

# Notice of Privacy Practices for Meijer Pharmacy and Meijer Specialty 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.**

*This Notice is effective January 1, 2018.*

We are required by law to maintain the privacy and security of your protected health information and provide you with information about your rights and our responsibilities. We must follow the duties and privacy practices in this notice and give you a copy of it.

We will not use or share your information other than as described in this privacy notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

If the privacy or security of your health information has been compromised, we will let you know.

## **What is protected health information?**

For us to provide you with services, we need to know and maintain certain information about you. Information we have about you that can be used to identify who you are is protected health information. Your name, contact information, and information about your health, medical conditions and prescriptions are some examples. This information may relate to your past, present, or future physical or mental health or condition, providing you health care products and services, or your payment for our products or services.

## **We May Change this Notice.**

We can change the terms of this notice and the changes will apply to all information we have about you. We will provide you with a copy of the revised notice if you ask us. Copies are available at the pharmacy. We will also post the revised notice at the pharmacy and on our pharmacy Web site, [Meijer.com/pharmacy](http://Meijer.com/pharmacy).

## **YOUR RIGHTS**

You have certain rights to your health information. To help you, we designated a privacy specialist to answer your questions, respond to requests, and receive complaints. You may contact our privacy specialist by:

<i>Writing:</i>	Meijer Privacy Specialist 2929 Walker Avenue NW Grand Rapids, MI 49544
<i>Calling:</i>	1-800-543-3704, option 2
<i>E-mailing:</i>	<a href="mailto:privacyspecialist@meijer.com">privacyspecialist@meijer.com</a>
<i>Faxing:</i>	1-616-791-5332

To make it easier to communicate with us, we have request forms available at the pharmacy, but they are not required.

**You have the right to file a complaint if you feel your rights are violated.** If you believe your privacy rights were violated, you may file a complaint with our privacy specialist. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you if you file a complaint.

**You have the right to ask us to limit what information we use or share about you.** You may ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request. We are not likely to agree to a request that may affect your care. We require you to make these types of requests in writing.

If you pay out-of-pocket for the full cost of our services, you may ask us not to share that information for payment purposes or our operations with your health insurance. You must make this request separately at each of our pharmacies before we

submit the claim to your health insurance following our normal operations. We will agree to your request unless the law requires us to share that information with your health insurance.

**You have the right to ask us to communicate with you confidentially.** You may ask us to contact you in a specific way, such as calling you at home or your workplace or sending mail to a different address. You must make your request in writing and tell us how or where you would like to be contacted. We will agree to reasonable requests, but in an emergency we will contact you in a manner we believe is necessary and appropriate.

**You have the right to get an electronic or paper copy of your pharmacy record and other health information we have about you.** We keep your health information in a designated pharmacy record for a time period necessary to comply with laws. We make it easy for you to quickly get a free paper copy of a Medical Expense Statement at the pharmacy, which is a list of your recent prescriptions and how much you paid for them. You can print your own copy using your personal online account on [Meijer.com/pharmacy](http://Meijer.com/pharmacy). You will need your userid and password to access your records.

You may also access or receive a copy of your pharmacy record by submitting a written request. We may charge you a reasonable, cost-based fee. Tell us whether you want a paper or electronic copy, such as on a CD or thumb-drive, and where and who we should send the copy to. We have 30 days from the day we receive your request to respond. While unlikely, if we deny your request to access or copy your health information, you may ask to have the denial reviewed.

**You have the right to ask us to correct your pharmacy record.** If you believe your information is incomplete or incorrect, ask us to correct the information. You can ask the pharmacy to amend your information. If the pharmacy is unable to amend information you believe is incomplete or incorrect, you must ask our privacy specialist in writing to amend your information. Your request must include a reason that supports your request. We may deny your request. If we deny your request it will be in writing within 60 days. You may file a statement of disagreement with our decision and we may give you a rebuttal to your statement.

**You have the right to ask us for a list of those with whom we shared your information.** This list is called an accounting and it will not include disclosures about treatment, payment, and health care operations. Certain other disclosures are excluded from the accounting, such as any you asked us to make, those made directly to you or to friends or family members involved in your care, and disclosures for notification purposes.

You should tell us what time period you want your accounting for, but it may not be longer than six years. One accounting every 12 months is available free of charge. If you ask for another accounting and it has been less than 12 months since your free copy, we may charge you a reasonable, cost-based fee. We will not charge you the fee if we fail to first notify you of the cost and give you an opportunity to cancel or change your request.

**You have the right to choose someone to act for you.** If you give someone medical power of attorney or someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**You have the right to get a copy of this privacy notice at any time.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. Paper copies are available at any pharmacy or by contacting our privacy specialist and are also available at [Meijer.com/pharmacy](http://Meijer.com/pharmacy).

## **HOW WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION**

*We use and share your health information for treatment, payment, and our operations.*

**Treatment** means providing, coordinating, or managing your health care by a health care provider. The pharmacies at Meijer are a health care provider. We can use your health information and share it with other health care providers who are treating you. Examples of treatment include dispensing medications, contacting you to follow-up on the care we provide you, providing clinical services such as immunizations and health screening services, and communicating with you about disease state management programs, appointment reminders, refill reminders, adherence programs, treatment alternatives, generic medications, health care products and services we provide, general health or government health programs that may be of interest to you, and other information that relates to your prescribed medications or pharmacy care.

