



Notice of Privacy Practices

Receive an accounting of disclosures of PHI. With the exception of certain disclosures, you have a right to receive a list of the disclosures we have made of your PHI, in the six years prior to the date of your request, to entities or individuals other than you. To request an accounting, you must submit a request in writing to the Privacy Office. Your request must specify a time period.

Request communications of PHI by alternative means or at alternative locations. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For instance, you may request that we contact you at a different residence or post office box, or via e-mail or other electronic means. Please note if you choose to receive communications from us via e-mail or other electronic means, those may not be a secure means of communication and your PHI that may be contained in our e-mails to you will not be encrypted. This means that there is risk that your PHI in the e-mails may be intercepted and read by, or disclosed to, unauthorized third parties. To request confidential communication of your PHI, you must submit a request in writing to the Privacy Officer. Your request must tell us how or where you would like to be contacted. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

Notification of a Breach. You have a right to be notified following a breach of your unsecured PHI, and we will notify you in accordance with applicable law.

Where to obtain forms for submitting written requests. You may obtain forms for submitting written requests by contacting the Privacy Officer at ~~DAFTDK;BY~~ SafeScript Pharmacy 211 N. Market St, Bushnell, FL 33513 or toll-free by telephone at (352) 793 8000. You can also visit www.safescriptpharmacy.com to obtain these forms.

For More Information or to Report a Problem

If you have questions or would like additional information about SafeScript Pharmacy privacy practices, you may contact our Privacy Officer at SafeScript Pharmacy, Privacy Officer, 1211 N. Market St, Bushnell, FL 33513 or toll-free by telephone at (353) 793 8000. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. You can also file a complaint through www.safescriptpharmacy.com, and we will route your complaint to the Privacy Office. There will be no retaliation for filing a complaint.

Effective Date This Notice is effective as of March 1, 2018



SAFE SCRIPT
PHARMACY
Bushnell | Wildwood

Privacy Complaint Form

It is important that you understand our privacy practices and how they affect you. Although a response is not required, we would appreciate your letting us know that you have received the SafeScript Pharmacy Notice of Privacy Practices by filling out this form and mailing or faxing it to the address listed below.

You are also authorizing _____, _____,
_____ and the medical staff to review all of your prescription information on file with SafeScript Pharmacy.

Name: _____

Address: _____

Address: _____ City,

State, Zip: _____

Telephone number with area code: (____) _____

You may share this Notice with other adult members (spouse, significant other, care-giver, etc.) of your family. They may also acknowledge having received this notice by checking the box below and signing the acknowledgement form.

I have received the Notice of Privacy Practices

Print Name _____

Sign Here _____

Please mail or fax this form to:

211 N . Market St,

Bushnell, FL 33513. Fax: 1-352-793-8007



Privacy Notice Acknowledgment Form

Procedure

To file a privacy complaint with SafeScript Pharmacy or one of its subsidiaries, please complete and mail a copy of this form to the Compliance Officer at the address listed below.

Information Required

We take privacy and the resolution of your complaints seriously. As part of our privacy practices, there will be no retaliation for filing a complaint. In order to fully investigate this matter, please complete the following areas by providing specific details as they pertain to your complaint:

Date: _____ Time: _____

Where did incident occur?

SafeScript Pharmacy, 1727 Orlando Central Pkwy, Orlando, FL, 32809

Internet (select one): www.rosemontspecialtyrx.com

Other: _____ (please specify) Name of Employee Involved (if known) : _____

Information:

I **request** additional communications from SafeScript Pharmacy regarding the resolution of this issue.

I **do not request** additional communications from SafeScript Pharmacy regarding the resolution of this issue.

Your Name: _____

Street Address: _____ City, State,

Zip: _____

Day Telephone: _____ E-mail Address: _____

Evening Telephone: _____

Your Signature _____ Date _____

Mail this completed and signed form to: SafeScript Pharmacy, Compliance Officer, 1727 Orlando Central Pkwy, Orlando, FL. 32809