**PLEASANT CARE PHARMACY**
**1652 B Street,**
**Hayward, CA 94541**
**Phone:** 510-200-9984 | **Fax:** 888-453-7344
**Email:** info@pleasantcarepharmacy.com
**Website:** www.pleasantcarepharmacy.com

# NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL AND PRESCRIPTION INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN ACCESS THIS INFORMATION, AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION. PLEASE READ IT CAREFULLY.**

**Effective Date:** July 19, 2013

## Our Commitment to Your Privacy

At Pleasant Care Pharmacy, we understand that your health and prescription information is personal and confidential. We are committed to protecting your Protected Health Information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA), the California Confidentiality of Medical Information Act (CMIA), and other applicable federal and California laws.

We are required by law to:

- Maintain the privacy and security of your Protected Health Information (PHI).
- Provide you with this Notice explaining our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information.

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## How We May Use and Share Your Health Information

We may use or disclose your Protected Health Information without your written authorization for the following purposes:

- **Treatment:** To fill prescriptions, provide medication counseling, administer immunizations, coordinate your care, and communicate with your physicians or other healthcare providers regarding your treatment.
- **Payment:** To bill and receive payment from Medicare, Medi-Cal, commercial insurance plans, pharmacy benefit managers (PBMs), workers' compensation programs, or other responsible payers.

- **Healthcare Operations:** To operate our pharmacy efficiently and provide quality care, including quality improvement activities, employee training, licensing, accreditation, audits, compliance reviews, and business management.
- **Business Associates:** We may share your information with trusted service providers who perform functions on our behalf, such as billing, technology support, prescription processing, and data storage. These companies are required by law and contract to protect your information.
- **Refill Reminders and Pharmacy Services:** We may contact you by telephone, voicemail, text message, email, or mail regarding prescription refills, medication synchronization, vaccinations, health screenings, medication therapy management, or other pharmacy-related services. If you prefer a different method of communication, please let us know.
- **Public Health and Safety:** We may disclose your information when required to report adverse drug reactions, product recalls, communicable diseases, abuse or neglect, or other public health activities required by law.
- **As Required by Law:** We may disclose your information when required by federal, state, or local law, including court orders, subpoenas, law enforcement requests, or government investigations.
- **Government Functions:** We may disclose your information to authorized government agencies for national security, military, veterans' affairs, or correctional institution purposes when permitted by law.

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**Uses and Disclosures That Require Your Written Authorization**
Except as otherwise permitted by law, we will obtain your written authorization before using or disclosing your information for:

- Marketing communications when authorization is required by law.
- Any disclosure that constitutes the sale of Protected Health Information.
- Certain uses involving specially protected health information under federal or California law.

You may revoke your authorization at any time by submitting a written request. Revocation will not affect actions already taken before we received your request.
**Your Rights Regarding Your Health Information**

You have the following rights regarding your Protected Health Information:

- **Right to Inspect and Obtain Copies:** You may request to inspect or obtain a copy of your pharmacy records and billing information, as permitted by law.
- **Right to Request Corrections:** If you believe your records are inaccurate or incomplete, you may request an amendment. If your request is denied, you may submit a written statement of disagreement that will become part of your record.

- **Right to Request Confidential Communications:** You may request that we communicate with you through a specific telephone number, mailing address, email address, or other reasonable method.
- **Right to Request Restrictions:** You may request restrictions on certain uses or disclosures of your information. Although we are not required to agree to every request, we will comply when required by law, including when you pay for a prescription completely out-of-pocket and request that we not disclose that information to your health plan.
- **Right to Receive an Accounting of Disclosures:** You may request a list of certain disclosures we have made of your health information during the previous six years, as permitted by law.
- **Right to Receive a Paper Copy:** You may request a paper copy of this Notice at any time, even if you previously agreed to receive it electronically.
- **Right to Be Notified of a Breach:** If your unsecured Protected Health Information is compromised in a reportable data breach, you will be notified as required by federal and California law.

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**Our Responsibilities**

Pleasant Care Pharmacy is required to:

- Protect the privacy and security of your health information.
- Follow the privacy practices described in this Notice.
- Notify you of any reportable breach involving your unsecured Protected Health Information.
- Comply with all applicable federal and California privacy laws.

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**How to File a Complaint**

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.
To file a complaint or ask questions regarding your privacy rights, please contact:
**Pharmacist in Charge**
Pleasant Care Pharmacy
1652 B Street
Hayward, CA 94541
**Phone:** 510-200-9984

**Availability of This Notice**
A copy of this Notice is available at our pharmacy. You may request a paper copy at any time, free of charge.

Thank you for choosing Pleasant Care Pharmacy. We are committed to protecting your privacy while providing safe, professional, and compassionate pharmacy care.