

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.

This Notice applies to Richmond Apothecaries Inc., which includes the following locations:

Bremo Pharmacy
2024 Staples Mill Rd
(804) 288-8361

Bremo LTC Pharmacy
2002 Staples Mill Rd
(804) 285-7823

Bremo Pharmacy @ Henrico Doctors
1602 Skipwith RD Suite 201
(804)-285-7730

If you have questions about any of your rights as described in this Notice, please contact our Privacy Officer:

Catherine H Cary, PharmD
Bremo Pharmacy
2002 Staples Mill RD
(804) 285-8055 extension 127
Catherine.Cary@BremoRx.com

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- If you feel we have violated your rights by, please contact our privacy officer immediately. Our privacy officer, Catherine Cary may be reached at 804-285-8055 ext 127.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, caregivers, or others involved in your care
- Share information in a disaster relief situation

If you are not available to tell us your preference, or are unable to communicate, we may share your information with your caregivers or family members involved in your care. For example, we may use our professional judgment to determine if your spouse is involved in your care, and share and counsel your spouse about proper use of your prescription, when you are not available. If you choose, you may restrict access to your information from your spouse or others. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Virginia law defines persons under the age of eighteen as “minors.” Our pharmacy staff members will share a minor’s information the parent or guardian. By law minors have the right to choose to be treated for venereal disease or any infectious/contagious disease, birth control, family planning, pregnancy care, and outpatient mental health services, without consent from a parent or guardian. We will honor a minor’s request to restrict access to their PHI from their parent or guardian, but the minor must request such a restriction in writing.

We will never sell your information for marketing purposes, unless you give us written permission.

Our Uses and Disclosures

We typically use or share your health information in the following ways:

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: Our pharmacist may contact the doctor treating you to discuss your health as it relates to your medication therapy.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get paid by health plans or other entities.

Example: We share information with your health insurance plan so they will pay for your prescriptions.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Business Associates

In some cases we may need to allow a business associate to have access to your PHI, in order to carry out a job we have asked them to do.

Example: Our computer software vendor may have access to your information while assisting us with software maintenance. These business associates are required by both contract and by law to protect your information and access only the information necessary to perform their job for us.

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice. We must provide you a copy of this notice of privacy practices.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available in our pharmacy, and on our website www.bremorx.com. A paper copy will be provided on request.

Effective Date: 08/17/2015