

# VALIANT COMPOUNDING PHARMACY SUMMARY NOTICE OF HIPAA PRIVACY PRACTICE

**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.**

## **Summary of Your Privacy Rights (Reference: 45 CFR § 164.520)**

### **We may share your health information to:**

- Medically care for you which may require consultations between health care providers regarding your care and referrals.
- Obtain payment which may include communication with health plans, insurance companies, and workers' compensation programs.
- Tell you about other health benefits, services, and when prescriptions are ready.
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence as required by law.
- Provide information to family, friends, and caregivers allocated by you.

### **We may use your health information for:**

- Business Associates to safeguard and maintain record keeping.
- Regular Healthcare Operations and public safety reasons.
- Health Oversight Activities determined by federal or state agencies that oversee our activities.
- Military, Local, and National security reasons as required by law.
- Lawsuits and disputes in response to a court or administrative order such as subpoena, discovery request, or other lawful process
- Organ and tissue requests.
- Data Breach Notification Purposes.
- Law enforcement requests.
- Coroner, medical examiner, or funeral director use.
- Reporting of Adverse Events as required by the Food and Drug Administration (FDA).



1274 Anna J Stepp Rd. Ypsilanti, MI 48197  
855-GOO-BLUE (855-466-2583) Toll Free Phone  
855-445-1119 Toll Free Fax  
[info@valiantrx.com](mailto:info@valiantrx.com) [www.valiantrx.com](http://www.valiantrx.com)

### You have the right to:

- Inspect and receive a copy of this Notice upon enrollment or upon request.
- Request restrictions on our uses and disclosures of your protected health information.
- Request to receive communications of protected health information in confidence.
- Inspect, amend, and obtain a copy of the protected health information.
- Receive an accounting of disclosures of protected health information.
- Receive notification if affected by a breach of unsecured protected health information.
- File a written complaint without retaliation with the Compliance Officer at Valiant Compounding Pharmacy or with the Secretary of Health and Human Services if you believe your privacy rights have been violated.

### Our Responsibilities:

We are required to maintain the privacy of your health information. Your health information will not be used or disclosed without your written authorization, except as described in this notice. The following uses and disclosures will be made only with explicit authorization from you: (i) uses and disclosures of your health information for marketing purposes, including subsidized treatment communications; (ii) disclosures that constitute a sale of your health information; and (iii) other uses and disclosures not described in the notice. Except as noted above, you may revoke your authorization in writing at any time.

**By receiving this Notice, I acknowledge that a copy of the Notice of Privacy Practices is available for my review and a copy of this Notice is available upon request and that Valiant Compounding Pharmacy reserves the right to change the terms of this notice and that I will be notified of any amendments.**

For further information, please contact the Compliance Officer at Valiant Compounding Pharmacy 1274 Anna J Stepp Rd. Ypsilanti, MI 48197 855-466-2583 (855-GOO-BLUE)

Effective January 2023