



FOOD & PHARMACY SINCE 1933

## NOTICE OF PRIVACY PRACTICES

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.

I. Our Responsibilities. We are required by law to protect the privacy of your Protected Health Information ("health information"), provide you with this Notice of Privacy Practices ("Notice") of our legal duties and privacy practices with respect to your health information, and to notify you following a breach of your unsecured health information. We are required to abide by the terms of this Notice when we use or disclose health information.

II. Permitted Uses and Disclosures of Health Information Without Your Written Consent. We are permitted to use and disclose your health information *without* your consent for treatment, payment, and health care operations.

- a. **Treatment**. We may use and disclose your health information to aid in your treatment or in the coordination of your care. For example, we may disclose to your Physician(s) the medications you have been prescribed to help them provide medical care to you.
- b. **Payment**. We may use and disclose your health information to determine your coverage, to process claims for health care services you receive, or to coordinate other benefits you may have. For example, we may tell a physician whether certain medications are covered under your health plan and what copayments will be required..
- c. **Health Care Operations**. We may use and disclose your health information for our health care operations. For example, your health information may be disclosed to assess the quality of service, learn how to improve our facilities and services, or conduct training programs or credentialing activities. We may also transfer your health information to another covered entity in connection with the sale, transfer, merger, or consolidation of all or part of our health care operations.
- d. **Additional Authorization**. In addition to disclosures we may make for treatment, payment and health care operations, you may authorize us to use your health information or disclose it to anyone for any purpose. We will not condition the services we provide to you on you giving us an authorization unless the authorization is required to provide the services. If you authorize us to disclose your health information, you may revoke it any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we will not use or disclose your health information for any reason except those permitted by law and those described in this Notice.

We **may** use or disclose your health information for the following purposes under limited circumstances:

- e. **Required by Law**. We may use and disclose your health information when required to do so by any applicable federal, state or local law.
- f. **Judicial and Administrative Proceedings**. We may disclose your health information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
- g. **Victims of Abuse, Neglect or Domestic Violence**. We may disclose your health information if we reasonably believe you are a victim of abuse, neglect or domestic violence to a government authority authorized by law to receive reports of such abuse, neglect, or domestic violence.
- h. **Public Health Activities**. We may disclose your health information to assist public health officials avert a serious threat to the health or safety of you or any other person.
- i. **Workers' Compensation**. We may disclose your health information as authorized by, or to the extent necessary to comply with state workers' compensation laws that govern job-related injuries or illness.



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- j. **Persons Involved With Your Care.** We may disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we may exercise our best professional judgment to decide if the disclosure is in your best interests.
- k. **Marketing.** We will not use or disclose your health information for marketing communications without your prior written authorization unless permitted by law. We may provide refill reminders or communicate with you about a drug or biologic that is currently prescribed for you. If we receive any compensation for communicating with you about a drug or biologic, the compensation will relate solely to the cost we incur in communicating with you. In addition, we may market to you in a face-to-face encounter without your written authorization.
- l. **Sale of Your Health Information.** We will not sell your health information without your prior authorization. However, we, or our business associate acting on our behalf, may receive compensation (directly or indirectly) related to an exchange of your health information for the following purposes: (a) public health activities; (b) research purposes; (c) payment or compensation for your treatment; (d) health care operations related to the sale, merger or consolidation of all or part of our business; (e) performance of services by a business associate on our behalf; (f) providing you with a copy of your health information; and (g) other reasons determined necessary or authorized by applicable laws or regulations.

### III. Your Rights.

- a. **Additional Restrictions.** You have the right to ask us to restrict uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask us to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. While we will try to honor your request, we are not required to agree to any restriction unless the request is to restrict our disclosure to a health plan for purposes of carrying out payment or health care operations, the disclosure is not required by law, and the information pertains solely to a health care item or service for which you (or someone on your behalf other than the health plan) have paid out of pocket in full.
- b. **Alternative Communication.** You have the right to request to receive your health information by alternative means or at an alternative location. We will accommodate any reasonable written request.
- c. **Inspect and Copy Your Health Information.** You have the right to request access to your prescription file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please contact us at the number or address of our Privacy Office, listed below. Once you receive the appropriate form, submit the completed form to the pharmacy where you received services or to the Privacy Office. If you request copies, we may charge you a reasonable copy fee.
- d. **Amendments.** You have the right to request that we amend your health information. You may obtain an amendment request form by contacting the Privacy Office, and submit the completed form to the Privacy Office. We may deny your request under certain circumstances.
- e. **Accounting of Disclosures.** Upon request, you may obtain an accounting of certain disclosures of your health information made by us during any period of time prior to the date of your request, provided such period does not exceed six (6) years. If you request an accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for the accounting statement.
- f. **Paper Copy Notice.** You have the right to request a copy of this notice at any time. Although you may have agreed to receive it electronically, you are entitled to a paper copy of this notice. This notice is also available on our website.



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IV. Questions and Complaints. If you want more information about our privacy practices or disagree with a decision that we made about access to your health information, please contact the Privacy Office. If you are concerned we may have violated your privacy rights, you may file a complaint with our Privacy Office.

**Privacy Office, Pharmacy  
HAGGEN, INC.  
2211 Rimland Dr.  
Bellingham, WA 98226  
(360) 733-8720**

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Upon request, our Privacy Office will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We support your right to the privacy of your health information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

V. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all of your health information that we maintain, including any information created or received prior to issuing the new notice. The new notice will be available upon request, posted in our pharmacies, and on our website ([www.haggen.com](http://www.haggen.com)).

- *The Effective Date of this Notice of Privacy Practices is February 1, 2016.*