health information in your records for the purposes of treatment, payment and health care operations, which are described below.

### OUR PLEDGE REGARDING THE PRIVACY OF YOUR PHI:

Your PHI includes information about your physical and mental health. We understand that information about your physical and mental health is personal. We are committed to protecting your PHI in accordance with federal and state law. We create a record of the care and services you receive from us. We need this record to provide you with quality care and services and to comply with certain legal requirements. This Notice applies to any and all of the records of your care generated by us.

This Notice will describe the manner in which we may use and disclose PHI and your rights regarding the use and disclosure of PHI. Please be advised the federal privacy laws may be pre-empted by certain state laws relating to the privacy of health information. If there is a breach of unsecured PHI, we shall fully comply with the HIPAA/HITECH breach notification requirements, which will include notification to you of any impact that breach may have had on you and/or your family member(s) and actions we undertook to minimize any impact the breach may or could have on you.

We reserve the right to revise or change our Notice of Privacy Practices and to make any such change applicable to your PHI obtained before the change. If a change in our practices is material, we will revise this Notice to reflect the change. You may obtain a copy of any revised Notice by contacting Amber Pharmacy's Privacy and Compliance Officer, or on our Web site at [www.amberpharmacy.com](http://www.amberpharmacy.com).

### I. OUR OBLIGATIONS TO YOU:

We are required by law to:

- make sure any PHI that identifies you is kept private except as otherwise provided by state or federal law;
- prohibit the sale of your PHI without your express written authorization to do so;
- give you this notice of our legal duties and privacy practices with respect to PHI about you; and
- follow the terms of the notice that is currently in effect.

### II. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we may use and disclose PHI. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. This notice covers treatment, payment, and what are called health care operations, as discussed below. It also covers other uses and disclosures for which a consent or authorization are not necessary. Where applicable state laws are more protective of your PHI, we will follow state law, as explained below.

#### A. Permitted Uses and Disclosures:

- For Treatment:** We may use PHI about you to provide you with medical treatment, medications or services without your consent or authorization unless otherwise required by applicable state law, HIPAA, and other federal legislations. We may disclose PHI about you to doctors, pharmacists, laboratories, or other health care providers, case managers, case coordinators, or other service providers who are involved in your treatment whether or not they are affiliated with us. We may exchange your PHI electronically for treatment and other permissible purposes. For example, we may disclose PHI concerning you to the local hospital, physicians, counselors who care for you as well as to any other entity that has provided or will provide care to you.

We will disclose any mental health information, including psychotherapy notes, AIDS or HIV-related information, or drug treatment information, that we may have about you only with written authorization as required by applicable state law, HIPAA and other federal regulations.

During the course of your treatment, we may refer you to other health care providers with which you may not have direct contact. These providers are called "indirect treatment providers." "Indirect treatment providers" are required to comply with the privacy requirements of state and federal law and keep your PHI confidential. These providers will be bound by the HIPAA privacy rule.

**Refill Reminders:** We may use and disclose PHI to contact you by mail, e-mail or phone to remind you that you have an upcoming prescription due for refill, unless you tell us otherwise in writing.

**Treatment Alternatives:** We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you. However, we will not use or disclose PHI to market other products and services, either ours or those of third parties, without your authorization.

**Health-Related Benefits and Services:** We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.

- For Payment:** We may use and disclose PHI about you without your consent or authorization so that the treatment and services you receive from us may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment received so your health plan will pay us or reimburse you for

the treatment. We may also tell your health plan or insurance company about a treatment you are going to receive to obtain prior approval or to determine whether it will cover the treatment. We may also provide your information to case coordinators or case managers for payment purposes as well.

- For Health Care Operations:** We may use and disclose PHI about you without your consent or authorization for "health care operations." These uses and disclosures are necessary to operate Amber Pharmacy and make sure that all individuals receive quality care. For example, we may use PHI or mental health treatment information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose your PHI to doctors or staff or consultants for review and learning purposes. We may also use your PHI in preparing for litigation.

