

## Legal Information

### I. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

We are legally required to protect the privacy of your health information. We call this information protected health information, or PHI for short, and it includes information that can be used to identify you that we've created or received about your past, present, or future health condition, the provision of health care for you, or the payment of this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI that is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice in our checkout area.

### II. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the different categories of our uses and give you some examples of each category.

#### A. Uses and Disclosures Relating to Medication Treatment, Payment, Or Pharmacy Operations.

We may use and disclose your PHI for the following reasons:

1. For medication treatment. We may disclose your PHI to physicians, nurses, medical students, and other health care personnel, who provide you with health care services or are involved in your care. For example, if you've been prescribed a medication for a knee injury, we may disclose your PHI to the physical rehabilitation department in order to coordinate your care.
2. To obtain payment for medication or services provided to you. We may use and disclose your PHI in order to bill and collect payment for the medication or services provided to you. For example, we may provide portions of your PHI to our accounting department in order for payment to be achieved for the medication or services we have provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our medication or services claims.
3. For pharmacy operations. We may disclose your PHI in order to operate this pharmacy. For example, we may use your PHI in order to evaluate the performance of the employee who provided the services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us.

#### B. Certain Uses and Disclosures Do Not Require Your Authorization. We may use and disclose your PHI without your authorization for the following reasons:

1. When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel when ordered in a judicial or administrative proceeding.
2. For pharmacy oversight activities. For example, we will provide information to assist the government when it conducts an investigation or inspection of a pharmacy or organization.
3. For research purpose. In certain circumstances, we may provide PHI in order to conduct medical research.
4. To avoid harm. In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
5. For specific government functions. We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.

6. For worker's compensation purposes. We may provide PHI in order to comply with worker's compensation laws.

7. Appointment reminders and health-related benefits or services. We may use PHI to provide appointment reminders or give you information about treatment alternatives or other health care services or benefits we offer.

C. Uses and Disclosures Require You to Have the Opportunity to Object.

1. Disclosures to family, friends, and others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care services, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

D. All Other Uses and Disclosures Require Your Written Authorization. In any other situation not described in Sections IIA, B, and C, above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

### III. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

A. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your requests, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures we are legally required or allow to make.

B. The Right to Choose How We Send PHI to You. You have the right to ask that we send information to you to an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We must agree to your request so long as we can easily provide it in the format you request.

C. The Right to See and Get Copies of Your PHI. In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you in writing our reasons for the denial and explain your rights to have the denial reviewed. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that.

D. The Right to Get a List of the Disclosures We Have Made. You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or services, directly to you, to your family, or others. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 15, 2003.

We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last three years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge.

E. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI or that a piece of information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our



[www.markdrugs.com](http://www.markdrugs.com)

[www.mdnorthshore.com](http://www.mdnorthshore.com)

**Roselle**

**Ph: 630 529-3400**

**Fax: 630 529-3429**

**Deerfield**

**Ph: 847 419-9898**

**Fax: 847 419-9899**

denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

F. The Right to Get This Notice by E-mail. You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

#### IV. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section V below. You also may send a written complaint to the Illinois State Board of Pharmacy. We will take no retaliatory action against you if you file a complaint about our privacy practices.

#### V. PERSONS TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact Mark Drugs Pharmacy's Pharmacy Manager at 384 E. Irving Park Road, Roselle, IL 60172: phone (630) 529-3400; fax (630) 529-3429; email ([info@markdrugs.com](mailto:info@markdrugs.com))

#### VI. EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 2003.