

Effective Date: September 19, 2013

Revised Date: February 22, 2019

OUR PROMISE

At Reliance Rx, we recognize our responsibility to actively protect your personal information. We value the relationship we have with our patients and are committed to protecting your information with administrative, technical, and physical safeguards to guard against unauthorized access as well as threats and hazards to its security and integrity. We take great care to safeguard your personal information using industry best practices. We train our employees on a regular basis about the importance of protecting your personal information. We protect the privacy of your information in accordance with federal and state privacy and security laws and regulations such as the Health Insurance Portability and Accountability Act (HIPAA), as amended from time-to-time.

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.

WHAT IS YOUR PERSONAL INFORMATION?

Personal information is any information about you received or created by Reliance Rx for the purpose of dispensing your prescriptions. This includes any information that can identify you as an individual, such as your name, address and Social Security Number, as well as your financial, health, and other information.

HOW RELIANCE RX USES AND DISCLOSES YOUR PERSONAL INFORMATION

Reliance Rx may use and disclose your personal information in the following ways:

- **For Treatment.** We may use your health information to dispense prescriptions to you. We may disclose your personal information to treating physicians, pharmacists and other persons who are involved in dispensing your prescription. We may use or disclose your health information 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.
- **For Payment.** We may use and disclose your personal information so that your pharmacy services may be billed to, and payment collected from you, your insurance company or a third party.
- **For Healthcare Operations.** We may use and disclose your personal information for pharmacy operations, which include activities necessary to run the pharmacy, and to make sure that you receive quality customer service.

USES AND DISCLOSURES REQUIRED BY LAW

We may use or disclose your personal information without your authorization when required by law:

- **For public health and disaster relief efforts.**
- **To regulatory bodies,** such as the United States Department of Health and Human Services (HHS), the New York State Department of Financial Services (DFS) and the New York State Department of Health (DOH).
- **To report public health activities.** For example, we may report to entities that track certain diseases such as cancer.
- **To a coroner or medical examiner** to help identify a deceased person, to determine a cause of death, or as authorized by law. We may also disclose your personal information to a funeral director as necessary to carry out their duties.
- **To public health agencies in order to avoid harm.** For example, we may report your personal information to a government authority if we believe there is a serious health or safety threat to you or others, or in cases of child abuse, neglect or domestic violence.
- **For health oversight activities,** such as audits, inspections, licensure and disciplinary actions.
- **To meet legal requirements.** For example, in response to a court ordered subpoena.
- **For law enforcement activities.** For example, we may disclose personal information to identify or locate a suspect, fugitive, material witness or missing person, to report a crime or to provide information about crime victims.
- **For specific government functions,** such as military and veteran activities, national security and intelligence activities, and providing protective services to the President.
- **For workers' compensation purposes.**

OTHER USES AND DISCLOSURES

We may also use or disclose your personal information without your authorization in the following miscellaneous circumstances:

- **For purposes of organ donation,** such as for procurement, banking or transplantation of organs, eyes, or tissue.
- **For research.** If we use or disclose your personal information for a research project that contributes to knowledge generally, we take steps to keep your information private and secure. In some instances we may have a research review board approve

the procedures we have put in place to secure your personal information. If we do not receive approval from a research review board, we will ask for your authorization before we use or disclose your personal information for research.

- **Delivery.** For delivery services, we may authorize a commercial carrier or our delivery personnel to leave a package without your signature unless you notify us in writing not to follow this practice.
- **If your personal information has been de-identified.** “De-identifying” information means removing all parts of your information that could identify you. HIPAA gives us rules to follow when “de-identifying” your personal information and permits us to disclose de-identified information without your authorization.

SPECIAL CONSIDERATIONS

Either State or Federal law contain important limitations on how we can disclose your personal health information pertaining to HIV/Aids, mental health, alcohol and substance abuse and sexually transmitted diseases. For those conditions, we follow rigorous standards that provide heightened privacy protections to you. These additional standards are designed to give you added security and confidence regarding our handling of such information while still allowing you to obtain needed medical treatment freely and without hesitation.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

If we disclose your information for a reason that does not fit in one of the general categories listed above, we must obtain your written permission. This written permission is called an “authorization.” Here are examples of instances when **we must ask for your permission** before disclosing your personal information:

- If you consult an attorney and your attorney needs your personal information in order to represent you.
- If anyone other than you or a doctor who is treating you asks us to disclose your personal information.
- If we use your personal information to market an outside company’s product or service and we receive financial payment from the outside company for making the communication. However, we may send you 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 without asking for your authorization first.

