

**Family HealthCare Pharmacy South**  
**North Dakota State University**

**HIPAA Notice**  
**of**  
**Privacy Practices**

Effective October 1, 2018

The Family HealthCare Pharmacy South HIPAA Notice of Privacy is given as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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.

Under HIPAA, it is a requirement to maintain the privacy of your protected health information (PHI). It is required that you are provided notice of our legal duties and privacy practices with respect to such protected health information.

Family HealthCare Pharmacy South is required to abide by the terms of the notice currently in effect. The Pharmacy reserves the right to change the terms of this notice at any time and to make the new notice provisions effective for all protected health information that is maintained. In the event that the Pharmacy makes a material revision to the terms of this notice, you will receive a revised notice within 60 days of such revision.

If you should have any questions or require further information, please contact the Pharmacy Director at 701-271-1495.

**WHAT IS PROTECTED HEALTH INFORMATION (PHI)?**

Protected health information (PHI) is the personal information, including demographic data, that relates to:

- Your past, present or future physical or mental health or condition.
- The health care provided to you.
- Your past, present or future payment for your health care.
- Any other information in your health record that can identify you, including data such as your name, address, birth date, and SSN.

**PERMITTED USES AND DISCLOSURES OF YOUR PHI**

- ◇ **Treatment:** Your PHI may be used or disclosed to provide you with medical treatment or services. For example, information obtained by a provider providing health care services to you will be recorded in your record or electronic file that is related to your treatment. This information is necessary to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond.
- ◇ **Payment:** Your PHI may be used or disclosed in order to bill and process claims or to make payment for covered services you receive under your benefit plan. For example, the claim form could include information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.
- ◇ **For health care operations:** Your PHI may be used or disclosed in order to operate facilities. For example, your PHI may be used in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provide health care services to you. Your PHI may also be provided to accountants, attorneys, consultants, and others in order to ensure compliance with applicable laws.

**USES AND DISCLOSURES OF YOUR PHI THAT DO NOT REQUIRE YOUR AUTHORIZATION**

The HIPAA Privacy Rule allows the use and disclosure of PHI - without an individual's authorization - under the following circumstances:

- ◇ **Required by law** (includes statutes, regulation or court orders).
- ◇ **Public health activities.** This includes reporting information about births, deaths, and various diseases to government officials in charge of collecting that information; and providing coroners, medical examiners, and funeral directors the necessary information relating to an individual's death.
- ◇ **Victims of abuse, neglect or domestic violence.** In certain circumstances, PHI may be provided to the appropriate government authorities regarding victims of abuse, neglect or domestic violence.

# **Family HealthCare Pharmacy South**

## **North Dakota State University**

- ◇ **Health oversight activities.** This includes providing PHI to health oversight agencies for such activities as audits and investigations necessary for the oversight of the health care system and government benefit programs.
- ◇ **Judicial and administrative proceedings.** This includes the disclosure of PHI in a judicial or administrative proceeding due to an order from a court or administrative tribunal, or through a subpoena or other lawful processes if certain assurances are provided regarding notice to the individual or a protective order.
- ◇ **Law enforcement purpose.** PHI can be disclosed to law enforcement officials under certain circumstances, which are subject to specified conditions. These circumstances include: 1) as required by law (subpoenas, etc.); 2) to identify or locate a suspect, fugitive, material witness, or missing person; 3) in response to a law enforcement official's request regarding a victim or suspected victim of a crime; 4) to alert law enforcement of a person's death, if criminal activity is suspected as a cause of the death; 5) if it's suspected that PHI is evidence of a crime; and 6) in cases of emergency.
- ◇ **Decedents.** PHI may be disclosed to funeral directors as needed; and to coroners and medical examiners for identification purposes and to determine cause of death.
- ◇ **Organ, eye, or tissue donation.** PHI may be disclosed to notify organ procurement organizations to assist them in organ, eye, or tissue donations and transplants.
- ◇ **Research.** In certain circumstances, PHI may be disclosed to conduct medical research.
- ◇ **Serious threat to health or safety.** In emergency situations, in order to avoid a serious threat to the health or safety of a person or the public, PHI may be disclosed to law enforcement personnel or persons able to prevent or lessen such harm.
- ◇ **Essential government functions.** These functions include assuring proper military missions, conducting intelligence and national security activities that are authorized by law, providing protection for the President, protecting the health and safety of inmates and employees of correctional institutions, and government benefit programs.
- ◇ **Workers' compensation.** PHI may be disclosed to comply with workers' compensation laws regarding work-related injuries and illnesses.

