

THIS PRIVACY NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

INTRODUCTION

This Notice is being provided to you on behalf of **Barnabas Health Retail Pharmacies** (which we may refer to below as “We”). We understand that your medical information is confidential. Further, we are required by law to maintain the privacy of “protected health information.” “Protected health information” or “PHI” includes any individually identifiable information that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care. As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of PHI. This notice also discusses the uses and disclosures we will make of your PHI. We must comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI we maintain. You can always request a written copy of our most current privacy notice from the Retail Pharmacy Privacy Officer (contact information below) or you can access it on our website at www.barnabashealth.org/privacy.

PERMITTED USES AND DISCLOSURES

We can use or disclose your PHI for purposes of *treatment, payment and health care operations*. For each of these categories, we have provided a description and an example below. However, not every particular use or disclosure in every category will be listed.

Treatment means the provision, coordination or management of your health care, including consultations between health care providers relating to your care and referrals for health care from one provider to another. For example, we may need to disclose to your physician information about medications you are taking in order to avoid adverse drug reactions.

Payment means the activities we undertake to obtain reimbursement for the health care provided to you, including billing, collections, claims management, determinations of eligibility and coverage and other utilization review activities. For example, we may need to provide PHI to your insurer to determine whether the proposed medication will be covered by insurance or if necessary to obtain payment.

Health care operations means the support functions of our organization, related to *treatment and payment*, such as quality assurance activities, responding to patient concerns, compliance programs, audits, business planning, development, management and administrative activities. For example, we may use your PHI to evaluate the performance of our staff when caring for you. In addition, we may remove information that identifies you so that others can use the de-identified information to study health care and health care *delivery without learning who you are*.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We may also use your PHI in the following ways:

To provide **appointment reminders** for treatment or medical care.

To tell you about or recommend possible **treatment alternatives** or other health-related benefits and services that may be of interest to you.

To your family or friends or any other individual identified by you to the extent directly related to such person’s involvement in your care or the payment for your care. We may use or disclose your PHI to notify, or assist in the notification of, a family

member, a personal representative, or another person responsible for your care, of your location, general condition or death. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon our professional judgment.

When permitted by law, we may coordinate our uses and disclosures of PHI with public or private entities authorized by law or by charter to assist in **disaster relief efforts**.

We will allow your family and friends to act on your behalf to **pick-up filled prescriptions**, medical supplies and similar forms of PHI, when we determine, in our professional judgment, that it is in your best interest to make such disclosures.

We may contact you as part of **our marketing** efforts as permitted by applicable law.

We may use or disclose your PHI for **research** purposes, subject to the requirements of applicable law. When required, we will obtain a written authorization from you prior to using your health information for research.

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