



# PATIENT WELCOME PACKET

3740 St. Johns Bluff Road S. Suite 21  
Jacksonville, FL 32224

**Phone:** 904-575-3571 **Toll-Free:** 844-426-6779

**Fax:** 844-904-2667

[www.InjuryScripts.com](http://www.InjuryScripts.com)



WELCOME TO



**TO OUR VALUED PATIENTS:**

We thank you for the opportunity to serve you for all of your pharmacy needs. Our team is dedicated to making your experience with us as comfortable and convenient as possible.

As a healthcare provider, we take care of our community. It's our calling and our passion. Our pharmacy team is dedicated to providing the highest quality of care to our patients with cutting-edge, targeted pharmaceutical therapies.

For your convenience, your medication can be shipped directly to your home.

We look forward to providing you with the best service possible.

Sincerely,

The InjuryScripts Team

***Our Mission Statement***

*Our mission is to ensure that patients and prescribers achieve optimal outcomes by providing smart, innovative, and cutting edge medication management services.*

Email: [customercare@injuryscripts.com](mailto:customercare@injuryscripts.com)





## Welcome Packet Table of Contents

- Cover Page.....1
- Welcome letter..... 2
- Table of Contents..... 3
- Contact & Hours of Operation..... 4
- Patient Management Program .....5
- Specialty Resources.....6
- Prescription Information and Financial Obligation.....7
- Patient's Bill of Rights and Responsibilities.....8
- Privacy Policy.....9-13
- Privacy Policy State Specific Provisions.....14-26
- Natural Disaster Plan.....27
- Patient Safety.....28
- Thank you.....29

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## Contact Us

If you have any questions or concerns regarding your medication(s), please contact us at 844-426-6779.

*If you believe you have a medical emergency, please call 911*

### **Our Pharmacy is Open:**

Monday through Friday, 9 a.m. to 5 p.m. (Eastern Time)

Closed Saturdays and Sundays

**A 24-hour Licensed Pharmacist is available** to address any clinical questions or concerns about your medication(s). To reach a pharmacist, call 844-426-6779.

## Holidays

InjuryScripts is closed in observance of the following holidays:

- New Years Day (January 1)
- Memorial Day (the last Monday in May)
- Independence Day (July 4)
- Labor Day (the first Monday in September)
- Thanksgiving (the fourth Thursday in November)
- Christmas (December 25)

***\*All calls are recorded for quality assurance and training purposes***

Visit our website for more information: [www.InjuryScripts.com](http://www.InjuryScripts.com)

## InjuryScripts' Patient Management Program

At InjuryScripts, providing personalized care to our patients is a top priority. We understand that dealing with your condition can be stressful, which is why we do more than just fill prescriptions. We provide customized education and support to help each patient manage their individual healthcare needs.

InjuryScripts Offers These Benefits to Patients:

- Work with your physician to monitor your medications & assist in your care plan.
- Work with you one-on-one to ensure you are able to take your medication as prescribed by your physician. We will talk to you about your medication, the importance of medication compliance, possible interactions, and explain potential side effects and results of a change in treatment.
- Education and awareness of the injury and how to manage it.
- Contact you once a month when refills are due so your medication is ready when you need it.
- Fill ALL of your prescription medications, consolidating them for convenience.
- Work with your Workers Compensation Carrier or Auto insurance to sort out prior authorization and billing issues so you don't have to.

Working together as a care team will allow us to make sure you receive the communication you need to comply with your therapy and achieve the best possible outcomes.

### Rights and Responsibilities

- The right to know about philosophy and characteristics of the patient management program.
- The right to have personal health information shared with the patient management program only in accordance with State and Federal law.
- The right to identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested.
- The right to speak to a health professional.
- The right to receive information about the patient management program.
- The right to receive administrative information regarding changes, in or termination of, the patient management program.
- The right to decline participation, revoke consent or dis-enroll at any point in time.
- The responsibility to submit any forms that are necessary to participate in the program, to the extent required by law.
- The responsibility to give accurate clinical and contact information and to notify the patient management program of changes in this information.
- The responsibility to notify their treating provider of their participation in the patient management program, if applicable.

\* *As a patient, you have the option to opt out of this Patient Management Program at any time by asking us to do so.*

To contact us, please call: 844-426-6779



## Specialty Pharmacy Patient Resources

### **Patient Advocacy**

You can contact any of the resources below to learn more, and connect with support groups and other organizations dedicated to educating patients about their condition. In addition to education, these organizations can provide valuable support to patients dealing with complex and difficult healthcare needs.

#### **Hepatitis C Careline:**

1-844-737-6676

#### **MS Advocate for Change**

1-800-344-4867

#### **RA Advocate 101**

1-800-283-7800

#### **Crohn's and Colitis Advocacy Network**

1-800-932-2423

### **Appeals Process**

In the event that a patient requires assistance in preparing for an appeal of a decision, an InjuryScripts employee will educate and assist the member throughout the entire process. First, the member is contacted upon the denial of a prior authorization. During this time, the InjuryScripts employee will review the reason for denial and educate the patient on the appeals process. Next, all requested documentation is gathered by the provider and/or patient for submission to the appropriate appeals department. While waiting on the appeal decision, the InjuryScripts employee will offer any assistance such as follow up conversations or interim alternative therapy. This assistance may be in the form of written documentation, phone calls, or whatever is deemed necessary by the payer.

## **Prescription Information**

### **How to fill your prescription(s):**

Your Physician can fax your prescription directly to InjuryScripts or you can bring the prescription from your Physician into our pharmacy located:

3740 St. Johns Bluff Road S. Suite 21, Jacksonville, Fl. 32224 during regular business hours.

### **How to refill your prescription(s):**

You can call InjuryScripts at 844-426-6779 or text "REFILL" to 904-440-0441.

Ask us about our SMART Refills. With SMART Refills, you don't have to lift a finger. We will always contact you to let you know when your medication is ready to be refilled.

### **How to transfer your prescription(s):**

It's easy to transfer a prescription from one pharmacy to another. You can call InjuryScripts at 844-426-6779 and speak with one of our Customer Care Representatives. You will need to provide your name, phone number, pharmacy, and current medications. InjuryScripts will contact your current pharmacy to transfer your prescription. If the prescription has no remaining refills, our pharmacy will contact your prescribing physician.

### **Questions on the status of your prescription(s):**

For your convenience, we offer Text Message Alerts. InjuryScripts will send you a text: when prescription is received, with pricing information, with any delays in filling your prescription, when medication is being prepared and when your prescription is ready to be picked up, delivered, or shipped. If you have any questions on the status of your prescription, please call 844-426-6779 and speak with one of our Customer Care Representatives during regular business hours. If you leave a voicemail, a representative will get back to you within one business day.

