

**3200 New Columbia Road, Campbellsville, KY 42718**Phone: 270-937-9008 | Fax: 270-937-9009
www.hometownspecialtypharmacy.com

# HIPAA Notice of Privacy Practices

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.
If you have any questions, please contact our Privacy Officer at the address above or email privacy@hometownspecialtypharmacy.com.

## OUR OBLIGATIONS

We are required by law to maintain the privacy of protected health information, provide you with this notice of our legal duties and privacy practices, and follow the terms of this notice currently in effect.

## USES AND DISCLOSURES OF HEALTH INFORMATION

We may use or disclose your health information for treatment, payment, and health care operations. These uses include:
- Treatment coordination with providers and specialists.
- Billing your insurance or third-party payers.
- Operational purposes like quality assessment and care improvement.

## ADDITIONAL USES AND DISCLOSURES

We may contact you for appointment reminders, offer treatment alternatives, or inform you about health-related benefits and services.
We may disclose your health information to family, caregivers, or emergency responders as needed, unless you object.

## YOUR RIGHTS

- Inspect and copy your medical record.
- Request electronic copies of your health record.
- Amend inaccurate or incomplete information.
- Request restrictions on certain uses/disclosures.
- Get notified in the event of a data breach.
- Request confidential communications.
- Obtain a paper copy of this notice at any time.

## SPECIAL DISCLOSURES

We may also disclose your health information for public health and safety, legal proceedings, law enforcement, organ donation, military and veterans affairs, workers’ compensation, and to health oversight agencies when required by law.

## USES REQUIRING AUTHORIZATION

Other uses and disclosures not described in this notice will be made only with your written authorization. You may revoke your authorization in writing at any time.

## CHANGES TO THIS NOTICE

We reserve the right to change this notice. Any revised notice will be posted in our office and on our website with an updated effective date.

## COMPLAINTS

If you believe your privacy rights have been violated, you may contact our Privacy Officer at the address above, or file a complaint with the U.S. Department of Health and Human Services at www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate for filing a complaint.