#### B. Uses and Disclosures That Require Us to Give You the Opportunity to Object:

Unless you object, we may release PHI, including mental health information, about you to a family member, other relative, close personal friend or any other person involved in your medical care or payment without consent or authorization. We may also provide PHI, including prescription information or information concerning your refills or appointments to other individuals who are involved in your care. We may also provide such information to someone who helps pay for your care. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If applicable state or federal law requires specific authorization for such disclosures, we will obtain your authorization prior to such disclosures.

#### C. Certain Other Uses and Disclosures Which Do Not Require Your Authorization:

The law allows us to use and disclose PHI without your authorization in the following instances:

- As Required By Law:** We will disclose PHI about you when required to do so by federal, state or local law without your consent or authorization.
- To Avert a Serious Threat to Health or Safety:** We may 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. Any disclosure, however, would only be to someone able to help prevent the threat.
- To Business Associates:** Amber Pharmacy from time to time will hire vendors or consultants called "business associates," who render services to us. We may disclose your PHI to such business associates without your consent or authorization. Business associates are required to maintain and comply with the privacy requirements of state and federal law and keep your PHI confidential. Examples of "business associates" are accounting and law firms that we hire to perform audits of billing and payment information and other services, and computer software or technology vendors who assist us in maintaining and processing claim information and technical support. When such services are contracted, we may share your PHI with such business associate and may allow our business associate to create, receive, maintain or transmit your PHI on our behalf, in order for the business associate to provide service to us. Our business associate may also re-disclose your PHI to business associates that are subcontractors to provide services to the business associate. The subcontractors shall be subject to the same restrictions that apply to business associates. In case of such an arrangement, to the extent required by law we will have a written contract that contains terms designated to protect the privacy of your PHI.
- 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 foreign military authority.
- Worker's Compensation:** We may release PHI about you for workers' compensation or similar programs without your consent or authorization. These programs provide benefits for work-related injuries or illnesses. For example, if you are injured on the job, we may release information regarding that specific injury.
- Public Health Risks:** We may disclose PHI about you for public health activities without your consent or authorization. These activities generally include the following:
  - to prevent or control disease, injury or disability;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - to report child, elder, or spouse abuse or neglect
- Abuse, Neglect, or Domestic Violence:** We may notify the appropriate government authority if we believe an individual has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required by law.
- Disaster Relief Efforts:** We may disclose your information to an entity assisting in disaster relief, such as American Red Cross, so your family can be notified of your condition and location.
- Health Oversight Activities:** We may disclose PHI to a health oversight agency, such as the Department of Health and Human Services, for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for

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the government to monitor the health care system, government programs, and compliance with civil rights laws.

10. **Law suits and Administrative Proceedings:** If you are involved in a lawsuit or dispute as a party, we may disclose PHI about you in response to a court or administrative order. We may disclose your health information in response to a legal court or administrative order, a subpoena, discovery request, civil or criminal procedures, or other lawful process. Similarly we may disclose PHI about you in proceedings where you are not a party, but only if efforts have been made by the requesting party or us, to tell you or your attorney about the request or to obtain an order protecting the information requested. In addition, we may disclose PHI, including mental health treatment information, to the opposing party in any lawsuit or administrative proceeding where you have put your physical or mental condition at issue if you have signed a valid release.
  11. **Law Enforcement:** We may release PHI if asked to do so by a law enforcement official:
    - in response to a court order, subpoena, warrant, summons or similar process;
    - to identify or locate a suspect, fugitive, material witness, or missing person;
    - about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
    - about a death we believe may be the result of criminal conduct;
    - about criminal conduct at Amber Pharmacy; and
    - in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
  12. **Coroners, Medical Examiners and Funeral Directors:** We may release PHI including mental health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
  13. **National Security and Intelligence Activities:** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
  14. **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.
  15. **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
  16. **Research:** Under certain circumstances, we may disclose PHI for research purposes, provided certain measures have been taken to protect your privacy.
  17. **Limited Data Set and De-Identified Information:** We may use or disclose your PHI to create a limited data set or de-identified information and use and disclose such information as permitted by law.
  18. **Disaster Relief Efforts:** We may disclose your information to an entity assisting with disaster relief such as American Red Cross so your family can be notified of your condition and location.
- D. **OTHER USES OF PHI:** Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission as set out in an authorization signed by you. If you provide us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission. In addition, we can use or disclose your PHI after you have revoked your authorizations for actions we have already taken in reliance upon your authorization. We are also required to retain our records of disclosures made for your care when the authorization was in effect. Unless otherwise required by law, most uses and disclosures of psychotherapy notes (to the extent maintained by Amber Pharmacy) and use and disclosure of PHI for marketing purposes or that constitute a sale of PHI shall not be made without your written authorization.

