



9200 W. Layton Ave.
 Greenfield, WI 53228
 Phone: 414-433-0188
 Fax: 414-433-0292
 info@suretyproRX.com

**INDEPENDENT LIVING INSURANCE INFORMATION FORM
 AND HIPAA PRIVACY POLICY**

| RESIDENT INFORMATION | | | |
|--|-------|--------------------------|--|
| Resident Name | | | |
| Community Name | | Address | |
| City | State | Zip | |
| <input type="checkbox"/> Please check here if this is the mailing address where you would like pharmacy related billings, reports and news sent. | | | |
| Home Phone | | Other Phone (cell, work) | |
| E-mail Address | | | |

| RESPONSIBLE PARTY INFORMATION | | | |
|--|-------|--------------------------|--|
| Responsible Person's Name | | | |
| Address | | | |
| City | State | Zip | |
| <input type="checkbox"/> Please check here if this is the mailing address where you would like pharmacy related billings, reports and news sent. | | | |
| Home Phone | | Other Phone (cell, work) | |
| E-mail Address | | | |

| PRIMARY PRESCRIPTION DRUG INFORMATION | | | |
|---|-------|---|--|
| Cardholder's Name | | Resident's Date of Birth (DOB) | |
| Relationship of Resident to Cardholder (Self, Spouse, Child, Other) | | Resident's Social Security Number (SSN) | |
| Prescription Insurance Company Name | | ID# | |
| Group # | BIN # | PCN # | |

If possible, please provide a copy of the insurance card along with this form.

| SECONDARY PRESCRIPTION DRUG INFORMATION | | | |
|---|-------|---|--|
| Cardholder's Name | | Resident's Date of Birth (DOB) | |
| Relationship of Resident to Cardholder (Self, Spouse, Child, Other) | | Resident's Social Security Number (SSN) | |
| Prescription Insurance Company Name | | ID# | |
| Group # | BIN # | PCN # | |

If possible, please provide a copy of the insurance card along with this form.

ALLERGIES

Any known food allergies: _____

Any known drug allergies: _____

No Known Allergies

You are responsible for payment of any services provided by Surety Pro Pharmacy that are not paid by your insurance carrier.

Please provide us with the name and telephone number of the individual who completed this form for any questions that the pharmacy might have.

Name (Please print)

Telephone Number

I hereby acknowledge receipt of a copy of Surety Pro Pharmacy's Notice of Privacy Practices dated September 12, 2013.

Signature of Patient OR Patient's Representative/Relationship

Date

Return this form either via mail, fax, or leave it with the receptionist at the front desk where the resident resides.

I have requested that my medications and all subsequent prescriptions be packaged in a non-child resistant package. I understand these packages are not child resistant and I will ensure the medications and/or packages will be kept out of reach of children. If a child accidentally consumes any prescription drug, I will immediately notify poison control (800-222-1222), the child's pediatrician, and/or emergency medical system. I understand that I have the right to request at any time for my medications to be packaged in a traditional child resistant container by notifying the pharmacist at 414-433-0188.

Surety Pro Pharmacy LLC

NOTICE OF PRIVACY PRACTICES

This Notice is effective September 12, 2013

**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 ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will have copies of the new Notice available upon request (you may always contact our Privacy Officer at 262-548-5965 to obtain a copy of the current Notice).

The rest of this Notice will discuss how we may use and disclose medical information about you; explain your rights with respect to medical information about you and describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at 262-548-5965.

**WE MAY USE AND DISCLOSE MEDICAL INFORMATION
FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS**

This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide health care, obtain payment for that health care, and operate our business efficiently.

Treatment

We may use and disclose medical information about you to provide and coordinate treatment, medication and related services you receive. This may include communicating with you regarding medications, equipment, supplies, compliance programs, therapeutic substitution, refill reminders, drug utilization review, product recalls or disease state management. Communication may include other health care providers regarding your treatment and coordinating and managing your health care.

Payment

We may use and disclose medical information about you to obtain payment for services that you received. For example: we may contact your insurance company, pharmacy benefit manager or other health care payer to determine whether it will pay for your medications, equipment and supplies and the amount of your co-payment. We will bill you or a third-party payer for the cost of medications, equipment and supplies dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the medication you are taking.

