

**THE MADISON PHARMACY**

**Notice of Privacy Practices**

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**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 MADISON PHARMACY respects the confidentiality of your health information and recognizes that information about your health is personal. We are committed to protecting your health information and to informing you of your rights regarding such information.

Under applicable law, THE MADISON PHARMACY is required to protect the privacy of your individual health information (information we refer to in this notice as "Protected Health Information.") Protected Health Information generally includes information that we create or receive that identifies you and your past, present or future health status or care or the provision of or payment for that health care. THE MADISON PHARMACY is also required to provide you with this notice regarding our policies and procedures regarding your Protected Health Information and to abide by the terms of this notice, as it may be updated from time to time.

THE MADISON PHARMACY strives to make sure that health information that identifies you is kept private.

**Uses and Disclosures of Your Protected Health Information**

As part of our day-to-day activities, THE MADISON PHARMACY may need to disclose or use your Protected Health Information for several purposes. Whenever we communicate your Protected Health Information to third parties we will take reasonable efforts to limit the Protected Health Information disclosed to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

Those purposes of communicating your Protected Health Information include the following:

1. Communications with you. THE MADISON PHARMACY may disclose your Protected Health Information to you. We may contact you to provide refill reminders, health screenings, wellness events, inoculations, vaccinations or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

2. Communications with your Parent or Guardian. If under applicable law a parent, guardian, or other person acting in loco parentis (has authority to act on behalf of an individual who is an unemancipated minor is making decisions related to health care, THE MADISON PHARMACY must treat such person as a personal representative and may disclose Protected Health Information to him/her ONLY if an applicable provision of State or other law, including applicable case law, permits or requires such disclosure.

3. Treatment. THE MADISON PHARMACY may disclose your Protected Health Information for treatment purposes. Such use and disclosure will take place in providing, coordinating, or managing healthcare and its related services by one or more of your providers, such as when your pharmacist consults with physicians, nurses, dietitians, technicians, residents, medical or other health professional students, physical therapists or other personnel who are involved in your care and who will provide you with medical treatment or services regarding your medications, treatment, or condition. We may use and disclose your Protected Health Information, without your authorization when the pharmacy needs to contact a physician or physician's staff and is permitted or required to do so without individual written authorization. We may use and disclose your Protected Health Information if we are contacted by another pharmacy who states they have your request and consent to transfer pharmacy records to them.

4. Payment. THE MADISON PHARMACY may use your health information for various payment-related functions. Example: We may contact your insurer, including Medicare or Medicaid, pharmacy benefit manager or other health care payor to determine whether it will pay for your medication and the amount of your co-payment. We will bill you or a third-party payor for the cost of 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.

5. Healthcare Operation. THE MADISON PHARMACY may use your health information for healthcare operations purposes; such use and disclosure will take place in a number of ways, including for quality assessment and improvement, provider review and training, underwriting activities, reviews and compliance activities; planning, development, management and administration. Your Protected Health Information could be used, for example, to assist in the evaluation of the quality of care that you were provided.

6. As Required by Law. THE MADISON PHARMACY may disclose your Protected Health Information when required by the government under federal law to investigate or determine the pharmacy's compliance with privacy requirements. We may use or disclose Protected Health Information to a public health authority that is authorized by law to collect or receive information in order to report, among other things, communicable diseases and child abuse, or to the FDA to report medical device or product related events. In certain limited situations, we may also disclose information to notify a person exposed to a communicable disease. We may disclose Protected Health Information in response to a subpoena, or order of a court or administrative tribunal.

7. Research. We may disclose your Protected Health Information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

No other uses or disclosures of your Protected Health Information will occur without your written authorization. For situations not generally described in this Notice, we will ask for your written authorization before we use or disclose your health information. You may revoke that authorization, in writing, at any time to stop future disclosures of your information. Information previously disclosed, however, will not be requested to be returned, nor will your revocation affect any action that we have already taken.

**Your Rights Regarding Your Protected Health Information**

Under applicable law, you have certain rights that THE MADISON PHARMACY is committed to upholding. Those rights include the following:

1. You may ask us to restrict uses and disclosures of your Protected Health Information to carry out treatment, payment, or healthcare operations, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care or payment for your care. However, we are not required to agree to your request.

2. You have the right to request inspection and copying of your Protected Health Information. Such a request must be made in writing. We may require you to pay for this request to cover our costs of copying, labor, and postage.

3. You have the right to request amendment or correction of your Protected Health Information. To make such a change THE MADISON PHARMACY will ask you to make the request in writing with a description of the reason you want the record changed. THE MADISON PHARMACY may not always agree to such requests.

4. You have the right to request an accounting of the disclosures of your Protected Health Information by us. We are not required to account to you for disclosures made for treatment, payment, operations, disclosures to you, disclosures to your care givers, or for notifications otherwise excluded by law.

5. You have the right to receive a paper copy of this notice upon request.

6. In addition, you may request, and we must accommodate the request, if reasonable, to receive communications of Protected Health Information by alternative means or at alternative locations. To make this request, please contact in writing:

Attention Privacy Officer  
Frank Iannarone  
THE MADISON PHARMACY  
66 Main Street  
Madison, New Jersey 07940

7. You may restrict or prohibit these uses and disclosures by notifying a THE MADISON PHARMACY representative orally or in writing of your restriction or prohibition. We are not required to honor those requests. We are able to provide

treatment services to you even if you object to signing the acknowledgment of the receipt of this notice or if we decide not to honor a request regarding the information in this document. In the event of an emergency or your incapacity, we will do in our reasonable judgment what is consistent with your known preference, and what we determine to be in your best interest. We will inform you of any such uses or disclosures if uses and disclosures would require your signed authorization under such circumstances and give you an opportunity to object as soon as practicable.

**General Provisions**

If you have any questions or complaints about the way THE MADISON PHARMACY handles your Protected Health Information or you believe that your privacy rights have been violated contact THE MADISON PHARMACY Privacy Officer, Frank Iannarone, at (973) 377-0075 or in person. You may also complain to the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. You will not be retaliated against for filing a complaint.

We reserve the right to change the terms of this notice and to make new notice provisions effective for all Protected Health Information we maintain. You may receive a copy of this notice by contacting us or upon the receipt of pharmacy care services.

You may contact us for further information at:

Attention Privacy Officer  
Frank Iannarone  
THE MADISON PHARMACY  
66 Main Street  
Madison, New Jersey 07940  
(973) 377-0075

This Notice is effective as of February 5, 2008.

# THE MADISON PHARMACY

## Notice of Privacy Practices

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I received a copy of THE MADISON PHARMACY Notice of Privacy Practices. I understand that if THE MADISON PHARMACY uses my Protected Health Information in a manner different than described by the Notice that THE MADISON PHARMACY must first get my permission in writing.

I am accepting this notice on behalf of:

- Myself
- Another person as his or her personal representative (parent, guardian, etc.)

Patient Name: \_\_\_\_\_ (print)

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ (print)

Relationship to Patient: \_\_\_\_\_ (self, guardian, parent,  
other)

Date: \_\_\_\_\_

If you received this by mail, please return a signed copy of this page to:

Attention Privacy Officer  
Frank Iannarone  
THE MADISON PHARMACY  
66 Main Street  
Madison, New Jersey 07940