



**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.**

We understand that your medical information is personal. We are committed to protecting your medical information. Our pharmacy is required by law to maintain the privacy of your protected health information (“PHI”), to follow the terms of this Notice, and to give you this Notice of our legal duties and privacy practices concerning your health information. We must follow the terms of the current Notice.

**How our Pharmacy May Use or Disclose Your Health Information**

**For Treatment.** We may use your PHI to dispense prescriptions to you. We may disclose your PHI to treating physicians, pharmacists and other persons who are involved in your healthcare treatment.

**For Payment.** We may use and disclose your PHI so that we can bill and collect payment from you, your insurance company or a third party.

**For Health Care Operations.** We may use and disclose your PHI for pharmacy operations, which include activities necessary to run the Pharmacy and make sure that you receive quality customer service.

**For Prescription Refill Reminders and Health-Related Products and Services.** We may use or disclose your PHI for prescription refill reminders, to tell you about health-related products or services, or to recommend possible treatment alternatives that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** We may disclose your PHI to a family member or friend who is involved in your medical care or payment for your care, provided you agree to this disclosure, or we give you an opportunity to object to the disclosure. If you are unavailable or are unable to object, we will use our best judgment to decide whether this disclosure is in your best interests.

**As Required by Law.** We will disclose your PHI when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Public Health Risks.** We may disclose your PHI for public health activities, such as those aimed at preventing or controlling disease, preventing injury, reporting reactions to medications or problems with products, and reporting the abuse or neglect of children, elders, and dependent adults.

**For health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities, which are necessary for the government to monitor the health care system, include audits, investigations, inspections and licensure.

**Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice) or to obtain an order protecting the information requested.

**Specialized Government Functions.** We may disclose your PHI (1) if you are a member of the armed forces, as required by military command authorities; (2) if you are an inmate or in custody, to a correctional institution or law enforcement official; (3) in response to a request from law enforcement, under certain conditions; (4) for national security reasons authorized by law; and (5) to authorized federal officials to protect the President, other authorized persons, or foreign heads of state.

**Workers’ Compensation.** We may disclose your health information for workers’ compensation or similar programs.

**Organ and Tissue Donation.** We may also disclose your PHI to organ procurement or similar organizations for purposes of donation or transplant.

**Coroners and Funeral Directors.** Upon your death, we may release your PHI to a coroner or medical examiner, for example, to determine cause of death. We may also disclose your PHI to funeral directors consistent with applicable law to enable them to carry out their duties.



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**Personal Representatives.** We may disclose your PHI to a person legally authorized to act on your behalf, such as a parent, legal guardian, administrator or executor of your estate, or other individual authorized under applicable law.

### **Limitations on Uses and Disclosures of Your Health Information**

Except as described in this Notice, we will not use or disclose your PHI without your written authorization. If you do give us authorization to use or disclose your PHI, you may cancel your authorization in writing at any time. If you cancel your authorization, this will stop any further use or disclosure for the purposes covered by your authorization, except where we have already acted on your permission. We must also follow any state law that is stricter than federal HIPAA regulations. Information about these laws is available on HYPERLINK "<http://www.kingsrx.com>" [www.kingsrx.com](http://www.kingsrx.com), or on request at your local Pharmacy.

### **You Have the Following Rights with Respect to Your Health Information in Our Records**

You may request restrictions on the use or disclosure of your PHI for treatment, payment or health care operations, or when using or disclosing your PHI to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we agree, we will comply with your request except on certain emergency situations or as required by law. You may inspect and copy your Pharmacy records, with certain exceptions. Usually, this includes prescription and billing records. We may charge you for the costs of your request if the health information is accurate and complete, or is not part of the health information kept by or for our Pharmacy. If we deny your request, you have the right to submit a statement of disagreement regarding any item in your record you believe incomplete or incorrect. If you request, this will become part of your medical record. We will attach it to your records and include it when we make a disclosure of the item of statement you believe to be incomplete or incorrect.

You may request an accounting of disclosures of your PHI. This is a list of the disclosures made of your health information, other than for treatment, payment or health care operations, and other exceptions allowed by law. Your request must specify a time period, which may not be longer than six years and may not include dates before April 14, 2003.

You may request that we contact you in a certain way or at a certain location. For example, you may request we contact you only at work or at a different residence or post office box. Your written request must state how or where you wish to be contacted. We will grant all reasonable requests.

If you would like to exercise any of these rights, contact the Pharmacy location that provided your services to get the appropriate form, or submit a written request to our Pharmacy, HIPAA Privacy, 1619 Third Avenue, New York, NY 10128. A paper copy of this Notice may be obtained from our Pharmacy upon request, or online at HYPERLINK "<http://www.kingsrx.com>" [www.kingsrx.com](http://www.kingsrx.com).

### **Changes to this Notice of Privacy Practices**

We reserve the right to change this Notice. We reserve the right to make the revised or changed. Notice effective for PHI we already have about you and any information we receive in the future. We will post a copy of the current Notice in the Pharmacy. If we change our Notice, you may obtain a copy of the revised Notice by visiting our website at HYPERLINK "<http://www.kingsrx.com>" [www.kingsrx.com](http://www.kingsrx.com), or upon request.

### **For More Information or to Report a Problem**

If you have any questions about this Notice, contact 1619 Third Avenue., New York, NY 10128, or phone (212) 534-6000. If you believe your privacy rights have been violated, you may file a written complaint, and there will be no retaliation, with the Privacy Officer at the above address, or with the Secretary of the Department of Health and Human Services, Office of Civil Rights.