

## NOTICE OF PRIVACY PRACTICES FOR LLOYD CENTER COMPOUNDING PHARMACY

**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.**

Safeguarding the privacy of your protected health information (“health information”) is of the utmost priority to Lloyd Center Compounding Pharmacy (the “Pharmacy”). Your health information includes your name, contact information, and other information regarding your general health, medical history, and/or medications that is obtained by the pharmacy in the course of providing products and services to you.

The Pharmacy is required by law to protect your health information and to provide you with this Notice of Privacy Practices (“Notice”), which describes our practices and legal duties with respect to your health information, as well as how you can obtain access to your health information. The Pharmacy is required to follow the Notice as well as any subsequent changes made to the terms of the Notice. The Pharmacy reserves the right to change the terms of this Notice and make the updated Notice effective as to all health information maintained by the Pharmacy. In the event the Notice is revised, the updated Notice will be posted on our website and will be made available at the Pharmacy. Upon request, we will provide the updated Notice to you.

### How the Pharmacy May Use and Disclose Your Health Information Without Prior Authorization:

- **Treatment:** Your health information will be used to provide and coordinate the services and products you receive from the Pharmacy. For example, your health information will be used to dispense prescriptions to you. Your health information will be documented in your medical records. Your health information may be disclosed to doctors, pharmacists, and other health care personnel who are involved in your treatment. Your health information may be used to coordinate refills of your medication, and/or doctor visits necessary to obtain a refill of your medication.
- **Payment:** We may use your health information while contacting your insurer or other health care payor to determine whether it will pay for the medications you need, and to determine your co-payment. Your health information will also be used to bill you or your health care payor.
- **Health Care Operations:** Your health information may be used in efforts to analyze and improve the quality of the pharmacy’s health care operations and services. Your health information may be used in de-identified data sets, which are stripped of your identifying information.
- **Business Associates:** Third parties, known as Business Associates, provide services for the Pharmacy. The Pharmacy’s Business Associates are required by law and contract to protect your health information.
- **Communication Regarding Care or Payment:** The Pharmacy may disclose your health information to your personal representative, family member, or friend who is involved in your care. The pharmacy may provide prescriptions and/or your health information to those involved in your care to the extent we can reasonably conclude that you approve.
- **Parents or Legal Guardians:** The pharmacy may release a minor’s health information to the minor’s parents or legal guardians to the extent required by law.
- **FDA:** The Pharmacy may disclose your health information to the FDA as necessary to comply with the law. For example, the Pharmacy would provide your health information in conjunction with FDA investigations regarding drugs and/or supplements.
- **Worker’s Compensation:** The Pharmacy may disclose your health information as necessary to comply with worker’s compensation laws.
- **Public Health:** The Pharmacy may disclose your health information to public health or other authorities charged with preventing or controlling disease, injury or disability. For example, the Pharmacy may make disclosures for purposes of notification of drug or supplement recalls.
- **Law Enforcement:** The Pharmacy may disclose your health information as required by legal process or as permitted to assist law enforcement.
- **As Required by Law:** The Pharmacy will disclose your health information when required by federal, state, or local law.
- **Health Oversight Activities:** The Pharmacy may disclose your health information to oversight agencies for activities authorized by law. Such activities include audits, investigations, and inspections as necessary for licensure and government oversight of the health care system, government programs and compliance with applicable law.
- **Judicial and Administrative Proceedings:** The Pharmacy may disclose your health information in response to a court or administrative order, subpoena, discovery request, or other legal process.
- **Research:** The Pharmacy may use and disclose your health information for a research project. However, prior to use or disclosure, the research project shall be approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to protect the privacy of your health information.
- **Coroners and Medical Examiners:** The Pharmacy may disclose health information to a coroner or medical examiner in order to assist in identification of a deceased person or determination of the cause of death. Health information may be disclosed to funeral directors so that they may carry out their duties.
- **Organ/Tissue Procurement:** As permitted by law, the Pharmacy may disclose your health information to organizations that procure, bank, or transplant organs and tissue.
- **Administrator of Estate:** The Pharmacy may disclose your health information to an administrator, executor, or other authorized individual upon your death.
- **Notification:** Your health information may be used to notify a family member, friend, or personal representative regarding your condition and location.
- **Disaster Relief:** Your health information may be disclosed for disaster relief efforts.
- **Correctional Institution:** If you are or become an inmate of a correctional institution, your health information may be disclosed to the institution or its agents for your health and the health and safety of others.
- **Avert Serious Threat to Health or Safety:** Your health information may be used and disclosed in attempts to prevent a serious threat to your health and safety, or the health and safety of another or the public.
- **Military/Veterans:** If you are a member of the armed forces, the Pharmacy may release your health information as required by military command authorities.
- **National Security, Intelligence Activities, and Protective Services for the President and Others:** Your health information may be disclosed as required by law to federal officials for intelligence, counterintelligence, protection of the President and other heads of state, and other national security activities.
- **Victims of Abuse or Neglect:** To the extent required by law, the Pharmacy may disclose your health information to a government authority if you are reasonably believed to be a victim or perpetrator of abuse or neglect.

