

Notice of Privacy Practices

Kay Pharmacy understands that medical information about you and your health is personal and we are committed to protecting your medical information. Individually identifiable information about your past, present or future health or condition, the provision of health care to you, or payment for such health care is considered "Protected Health Information" ("PHI")

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.**

Your Information. Your Rights. Our Responsibilities.

- ❖ You can ask for a paper copy of this notice at any time. (In this size or in a larger print)
- ❖ 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.
- ❖ 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.
- ❖ 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.
- ❖ 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.
- ❖ You also have the right to receive a list of instances where we have disclosed your PHI without your written authorization for reasons other than treatment, payment or healthcare operations.
- ❖ 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.
- ❖ You can ask us to limit, 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 feel your rights are violated, you can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.¹
- ❖ We may change the terms of this Notice at any time. Revised Notices will be posted in the pharmacy, on our website (www.kaypharmacy.com) and upon request.
- ❖ We will not retaliate against you for filing a complaint

For certain health information, you can tell us your choices about what we share. In the following cases, you both the right and choice to tell us to:

- ❖ Share information with your family, close friends, or others involved in your care²
- ❖ Share information in a disaster relief situation.

In the follow cases, we never share your information unless you give us written permission

- ❖ Marketing purposes or sale of your information

Uses and disclosures: How do we typically use or share your PHI? We typically use or share your PHI in the following ways:

- ❖ Treat you: We can use your health information and share it with other professionals who are treating you.
- ❖ Run our organization: We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- ❖ Bill for your services: We can use and share your health information to bill and get payment from health plans or other entities.

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

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice. If you wish to inspect your records, receive listing of disclosures, or correct or add to the information in your record, or if you have any questions, complaints or concerns, please contact:

Steven Ayers
Privacy Officer
(616)361-7319

Kay Pharmacy & Home Medical Equipment
2178 Plainfield NE Grand Rapids MI, 49505

¹ U.S. Department of Health and Human Services Office for Civil Rights can be reached 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/.

² *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.