Healthcare Operations

We may use and disclose medical information about you in performing a variety of business activities that we call "health care operations." These "health care operations" activities allow us to improve the quality of care we provide and reduce health care costs. For example, we may use or disclose medical information about you to monitor the performance of the staff and pharmacists providing treatment to you. This information will be used in an effort to continually improve quality and effectiveness of the health care services we provide you. We may disclose health information to business associates if they need to receive this information to provide a service to us and will agree to abide by specific HIPAA rules relating to the protection of health information.

USES AND DISCLOSURES THAT ARE EITHER PERMITTED OR REQUIRED BY THE REGULATION

The following categories describe the ways that we may use and disclose your health information without your authorization or until you tell us you do not want us to disclose information

Persons Involved in Your Care

We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances such as emergencies.

Required by Law

We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. We will comply with those state laws and with all other applicable laws.

National Priority Uses and Disclosures

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as "national priorities." We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the "national priority" activities recognized by law:

- **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease, we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose medical information about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Court proceedings:** We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose medical information about you to a law enforcement official for specific law enforcement purposes or in response to a subpoena or court order.

- **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers' compensation:** We may disclose medical information about you in order to comply with workers' compensation laws.
- **Research organizations:** We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

Health Information

We may use or disclose your health information to provide information to you about treatment alternatives or other health related benefits and services that may be of interest to you.

WHEN WE ARE REQUIRED TO OBTAIN AUTHORIZATION TO USE OR DISCLOSE YOUR HEALTH INFORMATION

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you or your personal representative. For example, uses and disclosures made for the purpose of psychotherapy, marketing and the sale of protected health information require your authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

YOUR HEALTH INFORMATION RIGHTS

Right to a Copy of This Notice

You have a right to have a paper copy of our Notice of Privacy Practices at any time. If you would like to have a copy of our Notice, you may ask the pharmacy for a copy or contact our Privacy Officer at 262-548-5965.

Right of Access to Inspect and Copy

You have the right, in most cases, to inspect and receive a copy of medical information about you that we maintain about you. You have the right to request that the copy be provided in an electronic form or format (e.g., PDF saved onto CD). If the form and format are not readily producible, then the organization will work with you to provide it in a reasonable electronic form or format. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing to the Privacy Office at 1805 Kensington Dr. Waukesha, WI 53188. We may deny your request in certain limited circumstances. We may charge you a fee to cover the costs of the copying, mailing and supplies that are necessary to fulfill your request.

Right to Have Medical Information Amended

You have the right to have us amend (which means correct or supplement) medical information about you that we maintain about you. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing to the Privacy Officer and explain why you would like us to amend the information. We may deny your request in certain circumstances but will provide you with information about our denial and you can disagree with the denial.

Right to an Accounting of Disclosures We Have Made

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you must submit a request in writing to our Privacy Officer. The request must specify a time period. In addition, the list will not include information that was disclosed to you and to others with your permission, incidental disclosures and disclosures of limited or de-identified health information. If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

Right to Request Restrictions on Uses and Disclosures

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and health care operations. You must submit this request in writing to the Privacy Officer. We are not required to agree to those restrictions and cannot agree to those restrictions which are legally required or which are necessary to run the pharmacy. Once we agree to your request, we will follow your restrictions except if the information is necessary for emergency treatment. You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

Right to Restrict Release of Information for Certain Services

You have the right to request, in writing, restrictions on disclosure of your health information to a health plan if the information pertains solely to a health care item or service for which you have paid out of pocket in full.

Right to Request an Alternative Method of Contact

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address. We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing.

Right to Breach Notification

You have the right to be notified of any breach of your unsecured Personal Health Information.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government. **We will not take any action against you or change our treatment of you in any way if you file a complaint.**

To file a written complaint with us, you may bring your complaint directly to our Privacy Officer, or you may mail it to the following address:

Surety Pro Pharmacy
1805 Kensington Dr.
Waukesha, WI 53188
(262) 548-5965

To file a written complaint with the federal government, please use the following contact information:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Toll-Free Phone: (800) 368-1019

TDD Toll-Free: (800) 537-7697

Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Email: OCRMail@hhs.gov