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### Uses of Your Health Information That Require Authorization:

- **Specific Uses and Disclosures Requiring Authorization:** Your written authorization is required before the Pharmacy will use or disclose your psychotherapy notes (to the extent they are in the Pharmacy's possession), or use or disclose your health information for marketing purposes, or sell your health information, except in those limited circumstances where the law permits use or disclosure of your health information without your authorization.
- **Other Uses and Disclosures:** The Pharmacy will obtain your written authorization for any other use or disclosure of your health information not described in this Notice or otherwise permitted under applicable law. Your authorization may be revoked at any time by submitting your revocation to: Privacy Officer, Lloyd Center Compounding Pharmacy, 438 E Burnside Street, Portland, Oregon, 97214. The revocation shall become effective upon the Pharmacy's receipt of your written notice.

### Your Health Information Rights:

- **Obtain a Paper Copy of Notice Upon Request:** At any time, you may request a current copy of the Pharmacy's Notice. A paper copy of the Notice can be obtained at the Pharmacy or by contacting the Pharmacy.
- **Request Restriction:** You may request a restriction on the Pharmacy's use or disclosure of your health information by sending your request in writing or presenting your request in person at the Pharmacy. The Pharmacy is not required to approve your request unless the requested restriction is 1) to prevent disclosure to a health plan for purposes of health care operations or payment, 2) the health information relates solely to a health care item or service that has been paid in full, or 3) the disclosure is otherwise required by law. A separate restriction request must be provided to the Pharmacy prior to authorizing the Pharmacy to fill or refill each prescription. The Pharmacy will not agree to a restriction unless the Pharmacy has received payment in full for the service or item.
- **Inspect/Obtain Copy of Your Health Information:** You have the right to view and obtain a copy of your health information maintained by the Pharmacy. You may request an electronic copy of the Pharmacy's electronic records of your health information when possible. If you wish to view or obtain your health information, send a written request to Privacy Officer, Lloyd Center Compounding Pharmacy, 438 E Burnside Street, Portland, Oregon, 97214. You may request that your health information records be provided to another person. Under certain circumstances, the Pharmacy may deny your request to inspect and copy the health information records. If your request is denied, you will be notified in writing, and you will be notified that you may request a review of the denial.
- **Request Amendment of Your Health Information:** You may request an amendment to your health information if you feel that the pharmacy's information about you is incomplete or incorrect. Your request for amendment must be submitted in writing and must specify what corrections are to be made, and why the information needs to be amended. The Pharmacy will respond in writing to your request. If your request is denied, the Pharmacy will provide a written explanation of the decision.
- **Receive Accounting of Disclosures:** You may request an accounting of the disclosures made by the Pharmacy of your health information in the past six years, other than disclosures made for treatment, payment, health care operations, made directly to you, made to caregivers, and certain other disclosures. Submit your written request to Privacy Officer, Lloyd Center Compounding Pharmacy, 438 E Burnside Street, Portland, Oregon, 97214, specifying the time period for the accounting.
- **Request Communications Alternative:** You have the right to request that the Pharmacy communicate with you in a particular way or at a particular location. For instance, you may request the Pharmacy contact you in writing only at a certain location, or other means. To request confidential communication of your health information, submit a written request to Privacy Officer, Lloyd Center Compounding Pharmacy, 438 E Burnside Street, Portland, Oregon, 97214, specifying how or when you wish to be contacted. Reasonable requests will be accommodated. Please be aware that e-mail is not considered a secure method of communication, as it is subject to interception by unauthorized third parties.
- **Notification of Breach:** You have the right to be notified of a breach of privacy of your health information. In such circumstances, you will be notified as required by law.

**To Report a Problem:** If you believe that the Pharmacy has violated your privacy rights, you may file a complaint in writing with Privacy Officer, Lloyd Center Compounding Pharmacy, 438 E Burnside Street, Portland, Oregon, 97214, (503) 281-4161, or with the Secretary of Health and Human Services. The Pharmacy will not retaliate against you for filing a complaint.

**Idaho Supplemental Privacy Notice:** Your identifiable prescription information shall not be released, unless requested by the following: (a) the Board of Pharmacy, (b) the patient or patient's designee, (c) the practitioner who issued the prescription, (d) other licensed health care professionals responsible for care of the patient, (e) agents of the Department of Health and Welfare acting on issues related to the practice of pharmacy, (f) agents of any board whose practitioners have prescriptive authority, (g) an agency of the government charged with responsibility for providing medical care for the patient, (h) the FDA, for purposes relating to monitoring of adverse drug events in compliance with the requirements of federal law and the FDA's rules and regulations, or (i) the patient's authorized insurance benefit provider or health plan providing health care coverage or pharmacy benefits to the patient.

**Washington Supplemental Privacy Notice:** The Pharmacy shall not disclose your health information related to sexually transmitted diseases unless you have provided us with a written authorization permitting the release, or the Pharmacy is otherwise permitted or required by law to make the disclosure. For health information not related to sexually transmitted diseases, the Pharmacy is permitted by law to disclose your health information without your authorization to the extent the recipient needs to know the information, if the disclosure is (a) to a person or facility reasonably believed to be providing health care to you, (b) to any other person requiring health information for education, health care services or operations, when the Pharmacy reasonably believes the person will not use or disclose the health information for another purpose and will take appropriate steps to protect the health information, (c) to any person if the Pharmacy reasonably believes the disclosure will avoid or minimize imminent danger to the health or safety of you or any other individual, or (d) for payment, including information necessary for you to make a claim or a claim to be made on your behalf for aid, insurance, or medical assistance.

**Effective Date:** This Notice is effective as of January 1, 2015.