

## Notice of Privacy Practices: Your Information. Your Rights. Our Responsibilities.

---

This notice describes how medical information about you may be used and disclosed and how you can obtain 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.

#### Obtain an electronic or paper copy of your medical record

- You can ask to see or obtain an electronic or paper copy of 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. If you ask to see or receive a copy of your record for purposes of reviewing current medical care, we may not charge you a fee. If you request copies of your patient records of past medical care, or for certain appeals, we may charge you specified fees. You may submit your request in person at any Radius pharmacy or by mail to the attention of the Radius Living Privacy Office.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. To request a correction, you must send a written request to the attention of our Privacy Office.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days. If we deny your request for correction, you have the right to file a statement of disagreement with the decision and we may give a rebuttal to your statement.

#### Request communications by alternative means or at alternative locations

- 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. You may submit your request in person at any Radius Living Rx pharmacy or by mail to the attention of our Privacy Office. Your request must state how or where you would like to be contacted.
- We will say “yes” to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations by submitting a written request for the restriction.
- 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 by submitting a written request for the restriction.
- We are not required to agree to these restrictions. You may submit your request in person at any Radius pharmacy or by mail to the attention of the Radius Living Privacy Office.

## Obtain a list of those with whom we've shared information

- You can ask for a list (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.
  - We will not include disclosures about treatment, payment, and health care operations, and certain other disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to the attention of our Privacy Office. Your request must specify the time period and must be limited to a period within six years of the date of the request. 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. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

## Obtain 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.

## File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on the bottom of each page.
- 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 [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- 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, you have both the right and choice to tell us whether you want 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 identifiable information unless you give us written permission:

- Marketing purposes
- Sale of your information

## 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.

- Minnesota law requires consent before we disclose protected health information for treatment, payment and operations purposes, unless the disclosure is to a related entity when necessary for current treatment, or the disclosure is for a medical emergency and we are unable to obtain your consent due to your condition or the nature of the emergency, or in other limited circumstances.

### Treat you

We can use your health information and share it with other professionals who are treating you.

- Minnesota law only allows us to do this with your consent. We can only release your health records to health care facilities and providers outside our network without your consent if it is an emergency and you are unable to provide consent due to the nature of the emergency. We may also share your health information with a provider in our network for treatment purposes.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

### Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

- Minnesota law requires us to obtain your consent before we release your health records to other providers for their own health care operations.

*Example: We use health information about you to manage your treatment and services.*

### Bill for your services

We can use and share your health information to bill and obtain payment from health plans or other entities.

- Minnesota law only allows us to do this if we obtain your consent.

*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 see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- 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.

- Minnesota law only allows us to do this if you do not object.

## **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.

- Minnesota law only allows us to do this with your consent.

## **Work with a coroner or medical examiner**

In certain circumstances, we must share health information with a coroner or medical examiner subject to requirements in Minnesota law.

## **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 your consent, unless required by law.
  - Minnesota law only allows us to share information with a law enforcement official with your consent, unless required by law to share the information.
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services with your consent, unless required by law.
  - Minnesota law only allows us to share information with your consent, unless required by law to share the information.

## **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 meeting requirements of applicable law.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you if a breach of your unsecured protected health information occurs.
- We must follow the duties and privacy practices described in this notice and make a copy of this notice available to you.
- We will not use or share your protected health 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.

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).

## Changes to the Terms of this Notice

We reserve the right to change our practices and the terms of this notice, and the changes will apply to all protected health information we maintain. The new notice will be available upon request, in our office, and on our web site at [www.radiusliving.net](http://www.radiusliving.net).