(<http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html>)

### **LIMITING USES AND DISCLOSURES TO THE MINIMUM**

A central aspect of the HIPAA Privacy Rule is that a covered entity must take reasonable efforts to ensure that only the minimum PHI is disclosed in order to accomplish the intended purpose.

### **WHAT RIGHTS YOU HAVE REGARDING YOUR PHI**

- ◇ **Access.** You have the right to review and obtain a copy of your PHI.
- ◇ **Amendments and Corrections.** You have the right to amend your PHI if the information is inaccurate or incomplete. You must provide the request and your reason for the request in writing, and we will respond within 60 days of receiving your request. Your request to amend your PHI may be denied if it is:
  - Correct and complete;
  - Not created by us;
  - Not allowed to be disclosed; or
  - Not part of our records.
- ◇ **Disclosure.** You have a right to an accounting of the disclosures of your PHI. However, the list will not include uses or disclosures of treatment, payment or health care operations directly to you, to your family, or to your personal representative. The list also won't include uses or disclosures made for national security purposes, to corrections, or law enforcement personnel. It does not include uses and disclosures for which you gave written authorization.
- ◇ **Requesting Restrictions of Your PHI.** You have the right to request that your PHI be restricted in use or disclosure. A covered entity is under no obligation to comply with such a request, however, if it does agree to comply with the requested restrictions medical emergencies are exempted.
- ◇ **Alternative Means of Receiving Communication of PHI.** You have the right to request an alternative means of receiving communications regarding your PHI. For example, you may request that the covered entity contact you through a designated address, phone number or fax.

### **USES AND DISCLOSURES WITH THE OPPORTUNITY TO AGREE OR OBJECT**

Your PHI may be provided to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

### **ALL OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION**

In any other situation not described in the above sections, we will ask for your written authorization before using or disclosing any of your PHI. If you

# **Family HealthCare Pharmacy South**

## **North Dakota State University**

choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

### **THE HITECH ACT OF 2009**

Prior to the HITECH Act of 2009, health care providers were required to protect your PHI, while business associates - those who performed services involving the use of disclosure of PHI for covered entities, such as accountants, auditors, consultants and other third-party vendors - were not held to the HIPAA privacy rules as strictly.

With the HITECH Act, business associates will be just as liable for the administrative, physical and technical safeguarding of HIPAA privacy rules for your PHI as your health care providers are currently. This includes the implementation of written policies, procedures, and documentation of security activities to protect your PHI.

Another aspect of the new HITECH Act is that prior to the Act, if a breach of your PHI was discovered, the covered entity was only required to mitigate any harmful effects of the breach, but was not required to notify you. Under the HITECH Act, there are now explicit federal notification requirements regarding the breach of unsecured PHI.

### **CONTACT INFORMATION REGARDING THIS NOTICE OR TO FILE A COMPLAINT ABOUT FAMILY HEALTHCARE PHARMACY SOUTH'S PRIVACY PRACTICES:**

If you have any questions about this notice, HIPAA, HITECH, or any complaints about Family HealthCare Pharmacy's privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact the Pharmacy Director at 701-271-1495.

NDSU

*North Dakota State University does not discriminate on the basis of age, color, disability, gender identity, marital status, national origin, public assistance status, sex, sexual orientation, status as a U.S. veteran, race or religion. Direct inquiries to the Vice President for Equity, Diversity and Title IX/ADA Coordinator, Old Main 201, NDSU Main Campus, (701)231-7708, [ndsu.eoaa.ndsu.edu](mailto:ndsu.eoaa.ndsu.edu).*

*This publication will be provided in alternative format upon request.  
701-271-1495*

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