

RBFD Drug Inc.
THE CHARLES PHARMACY & SURGICAL
HIPPA 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.

*Protected Health Information (PHI)

PLEASE REVIEW IT CAREFULLY

Notice Effective Date: May 1, 2017

Privacy

The Charles Pharmacy & Surgical is required by state and federal law to maintain the privacy of your protected health information (PHI). PHI includes any identifiable information about your physical or mental health, the health care you receive, and the payment for your health care.

RBFD Drug Inc. is required by law to provide you with this notice to tell you how it may use and disclose your PHI and to inform you of your privacy rights. RBFD must follow the privacy practices as set forth in its most current Notice of Privacy Practices.

This notice refers only to the use/disclosure of PHI. It does not change existing law, regulations and policies regarding informed consent for treatment.

Changes to this Notice

RBFD may change its privacy practices and the terms of this notice at any time. Changes will apply to PHI that already has as well as PHI that RBFD receives in the future. The most current privacy notice will be posted in RBFD facilities and programs, and on the RBFD website (www.thecharlespharmacyandsurgical.com), and will be available on request. Every privacy notice will be dated.

How Does RBFD Use and Disclose PHI?

RBFD may use/disclose your PHI for treatment, payment and health care operations without your authorization. Otherwise, your written authorization is needed unless an exception listed in this notice applies.

Uses/Disclosures Relating to Treatment, Payment and Health Care Operations

The following examples describe some, but not all, of the uses/disclosures that are made for treatment, payment and health care operations.

For treatment - Consistent with its regulations and policies, RBFD may use/disclose PHI to doctors, nurses, service providers and other personnel (e.g., interpreters), who are involved in delivering your health care and related services. Your PHI will be used to help make a determination on your application for RBFD services, to assist in developing your treatment and/or service plan and to conduct periodic reviews and assessments. PHI may be shared with other health care professionals and providers to obtain prescriptions, lab work, consultations and other items needed for your care. PHI will be shared with RBFD service providers for the purposes of referring you for RBFD services and then for coordinating and providing the RBFD services you receive.

To obtain payment - Consistent with the restrictions set forth in its regulations and policies, RBFD may use/disclose your PHI to bill and collect payment for your health care services. RBFD may release portions of your PHI to the Medicaid or Medicare program or a third party payor to determine if they will make payment, to get prior approval and to support any claim or bill.

For health care operations - RBFD may use/disclose PHI to support activities such as program planning, management and administrative activities, quality assurance, receiving and responding to complaints, compliance programs (e.g., Medicare), audits, training and credentialing of health care professionals, and certification and accreditation (e.g., The Joint Commission).

Refill Reminders

RBFD may use PHI to remind you of a refill or to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

Uses/Disclosures Requiring Authorization

RBFD is required to have a written authorization from you or your personal representative with the legal authority to make health care decisions on your behalf for uses/disclosures beyond treatment, payment and health care operations unless an exception listed below applies. You may cancel an authorization at any time, if you do so in writing. A cancellation will stop future uses/disclosures except to the extent RBFD has already acted based upon your authorization.

Exceptions

- For guardianship or commitment proceedings when RBFD is a party
- For judicial proceedings if certain criteria are met
- For protection of victims of abuse or neglect
- For research purposes, following strict internal review
- If you agree, verbally or otherwise, RBFD may disclose a limited amount of PHI for the following purposes:
 - **Clergy** – Your religious affiliation may be shared with clergy
 - **To Family and Friends** – RBFD may share information directly related to their involvement in your care, or payment for your care
- To correctional institutions, if you are an inmate
- For federal and state oversight activities such as fraud investigations, usual incident reporting, and protection and advocacy activities
- If required by law, or for law enforcement or national security
- To avoid a serious and imminent threat to public health or safety
- For public health activities such as tracking diseases and reporting vital statistics
- Upon death, to funeral directors and certain organ procurement organizations

Your Rights

You, or a personal representative with legal authority to make health care decisions on your behalf, have the right to:

- Request that RBFD use a specific address or telephone number to contact you. RBFD is not required to comply with your request.
- Obtain, upon request, a paper copy of this notice or any revision of this notice, even if you agreed to receive it electronically.
- *Inspect and copy PHI that may be used to make decisions about your care. Access to your records may be restricted in limited circumstances. If you are denied access, in certain circumstances, you may request that the denial be reviewed. Fees may be charged for copying and mailing.
- *Request additions or corrections to your PHI. RBFD is not required to comply with a request. If it does not comply with your request, you have certain rights.
- *Receive a list of individuals who received your PHI from RBFD (excluding disclosures that you authorized or approved, disclosures made for treatment, payment and healthcare operations and some required disclosures).
- *Ask that RBFD restrict how it uses or discloses your PHI. RBFD is not required to agree to a restriction.

*** These requests must be made in writing**

Record Retention

Your individual records relating to RBFD provided care and services will be retained at a minimum for 7 years from the date of service from the applicable community services. After that time, your records may be destroyed.

To Contact RBFD or to File a Complaint

If you want to obtain further information about RBFD's privacy practices, or if you want to exercise your rights, or you feel your privacy rights have been violated, or you want to file a complaint, you may contact: RBFD Privacy Officer, RBFD Drug Inc.

4279 Webster Ave. Bronx, NY 10470,

Phone: 718-652-2090, Fax: 718-231-9580 A complaint must be made in writing.

No one may retaliate against you for filing a complaint or for exercising your rights as described in this notice.

You also may file a complaint with the **U.S. Department of Health and Human Services: 1-800-368-1019**

THE CHARLES PHARMACY & SURGICAL
4279 WEBSTER AVE. BRONX, NY 10470
(718) 652-2090

PATIENT RIGHTS AND RESPONSIBILITIES

To ensure that all patients of **The Charles Pharmacy & Surgical** are advised of their rights relative to the provision of health care services:

- Right to be informed of rights;
- To receive a written notice of rights in advance of furnishing care;
- Patient or family/guardian has right to exercise of rights, the family or guardian may exercise the rights when the patient has been adjudicated incompetent;
- Right to exercise his or her rights;
- Right of property and person to be treated with respect;
- Right to voice grievances regarding treatment or care that is furnished or fails to be furnished, or lack of respect for property by anyone who is furnishing services on behalf of the company without reprisal or discrimination;
- Right to have grievances documented and investigated by the company;
- Right to be informed and to participate in the plan of care and to receive a copy of the same;
- To receive advanced notice of changes in the care to be provided;
- Right to be informed in advance of the disciplines that will furnish care;
- Right of confidentiality of all clinical records maintained by company;
- Right to be informed of the companies policies and procedures regarding disclosure of clinical records;
- To be informed of payment responsibility and extent to which Medicare, Medicaid or any other federally funded or aided program may be expected to reimburse and the extent to which payment may be required from the patient;
- To be informed orally and in writing of services and charges prior to initiating services;
- To be informed orally and in writing of any changes in charges or billing, notice must be made no later than thirty (30) calendar days from the date of the change;
- Right to be informed in writing of the NYS toll free hotline 866-881-2809 the hours of operation 8:30am-4:45pm to report any concerns relative to company services; and
- Right to be informed of the ACHC telephone number, hours of operation and purpose. Call 855-937-2242 between 8:00am-5:00pm Monday thru Friday to report complaints or request information regarding this company or the accreditation process.