### III. YOUR RIGHTS REGARDING PHI:

You or your personal representative have the following rights regarding PHI we maintain about you (when we say "you" this also means your personal representative, which may be your parent or legal guardian or other individual who is authorized to care for you):

- A. **Right to Inspect and Copy:** You have the right to inspect and copy PHI that may be used to make decisions about your care. If you wish to be provided a copy of PHI that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer. We will respond to your request within 30 days (or 60 days if the extra time is needed). If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing and or other supplies associated with your request. We may deny your request to inspect and/or obtain a copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- B. **Right to Request an Amendment:** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, your request must be made in writing and

submitted to our Privacy Officer. In addition, you must provide a reason that supports your request.

We may not process your request for an amendment if it is not in writing or does not include a reason to support the request. We will respond to your request within 60 days (or 90 days if the extra time is needed) and will inform you in writing as to whether the amendment will be made or denied. If we agree to make the amendment, we will ask you to tell us who else you would like us to notify of the amendment.

We may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make that amendment;
- is not part of the PHI kept by us;
- is not part of the information which you would be permitted to inspect and copy; or
- is determined by us to be accurate and complete.

If we deny the requested amendment, we will tell you in writing how to submit a statement of disagreement or complaint, or to request inclusion of your original amendment request in your PHI.

- C. **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures" list. This list will not include disclosures we have made for treatment, payment, and healthcare operations purposes described on the first page of this notice, those made directly to you or your family or friends, for disaster notification purposes, or those that were made per an authorization from you. Neither will this list include disclosures we have made for national security purposes or to law enforcement personnel, or disclosures made before April 14, 2003. To request a list accounting for disclosures, you must submit your request in writing to our Privacy Officer. We will respond to your request within 60 days (or 90 days if the extra time is needed). Your request must state a time span not longer than six years from the date of the request and will be provided to you on paper. A standard fee will be charged each time a list is requested.
- D. **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you, as long as you are not asking us to limit uses and disclosures that we are required to and authorized to make by the Secretary of the Federal Department of Health and Human Services, related to treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. However, you will need to make alternative arrangements for payment if you restrict access of individuals responsible for the payment of your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. We must receive your authorization for any use of disclosure of PHI for marketing. It is not considered marketing to send you information related to your individual treatment. These may be sent without written permission. If the marketing is to result in direct or indirect payment to us by a third party, we will state this on the authorization form. To request restrictions, you must make your request in writing to our Privacy Officer. In your written request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply; for example, disclosures to your spouse.
- E. **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail only. To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- F. **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a paper copy by contacting:

Amber Pharmacy  
Attn: Privacy Officer  
10004 South 152<sup>nd</sup> Street, Suite A  
Omaha, NE 68138

- IV. **TO REPORT A CONCERN:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Federal Department of Health and Human Services. To file a complaint with us, submit your complaint in writing to our Privacy Officer. You will not be penalized for filing a complaint. You may contact our Privacy officer if you have questions or comments about our Privacy practices.

Privacy Officer:  
Toll Free: 888 370-1724  
Fax: 402 896-3774

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Omaha, NE 68138

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