



BERNENS CONVALESCENT PHARMACY, INC

5053 GLENWAY AVENUE

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## NOTICE OF PRIVACY INFORMATION PRACTICES

### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

State and federal laws require healthcare providers to implement policies and procedures to safeguard the privacy of your health information. This notice describes our privacy practices and applies to all of your health information created and/or maintained at our company, including any information that we receive from other health care providers, the ways in which we may use or disclose your health information and your rights and our obligations regarding any such uses or disclosures.

We may use or disclose your health information for:

- 1. Treatment:** to provide you with health care treatment and services. We may disclose your health information to personnel who are involved in your health care.
- 2. Payment:** to accurately bill and collect payment from you, your insurance company, or another third party for the health care services you receive from our company.
- 3. Health care operations:** to perform administrative functions necessary to operate our company and to make sure that our customers receive quality care.

We may use or disclose your health information for other specific purposes **with your written authorization**. You may revoke a written authorization at any time and we will no longer use or disclose your health information for the purposes identified in the authorization.

We may use or disclose your health information **with your verbal agreement** to family and friends who are involved in your care or help pay for your care or in disaster relief efforts for the purpose of notifying your family or friends of your condition.

State and federal regulations either require or permit other uses or disclosures of your health information without your permission. These may include the following: public health activities, health oversight activities such as audits & licensure inspections, requirements of federal, state or local law, law enforcement officials, national security & intelligence activities and Worker's Compensation or Military & Veterans if pertinent to you.

You have the following rights regarding your health information which we create and/or maintain:

1. You have the **right to inspect and copy** health information that may be used to make decisions about your care. Generally, this includes medical and billing records, but does not include psychotherapy notes.
2. You have the **right to request an amendment** if you feel that the health information we have about you is incorrect or incomplete. We may deny your request if you ask us to amend information that was not created by us or is determined to be accurate and complete.
3. You have the **right to request an accounting of the disclosures** which we have made of your health information. This accounting will not include disclosures that supported treatment, payment, or health care operations.
4. You have the **right to request a restriction** or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to specific persons, such as a family members or friends, who are involved in your care or in the payment of your care.  
**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.
5. You have the **right to request that we communicate confidentially** with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
6. To exercise any of your rights under this section, contact the Director of our company.

If you believe your privacy rights have been violated, or you need more information regarding your rights, please contact our privacy officer or the secretary of the Department of Health and Human Services as follows. **You will NOT be penalized for filing a complaint**

Privacy Officer for

Office of Civil Rights

Instructions located at:

<http://www.hhs.gov/ocr/howtofileprivacy.htm>

Acknowledgement of receipt of privacy notice:

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date