

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: 4/14/2003
REVISION DATE: 05/23/2018

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review carefully.

Understanding Your Health Record/Information: OptiMed understands the confidential nature of the information you provide to us to meet your healthcare needs. We want you to understand how we may use and disclose certain medical information pertaining to you, and what rights you have concerning that information. It is our hope that this booklet will provide the answers. Each time you interact with our organization to order a prescription or receive treatment, or one of your provider's calls, faxes, e-prescribes, or otherwise submits a prescription or referral for any other service from our organization, a record is made of this encounter. Typically, this record contains medical information from your referring provider, a prescription history, and other information you provide to us from time to time. In this "Notice of Privacy Practices," we shall refer to the information contained in your record as your "health information," which shall have the same meaning as "protected health information," (PHI) defined in the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA").

Your Health Information Rights: Within the limits provided by federal and state law, you have the right to:

- Request restrictions on certain uses and disclosures of your health information
- Receive confidential communications of your health information. You may request that we communicate with you about your health information by alternative means or at an alternative location
- Inspect and obtain a copy of your health information, except regarding psychotherapy notes or information compiled in reasonable anticipation of certain civil, criminal or administrative proceedings
- Request an amendment to your health information that we have created, except with regard to those portions of your health information that you are precluded from inspecting and copying as set forth above
- Obtain an accounting of certain disclosures of your health information
- Receive a paper copy of this notice in addition to any electronic copy you may receive. You may exercise any of the above rights by submitting a written and signed letter detailing your request and mailing or delivering the letter to our organization. However, we encourage you to call first so that we can help you be as specific as possible with your request. We will promptly provide you with any forms that need to be completed to process your request.

Our organization is required by law to:

- Maintain the privacy of your health information
- Provide you with this notice of our legal duties and privacy practices with respect to health information we collect and maintain about you
- Abide by the terms of this notice, currently in effect, and as amended from time to time
- Notify you if we are unable to honor your request to restrict a use or disclosure of, or to amend, your health information
- Accommodate reasonable requests you may have to communicate your health information by alternative means or at alternative locations

We reserve the right to change our privacy practices and to make the new provisions effective for all future health information we already have, as well as any health information we receive or create in the future. Should our privacy practices change, we will post a copy of the revised notice at all locations, which indicates the effective date of the amended notice. You may request and obtain a copy of our Notice of Privacy Practices anytime you visit our office. If a use or disclosure of your health information is not permitted under law without a written authorization, we will not use or disclose your health information without that written authorization. You may at any time revoke a written authorization in writing, except to the extent that we have already acted in reliance of your authorization or as permitted by law.

For More Information or to Report a Problem: If you have questions and would like additional information concerning this notice, please talk with the pharmacist in charge. If you believe that we have violated any of your privacy rights, you may file a written complaint with OptiMed's Privacy Officer. You may also file your complaint with the Secretary of Health and Human Services. There will be no penalty or retaliation for filing a complaint.

Examples of Uses and Disclosures for Treatment, Payment, and Health Operations

The following are examples of uses and disclosures of your health information that are permitted by law:

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WE WILL USE YOUR HEALTH INFORMATION FOR TREATMENT

Health information obtained by our staff from you or one of your healthcare providers may be recorded in our medical records. We may use this information for many treatment reasons, including, but not limited to, verifying the accuracy of prescription referrals and treatment orders, and to help you avoid known drug allergies and adverse drug interactions. Any of your prescriptions or treatment received through our organization, or other purchases or healthcare services rendered, will be recorded. We may also provide your health information to other healthcare providers involved in your care to assist them in providing services to you.

WE WILL USE YOUR HEALTH INFORMATION FOR PAYMENT

Your health plan or health insurer may require certain information about your condition and/or the prescriptions or treatments you receive through our organization before payment will be made, or for prior or pre-authorization purposes. Accordingly, for billing purposes, we may disclose your health information to your health plan or health insurer.

Business Associates: Certain business operations may be performed by other businesses. We refer to these companies as “business associates.” For these business associates to perform the required service (billing, legal services, etc.) we may need to disclose your health information to them so that they can perform the job we have asked them to do. To protect you, we require our business associates to appropriately safeguard your health information.

Communication with Persons Involved in Your Care: We may disclose your health information directly relevant to your care to individuals you wish to receive such information, including family members, relatives, close personal friends, or other persons that you can identify. The disclosure will be made to such a person requesting the information unless, in our judgment, that person is requesting the information for purposes that we do not feel would be in your best interests.

If you are incapacitated, or involved in an emergency, we may use or make disclosures of your health information that we believe in our professional judgment are in your best interests, but only to the extent that such health information is directly relevant to the recipients’ involvement in your care.

