



# NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

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.

## OUR DUTIES

We are required by law to:

- Maintain the privacy of your medical information,
- Give you this Notice describing our legal duties and privacy practices, and
- Follow the terms of this Notice.

### **How we may use and disclose medical information about you:**

In accordance with federal law, we will not use or disclose your medical information without your authorization, except as described in this Notice.

We will use your medical information for **Treatment**. *For example:* Our pharmacist may note your prescription information in your prescription record, and may use that information to furnish you with information about drug interactions or instructions for prescription use. We may provide one of your other healthcare providers with copies of reports to assist him or her in treating you.

We will use your medical information for **Payment**. *For example:* A bill may be sent to you or a third-party payer, such as your health insurance carrier. The information on or accompanying the bill may include information that identifies you, as well as your prescription information.

We will use your medical information for **Health Care Operations**. *For example:* HyVee pharmacists may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to improve the quality and effectiveness of the healthcare and services we provide.

**Business Associates:** There are some services provided in our organization through contracts with "business associates." Examples include firms that assist us in submitting our claims for reimbursement. We may disclose your health information to our business associates so they can perform the job we've asked them to do. However, we require the business associate to take precautions to protect your medical information.

**Notification of Family:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or other person responsible for your care of your location and general condition.

**Communication with Family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care. When it is consistent with our professional judgment and experience, we will permit family members to pick up your prescriptions.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events, product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including child abuse and neglect.

**Victims of Abuse, Neglect or Domestic Violence:** We may disclose to appropriate governmental agencies, such as adult protective or social services agencies, your health information, if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

**Health Oversight:** In order to oversee the health care system, government benefits programs, entities subject to governmental regulation and civil rights laws for which health information is necessary to determine compliance, we may disclose health information for oversight activities authorized by law, such as audits and civil, administrative, or criminal investigations.

**Court Proceedings:** We may disclose health information in response to requests made during judicial and administrative proceedings, such as court orders or subpoenas.

**Law Enforcement:** Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Threats to Public Health or Safety:** We may disclose or use health information when it is our good faith belief, consistent with ethical and legal standards, that it is necessary to prevent or lessen a serious and imminent threat or is necessary to identify or apprehend an individual.

**Specialized Government Functions:** Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

**Workers Compensation:** We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

**Other Uses:** We may also use and disclose your personal health information for the following purposes to:

- Contact you to remind you of a prescription refill,
- Describe or recommend treatment alternatives to you, or
- Furnish information about health-related benefits and services that may be of interest to you.

All other uses and disclosures of your medical information will be made only with your written permission. Once given, you may revoke the authorization by writing to us at:

**Hy-Vee, Inc., 5820 Westown Parkway, West Des Moines, Iowa 50266, Attn: Privacy Officer**

You understand we are unable to recall any disclosure we have already made with your permission.

## INDIVIDUAL RIGHTS

You have many rights concerning the confidentiality of your medical information. You have the right to:

**Request restrictions on the medical information** we may use and disclose for treatment, payment, and health care operations. **We are not required to agree to these requests.** To request restrictions, please send a written request to the address below.

**Receive confidential communications** of medical information about you in a certain manner or at a certain location. For instance, you may request that we only contact you at work or by mail. To make such a request, you must write to us at the address below, and tell us how or where you wish to be contacted.

**Inspect or copy your medical information**. You must submit your request in writing to the address below. If you request a copy of your medical information we may charge you a fee for the cost of copying, mailing or other supplies. In certain circumstances we may deny your request to inspect or copy your medical information. If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed health care professional will then review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Amend medical information**. If you feel medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must write to us at the address below. You must also give us a reason to support your request. We may deny your request to amend your medical information if it is not in writing or does not provide a reason to support your request. We may also deny your request if:

- the information was not created by us, unless the person that created the information is no longer available to make the amendment,
- the information is not part of the medical information kept by or for us,
- is not part of the information you would be permitted to inspect or copy, or
- is accurate and complete.

**Receive an accounting of disclosures of your medical information**. You must submit a request in writing to the address below. Not all medical information is subject to this request. Your request must state a time period, no longer than 6 years and may not include dates before April 14, 2003. Your request must state how you would like to receive the report (paper, electronically). The first list you request within a 12 month period is free. For additional lists, we may charge you the cost of providing the list. We will notify you of this cost and you may choose to withdraw or modify your request before charges are incurred.

**Receive a paper copy of this Notice** upon request, even if you have agreed to receive the Notice electronically. You may obtain a copy of this notice at our website [www.hy-vee.com](http://www.hy-vee.com). You must submit a request for a paper notice in writing to the address below.

All requests to restrict use of your medical information for treatment, payment, and health care operations, to inspect and copy medical information, to amend your medical information, or to receive an accounting of disclosures of medical information must be made in writing to the following address:

**Hy-Vee, Inc., 5820 Westown Parkway, West Des Moines, Iowa 50266, Attn: Privacy Officer**

## COMPLAINTS

If you believe your privacy rights have been violated, a complaint may be made to our Privacy Officer. You may also submit a complaint to the Secretary of the Department of Health and Human Services. You will not be penalized in any way for filing a complaint.

**All complaints should be sent in writing to the following address:**

**Hy-Vee, Inc., 5820 Westown Parkway, West Des Moines, Iowa 50266, Attn: Privacy Officer**

## CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and to apply the revised practices to medical information about you that we already have. Any revision to our privacy practices will be described in a revised Notice that will be posted prominently in our facility.