

FERRIS PHARMACY CARE CLINIC
FERRIS STATE UNIVERSITY
NOTICE OF PRIVACY 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.

We respect our legal obligation to keep private, all health information that identifies you. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding that information and we are legally obligated to abide by the terms of this Notice while it is in effect.

If you have any questions about our privacy practices, please contact our pharmacy contact person, Mark Young, at Ferris State University, College of Pharmacy, 220 Ferris Dr., Ste 312, Big Rapids, MI 49307, e-mail address: markyoung@ferris.edu, phone number: 231-591-2248

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reasons why we use or disclose your health information is for treatment, payment or health care operations.

Treatment: We will use and disclose your health information to provide treatment to you. Examples of how we use or disclose information for treatment purposes are: accepting prescriptions from a prescriber, accessing your health record, communicating with other members of the treatment team, billing insurances, referring you to another healthcare provider, etc.

Payment: We may use and disclose your health information to obtain payment for the services we provide to you. Examples of how we use or disclose your health information for payment purposes are : asking you about your health or prescription coverage, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collections agency or attorney).

Health Care Operations: We will use and disclose your health information for those administrative and managerial functions that we have to do in order to run this pharmacy. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. For your protection, there may be circumstances when we ask you for a signed authorization.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- When a state or federal law mandates that certain health information be reported for a specific purpose;
- For public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- Uses and disclosures for health oversight activities, such as the licensing of prescribers or pharmacists; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide inform
- Disclosure to a medical examiner to identify a person who has died or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations
- In limited circumstances, uses or disclosures for health related research, such as when an Institutional Review Board has determined that such disclosure is appropriate without your permission;
- Uses and disclosures to prevent a serious threat to health or safety;

- Uses or disclosures for specialized government functions, such as the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- Disclosures of de-identified information, from which information that may be used to identify you has been removed;
- Disclosures relating to worker's compensation programs;
- Disclosures of a "limited data set" for research, public health, or health care operations;
- Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- Disclosures to a personal representative, such as someone that you have authorized to make health care decisions for you through a durable power of attorney or similar legal document.
- Disclosures to "business associates" who perform payment or health care operations for us and who commit to respect the privacy of your health information;

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your healthcare needs.

APPOINTMENT REMINDERS

We may call or write to remind you of scheduled appointments, or that it is time to refill a prescription or to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form", the content of which is described by Federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it's your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named at the beginning of this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

--Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. You must submit your request in writing. To ask for a form by which you may request a restriction, send a request to the office contact person at the address, fax or Email shown at the beginning of this Notice.

--Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using Email to your personal Email address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. You must submit your request in writing. If you want to ask for a form by which you may request confidential communications, send a request to the office contact person at the address, fax or Email shown at the beginning of this Notice.

--Ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us (or sixty days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30-day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. You must submit your request in writing. To ask for a form by which you can see or obtain photocopies of your health information, send a request to the office contact person at the address, fax or Email shown at the beginning of this Notice.

--Ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. You must submit your request in writing. To ask for a form by which you can request to amend your health information, send a request to the office contact person at the address, fax or Email shown at the beginning of this notice.

--Get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. Also, the list need not include any disclosures prior to April 14, 2003 (the date we were required to start tracking these disclosures). You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30-day extension of time if we notify you of the extension in writing. You must submit your request in writing. If you would like to ask for a form by which you can request a list of disclosures, send a request to the office contact person at the address, fax or email shown at the beginning of this Notice.

--Get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the office contact person at the address, fax or Email shown at the beginning of this Notice, or you may request an additional copy upon your next visit.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the office contact person at the address, fax or Email shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

CHANGES TO THIS NOTICE

We reserve the right to amend this Notice at any time in the future and make the new Notice provisions effective for all health information that we maintain. If we make a significant change to this Notice, we will distribute a new copy to you upon your next visit.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the office contact person at the address, e-mail address, or phone number shown at the beginning of this notice.