*Program Registrations.* Some medications you take may be part of a Risk Evaluation and Mitigation Strategy (REMS) program. REMS programs may require you to register with an outside company and/or submit diagnostic test results before we dispense the medication. When you enroll or submit test results we may have to share your health information, enrollment, or test results to those outside companies to continue dispensing the REMS medication to you.

**Payment** means actions taken by Meijer to bill for our services. We can use and share your health information to bill and get payment from health plans or other entities. Examples of payment include determining your health insurance plan eligibility and copayment or coinsurance amount, asking your insurance plan to pay us for your services, collections activities, and utilization review activities, such as precertification or obtaining prior authorization for our services.

**Health Care Operations** are the activities we do to run our business. Examples of health care operations where we may use or share your health information include training, quality assessment and improvement activities, reviewing performance or evaluating qualifications of health care providers, legal services and compliance programs, auditing functions, business planning and management activities, preparing prescriptions by a central fill pharmacy we own and operate, sharing information about treatment alternatives, and describing health-related products or services we provide. We may call your name out when your prescription is ready for pickup.

## **SITUATIONS YOU HAVE A CHOICE ABOUT WHAT WE SHARE**

*In some situations, you can tell us your choices about what we share. If you have a clear preference for how we share your health information in the situations described below, tell us what you want us to do. If you are not able to tell us your preference, we may 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.*

**Disaster Relief.** We may, using professional judgment as to what is in your best interest, use or share your health information for disaster relief purposes including providing information to organizations authorized by law or charter to assist in disaster relief efforts.

**Fundraising.** We may contact you for fundraising efforts, but you can tell us not to contact you again.

**Individuals involved in your health care or payment.** In your absence, our team of pharmacists and other professionals will use professional judgment to share your health information with a family member, close relative, close friend, or any person you identify to be involved in your health care or payment. This allows you to have another person drop off or pick up your prescriptions. Upon your death, we may release your information to the person who was either involved with your health care or has documented authority to act on your behalf or for your estate, unless there is a restriction in place.

## **OTHER WAYS WE USE OR SHARE YOUR HEALTH INFORMATION**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes, but we do not need your written authorization. Other ways we may use or share your health information are:

**Business associates.** We contract with vendors (called business associates) to help us perform our services. We may share your health information with our business associates so they can do the job we asked them to do for us.

**Public health and safety activities.** When allowed or required by law, we may share your health information with a public health authority, such as the Centers for Disease Control and Prevention, Food and Drug Administration (FDA), Occupational Safety and Health Administration, and State or local health departments, for the purpose of preventing or controlling disease, injury, or disability.

Public health activities may include reporting child abuse or neglect, reporting information to the FDA (such as quality, safety or effectiveness information about FDA regulated products, adverse events, product defects or product deviations, tracking FDA products, product recalls, repairs, replacements, lookbacks, or post marketing surveillance), and notification of communicable diseases for intervention or investigation. If we report to your employer information for an evaluation relating to medical surveillance of the workplace or to evaluate if you have a work related illness or injury, we will first notify you. Immunization reporting to your school, if required by state law for enrollment purposes, requires your consent.

**Victims of abuse, neglect, or domestic violence.** We may share your health information to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only share this type of information to the extent required by law.

**Health oversight activities.** We may share your health information to a health oversight agency for activities allowed by law, such as audits, inspections, investigations, legal proceedings, licensure or disciplinary actions, other

activities necessary for oversight of the health care system, eligibility for government benefit programs, compliance with government regulatory program standards, and compliance with civil rights laws.

**Judicial and administrative proceedings.** If you are involved in a lawsuit or a dispute, we may share your health information in response to a court or administrative order. We may also respond to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts were made to tell you about the request or obtain an order protecting the requested information.

**Law enforcement.** We may share your health information for law enforcement purposes when required by law or to respond to a valid subpoena or other legal process. If law enforcement asks us for help, we may assist in locating or identifying a suspect, fugitive, material witness, or missing person. If you commit a crime on our premises, we may share your health information with law enforcement.

**Coroners, medical examiners, and funeral directors.** We may release your health information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may share your health information to a funeral director consistent with applicable law to carry out their duties.

**Organ or tissue procurement organizations.** We may share your health information with organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Research.** We may share your health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure your privacy and has altered or waived the requirement of your written authorization.

**To avert a serious threat to health or safety.** We may use and share your health information when necessary to prevent a serious and imminent threat to your health and safety or the health and safety of the public or another person.

**Military and veterans.** If you are a member of the armed forces, we may share your health information as required by military command authorities. We may also release information about foreign military personnel to the appropriate military authority.

**National security and intelligence activities.** We may share your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective services for the President and others.** We may disclose information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.

**Correctional institutions.** If you are or become an inmate of a correctional institution, we may share your health information with the institution or its agents necessary for your health and the health and safety of others.

**De-identified information.** We may use or share your health information if it is altered in a way that it does not and cannot be used to identify you.

**Notifications.** We may use or share your health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, about your location and general condition.

**Required by law.** We will use or share your health information when we are required to by law.

**Workers' compensation.** We may share your health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

For more information, go to [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-543-3704.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-543-3704。