



**DUNN MEADOW PHARMACY, LLC 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.**

**It's Your Information.** This Notice describes your rights concerning your health record.

The law requires health organizations, such as Dunn Meadow Pharmacy, LLC, to:

- maintain the privacy of your health information
- provide you with this Notice of our legal duties
- describe our privacy practices
- notify you if we have an information breach

**We know your health information is very personal and we are committed to protecting your privacy.**

**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.

<p><b>Inspect and copy your health information</b></p>	<ul style="list-style-type: none"> <li>• You can ask to see or get an electronic or paper copy of your health information that is used to make a decision about you. Requests must be made in writing.</li> <li>• We will provide a copy or a summary of your health information upon request.</li> </ul>
<p><b>Ask us to correct your healthcare information</b></p>	<ul style="list-style-type: none"> <li>• You can ask us to correct health information about you that you think is incorrect or incomplete. Requests must be made in writing.</li> <li>• We may say “no” to your request for certain reason.</li> </ul>
<p><b>Request confidential communications</b></p>	<ul style="list-style-type: none"> <li>• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>• We will say “yes” to all reasonable requests. Request must be made in writing.</li> </ul>
<p><b>Ask us to limit what we use or share</b></p>	<ul style="list-style-type: none"> <li>• You can ask us not to use or share certain health information for treatment, payment, or our operations.</li> <li>• We are not required to agree to your request, and we may say “no” if it would affect your care.</li> <li>• 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.</li> <li>• We will say “yes” unless a law requires us to share that information.</li> </ul>
<p><b>Get a list of those with whom we've shared information</b></p>	<ul style="list-style-type: none"> <li>• You can ask for an accounting of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.</li> <li>• We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>
<p><b>Get a copy of this privacy notice</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<p><b>Choose someone to act for you</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<p><b>File a complaint if you feel your rights are violated</b></p>	<ul style="list-style-type: none"> <li>• You can complain if you feel we have violated your rights by contacting us using the contact information provided later in this notice.</li> <li>• 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 1-877-696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li> <li>• We will not retaliate against you for filing a complaint.</li> </ul>

## 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:	<ul style="list-style-type: none"> <li>• Share information with your family, close friends, or others involved in your care</li> <li>• Share information in a disaster relief situation</li> </ul>
In these cases, we never share your information unless you give us written permission:	<ul style="list-style-type: none"> <li>• Marketing purposes</li> <li>• Sale of your information</li> <li>• Most sharing of psychotherapy notes</li> </ul>

## OUR USES AND DISCLOSURES

How do we typically use or share your health information?

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

Treat you	<ul style="list-style-type: none"> <li>• We can use your health information and share it with other professionals who are treating you</li> </ul>	<i>Example: A doctor treating you for an injury asks another doctor about your overall health conditions.</i>
Run our organization	<ul style="list-style-type: none"> <li>• We can use and share your health information to run our practice, improve your care, and contact you when necessary.</li> </ul>	<i>Example: We use health information about you to manage your treatment and services.</i>
Bill for your services	<ul style="list-style-type: none"> <li>• We can use and share your health information to bill and get payment from health plans or other entities.</li> </ul>	<i>Example: We give information about you to your health insurance plan so it will pay for your services.</i>

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.

Help with public health and safety issues	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone's health or safety</li> </ul>
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 law.
Respond to organ and tissue donation requests	We can share health information about you with organ procurement organizations.
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.

<b>Address workers' compensation, law enforcement, and other government requests</b>	We can use or share health information about you: <ul style="list-style-type: none"> <li>• For workers' compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services</li> </ul>
<b>Respond to lawsuits and legal actions</b>	We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**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 may 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 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.

**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 most current version of this Notice will be available upon request, in our office, and on our website.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**CONTACT**

We have designated the Compliance Officer as our contact person for all issues regarding patient privacy and exercising your rights under the Federal privacy standards. You may contact this person at: Compliance Officer, Dunn Meadow, LLC, 1555 Center Ave., First Floor, Fort Lee, NJ 07024, [dan@dunmeadow.com](mailto:dan@dunmeadow.com) or call toll free at 844 - 262-8200.

Effective Date March 25, 2015

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**IF YOU HAVE NOT PREVIOUSLY DONE SO – PLEASE TEAR OFF THIS SECTION, COMPLETE AS INSTRUCTED AND RETURN TO:**

Dunn Meadow Pharmacy, LLC  
 Attn: Compliance Officer  
 1555 Center Ave.  
 First Floor  
 Fort Lee, NJ 07024

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE**

I hereby acknowledge my receipt of the attached Dunn Meadow Pharmacy, LLC Notice of Privacy Practices.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_