### **Financial Obligation**

Before your prescription is dispensed, you will be informed of your financial obligations. Payments can be made by:

- Credit card at the pharmacy or over the phone
- Cash, check, or money order at the pharmacy or sent through the mail 7

# PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

## PATIENT RIGHTS

As patients, you have the right to:

- Be treated with courtesy and respect, with appreciation of your individual dignity, and with protection of your need for privacy.
- A prompt and reasonable response to questions and requests.
- Know who is providing pharmacy services and who is responsible for your care.
- Know what patient support services are available, including whether an interpreter is available.
- Know what rules and regulations apply to your conduct.
- Refuse any treatment, except as otherwise provided by law.
- Be given, upon request, full information and necessary counseling on the availability of known financial resources for your care.
- Know, upon request, prior to treatment, whether the pharmacy accepts the Medicare plan.
- Receive, upon request, prior to treatment, a reasonable estimate of charges for pharmacy services.
- Receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- Impartial access to medications, regardless of race, national origin, religion, handicap, or source of payment.
- Express grievances regarding any violation of your rights, as stated in Florida law, through the grievance procedure of the pharmacy which served you and to the appropriate state licensing agency.

## PATIENT RESPONSIBILITIES

As patients, your responsibilities are:

- Providing to the pharmacist, to the best of your knowledge, accurate and complete information about medications and other matters relating to your health.
- Reporting unexpected changes in your condition to the pharmacist.
- Reporting to the pharmacist whether you comprehend a contemplated course of action and what is expected of you.
- Following your treatment plan.
- Your actions if you refuse treatment or do not follow the pharmacist's instructions.
- Assuring that the financial obligations of your health care are fulfilled as promptly as possible.
- Following health care facility rules and regulations affecting patient care and conduct.



## Privacy Policy

### Your Information. Your Rights. Our Responsibilities.

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.**

#### Your Rights

You have the right to:

- Receive 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 share
- Receive a list of those with whom we've shared your information
- Receive 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
- Market our services and sell your information
- Raise funds

#### Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do 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

***\*All calls are recorded for quality assurance and training purposes***



## Privacy Policy Continued

### Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### Receive an electronic or paper copy of your 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. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You can ask us to correct health 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 within 60 days.

#### Request confidential communications

- 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 what 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” 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.

#### Receive a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information 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 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.

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## Privacy Policy Continued

### 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 your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- 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 your information in the situations described below, talk to us. Tell us what you want us to do, and we 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 your information 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 your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

### Our Uses and Disclosures

#### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Treat you

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

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

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## Privacy Policy Continued

### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

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

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

We are allowed or required to share your information 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 your information 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 health 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

### **Do research**

We can use or share your information 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.

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## Privacy Policy Continued

### 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.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information 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, in our office, and on our web site.

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# Privacy Policy

## State Specific Provisions

Effective Date: 03/18/2026

**Privacy Officer**

**Phone: 904-575-3575**

**Email: [compliance@injuryscripts.com](mailto:compliance@injuryscripts.com)**

## State Specific Provisions: ALABAMA

### Disclosure – Pharmacy Records

We will not disclose your personal records to anyone without your authorization, except where it is in your best interest or where the law requires the disclosure.

**Medicaid:** For Medicaid recipients; We will disclose information pertaining to your treatment (including billing statements and itemized bills) only to: (a) the Medicaid Fiscal Agent; (b) the Social Security Administration; (c) the Alabama Vocational Rehabilitation Agency; (d) the Alabama Medicaid Agency; (e) insurance companies requesting information about a Medicaid claim filed by the provider, an insurance application, payment of life insurance benefits, or payment of a loan; or (f) other providers who need the information for treatment of a patient.

**ALASKA:** n/a

**ARIZONA: Communicable Disease Information:** We will not disclose any confidential communicable disease related information about you, unless you or your health care decision maker have provided us with a written authorization allowing the release or where we are authorized by State or required by federal law to make the disclosure.

**ARKANSAS:** n/a

## CALIFORNIA

California law limits disclosure of your medical information in certain ways that would otherwise be permitted under federal law. The pharmacy will disclose your information to you or your authorized representative, as required by law, to: (a) a court pursuant to an order of that court; (b) a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority or an investigative subpoena issued in accordance with State law; (c) a party to a proceeding before a court or administrative agency pursuant to a subpoena, subpoena duces tecum, or notice to appear served in accordance with State law, or to any provision authorizing discovery; (d) an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum, issued under State law, or to another provision authorizing discovery, (e) a governmental law enforcement agency pursuant to a lawfully issued search warrant; (f) a coroner, when requested in the course of an investigation by the coroner's office for certain specific purposes; and (g) when otherwise specifically required by law. In the situations described below, the pharmacy will disclose your medical information to: (a) Providers of health care, health care service plans, contractors or other health care professionals or facilities for purposes of diagnosis or treatment; (b) an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor or any other person or entity responsible for paying for health care services rendered to you to the extent necessary to allow responsibility for payment to be determined and payment to be made. If you are, unable to consent to the disclosure because of a disabling medical condition and no other arrangements have been made to pay for the health care services being rendered to you, the information may also be disclosed to a governmental authority to the extent necessary to determine your eligibility for, and to obtain, payment under a governmental program for health care services provided to you. The information may also be disclosed to another provider of health care or health care service plan as necessary to assist the other provider or health care service plan in obtaining payment for health care services rendered by that provider of health care or health care service plan to you; (c) a person or entity that provides billing, claims management, medical data processing, or other administrative services for providers of health care or health care service plans or for an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor or any other person or entity responsible for paying for health care services rendered to you; (d) an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum, issued under State law, or to another provision authorizing discovery, enforcement agency pursuant to a lawfully issued search warrant; (f) a coroner, when requested in the course of an investigation by the coroner's office for certain specific purposes; and (g) when otherwise specifically required by law.

## CALIFORNIA Continued...

In the situations described below, the pharmacy will disclose your medical information to: (a) Providers of health care, health care service plans, contractors or other health care professionals or facilities for purposes of diagnosis or treatment; (b) an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor or any other person or entity responsible for paying for health care services rendered to you to the extent necessary to allow responsibility for payment to be determined and payment to be made. If you are, unable to consent to the disclosure because of a disabling medical condition and no other arrangements have been made to pay for the health care services being rendered to you, the information may also be disclosed to a governmental authority to the extent necessary to determine your eligibility for, and to obtain, payment under a governmental program for health care services provided to you. The information may also be disclosed to another provider of health care or health care service plan as necessary to assist the other provider or health care service plan in obtaining payment for health care services rendered by that provider of health care or health care service plan to you; (c) a person or entity that provides billing, claims management, medical data processing, or other administrative services for providers of health care or health care service plans or for an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor or any other person or entity responsible for paying for health care services rendered to you (d) organized committees and agents of professional societies or of medical staffs of licensed hospitals, licensed health care service plans, professional standards review organizations, independent medical review organizations and their selected reviewers, utilization and quality control peer review organizations, contractor's or persons or organizations insuring, responsible for, or defending professional liability that a provider may incur, if the committees, agents, health care service plans, organizations, reviewers, contractors or persons are engaged in reviewing the competence or qualifications of health care professionals or in reviewing health care services with respect to medical necessity, level of care, quality of care, or justification of charges; (e) a provider of health care or health care service plan that has created medical information as a result of employment-related health care services to you as an employee conducted at the specific prior written request and expense of the employer may disclose to your employer that: (1) is relevant in a law suit, arbitration, grievance, or other claim or challenge to which the employer and you as an employee are parties and in which you have placed in issue your medical history, mental or physical condition, or treatment, provided that information may only be used or disclosed in connection with that proceeding; (2) describes functional limitations of you that may entitle you to leave from work for medical reasons or limit your fitness to perform your present employment, provided that no statement of medical cause is included in the information disclosed; (f) a sponsor, insurer, or administrator of a group or individual insured or uninsured plan or policy that you seek coverage by or benefits from, if the information was created by the provider of health care or health care service plan as the result of services conducted at the specific prior written request and expense of the sponsor, insurer, or administrator for the purpose of evaluating the application for coverage or benefits unless the provider of health care or health care service plan is notified in writing of an agreement by the sponsor, insurer, or administrator to the contrary; (g) a health care service plan by providers of health care that contract with the health care service plan and may be transferred among providers of health care that contract with the health care service plan, for the purpose of administering the health care service plan; (h) an insurance institution, agent or support organization of medical information if the insurance institution, agent, or support organization has complied with all requirements for obtaining the information pursuant to the requirements of the California Insurance Code provisions. (i) an organ procurement organization or a tissue bank processing the tissue of a decedent for transplantation into the body of another person, but only with respect to the donating decedent for the purpose of aiding the transplant; (j) a third party for purposes of encoding, encrypting, or otherwise anonymizing data; (d) an arbitrator or arbitration panel, when arbitration is lawfully requested by either party, pursuant to a subpoena duces tecum, issued under State law, or to another provision authorizing discovery, (e) a governmental law enforcement agency pursuant to a lawfully issued search warrant; (f) a coroner, when requested in the course of an (k) any entity contracting with a health care service plan or the health care service plan's contractors to monitor or administer care of enrollees for a covered benefit, provided that the disease management services and care are authorized by a

