

# Notice of Privacy Practices

Effective January 1, 2024

## Health Insurance Portability & Accountability Act

Pioneer Pharmacy is committed to protecting your privacy. As a healthcare provider, we know that your trust in us is of central importance. This policy discloses our information use and disclosure of PHI in detail and how you can get access to this information. Please read it to learn more about the ways we protect the information we collect and to find out how you can limit the information about you that is shared. If Pioneer Pharmacy should change its information practices, we will provide you notice of any material changes.

## Strict Security Measures

Pioneer Pharmacy takes the security of information very seriously and has established security standards and procedures to prevent unauthorized access to patient information. We maintain physical, electronic, and procedural safeguards to comply with federal standards to guard patient information.

## The following are ways Pioneer Pharmacy will Use and Disclosure your Personal Health Information (PHI). Every allowable use or disclosure may not be listed.

Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer at 832 W Main St, Riverton, WY 82501.

- **For Treatment** Pioneer Pharmacy will use and disclose PHI to coordinate and manage your healthcare in order to dispense your prescription medication.
- **For Payment** Pioneer Pharmacy will use and disclose PHI to receive payment for our services. We may disclose your PHI to other HIPAA covered entities or business associates who may need it for their processing of your healthcare payments.
- **For Healthcare Operations** Pioneer Pharmacy will use and disclose PHI for administrative purposes to evaluate and improve the quality of care we provide you.

## We may also use or disclose PHI for the following special situations

- **Business associates** Pioneer Pharmacy may provide some services through contracts with HIPAA compliant business associates. The business associates must enter into a confidentiality agreement to protect your PHI from unauthorized use and disclosure.
- **Communication with individuals involved in your care** If you do not object, Pioneer Pharmacy may disclose PHI to a friend or family member who is involved in your care.
- **Parents or legal guardians** If you are a minor, we may release your PHI to your parents or legal guardians when we are permitted or required to do so under federal and applicable state law.
- **Health related communications** Pioneer Pharmacy may contact you to provide refill reminders or other health-related services that may be of interest to you as permitted by law.
- **As required by law** We may disclose PHI when required to do so by federal, state or local law.
- **Law enforcement** We may disclose PHI for law enforcement purposes, in response to a subpoena or other legal process.
- **Public Health** As required by law, we may disclose PHI about you to public health authorities to prevent or control a serious threat to the health and safety of another person. We may also disclose PHI for the purpose of reporting adverse events and product recalls
- **Health Oversight Activities** We may disclose PHI to an oversight agency for activities authorized by law. These activities would include pharmacy investigations, audits, credentialing and inspections required for our licensure. These

are governmental agencies who monitor the health care system who are subject to government regulation and civil right laws.

- **Judicial and administrative proceedings** We may disclose your PHI in response to a subpoena, court or administrative order, or other lawful process, but only if efforts were made to notify you about the request or to obtain an order protecting the requested PHI as required by law.
- **Coroners, medical examiners, and funeral directors** We may disclose PHI to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors as necessary with applicable laws so they may carry out their duties.
- **Organ, eye and tissue donation** We may disclose PHI, consistent with applicable law to organizations who engage in organ procurement or transplant to facilitate the donation.
- **Research** Under certain circumstances, we may disclose PHI for research purposes. Before disclosing PHI we would either remove information that personally identifies you or obtain your written authorization.
- **Military and Veterans** Under certain circumstances, we may disclose to military authorities PHI or armed forces personnel.
- **National Security** We may disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Correctional Institution** We may disclose PHI of an inmate to the institution when necessary for your health or the health and safety of others.
- **Workers' compensation** We may disclose your PHI to comply with Workers' Compensation Laws or other similar programs.

**Your Written Authorization Is Required For Other Uses And Disclosures** Your PHI will only be used and disclosed as described in this Notice. Prior to the use or disclosure of your PHI in any manner not described in this Notice, we will obtain your written authorization beforehand. You may have the right to refuse to authorize the use and disclosure.

## Individual Rights

You have the following rights regarding Health Information we have about you:

- Right to Inspect and Copy** You have a right to inspect and receive a photocopy of our records that contain your PHI.
- Right to an Electronic Copy of Electronic Medical Records** If your PHI is maintained in an electronic format, you have the right to request an electronic copy of your record. We will make every effort to make your records available in the form or format you request.
- Right to Amend** You have the right to request changes in the content of your PHI contained in our records if you believe the record is incomplete, inaccurate, or needs to be changed for some other reason.
- Right to an Accounting of Disclosures** You have the right to request a list of certain disclosures we made of your PHI for purposes other than treatment, payment, and health care operations or those which you provided written authorization. All requests for an accounting of disclosure, must be submitted in writing to our privacy officer. Other disclosures of your PHI that are not required to be included are disclosures made directly to you, someone you have authorized, someone who assist with your care and made for other purposes allowed by HIPAA.
- Right to Request Confidential Communications** You have the right we communicate with you about your PHI in a confidential manner and only to locations or by means specified by you. All requests for confidential communications must be submitted in writing to our Privacy Officer.
- Right to a Paper Copy of This Notice** You have the right to receive this written Notice at any time. You can ask us to give you a paper copy of this notice at any time by requesting one from your pharmacist or by contacting the Privacy Officer in writing.
- Right to file a Complaint** If you believe your privacy rights have been violated, you may file a complaint with our company or the Secretary of the Department of Health and Human Services. To file a complaint with our company, contact the **Pioneer Pharmacy, Attention: Privacy Officer, Dr. Pedersen, at 832 W Main St, Riverton, WY 82501**. All complaints must be made in writing. We will work with you to resolve any complaint and you will not be penalized for filing a complaint.