

The ConDOR Company, PLLC
Statement of Privacy

This privacy 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 ConDOR Company** is required by law to maintain the privacy of your health information, to follow the terms of this notice as long as it is in effect (if we revise this notice, we will follow the terms of the revised notice, as long as it is in effect) and to provide you with this notice of our legal duties and privacy practices with respect to your health information. For some activities, we must have your written authorization to use or disclose your health information. However, the law permits **The ConDOR Company** to use or disclose your health information for the following purposes without your authorization (**A copy of this notice may also be obtained by printing it from our web site**):

For treatment. We may disclose health information about you to pharmacists, doctors, nurses and other persons who are involved in dispensing or with your medical and medicinal treatments.

For payment. We may use and disclose your health information so that your consultation services may be billed to and payment may be collected from you, an insurance company (so far no insurance company pays for our service) or a third party.

For health care operations. Unless you provide us with alternative instruction, we may send mail and other materials related to your health care to your home. We may use information in your health record to evaluate the services our pharmacist provides or to train our staff. This is done for quality and service improvement.

As required by law. We will disclose health information about you when required to do so by federal, state or local law.

Business associates. There are some services provided at **The ConDOR Company** through contracts with business associates. We may disclose your information to our business associates so that they can perform the job we have asked them to do; however, we require them to appropriately safeguard your information.

Public health and safety risks. We may disclose health information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability,
- to report reactions to medications or problems with products,
- to notify people of recalls on products they may be using,
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition,
- to notify appropriate government authority if we believe a person has been the victim of abuse, neglect or domestic violence,
- to avert a serious threat to the health or safety of the public, to your health and safety or that of another person (but only to someone able to help prevent the threat),
- to respond to a court order, subpoena, or other judicial process,
- to assist federal disaster relief efforts,
- to respond to an audit, inspection, or investigation by a health-related government agency,
- to assist federal intelligence in national security reasons,
- to facilitate organ tissue donations,
- to assist coroners, medical examiners and funeral directors,
- to respond to a request from a jail or prison regarding an inmate's health or medical treatment,
- to respond to a request from your military command authority (if you are a veteran or of the armed forces),
- to provide information to worker's compensation program.

Communications with caregivers and relatives. We may use or disclose your information for the following:

- to notify or assist in notifying a family member, personal representative or care giver regarding your location and general condition,
- we will disclose health information to a family member, other relative, close personal friend or any other person you identify, if the information is necessary or relevant to that person's involvement with your care or payment for your care.

Except as described in this notice, **The ConDOR Company** will not use or disclose your health information without your written authorization. If you do authorize **The ConDOR Company** to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If your state provides additional restrictions upon any of the foregoing uses and disclosures, we must follow your state law. You have the following rights with respect to your health information:

You have the right to request restriction on certain uses and disclosures of your health information. **The ConDOR Company** is not required to agree to a restriction that you request. We cannot agree to limit the uses or disclosures of information that are required by law.

You have the right to inspect and copy your health information as long as this office maintains the health information. Simply submit a written request for the information. A fee maybe charged for the costs of copying, mailing or other supplies and services that are necessary to grant your request. We may deny your request in certain limited circumstances.

You have the right to request that **The ConDOR Company** amend your health information if it is incorrect or incomplete. To request an amendment submit a written request along with a reason for the request. **The ConDOR Company** is not required to amend health information that is accurate or complete.

You have the right to receive an accounting of disclosures of your health information we have made for purposes other than disclosures:

- for **The ConDOR Company** consultations, payments or health care operations,
- to you or based upon your authorization and
- for certain government functions. To request an accounting you must submit a written request and you must specify the time period, which may not be longer than six years.

You have the right to request communications of your health information by alternative means or at alternative locations. For example, you may request that we contact you about health matters 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. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.

If you are a minor who has lawfully provided consent for consultation and you wish for this office to treat you as and adult for purposes of access to and disclosure of records related to such consultation, please notify the pharmacist.

Contact information. If you would like to exercise one or more of these rights, contact our office in writing:

Revisions to this notice. **The ConDOR Company** reserves the right to change this notice and such changes would be 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 at this web site and a copy may be obtained by printing from this web site.

To report a complaint. If you believe your health information privacy rights have been violated, you can file a complaint with us or with the Secretary of the United States Department of Health and Human Services. There will not be any penalty or retaliation against you for making a complaint to us or to the Department of Health and Human Services.

HIPAA: Health Insurance Portability and Accountability Act of 1996.

The ConDOR Company provides medication therapy management services to seniors and others seeking to prolong their independence, better maintain their health and conserve personal resources.

We provide direction and support to optimize the benefits of medication therapy.

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