**CALIFORNIA Continued...** treating physician or to any disease management organization that complies fully with the physician authorization requirements, provided that the health care service plan or its contractor provides or has provided a description of the disease management services to a treating physician or to the health care service plan's or contractor's network of physicians for purposes of disease management programs and services; (l) an employee welfare benefit plan governed by ERISA to the extent that the employee welfare benefit plan provides medical care, and may also be disclosed to an entity contracting with the employee welfare benefit plan for billing, claims management, medical data processing, or other administrative services related to the provision of medical care to persons enrolled in the employee welfare benefit plan for health care coverage, if all of the following conditions are met: (1) the disclosure is for the purpose of determining eligibility, coordinating benefits, or allowing the employee welfare benefit plan, or the contracting entity, to advocate on the behalf of a patient or enrollee with a provider, a health care service plan, or a state or federal regulatory agency. (2) the request for the information is accompanied by a written authorization for the release of the information consistent with the California Confidentiality of Medical Information Act; (3) the disclosure is authorized by and made in a manner consistent with the Health Insurance Portability and Accountability Act (HIPAA). (4) any information disclosed is not further used or disclosed by the recipient in any way that would directly or indirectly violate this part or the restrictions imposed HIPAA; and (m) a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with those entities. We will also disclose your medical information to a family member, other relative, domestic partner, or a close personal friend, or any other person identified by you, if you agree or do not object, or we can infer from the circumstances that you do not object, or if you are incapacitated or in an emergency situation, when it is in your best interests. In such cases, we will only disclose information directly relevant to the person's involvement with care or payment. We will use our use professional judgment and experience with common practice to make reasonable inferences of your best interest in allowing a person to act on behalf of the patient to pick up filled prescriptions, medical supplies, or other similar forms of medical information.

**No Use for Sales or Marketing:** Unless authorized by you, we will not intentionally share, sell, use for marketing, or otherwise use your medical information for a purpose not necessary to provide health care services to you. **HIV Test Results:** We will not disclose HIV test results or HIV status without your authorization or that of your legal representative, conservator, or other person authorized by law, except as authorized by State law or required by federal law.

**COLORADO: Disclosure-Pharmacy Information:** We will not release your identifiable prescription information to anyone other than you or your designee or authorized representative, unless requested by any of the following persons or entities: a. the practitioner who furnished the prescription or another licensed practitioner caring for you; b. another pharmacist or intern serving you, c. a pharmacy technician or another pharmacist, or intern maintaining your records; d. the Board of Pharmacy or another state or federal agency authorized to receive the information; e. any third party entities responsible for payment; f. any other parties allowed by federal privacy regulations.

**Disclosure-HIV Information:** We will not disclose your AIDS or HIV-related reports or records without your authorization, except as required or permitted by federal law or state law.

**CONNECTICUT: Disclosure – Pharmacy Information:** We will not disclose information about pharmaceutical services rendered to you to third parties without your consent, except to the following persons: (a) the prescribing practitioner or a pharmacist or another prescribing practitioner presently treating you when deemed medically appropriate; (b) a nurse who is acting as an agent for a prescribing practitioner that is presently treating you or a nurse providing care to you in a hospital; (c) third party payors who pay claims for pharmaceutical services rendered to you or who have a formal agreement or contract to audit any records or information in connection with such claims; (d) any governmental agency with statutory authority to review or obtain such information; (e) any individual, the state or federal government or any agency thereof or court pursuant to a subpoena; and (f) any individual, corporation, partnership or other legal entity that has a written agreement with the pharmacy to access the pharmacy's database provided the information accessed is limited to data that does not identify specific individuals. **Sale of Information:** We will not sell your individually identifiable medical record information.

**HIV-related Information:** We will not disclose confidential HIV-related information without your authorization or that of your guardian or other personal authorized to consent to your health care, except as authorized by State law or required by federal law.

**DELAWARE: HIV Information:** We will not disclose information that would indicate HIV test results without your authorization or that of your legal guardian, except as authorized by State law or required by federal law.

**FLORIDA:** We will not disclose your pharmacy records without your written authorization except to: (a) you; (b) your legal representative; (c) the Department of Health pursuant to existing law; (d) in the event that you are incapacitated or unable to request your records, your spouse; (e) in any civil or criminal proceeding, upon the issuance of a subpoena from a court of competent jurisdiction and proper notice to you or your legal representative, by the party seeking the records, and; (f) as otherwise authorized by state law. **HIV Test Results:** We will not disclose medical record information that indicated HIV test results without your authorization or that of your legally authorized representative, except as authorized by State law or required by federal law. **Immunization Records:** We will not disclose your immunization records without your authorization, except as permitted by State Law.

**GEORGIA:** Unless authorized by you, we will not disclose your confidential information to anyone other than you or your authorized representative, except to the following persons or entities: (a) the prescriber, or other licensed health care practitioners caring for you; (b) another licensed pharmacist for purposes of transferring a prescription or as part of a patient's drug utilization review, or other patient counseling requirements; (c) the Board of Pharmacy, or its representative; or (d) any law enforcement personnel duly authorized to receive such information. We may also disclose your confidential information without your consent pursuant to a subpoena issued and signed by an authorized government official or a court order issued and signed by a judge of an appropriate court.

**HIV/AIDS Information:** We will not disclose AIDS confidential information, without your authorization, except as authorized by State law or required federal law to make the disclosure.

**HAWAII: HIV/ARC/AIDS Information:** We will not disclose any HIV/AIDS/ARC-related information, except in situations where you have provided us with prior written consent allowing the release or where we are authorized by state or required by federal law to make the disclosure.

