

PARKWAY PHARMACY

Notice of Information 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.

If you have any questions about this Notice of Information Practices, please contact us (216) 514-4944.

This Notice of Information Practices (Notice) describes how Parkway Pharmacy may use and disclose your medical information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. The Notice also explains your rights to access and amend your medical information, request limits on the disclosure of your information, and receive and accounting of disclosures of this information. Your individually identifiable medical information is information that may identify you and relates to your past, present, or future physical or mental health or condition; the provision of care to you; or payment for your care.

Parkway Pharmacy will create a record of the services provided to you and this record will include your medical information. We need to maintain this information to ensure that you receive quality care and to meet certain legal requirements related to providing you care. We understand that your medical information is personal, and we are committed to protecting your privacy and ensuring that your medical information is not use inappropriately.

Parkway Pharmacy is required by law to:

- maintain the confidentiality of your medical information;
- provide you a Notice of Information Practices that outlines our legal duties for protecting the privacy of your medical information and explains your rights to have your medical information protected; and
- abide by the terms of the Notice of Information Practices.

We reserve the right to change the Notice of Information Practices. You will receive any update of this Notice with the next monthly statement distributed by Parkway Pharmacy after the date of any modification of the statement. The new Notice will be effective for all protected medical information that Parkway Pharmacy maintains at the time and receives in the futures.

WHAT MEDICAL INFORMATION IS PROTECTED

Parkway Pharmacy is committed to protecting the privacy of information gathered about you while providing health-related services. Some examples of protected medical information are:

- Information about your health condition;
- Information about health care services you have received or may receive in the future (*such as information about a specific therapy*);
- Information about your health care benefits under an insurance plan (*such as whether or not a prescription medication is covered*);
- Geographic information (*such as where you live or work*);
- Demographic information (*such as race, gender, ethnicity, or marital status*);
- Unique numbers that may identify you (*such as your date of birth, social security number, phone number or driver's license number*); and
- Other types of information that may identify who you are.

USES AND DISCLOSURES OF PROTECTED MEDICAL INFORMATION

This Notice identifies different ways in which Parkway Pharmacy may use and disclose your medical information. We have given some examples of the possible uses and disclosures of your medical information. We were not able to list every example in these categories, although every use or disclosure of your medical information will fit into one of the categories on this list.

- **For Treatment** – Parkway Pharmacy will use your medical information to provide you with your prescription medications. These uses and disclosures may include the following, all of which are intended to ensure that you receive your prescription medications efficiently and without delay.
 - We may contact your physician: to clarify a prescription or verify your identity; to notify your physician that a product is on back-order or is no longer available; to notify your physician of a potential drug-to-drug interaction; or to renew or update a prescription.
 - We may contact your physician to request that your caregiver(s) provide prior approval authorization, or a letter of medical necessity, for prescribed medications.
 - We may contact your caregiver(s) to identify ways to address issues that may hinder your compliance with your medication regimen.
 - Your medical information will be shared among different departments within Parkway Pharmacy to ensure the prompt and efficient processing and shipping of your prescription medications.
 - We may disclose a limited amount of your medical information (*such as the type of medication and the necessary shipping and storage requirements*) to shippers to guarantee that your prescription medications are properly labeled for shipping and are delivered in a timely fashion.
- **For Payment** – Parkway Pharmacy will use and disclose your medical information to receive payment for your prescription medications from you, an insurance company, or a third party.
 - The Parkway Pharmacy billing department may contact you or your physician for additional information, including letters of medical necessity, prior approval authorizations, or copies of prescriptions to process your claim.
 - We may share your medical information with payers to obtain prior approval authorization, and we may contact you, your physician, insurance company, employee benefit manager, or pharmacy benefit manager, if your claim for prescription medications is rejected, or to resolve issues regarding your prescription drug benefits.
 - We may use or disclose your medical information to assist you in finding private, state, and/or federal insurance coverage for your prescription medications.
 - We may contact patient assistance programs, patient support organizations, and drug manufacturers to verify your eligibility in their assistance programs and secure payment on your behalf.

- **For Health Care Operations** – Parkway Pharmacy may use and disclose medical information about you in our internal operations.
 - We may use your medical information to review and improve our internal processes and operations for processing and shipping prescription medications.
 - We may contact you to inquire about the quality of our services or to ask you to complete a survey that evaluates the services we provide.
 - We will disclose your medical information with third party “business associates” that perform various services (*such as billing and prescription processing*) for Parkway Pharmacy. In these cases, Parkway Pharmacy will enter into a written agreement with the business associate to ensure that the business associate protects the privacy of your medical information.

- **Prescription Reminders** – Parkway Pharmacy may use and disclose medical information to send you a reminder that your prescription needs to be refilled.

- **Treatment Alternative and Health-Related Benefits and Services** – Parkway Pharmacy may use your medical information to inform you of products, programs, or services we provide, or the programs and services of others that we believe may be beneficial to you. *At no time is your medical information released to third parties to allow them to communicate with you directly regarding new products or services.*
 - We may call, mail, or e-mail you information about these products, programs or services.
 - We may contact you to provide details on products, programs, or services we provide that you are currently not using; announce a promotion, sales event, or new service of Parkway Pharmacy; make you aware of new products; support product information; or alert you to a new patient assistance program that may be available to you.

