



## **Your Rights. Our Responsibilities.**

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**This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we use or share
- Get a list of those with whom we've shared information about you
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Raise funds
- Participate in Health Information Exchange(s) (HIEs)

### **Our Uses and Disclosures**

We may use and share information about you as we:

- Treat you
- Operate our organization
- Bill for your services
- Help with public health and safety issues
- Conduct research
- Comply with the law

- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## **Your Rights**

**When it comes to health information about you, you have certain rights.**

This section explains your rights and some of our responsibilities to help you. To exercise any of these rights, you may contact us through the contact information at the end of this notice.

### **Get a copy of your paper or electronic medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. You can ask us to send an electronic copy of your electronic medical record to someone of your choosing. Ask us how to do this.
- We will provide a copy or a summary of health information about you, usually within 30 days of your request, unless a limited basis for denying access applies. We may charge a reasonable, cost-based fee.

### **Ask us to correct your paper or electronic medical record**

- You can ask us to correct information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing.
- Even if we say “no” to your request, you may have the right to submit a written addendum to your record about information you think is incomplete or inaccurate. Ask us how to do this.

### **Request confidential communication**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### **Ask us to limit the information we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no,” such as if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### **Get a list of those with whom we’ve shared health information about you**

- You can ask for a list (accounting) of the times we’ve shared information about you for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about the information we maintain about you.
- We may make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your privacy rights have been violated**

- You can complain if you feel we have violated your rights by contacting us through the contact information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share information about you in the situations described below, talk to us. Tell us what you want us to do, and we generally will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include information about you in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share information about you if we believe it is in your best interest. We may also share information about you when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we *never* share information about you unless you give us written permission:

- Marketing purposes (to the extent that an activity is defined as “marketing” under a federal health information privacy law called the Health Insurance Portability and Accountability Act or otherwise known as “HIPAA”)
- Sale of information about you (to the extent that an activity is defined as a “sale of protected health information” under HIPAA)
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

In the case of our participation in internal Health Information Exchange(s) (HIEs) and external HIE networks:

- We may share information about you electronically with other organizations.

- Individual information that requires a signed authorization by you for release through an HIE *will not* be made available to an HIE without your authorization, unless we are required by law to submit information about you.
- If you do not want information about you to be shared in this way, you can opt out at: [wecarerx@mywecarerx.com](mailto:wecarerx@mywecarerx.com) or by calling us at (832)-582-6933. If you opt out, your health care providers can ask for information about you in another way instead of accessing the information through the HIE.

## **Our Uses and Disclosures**

### **How do we typically use or share health information about you?**

We typically use or share information about you in the following ways.

#### **Treat you**

We can use health information about you and share it with other professionals who are treating you or assisting with your treatment.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### **Operate our organization**

We can use and share health information about you to operate and manage our organization.

*Examples: We use information about you to assess and improve the quality of our treatment services, coordinate your care with other professionals, provide customer service, and raise funds for the benefit of our organization.*

#### **Bill for your services**

We can use and share health information about you to bill and receive payment from health plans or other entities.

*Example: We give information about health care services to you to your health insurance plan so it will pay for your services.*

## **Operations of organized health care arrangements**

Members of our hospitals' medical staff and allied health professionals under an organized health care arrangement (OHCA) may share health information about you with each other as necessary to carry out treatment, payment, or health care operations relating to the OHCA.

## **How else can we use or share health information about you?**

We are allowed or required to share information about you in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share information about you for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## **Help with public health and safety issues**

We can share information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **Conduct research**

We can use or share information about you for health research.

## **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Service Providers**

We can share information about you with service providers that assist us and have contractual obligations to safeguard the information.

### **De-Identified Information**

We may use health information about you to create de-identified information. This is information that has gone through a rigorous process so that the risk that the information can identify you is very small. Sometimes we do this by removing 18 categories of individual identifiers that are specified in the federal HIPAA regulations, such as by removing name, Social Security number, date of birth, address and zip code. Other times, we may have an expert in statistics professionally determine that the risk of someone using the information to identify you is very small. Once health information is de-identified in compliance with HIPAA, we may use or disclose it for various purposes, such as research or

development of new healthcare technologies. We may receive payment for the de-identified information.

### **Special Categories of Medical Information**

We will follow federal and state laws that may offer additional protections beyond this notice regarding information about you such as those that are related to uses and disclosures of mental/behavioral health, drug and alcohol abuse, HIV tests and genetic testing information.

### **State Specific Requirements**

Some states have privacy laws that may apply additional protections to the uses and disclosures of health information. If a state privacy law is more stringent than what is described in this notice in the way that we use or share information about you, we will follow the applicable state law.

### **Our Responsibilities**

- **We are required by law to maintain the privacy and security of health information about you.**
- **We will let you know promptly if a breach occurs that is likely to have compromised the privacy or security of information about you.**
- **We must follow the duties and privacy practices described in this notice.**
- **We will not use or share information about you other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.**

**For more information see:**

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our website.

### **Application of this Notice**

In this notice we use the terms “we,” “us,” and “our” to describe We Care Rx Pharmacy. The notice describes our practices and that of:



- Any health care professional authorized to enter information into your record.
- All departments and units.
- Any member of a volunteer group we allow to help you.
- All employees, staff, and other personnel.
- Our Affiliated Covered Entities (ACE) that are under the common ownership or control of We Care Rx Pharmacy, or otherwise affiliated with We Care Rx Pharmacy.

This notice applies to services at health care delivery sites owned by We Care Rx Pharmacy and its Affiliated Covered Entities that are under the common ownership or control of We Care Rx Pharmacy.

### **Relation to Permissions and Requirements under Federal and State Medical Privacy Laws**

This notice of privacy practices is intended to provide an explanation of your medical privacy rights and our responsibilities in plain, understandable language. The laws governing medical privacy are themselves highly complex. To improve readability, this notice summarizes our obligations and does not include every legal exception that may apply. If we have not included exceptions that are available under the law, this notice should not be read to suggest that the exceptions do not apply. We Care Rx Pharmacy does not intend for this notice to create greater obligations or restrictions on We Care Rx Pharmacy than those required by law.

Effective date: June 1, 2021

## **Contact Information**

We Care Rx Pharmacy Number: 832-582-6933

12390 Kingsride Ln  
Houston, TX 77024

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