**IDAHO: Disclosure – Pharmacy Information:** We will not release your identifiable prescription information to anyone other than you or your designee, unless requested by any of the following persons or entities: (a) the Board of Pharmacy, or its representatives, acting in their official capacity; (b) the practitioner, or the practitioner's designee, who issued your prescription; (c) other licensed health care professionals who are responsible for the your care; (d) agents of the Department of Health and Welfare when acting in their official capacity with reference to issues related to the practice of pharmacy; (e) agents of any board whose practitioners have prescriptive authority, when the board is enforcing laws governing that practitioner; (f) an agency of government charged with the responsibility for providing medical care for you; (g) the federal Food and Drug Administration, for purposes relating to monitoring of adverse drug events in compliance with the requirements of federal law, rules or regulations adopted by the FDA; and (h) the authorized insurance benefit provider or health plan that provides your health care coverage or pharmacy benefits.

**ILLINOIS: HIV Test Information:** We will not disclose any HIV test result information without authorization by you or your legal representative, except where we are authorized by State law or required by federal law to make the disclosure.

**INDIANA: Disclosure – Pharmacy Information:** We will disclose your confidential information only when it is in your best interests, when the information is requested by the Board of Pharmacy or its representatives or by a law enforcement officer charged with the enforcement of laws pertaining to drugs or devices or the practice of pharmacy, or when disclosure is essential to our business operations.

**IOWA: HIV/AIDS-Related Information:** We will not disclose any HIV/AIDS-related information, except in situations where you have provided us with a written authorization allowing the release or where we are authorized by State law or required by federal law to make the disclosure.

**KANSAS:** n/a

**KENTUCKY: Disclosure – Pharmacy Information :** We will not disclose your patient information or the nature of professional services rendered to you without your express consent or without a court order, except to the following authorized persons: (a) members, inspectors, or agents of the Board of Pharmacy; (b) you, your agent, or another pharmacist acting on your behalf; (c) certified or licensed health care personnel who are responsible for your care; (d) certain state government agents charged with enforcing the controlled substances laws; (e) federal, state, or municipal government officers who are investigating a specific person regarding drug charges; and (f) a government agency that may be providing medical care to you, upon that agency's written request for information.

**Minimum Necessary:** We will only use your information to provide pharmacy care. **HIV Test Information:** We will not disclose any HIV test result information without your authorization or that of your legally authorized representative, except where we are authorized by State law or required by federal law to make the disclosure.

**LOUISIANA: HIV Test Information:** We will not disclose any HIV test result information, except in situations where you have provided us with written authorization for the release or where we are authorized by State law or required by federal law to make the disclosure.

**MAINE: HIV Test Results:** We will not disclose the results of an HIV test without your authorization, except as authorized by State law or required by federal law.

**MARYLAND: n/a**

**MASSACHUSETTS: Disclosure – Pharmacy Information:** We will only disclose your information without your authorization only to you or to those practitioners and other pharmacists where such release is necessary to protect your and well-being; and to such other persons or governmental agencies authorized by law to receive such confidential information.

**MICHIGAN: Disclosure – Pharmacy Records:** Unless authorized by you, we will not disclose your prescription or equivalent record on file, except to the following persons: (a) you, or another pharmacist acting on your behalf; (b) the authorized prescriber who issued the prescription, or a licensed health professional who is currently treating you; (c) an agency or agent of government responsible for the enforcement of laws relating to drugs and devices; (d) a person authorized by a court order; or (e) a person engaged in research projects or studies with protocols approved by the board. **HIV/AIDS Information:** We will not disclose AIDS-related information about an individual except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized by State or required by federal law to make the disclosure.

**MINNESOTA: Disclosure – Health Care Provider:** We will not release your health records without your authorization, specific authorization in law, or a representation from a provider that holds a patient authorization, except to: (a) another provider, upon the request of the patient; (b) for a medical emergency when the provider is unable to obtain the patient's consent due to the patient's condition or the nature of the medical emergency; (c) to other providers within related health care entities when necessary for the current treatment of the patient; (d) to a licensed health care facility when a patient is returning to the health care facility and unable to provide consent; (e) to the release of health records to the commissioner of health or the Minnesota Health Data Institute under chapter 62J, provided that the commissioner encrypts the patient identifier upon receipt of the data; (f) to a record locator services; (g) health records relating to a patient's mental health to a law enforcement agency if the law enforcement agency if the patient is involved in an emergency; and disclosure is necessary to protect the health or safety of the patient or of another person; (h) for mental health care and treatment to a family member of the patient or other person who requests the information if the request meets the conditions specified in State law; or (i) for research purposes as specified in State law. **Disclosure – Pharmacy Records:** We will not disclose your prescription orders or the contents thereof, except to: (a) you, your agent, or another pharmacist acting on your behalf or your agent's behalf; (b) the licensed practitioner who issued the prescription; (c) the licensed practitioner who is currently treating you; (d) a member, inspector, or investigator of the board or any federal, state, county, or municipal officer whose duty it is to enforce the laws of this state or the United States relating to drugs and who is engaged in a specific investigation involving a designated person or drug; (e) an agency of government charged with the responsibility of providing medical care for you; (f) an insurance carrier or attorney on receipt of written authorization signed by you or your legal representative, authorizing the release of such information; and (g) any person duly authorized by a court order.

**MISSISSIPPI:** n/a

**MISSOURI: HIV/AIDS Information:** We will not disclose any HIV/AIDS-related information, except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized by State or required by federal law to make the disclosure.

**MONTANA:** We will not disclose your information without your authorization, except to the extent a recipient needs to know the information, if the disclosure is: (a) to a person who is providing health care to the patient; (b) to any other person who requires health care information for health care education; to provide planning, quality assurance, peer review, or administrative, legal, financial, or actuarial services to the health care provider; for assisting the health care provider in the delivery of health care; or to a third-party health care payor who requires health care information and if the health care provider reasonably believes that the person will: (1) not use or disclose the health care information for any other purpose; and (2) take appropriate steps to protect the health care information; (c) to any other health care provider who has previously provided health care to the patient, to the extent necessary to provide health care to the patient, unless the patient has instructed the health care provider not to make the disclosure; (d) to immediate family members of the patient or any other individual with whom the patient is known to have a close personal relationship, if made in accordance with the laws of the state and good medical or other professional practice, unless the patient has instructed the health care provider not to make the disclosure; (e) to a health care provider who is the successor in interest to the health care provider maintaining the health care information; (f) for use in a research project that has been approved by an institutional review board has determined: (g) to a person who obtains information for purposes of an audit, if that person agrees in writing to: (1) remove or destroy, at the earliest opportunity consistent with the purpose of the audit, information that would enable the patient to be identified; and (2) not disclose the information further, except to accomplish the audit or to report unlawful or improper conduct involving fraud in payment for health care by a health care provider or patient or other unlawful conduct by a health care provider; (h) to an official of a penal or other custodial institution in which the patient is detained; and (i) to any contact who has been exposed to HIV, if the health care provider reasonably believes that disclosure will avoid or minimize an imminent danger to the health or safety of the contact or any other individual; (j) to federal, state, or local public health authorities, to the extent the health care provider is required by law to report health care information or when needed to protect the public health; (k) to federal, state, or local law enforcement authorities to the extent required by law; (l) in response to a request of the office of victims services for information under State law; (m) pursuant to compulsory process in accordance with State law; or (n) to the state medical examiner or a county coroner for use in determining cause of death. The information is required to be held confidential as provided by law. **Medicaid:** For Medicaid recipients: We will only use your information for purposes related to administration of the Montana Medicaid program. We will not disclose your information without your written consent, except to state authorities. **Sexually Transmitted Diseases:** We will not disclose information concerning persons infected, or reasonably suspected to be infected with a sexually transmitted disease, except to: (a) personnel of the Montana Department of Public Health and Human Services; (b) a physician who has obtained the written consent of the person whose record is requested; or (c) a local health officer.