- **Newsletters and Other Information** – Parkway Pharmacy may use your medical information to send you a variety of educational material, including fact sheets and patient resources.

- **Other Uses & Disclosures** – Parkway Pharmacy may use or disclose your medical information for other purposes, either as required or permitted by law.
 - ***Required Uses and Disclosures***
 - We must make disclosures to you and to the Secretary of the U.S. Department of Health and Human Services to determine our compliance with federal medical privacy regulations.
 - ***Permissible Uses and Disclosures***
Parkway Pharmacy may disclose your medical information:
 - When required to do so by law.
 - To individuals involved in the treatment, payment and/or other health care operations involved in your car.
 - In situations where there are communications barriers (*such as situations where English is a second language or the patient is hearing-impaired*).
 - In emergency situations.
 - To avert a serious threat to health or safety.
 - In situations where there are public health risks. These include disclosures to:
 - Prevent or control disease, injury, or disability:
 - Report child abuse or neglect
 - Report adverse events, product defects, or problems; to track products; to notify individuals of product recalls; and to conduct post-marketing surveillance as required by the Food and Drug Administration; and
 - Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. These disclosures will be made only if you agree or to the extent required by law.
 - For the purpose of research.
 - For the health oversight activities.
 - To worker’s compensation programs.
 - For purposes of organ donation.

- If you are involved in a lawsuit.
- For law enforcement – We may disclose your medical information to a law enforcement official for several different purposes, including to comply with a court order, warrant, subpoena, summons, or other similar process.
- For activities related to national security and intelligence; for the protection of the President and others; and for military and veteran’s activities.
- For the safety and protection of inmates in correctional facilities.

YOUR RIGHTS REGARDING YOUR PROTECTED MEDICAL INFORMATION

- **Right to Request Restrictions** – You have the right to request restrictions on the use and disclosure of your medical information for treatment, payment, and health care options. (*For example, you may request that we not contact you at your work number.*) You must submit your request in writing to Parkway Pharmacy. You will receive a response within 30 days of receipt.

The law does not require us to honor each request; however, we will make every effort to do so. If we do, we must comply with the restrictions.

- **Right to Inspect and Copy** – You have a right to inspect and copy your medical record, or the medical information that is used by your health care providers to make decisions about your care. Billing information is generally considered part of your medical record. However, you will not have access to psychotherapy notes or information that is compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding.

To inspect and receive a copy of medical information that may be used to make decisions about your care, you must submit your request in writing to Parkway Pharmacy. You will receive a response within 30 days of receipt. If you request a copy of the information, you may be charged a fee for the costs of copying and mailing and for other supplies that are required to respond to your request.

If your request to review your medical record is denied, you may appeal the denial in certain circumstances.

- **Right to Amend** – You have the right to request that we amend the information in your medical record, for as long as we keep your medical record. You must make a written request for an amendment, including the reason(s) for your request, and submit it to Parkway Pharmacy. You will receive a response within 30 days of receipt.

If we deny your request to amend your record, you may still file a statement of disagreement with Parkway Pharmacy and we may in turn prepare a response to your statement of disagreement.

- **Right to Accounting of Disclosures** - You have the right to request an accounting or list of disclosures Parkway Pharmacy has made of your medical information for purposes ***other than*** for the treatment, payment, and/or health care operations involved in your care. Certain disclosures, including those we make to you, family members, and personal representatives involved in your care, will be excluded from the accounting.

By law, you have a right to an accounting of disclosures that occur after April 14, 2003, and to disclosures for up to a six-year period. Your request must specify the time period for which you wish to receive an accounting. You must submit your request in writing to Parkway Pharmacy. You will receive a response within 30 days of receipt.

- **Right to Request Confidential Communications** – You may request that we communicate with you in a certain manner or at a certain location regarding the services provided by Parkway Pharmacy.
- (*For example, you may request that we only contact you by mail and you may request that all correspondence be directed to your work address.*)

You must submit your request in writing to Parkway Pharmacy. You will receive a response within 30 days of receipt. You are not required to provide a reason for your request. We will honor all reasonable requests.

- **Right to a Paper Copy of This Notice** – You have the right to a paper copy of this Notice. You may receive a copy of this Notice at any time by contacting:

Parkway Pharmacy
23350 Mercantile Rd
Beachwood, OH 44122
PHONE: (216) 514-4944
FAX: (216) 464-3684

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. If we change the Notice, it will be effective for medical information we already have, as well as for information that we receive in the future.

Any updates to the Notice of Information Practices will be sent with monthly statements.

COMPLAINTS

If you believe your medical information has been used or disclosed improperly or your privacy rights have been violated, you may file a complaint with Parkway Pharmacy at the address below. Parkway Pharmacy will not penalize you for filing a complaint. You will receive a response within 30 days of receipt.

Parkway Pharmacy
23350 Mercantile Rd
Beachwood, OH 44122
PHONE: (216) 514-4944

OR

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services.

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Thank you for choosing Parkway Pharmacy. We value you as a customer and appreciate the opportunity to serve you.