

HIPAA Notice of Privacy Practice

B&B Drugs Inc, DBA Epic Pharmacy

Notice of Privacy Practices

Effective Date: 11/01/2015

This Notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights Regarding Your Health Information

You have the following rights regarding your health information:

- 1. Right to Inspect and Copy**

You have the right to inspect and copy your health information that we maintain. To request a copy, please submit a written request to Epic Pharmacy and mail it to the address listed at the end of the notice.

- 2. Right to Amend**

If you believe that information we have about you is incorrect or incomplete, you may ask us to amend the information. We may deny your request if we determine the information is accurate and complete.

- 3. Right to Request Restrictions**

You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to your request, but if we do, we will comply with your request unless the information is needed for an emergency situation.

4. Right to Confidential Communications

You have the right to request that we communicate with you in a certain way or at a certain location to maintain your privacy. We will accommodate reasonable requests.

5. Right to an Accounting of Disclosures

You have the right to request an accounting of disclosures of your health information made by us for purposes other than treatment, payment, or healthcare operations.

6. Right to a Paper Copy of this Notice

You have the right to receive a paper copy of this notice upon request, even if you have agreed to receive it electronically.

How We May Use and Disclose Your Health Information

We may use and disclose your health information for the following purposes:

1. Treatment

We may use and disclose your health information to provide, coordinate, or manage your healthcare and any related services. This may include communication with other healthcare providers involved in your treatment.

2. Payment

We may use and disclose your health information to bill and collect payment for the treatment and services we provide to you. For example, we may share information with your insurance company to process claims.

3. Healthcare Operations

We may use and disclose your health information for purposes of healthcare

operations, which may include quality assessment, case management, accreditation, and other necessary administrative functions.

4. Required by Law

We may disclose your health information as required by law, such as reporting certain types of injuries, abuse, or health conditions to public health authorities.

5. Public Health and Safety

We may disclose your health information to public health authorities to prevent or control disease, injury, or disability, and for other health-related purposes.

6. Family and Friends

With your consent, we may disclose your health information to family members, relatives, or close friends involved in your care or payment for your care.

7. Research

Under certain circumstances, we may use or disclose your health information for medical research purposes.

8. Organ and Tissue Donation

We may share health information with organizations involved in organ or tissue donation and transplantation.

9. Health Oversight Activities

We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, or inspections.

10. Legal and Judicial Proceedings

We may disclose health information in response to a court order, subpoena, or other legal process.

11. Law Enforcement

We may disclose health information to law enforcement in certain circumstances, such as to report a crime or to assist in an investigation.

12. Emergency Situations

We may disclose health information in emergencies or when necessary to prevent a serious and imminent threat to health or safety.

Our Responsibilities

- We are required by law to maintain the privacy of your health information and to provide you with this notice.
- We will notify you if we are unable to comply with any of your privacy requests or if there is a breach of your health information.
- We must follow the terms of this Notice of Privacy Practices. We reserve the right to change the terms of this notice and will notify you of any changes.

Complaints

If you believe your privacy rights have been violated, you can file a complaint with our practice or with the U.S. Department of Health and Human Services at:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

You will not be retaliated against for filing a complaint.

Contact Information

If you have any questions or concerns regarding this Notice of Privacy Practices, please contact us at:

B&B Drugs Inc, Epic Pharmacy
2121 Veterans Memorial Blvd, Metairie, LA 70002
Phone: 504-325-5613
Email: info@epicrx.net