**NEBRASKA:** n/a

**NEVADA: Disclosure – Pharmacy Records**

We will not disclose the contents of your prescriptions or disclose any copies of your prescriptions, other than to you, except to: (a) the practitioner who issued the prescription; (b) the practitioner who is currently treating you; (c) a member, inspector or investigator of the Nevada Board of Pharmacy, an inspector of the FDA, or an agent of the investigation division of the department of public safety; (d) an agency of state government charged with the responsibility of providing medical care for you; (e) an insurance carrier, on receipt of your written authorization or your legal guardian authorizing the release of information; (f) any person authorized by an order of a district court; (g) a member, inspector, or investigator of a professional licensing board that licenses the practitioner who orders the prescriptions filled at the pharmacy; and (h) other registered pharmacists for the limited purpose of and to the extent necessary for the exchange of information regarding persons suspected of misusing prescriptions to obtain excessive amounts of drugs or failing to use a drug in conformity with the directions for its use, or taking a drug in combination with other drugs in a manner that could result in injury to that person. (j) A peace officer employed by a local government for the limited purpose of and to the extent necessary.

**NEVADA Continued...Communicable Diseases:** We will not disclose any personal information about an individual who has, or is suspected of having, a communicable disease, without the individual's written consent, except as follows: (a) for statistical purposes, as long as the identity of the person is not discernible from the information disclosed; (b) in a prosecution for a violation or a proceeding for an injunction brought pursuant to the communicable disease laws; (c) in reporting the actual or suspected abuse or neglect of a child or elderly person; (d) to any person who has a medical need to know the information for his own protection or for the well-being of a patient or dependent person, as determined by the health authority in accordance with regulations of the state board of health; (e) pursuant to specified statutes that require the reporting of certain test results; (f) if the disclosure is made to the department of health and human services and the person about whom the disclosure is made has been diagnosed as having AIDS or an illness related to HIV and is a recipient of or an applicant for Medicaid; (g) to a fireman, police officer or person providing emergency medical services if the board has determined that the information relates to a communicable disease significantly related to that occupation and the information is disclosed in the manner prescribed by the state board of health; and (h) if the disclosure is authorized or required by specific statute. **Immunization Records:** We will release your immunization records only to: (1) you or your authorized agents; (b) Physicians and other pharmacists or intern pharmacists as necessary to protect your health and well-being; (c) The Board or other federal, state or local agencies authorized by law to receive such information; (d) A law enforcement agency engaged in the investigation of a suspected violation involving a controlled substance or dangerous drug; (e) A person employed by any state agency that licenses a physician for his or her official duties; or (f) An insurance carrier or other third party payor authorized by you to receive such information.

**NEW HAMPSHIRE: Sales or Marketing – Prescription Information:** We will not use, release, or sell your identifiable medical information for the purposes of sales or marketing of services or products unless you have provided us with a written authorization permitting such activity.

**NEW JERSEY: Communicable Disease:** We will not disclose information regarding a venereal disease, except: (a) to your physician, (b) to a health authority; or (c) in the event of a prosecution, to a prosecuting officer or to the court.

**NEW MEXICO: Disclosure:** Unless we receive a written consent from you, we will not disclose your confidential information to anyone other than you or your authorized representative, except to the following persons or entities: (a) pursuant to the order or direction of a court; (b) to the prescriber or other licensed practitioner caring for you; (c) to another licensed pharmacist where it is in your best interest; (d) to the Board of Pharmacy or its representative or to such other persons or governmental agencies duly authorized by law to receive such information; (e) to transfer a prescription to another pharmacy as required by the provisions of patient counseling; (f) to provide a copy of a non-refillable prescription to you; (g) to provide drug therapy information to physicians or other authorized prescribers for their patients; (h) in compliance with the Health Insurance Portability and Accountability Act; or (i) as required by the provisions of the patient counseling regulations. **STD Test Results:** We will not disclose results of a test for STDs, except as permitted by state law or required by federal law.

**NEWYORK: HIV-related Information:** We will not disclose HIV-related information except to you or your authorized representative, or as permitted by State law or required by federal law.

**NORTH CAROLINA: Disclosure – Pharmacy-Records:** We will not disclose or provide a copy of your prescription orders on file, except to: (a) you; (b) your parent or guardian or other person acting as a parent if you are a minor and have not lawfully consented to the treatment of the condition for which the prescription was issued; (c) the licensed practitioner who issued the prescription or who is treating you; (d) a pharmacist who is providing pharmacy services to you; (e) anyone who presents a written authorization for the release of pharmacy information signed by you or your legal representative; (f) any person authorized by subpoena, court order or statute; (g) any firm, company, association, partnership, business trust, or corporation who by law or by contract is responsible for providing or paying for medical care for you; (h) any member or designated employee of the Board of Pharmacy; (i) the executor, administrator or spouse of a deceased patient; (j) Board-approved researchers, if there are adequate safeguards to protect the confidential information; and (k) the person who owns the pharmacy or his licensed agent. **AIDs-related Information:** We will not disclose AIDs-related information except to you or your authorized representative, or as permitted by State law or required by federal law.

**NORTH DAKOTA:** n/a

**OHIO:** Unless we have obtained your written consent, we will only disclose your pharmacy records, except to: (a) you; (b) the prescriber who issued the prescription or medication order; (c) certified/licensed health care personnel who are responsible for your care; (d) a member, inspector, agent, or investigator of the state board of pharmacy or any federal, state, county, or municipal officer whose duty is to enforce the laws of this state or the United States relating to drugs and who is engaged in a specific investigation involving a designated person or drug; (e) an agent of the state medical board when enforcing the statutes governing physicians and limited practitioners; (f) an agency of government charged with the responsibility of providing medical care for you, upon a written request by an authorized representative of the agency requesting such information; (g) an agent of a medical insurance company who provides prescription insurance coverage to you, upon authorization and proof of insurance by you or proof of payment by the insurance company for those medications whose information is requested; (h) an agent who contracts with the pharmacy as a "business associate" in accordance with the regulations promulgated by the secretary of the United States department of health and human services pursuant to the federal standards for privacy of individually identifiable health information; (i) an agent of the state nursing board when enforcing the laws governing nurses; or (j) in emergency situations, when it is in your best interest.

**OKLAHOMA: Disclosure – Pharmacy Specific:** We will not divulge the nature of your problems or ailments or any confidence you have entrusted to the pharmacist in his professional capacity, except in response to legal requirements, to your physician, or where it is in your best interest. **Communicable and Venereal Diseases:** We will not disclose information that identifies any person who has or may have a communicable or reportable disease, unless authorized by the individual or as otherwise permitted under state law. Whenever possible, we will de-identify such information prior to disclosure.

**OREGON:** n/a

**PENNSYLVANIA: HIV/AIDS-Related Information:** We will not disclose any HIV-related information, except in situations where the subject of the information has provided us with a written consent allowing the release or where we are authorized by State or required by federal law to make the disclosure.