If you give us written permission and then change your mind about that permission, you may take back or revoke your written permission at any time, except if we have already acted based on your permission.

YOUR RIGHTS REGARDING YOUR PERSONAL INFORMATION

By law, you have several important rights with respect to your personal information. You may exercise any of the rights described below.

- **You have the right to ask us to restrict** how we use or disclose your personal information for treatment, payment, or health care operations. You may also ask that we limit the information we give to others who are involved in your health care or payment for your health care such as a family member or a friend. Your request may be received verbally or in writing. Please note that we will accommodate reasonable restriction requests. If we do agree, we will honor your request unless it is an emergency situation. Also, if you choose to restrict disclosures to your health plan regarding prescribed medication, the prescribing provider can provide you, upon request, with a paper prescription to allow you an opportunity to request a restriction and pay for the prescription directly out-of-pocket, paying in full, with the pharmacy BEFORE the pharmacy submits a bill to the health plan. All parties involved in this restriction must be informed of this decision by the patient before standard billing and payment practices are initiated by the prescribing provider and the pharmacy.
- **You have the right to ask us to communicate with you by a different method or in a different manner.** For example, if you believe that you would be harmed if we send your personal information to your current mailing address (situations involving domestic disputes), you may ask us to send your personal information by fax instead of mail or to a P.O. Box instead of your home address. We will agree to reasonable requests.
- **You have the right to request a copy** of your personal information in your designated record set, including an electronic copy in many cases. You also have the right to inspect your personal information in your designated record set. A “designated record set” is a group of records that is used by or for us to make decisions about you. We may ask you to request copies of your personal information in writing and to specify the information you are requesting. We also may charge a reasonable fee for copying and mailing your personal information. In certain situations, we may deny your request, or part of your request, but we will tell you why we are denying your request. You have the right to ask for a review of that denial.

- **You have the right to ask us to make changes** to your personal information we maintain about you in your “designated record set” if you believe it is wrong or if information is missing. This is called the right “to amend” your personal information. Your request may be verbal or in writing, but you must provide a reason for your request. We will respond to your request no later than 60 days after we receive it. If we are unable to act within the 60 days, we may extend that time by no more than an additional 30 days. If we make the change, we will notify you that it was made. In some cases, we may deny your request to change your personal information. For example, we may deny your request if we did not create the information you want changed. If we deny your request, we will notify you in writing about the reason for the denial. The denial will explain your right to file a written statement of disagreement. These statements will be filed with the record you asked us to change.
- **You have the right to ask for an accounting of disclosures** we have made for reasons other than treatment, payment and health care operations. You have the right to receive a maximum of six (6) years’ worth of disclosures in your accounting. Your request for an accounting must be in writing and specify the information requested. We will act on your request within 60 days, unless we need an additional 30 days.
- **You have the right to receive an electronic or paper copy of this notice.**
- **You have the right and will receive notice about any breaches** of your personal information in accordance with applicable state and federal laws.
- **You have the right to file a complaint** if you believe your privacy rights have been violated or if you disagree with a decision we made about your access to your personal information. We will not take any action against you for filing a complaint. You may contact us with your complaint by calling, or writing Reliance Rx’s Privacy Office at HIPAA Privacy, Reliance Rx, 15 Earhart Drive, Suite 101, Amherst NY, 14221 or 1-800-809-4763. You could also contact the United States Department of Health and Human Services (HHS).

OUR OBLIGATION

We are required by law to maintain the privacy of your personal health information, give you notice of our legal duties and privacy practices, notify you following a breach of your personal information, and to follow the terms of the notice currently in effect. We may change the terms of this notice at any time. The revised notice will apply to any personal information we maintain. Once revised, we will give you the new notice by United States mail and will post it on our website.

YOUR RESPONSIBILITY

If you would like to exercise any of these rights, contact the pharmacy to get the appropriate form, or submit a written request to Reliance Rx, 15 Earhart Drive, Suite 101, Amherst NY 14221. A paper copy of this Notice may be obtained at Reliance Rx. (Special arrangements will need to be made as Reliance Rx is not a Retail organization and therefore has no public access)

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this Notice, contact HIPAA Privacy, Reliance Rx, 15 Earhart Dr, Suite 101, Amherst NY, 14221 or call 1-800-809-4763. If you believe your privacy rights have been violated, you may file a written complaint, and there will be no retaliation, with the Compliance Officer at the above address, or with the Secretary of the Department of Health and Human Services, Office of Civil Rights.