ADDITIONAL USES AND DISCLOSURES

Required by Law: We may use or disclose your health information to the extent such use or disclosure is required by law and is limited to the relevant requirements of such law.

Public Health, Health Oversight, and the Food and Drug Administration (FDA): As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may also be required by law to disclose your health information to health oversight agencies responsible for regulating the healthcare system, government benefit programs, and civil rights laws so that they may conduct, among other things, audits, investigations, and inspections. For the purpose of activities relating to the quality, safety, or effectiveness of an FDA-regulated product or activity, we may disclose to the FDA your health information relating to adverse events with drugs, supplements, and other products, as well as information needed to enable product recalls, repairs, or replacements.

Victims of Abuse, Neglect, or Domestic Violence: If we reasonably believe that you are the victim of abuse, neglect, or domestic violence, we may disclose your health information to a governmental authority responsible for receiving these types of reports, to the extent the disclosure is required by law, or you agree to the disclosure. If the disclosure is authorized by law, but not required, we may disclose your information if we determine that disclosure is necessary to prevent serious harm to you or others.

Judicial and Administrative Proceedings: If you are involved in a judicial or administrative proceeding, we may, in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process, disclose the specific portions of your health information that are requested. If the subpoena, discovery request or other lawful process is not accompanied by a court or administrative tribunal order, we may disclose your health information only after we are assured reasonable efforts have been made to notify you of the request, and the time for you to raise objections to the request has expired, or reasonable efforts have been made by the requestor to seek a protective order concerning the requested health information.

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Law Enforcement: We may disclose your health information to a law enforcement official for law enforcement purposes as required by law, a court ordered subpoena or summons, a grand jury subpoena or summons, or an administrative subpoena or summons, under certain circumstances. In specific situations, the law also permits us to disclose pieces of your health information, when the information is needed by law enforcement officials to:

1. Identify a suspect, fugitive, material witness or missing person
2. Identify a victim of a crime
3. Alert law enforcement officials concerning your death
4. Notify law enforcement officials when a crime has been committed on our premises
5. In an emergency, when necessary to alert law enforcement officials about a crime, its location, or the identity of a perpetrator, coroners, medical examiners, and funeral directors

Coroners, Medical Examiners and Funeral Directors: We may disclose your health information to a coroner or medical examiner for the purpose of identifying you upon your passing, or to determine a cause of death. We may also disclose your health information to your funeral director if needed to complete his or her authorized duties.

Organ, Eye, or Tissue Donations: If you are an organ, eye, or tissue donor, we may release your health information to organizations that procure, bank, or transplant organs for the purpose of facilitating organ, eye, or tissue donation and transplantation.

Research: We may disclose your 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 health information, thereby meeting the requirements under HIPAA. We may also disclose your health information for the purposes of research, public health, or healthcare operations pursuant to a Data Use Agreement protecting that information as specified by HIPAA.

Avert a Serious Threat to Health or Safety: Consistent with applicable law and standards of ethical conduct we may, in limited circumstances, use or disclose your health information, if we, in good faith, believe such use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Military Personnel: If you are a member of the United States Armed Services, we may disclose your health information to the appropriate military command authority when such information is deemed necessary to assure the proper execution of the military mission.

National Security and Presidential Protective Services: We may disclose your health information to authorized federal officials for the conduct of lawful intelligence and national security activities, as well as the provision of protective services to the President and other protected individuals.

Inmates and Individuals in Custody: If you are an inmate or otherwise in custody, we may disclose your health information to the correctional facility or law enforcement official having lawful custody of you.

Workers' Compensation: We may disclose your health information to the extent authorized and necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Appointment Reminders and Information on Treatment Alternatives: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits, programs, and services that may interest you.

Fund-raising: This organization does not use patient medical information for any type of fund-raising activities.

Marketing: This organization does not use patient medical information for any type of marketing activity unless authorized by the patient.

Our Pledge: We will endeavor to protect the privacy of your health information. If you have any questions, comments or concerns regarding the policies set forth above, do not hesitate to discuss such matters with a healthcare representative or manager.

WE WILL USE YOUR HEALTH INFORMATION FOR REGULAR HEALTHCARE OPERATIONS

Our staff members may review health information in your record to assess the care and outcomes in your case and others like it. This information will then be used to continually improve the quality and effectiveness of our services.



**HERE FOR YOU
EVERY STEP
OF THE WAY**



6480 Technology Avenue
Suite A
Kalamazoo, MI 49009

P: (877) 232-2857
F: (269) 250-8020
optimedhp.com