**PUERTO RICO:** n/a

**RHODE ISLAND:** We will only disclose your prescription information to our agents and persons directly involved in your care. We will not disclose your confidential health care information without your consent, except in the following situations: (a) to a physician, dentist, or other medical personnel who believe in good faith that the information is necessary to diagnose or treat you in a medical or dental emergency; (b) to qualified personnel for the purpose of conducting scientific research, management audits, financial audits, program evaluations, actuarial, insurance underwriting, or similar studies, provided that personnel does not identify, directly or indirectly, you in any report of that research, audit, or evaluation, or otherwise disclose your identity in any manner; (c) to appropriate law enforcement personnel, or to a person if the pharmacist believes that you may pose a danger to that person or his or her family; or to appropriate law enforcement personnel if you have attempted or are attempting to obtain narcotic drugs from the pharmacy illegally; or to appropriate law enforcement personnel or appropriate child protective agencies if you are a minor child who the pharmacist believes, after providing services to you, to have been physically or psychologically abused; (d) between or among qualified personnel and health care providers within the health care system for purposes of coordination of health care services given to you and for purposes of education and training within the same health care facility; (e) to third party health insurers for the purpose of adjudicating health insurance claims including to utilization review agents; (f) to a malpractice insurance carrier or lawyer if we have reason to anticipate a medical liability action; (g) to our own lawyer or medical liability insurance carrier if you initiate a medical liability action against our pharmacy; (h) to public health authorities in order to carry out their designated functions. These functions include, but are not restricted to, investigations into the causes of disease, the control of public health hazards, enforcement of sanitary laws, investigation of reportable diseases, certification and licensure of health professionals and facilities, and review of health care such as that required by the federal government and other governmental agencies; (i) to the state medical examiner in the event of a fatality that comes under his or her jurisdiction; (j) in relation to information that is directly related to a current claim for workers' compensation benefits or to any proceeding before the workers' compensation commission or before any court proceeding relating to workers' compensation; (k) to our attorneys whenever we consider the release of information

**RHODE ISLAND Continued...** to be necessary in order to receive adequate legal representation; (l) to a law enforcement authority to protect the legal interest of an insurance institution, agent, or insurance-support organization in preventing and prosecuting the perpetration of fraud upon them; (m) to a grand jury or to a court of competent jurisdiction pursuant to a subpoena or subpoena duces tecum when that information is required for the investigation or prosecution of criminal wrongdoing by a health care provider relating to his or her or its provisions of health care services and that information is unavailable from any other source; provided, that any information so obtained is not admissible in any criminal proceeding against you; (n) to the state board of elections pursuant to a subpoena or subpoena duces tecum when the information is required to determine your eligibility to vote by mail ballot and/or the legitimacy of a certification by a physician attesting to a voter's illness or disability; (o) to certify the nature and permanency of your illness or disability, the date when you were last examined and that it would be an undue hardship for you to vote at the polls so that you may obtain a mail ballot; (p) to the Medicaid fraud control unit of the attorney general's office for the investigation or prosecution of criminal or civil wrongdoing by a health care provider relating to his or her or its provision of health care services to then Medicaid eligible recipients or patients, residents, or former patients or residents of long term residential care facilities; provided, that any information obtained is not admissible in any criminal proceeding against you; (q) to the state department of children, youth, and families pertaining to the disclosure of health care records of children in the custody of the department; (r) to the foster parent or parents pertaining to the disclosure of health care records of children in the custody of the foster parent or parents; provided, that the foster parent or parents receive appropriate training and have ongoing availability of supervisory assistance in the use of sensitive information that may be the source of distress to these children; or (s) to the workers' compensation fraud prevention unit for purposes of investigation.

**SOUTH CAROLINA:** We will not disclose your prescription drug information without first obtaining your consent, except in the following circumstances: (a) the lawful transmission of a prescription drug order in accordance with state and federal laws pertaining to the practice of pharmacy; (b) communications among licensed practitioners, pharmacists and other health care professionals who are providing or have provided services to you; (c) information gained as a result of a person requesting informational material from a prescription drug or device manufacturer or vendor; (d) information necessary to effect the recall of a defective drug or device or protect the health and welfare of an individual or the public; (e) information whereby the release is mandated by other state or federal laws, court order, or subpoena or regulations (e.g., accreditation or licensure requirements); (f) information necessary to adjudicate or process payment claims for health care, if the recipient makes no further use or disclosure of the information; (g) information voluntarily disclosed by you to entities outside of the provider-patient relationship; (h) information used in clinical research monitored by an institutional review board, with your written authorization; (i) information that does not identify you by name, or that is encoded so that identifying you by name or address is generally not possible, and that is used for epidemiological studies, research, statistical analysis, medical outcomes, or pharmaco-economic research; (j) information transferred in connection with the sale of a business; (k) information necessary to disclose to third parties in order to perform assurance programs, medical records review, internal audits or similar programs, if the third party makes no other use or disclosure of the information; (l) information that may be revealed to a party who obtains a dispensed prescription on your behalf; or (m) information necessary in order for a health plan licensed by the South Carolina Department of Insurance to perform case management, utilization management, and disease management for individuals enrolled in the health plan, if the third party makes no other use or disclosure of the information. We will not disclose your information or the nature of professional pharmacy services rendered to you, without your express consent or the order or direction of a court, except to: (a) you, or your agent, or another pharmacist acting on your behalf; (b) the practitioner who issued the prescription drug order; (c) certified/licensed health care personnel who are responsible for your care; (d) an inspector, agent or investigator from the Board of Pharmacy or any federal, state, county, or municipal officer whose duty is to enforce the laws of South Carolina or the United States relating to drugs or devices and who is engaged in a specific investigation involving a designated person or drug; and (e) a government agency charged with the responsibility of providing medical care for you upon written request by an authorized representative of the agency requesting the information.

**SOUTH DAKOTA Disclosure – Pharmacy Information:** We will not disclose your information without your authorization, except: (a) If it is requested by the board as part of an inspection or investigation of a pharmacy or pharmacist; (b) If release to practitioners and other pharmacists is necessary to protect your health and well-being; or (c) If other persons are authorized or required by law to obtain access to patient information.

**TENNESSEE:** We will not disclose your name and address or other identifying information, except to: (a) a health or government authority pursuant to any reporting required by law; (b) an interested third-party payor for the purpose of utilization review, case management, peer reviews, or other administrative functions; or (c) in response to a subpoena issued by a court of competent jurisdiction. We will obtain your authorization before we disclose your patient records for any reason, except where: (a) the disclosure is in your best interest; (b) the law requires the disclosure; or (c) the disclosure is to an authorized prescriber or to communicate a prescription order where necessary to: (1) carry out prospective drug use review as required by law; (2) assist prescribers in obtaining a comprehensive drug history on you; or (3) prevent abuse or misuse of a drug or device and the diversion of controlled substances.

**TEXAS: Disclosure–Pharmacy Records:** We will only release your confidential record to you, your agent, or to: (a) a practitioner or another pharmacist if, in the pharmacist’s professional judgment, the release is necessary to protect your health and well-being; (b) the pharmacy board or another state or federal agency authorized by law to receive the record; (c) a law enforcement agency engaged in investigation of a suspected violation of the controlled substances laws, or the Comprehensive Drug Abuse Prevent Control Act of 1970; (d) a person employed by a state agency that licenses a practitioner, if the person is performing the person’s official duties; or (e) an insurance carrier or other third party payor authorized by the patient to receive the information.

