

Valley of the Sun Pharmacy

Notice of Privacy Practices for Protected Health Information

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.

The HIPAA Privacy Rule, a federal regulation, requires this pharmacy to maintain privacy of your health information and to provide you with notice of its legal duties and privacy practices. We will not disclose your health information except as described in this notice.

Your Health Information Rights:

We will not use or disclose your Protected Health Information (PHI) without your written authorization except as described in this notice. If you do give us authorization to use or disclose your PHI, you may cancel this request in writing at any time. You may request a copy of your pharmacy records in person with proof of identification. If you find that any information we provide is inaccurate or incomplete you may request an amendment, provided reason that supports your request. You may request an accounting of disclosures of your PHI that have been made. You may request in writing that we only contact you in a certain manner, such as by telephone, messaging, or mail only.

Valley of the Sun Pharmacy may use or disclose your health information for:

Treatment- this includes communication with healthcare providers such as other pharmacists, physicians, and any individual directly involved in your healthcare in order to dispense your prescriptions.

For Payment- we may disclose your PHI for daily pharmacy operations related to your prescriptions such as collection of payment and billing to you, your insurance company, or a third party.

For Health Care Operations- we obtain services from insurers, delivery and other business associates which enable us to perform daily pharmacy operations. We require all associated persons to protect the confidentiality of your health information and we continually exercise our responsibility to disclose the minimum amount of information necessary to perform our duties.

Other situations where we may disclose your PHI- as required by federal, state, or local law, for worker's compensation, organ or tissue donation, to personal representatives authorized on your behalf, for government audits, inspection, investigation and licensure, in response to subpoena, or upon your death to a medical examiner.

Our responsibilities Include:

Abiding by the terms of this notice, maintaining the privacy of your health information as required by law, accommodating your reasonable requests and notifying you if we cannot accommodate a restricted request. We reserve the right to change, amend, or eliminate elements in our privacy practices in order to provide the best possible protection of your health information.

If you have any questions, would like additional information, or would like to report a problem, please submit your request in writing to Valley of the Sun Pharmacy 15600 N. Black Canyon Hwy Ste B135, Phoenix, AZ 85053.
(602) 896-0454

I have received a copy and have read and understand the Notice of Privacy Practices for Protected Health Information

Signed _____ Print Name _____ Date _____