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.

We understand that medical information about you and your health is personal. The Wyoming Medication Donation Program is required by law to maintain the privacy of your health information, to follow the terms of this Notice, and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are required to follow the terms of the Notice that is currently in effect. A paper copy of this notice may be obtained at the Wyoming Medication Donation Program upon request.

How the Wyoming Medication Donation Program May Use or Disclose Your Health Information

The Wyoming Medication Donation Program protects the privacy of your health information. For some activities, we must have your written authorization to use or disclose your health information. However, the law permits the Wyoming Medication Donation Program to use or disclose your health information for the following purposes without your authorization:

- ***For Treatment*** Information obtained by the Pharmacy will be used to dispense prescriptions to you. We may disclose health information about you to pharmacists and other persons who are involved in dispensing your prescriptions.
- ***For Payment*** We may use and disclose your health information so that your pharmacy services may be billed to, and payment collected from you, an insurance company, or a third party.
- ***For Health Care Operations*** We may use and disclose health information about you for pharmacy operations. Unless you provide us with alternative instructions, we may send refill reminders and other materials related to your health care to your home. These uses and disclosures are necessary to run the Pharmacy and make sure that you receive quality service.
- ***As Required by Law*** We will disclose health information about you when required to do so by Federal and State Law.
- ***To Avert a Serious Threat to Health or Safety*** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be only to a person able to help prevent the threat.
- ***Public Health Risks*** We may disclose health information about you for public health activities. Those activities generally include the following: (1) to prevent or control disease, injury or disability (2) to report reactions to medications or problems with products. (3) to notify people of product recalls (4) to notify a person that may be exposed to a disease or may be at risk of spreading a disease (5) to notify the appropriate government authority if we believe a person has been the victim of abuse, neglect, or domestic violence. (You MUST agree to this disclosure or be required by law)
- ***Health Oversight Activities*** We may disclose health information to a health oversight agency for activities authorized by law.
- ***Lawsuits and Disputes*** If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court order or administrative order. We may disclose information about you in response to a subpoena, or other lawful process, but only if efforts have been made to tell you about the request.
- ***For Specific Government Functions*** We may disclose health information for the following specific government functions (1) health information of military personnel, as required by military authorities (2) health information of inmates to a correctional institution or law enforcement official (3) in response to a request from law enforcement, if certain conditions are satisfied, and (4) for national security reasons.

When the Wyoming Medication Donation Program May NOT Use or Disclose Your Health Information

Except as described in the Notice, the Wyoming Medication Donation Program will not use or disclose your health information without your written authorization. If you do authorize the Wyoming Medication Donation Program to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

You Have the Following Rights With Respect to Your Health Information

- You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to the restrictions that you request. If we do agree to any restrictions, we will put the agreement in writing and follow it except in emergency situations. We cannot agree to limit the disclosure of any information that is required by law.
- You have the right to inspect and copy your health information as long as the Pharmacy maintains the health information. To inspect a copy of your records, you must submit a request in writing. We may charge a fee for the costs of copying, mailing, or supplies necessary to grant your request. In certain limited situations, we may deny your request. If your request is denied, you may request that the denial be reviewed.
- You have the right to request that we amend or correct any health information that is incorrect or incomplete. To request an amendment, you must submit a request in writing along with the reason for the request. We are not required to amend health information that is accurate and complete.
- You have the right to receive an accounting of disclosure of your health information we have made after April 14, 2003 for purposes other than disclosures for (1) payment, treatment, or health care operations (2) to you or based upon your authorization (3) for certain government functions. You must submit your request in writing.
- You may request communication of your health information by alternative means or at alternative locations. You may request that we contact you only in writing or at a different residence or post office box. To request confidential communication of your health information, you must submit a written request. We will accommodate all reasonable requests.

Changes to this Notice of Privacy Practices

The Wyoming Medication Donation Program reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. Any revised Notice will be posted in the Pharmacy. Upon request we will provide a revised Notice to you.

For More Information or to Report a Problem

If you have questions or would like additional information about Pharmacy privacy practices, you may contact the Compliance Officer, Wyoming Medication Donation Program, 6101 Yellowstone Rd, Suite 259 B, Cheyenne, WY 82002 or phone (307) 777-6923. If you believe your privacy rights have been violated, you can file a complaint with the Compliance Officer at the above address, or with the Secretary of Health and Human Services. There will be no retaliation for filling a complaint.

Signature: _____ Date: _____

Print Name: _____