

NOTICE OF PRIVACY PRACTICES

Your information. Your rights. Our responsibilities.

This notice describes how medical information about you may be used and disclosed, as well as how you can get access to this information.

Please review it carefully.

YOUR RIGHTS

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

GET A COPY OF YOUR PAPER OR ELECTRONIC MEDICAL RECORD

You can ask to get an electronic or paper copy of or see 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.

ASK US TO CORRECT YOUR PAPER OR ELECTRONIC MEDICAL RECORD

You can ask us to correct health information about you that is incorrect or incomplete. Ask us how to do this.

We may say “no” to your request, but we will tell you the reason in writing within 60 days.

REQUEST CONFIDENTIAL COMMUNICATION

You can ask us to contact you in a specific way (for example, via home or office phone) or send mail to a different address.

We will say “yes” to all reasonable requests.

ASK US TO LIMIT THE INFORMATION WE SHARE

You can 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, and we might say “no” if it would affect your care.

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.

GET A LIST OF THOSE WITH WHOM WE’VE SHARED YOUR INFORMATION

You can ask for a list (accounting) of the times we’ve shared your health information for six years before the date you ask, who we shared it with, and why.

We will include all the disclosures except those about treatment, payment, and health care operations, as well as certain other disclosures (such as any you asked us to make). We’ll provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another within 12 months.

GET A COPY OF THIS PRIVACY NOTICE

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

CHOOSE SOMEONE TO ACT FOR YOU

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.

We will make sure the person has this authority and can act for you before we take any action.

FILE A COMPLAINT IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED

You can complain if you feel we have violated your rights by contacting us at 810.768.9178.

You can 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 877.696.6775; or visiting hhs.gov.

We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

IN THESE CASES, YOU HAVE BOTH THE RIGHT AND CHOICE TO TELL US TO:

Share information with your family, close friends, or others involved in your care.

Share information in a disaster-relief situation.

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.

IN THESE CASES WE NEVER SHARE YOUR INFORMATION UNLESS YOU GIVE US WRITTEN PERMISSION:

Marketing purposes.

Sale of your information.

Most sharing of psychotherapy notes.

IN THE CASE OF FUNDRAISING:

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

OUR USES & DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

TREATING YOU	We can use your health information and share it with other professionals who are treating you.	EXAMPLE: We share information about your health condition with a doctor who is treating you.
RUNNING OUR ORGANIZATION	We can use and share your health information to run our pharmacy, improve your care, and contact you when necessary.	EXAMPLE: We use health information about you to manage your treatment and services.
BILLING FOR YOUR SERVICES	We can use and share your health information to bill and get payment from health plans or other entities.	EXAMPLE: We give information about you to your health insurance plan so it will pay for your services.

How else can 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.

For more information, visit [hhs.gov](https://www.hhs.gov).

HELP WITH PUBLIC HEALTH AND SAFETY ISSUES	We can share health information about you for certain reasons, such as: <ul style="list-style-type: none"> • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone’s health or safety
DO RESEARCH	We can use or share your information for health research.
COMPLY WITH THE LAW	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy laws.
RESPOND TO ORGAN AND TISSUE DONATION REQUESTS	We can share health information about you with organ procurement organizations if you are an organ donor.
WORK WITH A MEDICAL EXAMINER OR FUNERAL DIRECTOR	We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

ADDRESS WORKERS' COMPENSATION, LAW ENFORCEMENT, AND OTHER GOVERNMENT REQUESTS

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

RESPOND TO LAWSUITS AND LEGAL ACTIONS

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

CENTRAL-FILL PRESCRIPTIONS

Some prescriptions may be filled by a central-fill pharmacy owned by Diplomat and either shipped directly to you or returned to your local pharmacy for pickup. The central-fill pharmacy is located at a different location than your local pharmacy. Your local pharmacy will provide Diplomat's central-fill pharmacy with the health information necessary to fill your prescription.

MORE STRINGENT LAWS

If your state has laws or regulations more stringent than those set forth in the Health Insurance Portability and Accountability Act of 1996, Diplomat will abide by the more stringent law when it comes to your health information. If you would like a copy of the more stringent privacy laws, if any, in your state, **please contact Diplomat at 810.768.9178.**

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that might have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless, in writing, you tell us we can. If you tell us we can, you may change your mind at any time. If you do change your mind, please let us know in writing.

For more information, visit [hhs.gov](https://www.hhs.gov).

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, at our pharmacy locations, and on our website.

This notice of privacy practices applies to Diplomat and its affiliated entities.

Compliance & Privacy

CALL [810.768.9178](tel:810.768.9178)

EMAIL compliance@diplomat.is