**UTAH: Disclosure–Pharmacy Medication Profile:** We will not release or discuss information in your prescription or medication profile to anyone except: (a) you or your legal guardian or designee; (b) a lawfully authorized federal, state, or local drug enforcement officer; (c) a third party payment program authorized by you; (d) another pharmacist, pharmacy intern, pharmacy technician, or prescribing practitioner providing services to you or to whom you have requested us to transfer a prescription; (e) your attorney, with a written authorization signed by: (1) you before a notary public; (2) your parent or lawful guardian, if you are a minor; (3) your lawful guardian, if you are incompetent; or (4) your personal representative, in the case of deceased patients. We also may submit personally identifiable information about the patient to the Utah Medicaid eligibility database and/or the Utah Children’s Health Insurance Program eligibility database if the patient seeks to have payment made by either program.

**VERMONT** n/a

**VIRGINIA:** We will not disclose your health records without your authorization, or if you are a minor, the authorization of your custodial parent, guardian or other person authorized to consent to your treatment, unless you are authorized to consent to your own treatment under State law, except: (a) in compliance with a subpoena issued in accord with State law, pursuant to a search warrant or a grand jury subpoena, pursuant to court order upon good cause shown; (b) where disclosure is reasonably necessary to establish or collect a fee or to defend a health care entity or the health care entity’s employees or staff against any accusation of wrongful conduct; also as required in the course of an investigation, audit, review or proceedings regarding a health care entity’s conduct by a duly authorized law-enforcement, licensure, accreditation, or professional review entity; (c) in testimony; (d) as evidence in a proceeding; (e) as required or authorized by law relating to public health activities, health oversight activities, serious threats to health or safety, or abuse, neglect or domestic violence, relating to contagious disease, public safety, and suspected child or adult abuse reporting requirements; (f) where necessary in connection with your care; (g) in connection with the pharmacy’s own health care operations or the health care operations of another health care entity; (h) when you have waived your right to the privacy of the health records; (i) if you are examined and evaluated examination pursuant to judicial or administrative law order, but only to the extent as required by such order; (j) to the guardian ad litem and any attorney representing the respondent in the course of a guardianship proceeding of an adult patient who is the respondent in a proceeding; (k) to the guardian ad litem and any attorney appointed by the court to represent an individual who is or has been a patient who is the subject of a commitment proceeding; (l) to a magistrate, the court, the evaluator or examiner or other boards or authorities required by State law related to commitment proceedings; (m) to the attorney and/or guardian ad litem of a minor who represents such minor in any judicial or administrative proceeding; (n) to the Court-Appointed Special Advocate (CASA) program, a minor’s health records; (o) to an agent appointed under your power of attorney or to an agent or decision maker designated in your advance directive for health care or for decisions on anatomical gifts and organ, tissue or eye donation or to any other person consistent with the provisions of the Health Care Decisions Act); (p) to third-party payors and their agents for purposes of reimbursement; (q) upon a change of ownership or closing of a pharmacy pursuant to regulations of the Board of Pharmacy; (r) to communicate your specific and immediate

**VIRGINIA Continued...** threat to cause serious bodily injury or death of an identified or readily identifiable person; (s) in connection with the work of any entity to evaluate the adequacy or quality of professional services; (t) if the health records are those of a deceased or mentally incapacitated individual to the personal representative or executor of the deceased individual or the legal guardian or committee of the incompetent or incapacitated individual, or as authorized by State law; (u) to an entity participating in the activities of a local health partnership authority; (v) to law-enforcement officials, in response to their request, for the purpose of identifying or locating a suspect, fugitive, registered sex offender, or missing person, with certain limitations; (w) to law-enforcement officials regarding the death of an individual for the purpose of alerting law enforcement of the death if the health care entity has a suspicion that such death may have resulted from criminal conduct; (x) to law-enforcement officials if the health care entity believes in good faith that the information disclosed constitutes evidence of a crime that occurred on its premises; (y) to the State Health Commissioner when such records are those of a person or persons who are subject to an order of quarantine or an order of isolation; (z) to notify a family member or personal representative of an individual who is the subject of a commitment proceeding of information that is directly relevant to such person's involvement with the individual's health care, which may include the individual's location and general condition, in accordance with State law; or (aa) to a threat assessment team established by a public institution of higher education when such records concern a student at the public institution of higher education, including a student who is a minor.

**WASHINGTON: Disclosure:** Unless authorized by you, we will not disclose your health care information, except if the disclosure is: (a) to a person who the provider reasonably believes is providing health care to the patient; (b) to any other person who requires health care information for health care education, or to provide planning, quality assurance, peer review, or administrative, legal, financial, or actuarial services to the health care provider; or for assisting the health care provider in the delivery of health care and the health care provider reasonably believes that the person: (1) will not use or disclose the health care information for any other purpose; and (2) will take appropriate steps to protect the health care information; (c) to any other health care provider reasonably believed to have previously provided health care to the patient, to the extent necessary to provide health care to the patient, unless the patient has instructed the health care provider in writing not to make the disclosure; (d) to any person if the health care provider reasonably believes that disclosure will avoid or minimize an imminent danger to the health or safety of the patient or any other individual, however there is no obligation on the part of the provider to so disclose; (e) oral, and made to immediate family members of the patient, or any other individual with whom the patient is known to have a close personal relationship, if made in accordance with good medical or other professional practice, unless the patient has instructed the health care provider in writing not to make the disclosure; (f) to a health care provider who is the successor in interest to the health care provider maintaining the health care information; (g) for use in a research project that an institutional review board has determined: (1) is of sufficient importance to outweigh the intrusion into the privacy of the patient that would result from the disclosure; (2) is impracticable without the use or disclosure of the health care information in individually identifiable form; (3) contains reasonable safeguards to protect the information from redisclosure; (4) contains reasonable safeguards to protect against identifying, directly or indirectly, any patient in any report of the research project; and (5) contains procedures to remove or destroy at the earliest opportunity, consistent with the purposes of the project, information that would enable the patient to be identified, unless an institutional review board authorizes retention of identifying information for purposes of another research project; (h) to a person who obtains information for purposes of an audit, if that person agrees in writing to: (1) remove or destroy, at the earliest opportunity consistent with the purpose of the audit, information that would enable the patient to be identified; and (2) not to disclose the information further, except to accomplish the audit or report unlawful or improper conduct involving fraud in payment for health care by a health care provider or patient, or other unlawful conduct by the health care provider; (i) to an official of a penal or other custodial institution in which the patient is detained; (j) to federal, state, or local law enforcement authorities and the health care provider, health care facility, or third-party payor believes in good faith that the health care information disclosed constitutes evidence of criminal conduct that occurred on the premises of the health care provider, health care facility, or third-party payor; (k) to another health care provider, health care facility, or third-party payor for the health care operations of the health care provider, health care facility, or third-party payor that receives the information, if each entity has or had a relationship with the patient who is the subject of the health care information being requested,

**WASHINGTON Continued...**the health care information pertains to such relationship, and the disclosure is for health care operations; (l) for payment; (m) to federal, state, or local public health authorities, to the extent the health care provider is required by law to report health care information; when needed to determine compliance with state or federal licensure, certification or registration rules or laws; or when needed to protect the public health; or (o) to federal, state, or local law enforcement authorities to the extent the health care provider is required by law.

