

Facility Name: _____



TARRYTOWN

EXOCARE

900 W. 38th St, Suite 120

Austin, TX 78705

Phone: (512)617-7312

NEW PATIENT REQUIRED INFORMATION

Name:

Date of Birth:

Drug Allergies:

SS#:

Medicaid #:

Medicare #:

Medical Conditions:

Group Home / Nursing Station Name:

CURRENT ON-HAND MEDICATION COUNTS

MEDICATION	QTY	DIRECTIONS

***Before we can fill any medications for patients, we have to have signed physician orders.*

If you are in a bind, we are happy to transfer prescriptions from another pharmacy, but please complete the inventory form first.



TARRYTOWN
EXPOCARE

Notice of Privacy Practices Receipt

Record of Acknowledgment/ Documentation of Good Faith Effort to Obtain
Acknowledgment

Patient Name (Please Print)

Patient's Date of Birth

Effective date of this Privacy Notice: _____

Contact information for questions, complaints or requests regarding your health information
Should you have any questions concerning our privacy practices, request restrictions on the release of your information, revoke an authorization, amend or correct your protected health information, obtain an accounting of our disclosures of your protected health information, request in section or obtain a copy of your medical information, request we communicate information about your health matters in a certain way, file a complaint, or any other concern relative to our privacy practices, please contact:

**Tarrytown Expocare Pharmacy
Attn: Privacy Officer
900 W 38th St, Suite 120
Austin, TX 78705**

If you wish, you may also file a complaint with the Secretary of the US Department of Health and Human Services. You may mail your complaint to US Department of Health and Human Services, 200 Independence Avenue S.W., Washington, DC 20201.

Acknowledgment/Good Faith Effort to Obtain Acknowledgment

I certify that I have received a copy of the Tarrytown Expocare Notice of Privacy Practices, and I have had an opportunity to review this document, ask questions to assist me in understanding my rights relative to the protection, and Tarrytown Expocare Pharmacy is committed to protecting the privacy of my health information.

Please check one: () Client () Authorized Representative () Guardian

Signature: _____ Date: _____

Name (Print): _____

Relationship to Individual: _____

NOTE: To confirm a copy of our Notice of Privacy Practices was mailed to you, please complete our Notice of Privacy Practices Receipt and return it in the self-addressed stamped envelope. Receipts are filed in the Patient's file.



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Effective Date: October 24, 2014

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.

This Pharmacy is covered by the medical information privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (generally called "HIPAA") and its Regulations. As a result, we are required to comply with HIPAA and the Regulations in the use and disclosure of health information by which our patients can be individually identified. This health information is referred to as "Protected Health Information" or "PHI" for short. We are also required to give our patients this notice (in paper or electronically as the patient wishes) of our legal duties and privacy practices concerning their PHI, and also to tell our patients about their rights under HIPAA and the Regulations.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

There are two categories for the use and disclosure of our patients' PHI:

- (1) information that we can use and disclose without the patient's prior consent; and
- (2) information that we cannot use or disclose without the patient's prior authorization.

