



## NOTICE OF PRIVACY PRACTICES

For Medication Therapy Management From The Health Consultant Pharmacists of America, Inc.

*This notice describes how medical information about you may be used and disclosed. Please review it carefully before signing it.*

We understand the personal nature of your medication information and we are very committed to protecting it. The Health Consultant Pharmacists of America ensures to maintain the privacy of your protected health information, which includes information that we received from you or your providers such as a physician, a hospital, or an insurance company. This type of information can be used to identify you or can be disclosed to other health care providers or health plans for completing medication therapy management services and/or reimbursements of payment. Below you will find our responsibilities and your own rights with regard to your protected health information.

*Our responsibilities for the use and disclosure of your protected health information.*

The Health Consultant Pharmacists of America is required by law to protect the privacy of your information and to provide you with this privacy notice. We can use this information to complete medication therapy management services, to request payment reimbursements, or to communicate with other health care providers to assist in achieving your overall health care outcomes.

### ***Your rights with respect to your protected health information.***

When you sign this form, you are giving The Health Consultant Pharmacists of America the permission to use or disclose your protected information, to receive medication therapy management services, to process a payment reimbursement through your health care plan or insurance, or to communicate with other health care providers involved in your care.

**Note:** You can request a copy of this notice that is kept in the medical record that we maintain as part of our consulting business.

Print Your Name \_\_\_\_\_

Your Signature \_\_\_\_\_

Print Legal Representative Name if applicable \_\_\_\_\_

Signature of Legal Representative if applicable \_\_\_\_\_

Date \_\_\_\_\_