**Sexually Transmitted Diseases:** We will not disclose any information regarding an individual's treatment for an HIV infection or sexually transmitted diseases, except in situations where you have provided us with a written authorization allowing the release or where we are authorized by State law or required by federal law to make the disclosure.

**WISCONSIN: Disclosure:** We will not disclose your records without your informed consent, except: (a) to health care facility staff committees, or accreditation or health care services review organizations for the purposes of conducting management audits, financial audits, program monitoring and evaluation, health care services reviews or accreditation; (b) to the extent that performance of their duties requires access to the records, to a health care provider or any person acting under the supervision of a health care provider or to certain persons affiliated with the health care provider, if any of the following is applicable: (1) the person is rendering assistance to you. (2) the person is being consulted regarding your health, (3) your life or health appears to be in danger and the information contained in your health care records may aid the person in rendering assistance, (4) the person prepares or stores records, for the purposes of the preparation or storage of those records. (c) to the extent that the records are needed for billing, collection or payment of claims; (d) under a lawful order of a court of record; (e) in response to a written request by any federal or state governmental agency to perform a legally authorized function, including but not limited to management audits, financial audits, program monitoring and evaluation, facility licensure or certification or individual licensure or certification. If you are a private pay patient, you may deny access granted under this subdivision by annually a signed, written request on a form provided by the department; (f) for purposes of research if the researcher is affiliated with the health care provider and provides written assurances to the custodian of your health care records that the information will be used only for the purposes for which it is provided to the researcher, the information will not be released to a person not connected with the study, and the final product of the research will not reveal information that may serve to identify you without your informed consent. if you are a private pay patient, you may deny access granted under this subdivision by annually submitting a signed, written request on a form provided by the department; (g) a designated elder-adult-at-risk agency or other investigating agency and or to a designated adult-at-risk agency; (h) to staff members protection and advocacy agencies, pursuant to State law; (i) to persons as provided under certain proceedings if the patient files a submission of controversy; (j) to a county department, a sheriff or police department or a district attorney for purposes of investigation of threatened or suspected child abuse or neglect or suspected unborn child abuse or for purposes of prosecution of alleged child abuse or neglect, if the person conducting the investigation or prosecution identifies the subject of the record by name; (k) to a school district employee or agent, with regard to patient health care records maintained by the school district by which he or she is employed or is an agent, if any of the following apply: 1) The employee or agent has responsibility for preparation or storage of patient health care records. 2) Access to the patient health care records is necessary to comply with a requirement in federal or state law. (l) to the department or to a sheriff, police department or district attorney for purposes of investigation of a death; (m) following the death of a patient, to a coroner, deputy coroner, medical examiner or medical examiners assistant, for the purpose of completing a medical certificate or investigating a death; (n) to prepare a court report, if the subject of the patient health care records is a child or juvenile who has been placed in a foster home, group home, residential care center for children and youth, or juvenile correctional facility to agencies designate din State law; (o) if the patient health care records do not contain information and the circumstances of the release do not provide information that would permit the identification of the patient; (p) to a prisoners health care provider or others designated by State law if the disclosure is made with respect to a prisoners patient health care records; or (q) for certain criminal proceedings, as set forth in State law.

**WYOMING: Disclosure:** Unless we have received an authorization from you, we will only disclose your confidential information to: (a) you, or as you direct; (b) to those practitioners and other pharmacists where, in the pharmacist's professional judgment such release is necessary for treatment or to protect your health and well being; (c) to such other persons or governmental agencies authorized by law to investigate controlled substance law violations; (d) a minor's parent or guardian; (e) your third party payor; or (f) your agent; and (g) when required by law.



## InjuryScripts Natural Disaster Plan

- At InjuryScripts we value being a team of dedicated professionals. We recognize the importance of every person and our commitment to keeping patients on their therapy. In the case of a natural disaster such as a hurricane, tornado, flood, earthquake or fire, please follow these instructions:
- If there is a disaster in your area, we will make our best attempt to reach you immediately to make sure you have an adequate supply of medication. You can also call InjuryScripts at 844-426-6779 to report the issue and instruct us where to deliver your medication. Be ready to give your new address and phone number where you can be reached.
- If your area is involved in a disaster and you decide to stay home, please let InjuryScripts know if your home can be reached by car. If not, InjuryScripts can help arrange for alternate delivery of your supplies.
- If you must leave your home, call to notify us of your new address and phone number.
- If you need emergency medical care or medical supplies, call 911 or go to a local hospital in the nearest unaffected area.
- If InjuryScripts should experience an emergency/outage, every attempt will be made to contact you as necessary.



# InjurySCRIPTS

## Patient Safety

### Adverse drug reactions

Patients experiencing adverse drug reactions, acute medical symptoms or other problems should contact their primary care provider (PCP), local emergency room or call 911.

### Questions on your medication or to report any side effects

Call: 844-426-6779

Monday-Friday 9am-5pm (Eastern Time)

You may also report side effects to the FDA at 1-800-FDA-1088

**Poison Control** centers provide poison expertise and treatment advice by phone. All poison centers can be reached by calling the same telephone number, 1-800-222-1222. Poison centers are staffed by pharmacists, physicians, nurses and poison information providers who are toxicology specialists.

### For recent drug recalls and how to handle them:

Call InjuryScripts at 844-426-6779 or visit the FDA /drug Recalls website: <http://www.fda.gov/Drugs/DrugSafety/DrugRecalls/default.htm>

**If InjuryScripts issues a recall of your prescription, we will notify you and your physician with instructions for handling the recall.**

### Drug Disposal Guidelines and Locations\*

Follow any specific disposal instructions on the prescription drug labeling or patient information that accompanies the medicine. Do not flush medicines down the sink or toilet unless this information specifically instructs you to do so.

- Take advantage of programs that allow the public to take unused drugs to a central location for proper disposal. Call your local law enforcement agencies to see if they sponsor medicine take-back programs in your community. Contact your city's or county government's household trash and recycling service to learn about medication disposal options and guidelines for your area.
- Transfer unused medicines to collectors registered with the Drug Enforcement Administration (DEA). Authorized sites may be retail, hospital or clinic pharmacies, and law enforcement locations. Some offer mail-back programs or collection receptacles ("drop-boxes"). Visit the DEA's website or call 1-800-882-9539 for more information and to find an authorized collector in your community.

If no disposal instructions are given on the prescription drug labeling and no take-back program is available in your area, throw the drugs in the household trash following these steps:

- Remove them from their original containers and mix them with an undesirable substance, such as used coffee grounds, dirt or kitty litter (this makes the drug less appealing to children and pets, and unrecognizable to people who may intentionally go through the trash seeking drugs).
- Place the mixture in a sealable bag, empty can or other container to prevent the drug from leaking or breaking out of a garbage bag.
- Throw away the empty dispensed product container in a sealed plastic bag in a place where children and pets cannot reach it.

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\*Reference:

Safe Disposal of Medicines

<https://www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines>



# Thank you for Choosing Our Pharmacy!

Please contact us if you have any  
questions regarding your prescription.



**Toll-Free:** 844-426-6779

**Fax:** 844-904-2667

[www.InjuryScripts.com](http://www.InjuryScripts.com)