A. PATIENTS' PRIOR CONSENT NOT REQUIRED

- (1). Treatment. In the first category, we are permitted to use and disclose our patients' PHI in connection with their medical treatment in situations such as allowing a family member or other relative or a close personal friend or other person involved in the patient's health care to pick up the patient's prescriptions and to receive PHI that is relevant to that person's involvement in the patient's care. In doing so, we are to use our professional judgment and experience with common practice in determining what is in the patient's best interest. Other examples include sending information about a patient's prescriptions to the patient's family doctor or to a specialist who is treating the patient or to a hospital where the patient is receiving care, particularly if the patient has suffered a health emergency. We may use and disclose your PHI if we are contacted by another pharmacy who states they have your request and consent to transfer pharmacy records to them.
- (2). Payment. If a patient is covered by a pharmacy benefit plan, we are entitled to send PHI to the plan or to another business entity involved in our billing system describing the medication or health care equipment we have dispensed so that we can be paid.
- (3). Health Care Operations. In addition, we can use PHI for health care operations such as evaluations of the quality of our patients' health care in order to improve the success of treatment programs.
- (4). Other Permitted Uses and Disclosures. There are a number of other specified purposes for which we may disclose a patient's PHI without the patient's prior consent (but with certain restrictions). Examples include public health activities; situations where there may be abuse, neglect or domestic violence; in connection with health oversight activities; in the course of judicial or administrative proceedings; in response to law enforcement inquiries; to a medical examiner in the event of death; where organ donations are involved; in support of institutionally-approved research studies; where there is a serious threat to health and safety; in cases of military or veterans' activities; where national security is involved; for determinations of medical suitability; for government programs for public benefit; for workers' compensation proceedings; when our records are being audited; when medical emergencies occur; and when we communicate with our patients orally or in writing about refilling prescriptions, about generic drugs that may be appropriate for a patient's treatment, about health related services that may benefit the patient, wellness programs, or about alternative therapies. We may disclose PHI about you to our business associates with whom we contract for assistance in business tasks, but we will require the business associate to appropriately safeguard the PHI.

B. PATIENTS' PRIOR AUTHORIZATION REQUIRED

For purposes other than those mentioned above, we are required to ask for our patients' written authorizations before using or disclosing any of their PHI. If we request an authorization, any of our patients may decline to agree, and if a patient gives us an authorization, the patient has the right to revoke the authorization at any time. By doing so, Tarrytown ExpoCare Pharmacy must stop any future uses and disclosures of the patient's health information that the authorization covered.



PATIENTS' RIGHTS

HIPAA and the Regulations provide our patients with rights concerning their **PHI**. With limited exceptions (which are subject to review) each patient has the right to the following:

- (a). **Patient's Record**. Each patient has the right to inspect and copy his or her **PHI** by completing our request form. The only charge will be based on our cost in fulfilling and delivering the request. The patient will be notified of the fee when the patient's request is received. In certain limited circumstances we may deny the patient's request to inspect **PHI**, which the patient has the right to appeal.
- (b). **Accounting for Disclosures**. By completing our request form, each patient is entitled to obtain a list of the disclosures of the patient's **PHI** that have occurred within a period of 6 years after April 14, 2003, except those disclosures made for the purposes of treatment, payment or health care operation. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. There will be no charge for the first request in any 12 month period, but we are entitled to charge a reasonable cost based fee for additional requests made in the same period of time. We will notify you of the cost involved, and you may choose to withdraw or modify your request.
- (c). **Amendments**. Each patient may ask to change the record of his or her own **PHI** by completing our request form explaining why the change should be made. We will review the request, but may decline to make the change if in our professional judgment we conclude that the record should not be changed.
- (d). **Communications**. By completing our request form, each patient can ask us to communicate with him or her about their own **PHI** health information in a confidential manner such as by sending mail to an address other than the home address or using a particular telephone number.
- (e). **Special Restrictions**. By completing our request form, each patient can ask us to adopt special restrictions that further limit our use and disclosure of the patient's **PHI** (except where use and disclosure are required of us by law or in emergency circumstances). We will consider the request; but in accordance with HIPAA and its Regulations, we are not required to agree to the request.
- (f). **Complaints**. If a patient believes that we have violated the patient's rights regarding the patient's **PHI** under HIPAA and its Regulations, or if a patient disagrees with a decision we made about access, amendment or special restriction to the patient's **PHI**, the patient has the right to complete our complaint form and deliver it to our Contact Person listed below. Our Contact Person is required to investigate, and if possible, to resolve each such complaint, and to advise the patient accordingly. The patient also has the right to send a written complaint to the U.S. Department of Health and Human Services. Under no circumstances will any patient be retaliated against by this Pharmacy for filing a complaint.

We are required by law to protect the privacy of our patients' **PHI**, to provide this notice about our privacy practices, and follow the privacy practices that are described in this notice. We reserve the right to make changes in our privacy practices that will apply to all **PHI** that we maintain. A new notice will be available on request before any significant change is made.

Privacy Officer Contact:
Elise Hoffman, Pharmacist-In-Charge

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