



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.
PROVIDED IN COMPLIANCE WITH 45C.F.R § 164.520

Partners Pharmacy and its affiliated entities (collectively "Partners") use health information about you for treatment, to obtain payment for treatment, to evaluate the quality of care you receive, and for other administrative and operational purposes. Your health information is contained in a medical record that is physical property and responsibility of Partners Pharmacy.

Your Health Information Rights:

You have the following rights with respect to health information about you.

Right to Copy of Notice of Privacy Practices. You have the right to a paper copy of our Notice of Privacy Practices at any time. To obtain a copy of our current Notice of Privacy Practices, please contact your local Partners Pharmacy location or Partners Pharmacy's Chief Privacy Officer at the address or phone number listed below.

Right to Inspect and Copy. You have the right to inspect and/or obtain a copy of the health information about you that we maintain in certain groups of records that are used to make decisions about your care. Your request must be in writing. If you request a copy of your health information, we will charge you a fee to cover the costs of copying and mailing the information. In certain very limited circumstances, we may deny your request to inspect and copy your health information. If you are denied access to your health information we will explain our reasons in writing. You have the right to request that another person at Partners Pharmacy review the decision. We will comply with the outcome of the review. For information about this right, see 45C.F.R § 164.524.

Right to Amend. If you feel that health information about you that we maintain in certain groups of records is inaccurate or incomplete, you have the right to request that we amend the information. You have the right to request an amendment as long as we maintain the information. Depending on the nature of your request we may ask that you submit it in writing and include a reason supporting the request. In certain circumstances, we may deny your request to amend your health information. If your request for amendment is denied we will explain our reasons in writing. You have the right to submit a statement explaining why you disagree with our decision to deny your amendment request. We will share your statement when you disclose health information about you that we maintain in certain groups of records. For more information about this right see, 45C.F.R § 164.526.

Right to an Accounting of Disclosures. You have the right to request an accounting or detailed listing of certain disclosures of your health information. The time period covered by the accounting is limited. Your request must be in writing. If you request an accounting more often than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting. For more information about this right, see 45C.F.R § 164.528.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information about you that we use or disclose. Your request must be in writing. Please be aware that we are not required to agree to your request for restrictions. If we agree to your request for a restriction, we will comply with it unless the information is needed for emergency treatment. For information about this right, see 45C.F.R § 164.522.

Right to Revoke Authorization. You have the right to revoke your authorization to use or disclose health information, except to the extent that action has been taken in reliance upon your authorization. Your request must be in writing.

Right to Request Alternative Method of Contact. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Your request must be in writing. We will agree to the request to the extent that it is reasonable for us to do so. For example, you may request that we use an alternative address for billing purposes. For more information about this right, see 45C.F.R § 164.522(b).

Complaints

If you believe your privacy rights have been violated, you may complain to Partners Pharmacy and to the Department of Health and Human Services. You may make a complaint to us by contacting Partners Pharmacy's Chief Privacy Officer at the address or phone listed below. You will not be retaliated against for the filing a complaint.

Partners Pharmacy's Obligations

Partners Pharmacy is required to:

- > maintain the privacy of protected health information;
- > provide you with the Notice of our legal duties and privacy practices with respect to your health information;
- > abide by the terms of the Notice of Privacy Practices currently in effect;
- > notify you if we are unable to agree to a requested restriction on how your health information is used or disclosed;
- > accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations;
- > obtain your written authorization to use or disclose your health information for reasons other than those identified in this Notice and permitted by law; and
- > comply with your state's laws if they provide you with greater rights over your health information or provide for more restrictions on the use or disclosure of your health information.

Partners Pharmacy reserves the right to change the terms of this Notice, our privacy practices, and to make the new provisions effective for all protected health information we maintain. You may contact your local Partners Pharmacy location or Partners Pharmacy's Chief Privacy Officer at the address or phone listed below to obtain a revised Notice of Privacy Practices.

Uses or Disclosures of Your Health Information

Treatment. We may use and disclose health information about you to provide you with the pharmaceutical care or the other medical treatment or services. To this end, we may communicate with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, information related to your treatment may be obtained by a health care provider, such as a pharmacist, nurse, respiratory therapist, or other person providing health services to you, and will be recorded in your medical record. This information is necessary for health care providers to determine what treatment you should receive. Health care providers also may record actions taken by them in the course of your treatment and note how you responded to the actions.