

**COMMUNITY PHARMACY SERVICES, INC.**  
**d/b/a GRETNA HEALTH**  
**HIPAA NOTICE OF PRIVACY PRACTICES**

Updated 11/20/2020

**This notice describes how medical information about you may be disclosed and about how you can get access to this information. Please read and review it carefully.**

This Notice of Privacy Practices describes how Community Pharmacy Services, Inc. d/b/a Gretna Health may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices.

1. **Uses and Disclosures.** The law allows us to use and disclose your health information for treatment, payment and health care operations. The following are examples of such uses and disclosures:
  - a. Health Care Operations We may use or disclose, as needed, your PHI to operate our business. These activities include, but are not limited to, quality assessment and improvement activities.
  - b. Treatment. We may use or disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
  - c. Payment. We may use or disclose, as needed, your PHI to obtain payment for your health care services provided by us or another provider. For instance, we may forward information regarding your health status to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person or entity responsible for your payment.
  - d. Business Associates We may share your health information with third party "business associates" that perform various activities on our behalf. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.
  - e. You We may use or disclose your PHI to provide you with information about health-related benefits and services that may be of interest to you. You may contact our Privacy Officer in writing to request that these materials not be sent to you.
  
2. **Uses and Disclosures Allowed or Required by Law.** We may use or disclose your health information in the following situations as allowed or required by law:
  - a. Required By Law. We may use or disclose your PHI to the extent that the use or disclosure is required by state or federal law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.
  - b. Public Health. We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability, or to help with a product recall.

- c. Communicable Diseases. We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
  - d. Health Oversight. We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
  - e. Abuse or Neglect. We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
  - f. Food and Drug Administration. We may disclose your PHI to a person or company as required by the Food and Drug Administration ("FDA") for purposes relating to the quality, safety or effectiveness of FDA regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.
  - g. Legal Proceedings. We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.
  - h. Law Enforcement. We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes.
  - i. Coroners, Funeral Directors and Organ Donation. We may disclose PHI to a coroner or medical examiner for identification purposes, to determine cause of death or to perform other duties authorized by law. We may also disclose PHI to a funeral director, to permit the funeral director to carry out his/her duties. PHI may be used and disclosed for cadaver, organ, eye or tissue donation purposes.
  - j. Research. In certain circumstances, we may provide PHI to conduct medical research.
  - k. Criminal Activity. Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
  - l. For Specific Government Functions. We may disclose PHI of military personnel and veterans in certain situations. We may also disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
  - m. Inmates. We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI while providing care to you.
  - n. Workers' Compensation. Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.
3. **Written Authorization**. Any uses and/or disclosures of your PHI for purposes other than treatment, payment and health care operations, or as otherwise allowed or required by law as described above will be made ONLY with your written authorization. Examples that require your written authorization include but are not limited to uses and disclosures of PHI for marketing purposes, disclosures that constitute a sale of PHI, and other uses and disclosures not described in this Notice of Privacy Practices. Any authorization you provide to us is effective for the period specified in the authorization unless you revoke the authorization in writing. Any written authorization may be revoked by you, at any time. Your revocation shall not apply to those uses and disclosures we made on your behalf pursuant to your authorization prior to the time we received your written revocation.
  4. **Others Involved in Your Health Care or Payment for Your Care**. If you desire PHI to be disclosed to your family, a relative, a close friend or other person involved in your health care or who has responsibility for payment for your health care, it is our policy to require your written authorization, unless such authorization is clearly not required (i.e. a family member is with you).

5. **Your Rights**. The following is a statement of your legal rights with respect to your PHI and a brief description of how you may exercise these rights.
  - a. **Right to Request Restrictions**. You may ask us to restrict the use or disclosure of any part of your PHI. Your request must be in writing, addressed to our Privacy Officer and state the specific restriction requested and to whom you want the restriction to apply. We will consider your request but are not legally required to accept it in all instances. We are only required to accept requests in instances where (i) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and (ii) the PHI pertains solely to a health care item or service for which you (or someone other than your health plan) have paid in full.
  - b. **Right to Receive Confidential Communications of PHI**. You have the right to request that we send information to you at an alternative address or by reasonable alternate means (e.g. fax instead of regular mail). Your request must be in writing, addressed to our Privacy Officer, and state the accommodations you are requesting.
  - c. **Right to Inspect and Copy**. In most instances, you have the right to inspect or obtain copies of your PHI that we have; however, you must make the request for such inspection or copies in writing, addressed to our Privacy Officer. In certain situations, we may deny your request. If we deny your request, we will inform you in writing of our reason for the denial and explain your right to have the denial reviewed. There may be reasonable, cost-based charges for copies made.
  - d. **Right to Amend Your PHI**. You may request an amendment of your PHI that you believe to be incorrect or incomplete. Such requests must be in writing and addressed to our Privacy Officer and must explain the reason for the request. In certain cases, we may deny your request for an amendment.
  - e. **Right to Receive an Accounting of Disclosures**. You have the right to receive an accounting of certain disclosures we have made in the previous six (6) years, if any, of your PHI. Your request for an accounting must be in writing, addressed to our Privacy Officer.
  - f. **Right to Receive a Paper Copy**. You have the right to receive a paper copy of this notice, even if you agreed to receive the notice electronically, upon written request to our Privacy Officer.
6. **Breach Notification Requirement**. In the event of a breach of your unsecured PHI, we will provide you with notice of such breach as required by law.
7. **Complaints**. You may complain to us or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. To complain to us, you may send our Privacy Officer a letter describing your concerns to the address found below. We will not retaliate against you for filing a complaint.
8. **Privacy Officer Contact Information**. If you have any questions about this Notice, you may contact our Privacy Officer by telephone or in writing at the address set forth below. If, however, you want to exercise any of your rights pursuant to this Notice of Privacy Practices or have a complaint, please call the Privacy Officer at 402-289-0431 or submit such action in writing and mail it to our Privacy Officer at the address set forth below.

**COMMUNITY PHARMACY SERVICES, INC.**  
**d/b/a GRETNA HEALTH**  
**Attn: PRIVACY OFFICER**  
**PO Box 524**  
**Gretna, NE 68028-0524**  
**(402) 289-0431**