

**Edge Pharmacy Services
Notice of Privacy Practices
Effective 12/15/2013**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Edge Pharmacy Services LLC is required by law to maintain the privacy of Protected Health Information (PHI) and to provide individuals with notice of our legal duties and privacy practices in regards to PHI. Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. This notice of privacy practices may describe how we may use and disclose PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. Edge Pharmacy Services LLC will abide by the terms presented within this notice. For any uses or disclosures not listed below, the pharmacy will obtain a written authorization from you for that use or disclosure. Edge pharmacy Services LLC reserves the right to change both this notice and its privacy practices. Any changes or revisions to this notice will be posted online, and upon your request, which will be provided in paper format.

You have the following rights in regards to your PHI:

Inspect and obtain a copy of your PHI: You have the right to access and copy PHI about you that is contained in the pharmacy for the duration the pharmacy maintains PHI about you. If you wish to inspect or obtain a copy of your PHI, please send a written request to Edge Pharmacy Services LLC, Attn: Privacy Officer, 856 Hercules Drive Suite 30, Colchester VT 05446. We may charge you shipping and handling fees to fulfill your request. **Request Restrictions on certain uses and disclosures of your PHI:** You have the right to request additional restrictions on our use or disclosure of your PHI. Note that we are not required to agree with these restrictions. If you wish to have us place additional restrictions, please mail us a written request at Edge Pharmacy Services LLC, Attn: Privacy Officer, 856 Hercules Drive Suite 30, Colchester VT 05446 **Request an Amendment to your PHI:** If you feel that any PHI that we have in our system is incorrect or incomplete, you have the right to request that we amend the PHI. In certain instances we may deny your request, if we deny this request you have the right to have this denial reviewed with a disagreement statement, in which we will re-review the request and have a response sent to you. If you wish to have your PHI amended please mail us a written request at Edge Pharmacy Services LLC, Attn: Privacy Officer, 856 Hercules Drive Suite 30, Colchester VT 05446. **Receive an accounting of disclosures of your PHI:** You have the right to receive an accounting of certain disclosures of your PHI made by the pharmacy. This disclosure may exclude disclosures made directly to you, family members, and authorizations made by you as well as disclosures made for the treatment, payment or health care operations services. If you wish to receive an accounting of disclosures please mail us a written request at Edge Pharmacy Services LLC, Attn: Privacy Officer, 856 Hercules Drive Suite 30, Colchester VT 05446. **Request communications of PHI by alternative means or at alternative locations:** You have the right to request that the pharmacy communicates with you confidentially with an alternative address/phone number. We will attempt to accommodate any reasonable request. If you would like to request a change to your communicating address/phone number please mail us a written request at Edge Pharmacy Services LLC, Attn: Privacy Officer, 856 Hercules Drive Suite 30, Colchester VT 05446. **Obtain a paper copy of Privacy Notice:** **You have the right to additional paper copies of the Privacy Notice.** If you would like a paper copy of this request, please contact the pharmacy we will mail you a paper copy.

Examples of how we may use and disclose PHI Treatment:

We may use or disclose your PHI to provide prescriptions to you. This process will include pharmacists and other persons involved in the said process. We will also use the PHI we receive to manage your health care with both you and your physician. **Payment:** We may use your PHI to obtain payment or reimbursement from insurers for your prescription medication. **Health Care information:** We may use your PHI to conduct Quality Assessments, Improvements, and pharmacy evaluation. For example, we may utilize your information to determine the quality of care you received, and how we may better improve it. **Business Associates:** We may provide your PHI to other companies or individuals to assist us in providing specific services to ensure that we continue to provide you with quality health care. Any Business associates that we utilize are required to also maintain the privacy and security of PHI. As required by law: We may disclose any PHI when required by law. **Public Health Entities:** We may disclose PHI about you to public health or legal entities that are authorized by law to collect PHI for the purpose of preventing or controlling disease, injury, or disability. **Federal Drug Administration:** We may disclose PHI to the FDA so that it may continue to monitor adverse drug effects, foods, nutritional supplementations, and other products as required by law. **Victims of abuse, neglect, or domestic violence:** We may use or disclose your PHI about you to a government authority, such as social services; if it is reasonably believed that you are a victim of abuse, neglect, or domestic violence. **Law Enforcement:** We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena Judicial and Administrative proceedings: We may disclose PHI in regards to any judicial or administrative proceeding provided that the proper documents are presented. **Research:** We may provide your information to researchers provided that their research was approved by an institutional review board, ensuring that there are proper protocols in place to ensure the privacy of your information. **Medical Examiners, Coroners, and Funeral Directors:** We may disclose PHI about the deceased consistent with currently law as needed by the individual to carry out their duty **Organ or tissue donation:** We may disclose PHI as necessary to organ procurement organizations, or other entities associated with procurement, banking, or transplantation of organs or tissues for the purpose of donation **Health Oversight Activities:** We may disclose PHI about you to any oversight agencies for activities that are authorized by law. This may include inspections or audits necessary for licensure or to ensure quality of our products **To prevent a serious threat to health or safety:** We may disclose your PHI if it is believed that it may prevent a serious threat to health of safety to the public or another person **National Security, Government Entities, and State Entities:** We may disclose PHI about you as required by specific government or state entities for the purposes of: Intelligence/Counter intelligence, national security, protective services, law enforcement or correctional facility situations, or military command authorities. **Workers Compensation:** The pharmacy may disclose PHI about you to the extent necessary to comply with laws relating to workers compensation laws or similar programs established by law. **Fundraising:** We may use your PHI for fundraising activities, or the pharmacy may disclose PHI to a business associate to send you a fundraising packet. Upon receiving said packet, the individual may elect not to receive any more fundraising activities. **Patient specific:** We may contact you directly to inform you that a refill may due, an alternative treatment may be available, optional benefits services that pharmacy may provide.

Contact Information:

If you have further questions on any of privacy policies of the pharmacy or need further clarification within this notice you may contact the privacy notice at (802) 497-0161, or write to Edge Pharmacy Services LLC, Attn: Privacy Officer, 856 Hercules Drive Suite 30, Colchester VT 05446. If you feel that your privacy has been compromised you can file a complaint with the privacy officer or with the Secretary of Health and Human Services. There will be no retaliation against you as a result of you filing a complaint.