NOTICE OF PRIVACY PRACTICES
January 1, 2019

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

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, Evergreen Pharmacy has created this Notice of Privacy Practices (Notice). This Notice describes our privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that Evergreen Pharmacy protect the privacy of your PHI that we have received or created. We will abide by the terms presented within this Notice. For any uses or disclosures that are not listed below (Including Marketing and Selling of PHI), Evergreen Pharmacy will obtain a written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail below. Evergreen Pharmacy reserves the right to change our and this Notice.

HOW EVERGREEN PHARMACY MAY USE AND DISCLOSE YOUR PHI
The following is an accounting of the ways that Evergreen Pharmacy is permitted, by law, to use and disclose your PHI.

For Provision of Treatment: We will use the PHI that we receive from you to fill your prescription and coordinate or manage your health care.

For Obtaining Payment: Evergreen Pharmacy will disclose your PHI to obtain payment or reimbursement from insurers for your health care services.

For Health Care Operations: Evergreen Pharmacy may use the minimum necessary amount of your PHI to conduct quality assessments, improvement activities, and evaluate our workforce. The following is an accounting of additional ways in which Evergreen Pharmacy is permitted or required to use or disclose PHI about you without your written authorization.

As Required by Law: Evergreen Pharmacy is required to use or disclose PHI about you as required and as limited by law.

For Public Health Activities: Evergreen Pharmacy may use or disclose PHI about you to a public health authority that is authorized by law to collect for the purpose of preventing or controlling disease, injury, or disability. This includes the FDA so that it may monitor any adverse effects of drugs, foods, nutritional supplements and other products as required by law.

For Disclosure about Victims of Abuse, Neglect or Domestic Violence: Evergreen Pharmacy may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.

For Health Oversight Activities: Evergreen Pharmacy may use or disclose PHI about you to a health oversight agency for oversight activities which may include audits, investigations, inspections as necessary for licensure, compliance with civil laws, or other activities the health oversight agency is authorized by law to conduct.

To Individuals Involved in Your Care: Evergreen Pharmacy may disclose PHI about you to individuals involved in your care.

For Judicial and Administrative Proceedings: Evergreen Pharmacy may disclose PHI about you in the course of any judicial or administrative proceedings, provided that proper documentation is presented to Evergreen Pharmacy.

For Law Enforcement Purposes: Evergreen Pharmacy may disclose PHI about you to law enforcement officials for authorized purposes as required by law or in response to a court order or subpoena.

About the Deceased: Evergreen Pharmacy may disclose PHI about a deceased, or prior to, and in reasonable anticipation of an individual's death, to coroners, medical examiners, and funeral directors.

To Avert a Serious Threat to Health or Safety: Evergreen Pharmacy may use or disclose PHI about you, if it believed in good faith, and is consistent with any applicable law and standards of ethical conduct, to avert a serious threat to health or safety.

For Workers' Compensation: Evergreen Pharmacy may disclose PHI about you as authorized by and to the extent necessary to comply with workers' compensation laws or programs established by law.

For Disaster Relief Purposes: Evergreen Pharmacy may disclose PHI about you as authorized by law to a public or private entity to assist in disaster relief efforts and for family and personal representative notification.

To Business Associates: Evergreen Pharmacy may disclose PHI about you to our business associates for services that they may provide to or for us to assist us to provide quality health care. To ensure the privacy of your PHI, we require all business associates to apply appropriate safeguards to any PHI they receive or create.
FOR ALL OTHER USES AND DISCLOSURES
We will obtain a written authorization from you for all other uses and disclosures of PHI, and Evergreen Pharmacy will only use or disclose pursuant to such an authorization. In addition, you may revoke such an authorization in writing at any time. To revoke a previously authorized use or disclosure, please contact Lori Lancaster to obtain a Request for Restriction of Uses and Disclosures.

YOUR HEALTH INFORMATION RIGHTS
The following are a list of your rights in respect to your PHI.

Request restrictions on certain uses and disclosures of your PHI: You have the right to request additional restrictions of our uses and disclosures of your PHI; however, Evergreen Pharmacy is not required to accommodate a request. This includes the right to restrict disclosures to Insurances for those products and services you pay out-of-pocket for.

The right to have your PHI communicated to you by alternate means or locations: You have the right to request that Evergreen Pharmacy communicate confidentially with you using an address or phone number other than your residence. However, state and federal laws require us to have an accurate address and home phone number in case of emergencies. Evergreen Pharmacy will consider all reasonable requests.

The right to inspect and/or obtain a copy your PHI: You have the right to request access and/or obtain a copy of your PHI that is contained in our records for the duration we maintain PHI about you. There may be a reasonable cost-based charge for photocopying documents. You will be notified in advance of incurring such charges, if any.

The right to amend your PHI: You have the right to request an amendment of the PHI Evergreen Pharmacy maintains about you, if you feel that the PHI we have maintained about you is incorrect or otherwise incomplete. Under certain circumstances we may deny your request for amendment. If we do deny the request, you will have the right to have the denial reviewed by someone we designate who was not involved in the initial review. You may also ask the Secretary, United States Department of Health and Human Services (“HHS”), or their appropriate designee, to review such a denial.

The right to receive an accounting of disclosures of your PHI: You have the right to receive an accounting of certain disclosures of your PHI made by Evergreen Pharmacy.

The right to receive additional copies of the Evergreen Pharmacy Notice of Privacy Practices: You have the right to receive additional paper copies of this Notice, upon request, even if you initially agreed to receive the Notice electronically.

Notification of Breaches: You will be notified of any breaches that have compromised the privacy of your PHI.

REVISIONS TO THE NOTICE OF PRIVACY PRACTICES
Evergreen Pharmacy reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. Evergreen Pharmacy will also post the revised version of the Notice at www.egprx.com.

COMPLAINTS
If you believe your privacy rights have been violated, you may file a complaint with Evergreen Pharmacy and/or to the Secretary of HHS, or their designee. If you wish to file a complaint with Evergreen Pharmacy, please contact Lori Lancaster. If you have any questions or need help filing a civil rights, conscience or religious freedom, or health information privacy complaint, you may call the U.S. Department of Health and Human Services, Office for Civil Rights toll-free at: 1-800-368-1019, TDD: 1-800-537-7697, or email OCR at OCRMail@hhs.gov. Evergreen Pharmacy will not take any adverse action against you as a result of your filing of a complaint.

CONTACT INFORMATION
If you have any questions on our privacy practices or for clarification on anything contained within the Notice, you may call (414) 533-6600 and request to speak with Lori Lancaster. You may also write to Lori Lancaster at:

Evergreen Pharmacy, ATTN: Lori Lancaster
10101 West Greenfield Ave
West Allis, WI 53214.

CONFIRMATION
Please complete and return to Evergreen Pharmacy at your convenience.

Printed Name:_______________________________________________________________________ DOB:__________________________

Signature:_________________________________________________________ Date:________________________