

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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.

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires Warner Pharmacy to maintain the privacy of your personally identifiable health information and to inform you about the Pharmacy's legal duties and privacy practices to protect that health information. This notice describes:

- the Pharmacy's uses and disclosures of Protected Health Information ("PHI") which includes all individually identifiable health information transmitted or maintained by the Pharmacy, regardless of form (oral, written, electronic);
- your privacy rights with respect to your PHI;
- the Pharmacy's duties with respect to your PHI;
- your right to file a complaint with the Pharmacy and to the Secretary of the U.S. Department of Health and Human Services; and
- the person or office to contact for further information about the Pharmacy's privacy practices.

Section 1.

How the Pharmacy May Use or Disclose Your Health Information

A. Uses and Disclosures Not Requiring Your Authorization

HIPAA generally allows the Pharmacy to disclose your PHI *without your permission* (note, the process of giving your permission is known as getting your authorization) to carry out treatment, payment and health care operations. HIPAA also allows the Pharmacy to disclose your PHI *without your permission* within the Business for Pharmacy administration purposes. The Company requires its employees to sign a confidentiality policy in order to protect your PHI and agrees not to use or disclose your PHI other than as permitted or required by law and in the process of providing you with service.

• Treatment

The Pharmacy may share your PHI *without your permission* for treatment purposes. Treatment is the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your healthcare providers. *For example, the Pharmacy may share health information about you with physicians who are treating you.*

• Payment

The Pharmacy may also share your PHI *without your permission* for payment purposes. Payment includes actions by the Pharmacy related to payment of your prescription expenses. Other healthcare providers make coverage determinations for the pharmacy to obtain payment. This includes prescription reimbursement, reviews for medical necessity and appropriateness of care and utilization review and pre-authorizations. *For example, the Pharmacy may discuss with your doctor the requirements of your prescription benefits provider in regard to a particular drug.*

• Operations

The Pharmacy may also share your PHI *without your permission* for the purpose of conducting *permitted* or *required* health care operations. Health care operations include but are not limited to quality assessment and improvement, reviewing competence or qualifications of health care professionals, disease and medication management, law enforcement services and auditing functions including complying with a Board of Pharmacy inspection, and general administrative activities. *For example, the Pharmacy may use information about your medication to document the legal dispensing of a controlled substance as required by the Drug Enforcement Agency.*

The Pharmacy may also contact you to obtain information required to provide service or to provide information about medication alternatives or other pharmacy benefits and services that may be of interest to you.

• Pharmacy Administration

The Pharmacy may also share your PHI within the Company *without your permission* for Pharmacy administration purposes. The Pharmacy, may disclose your PHI without your written authorization to the Company for Pharmacy administration purposes.

Be assured that the Company cannot and will not use health information obtained from the Pharmacy for any employment-related actions. However, health information collected by the Company from other sources (for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation) is generally *not* protected under HIPAA, although this type of information may be protected under other federal or state laws.

B. Other Uses and Disclosures Not Requiring Your Authorization

Use and disclosure of your PHI is also allowed *without your permission* under the following circumstances:

- 1) When required by law.
- 2) When permitted for purposes of public health activities, including when necessary to report product defects and to permit product recalls. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition.
- 3) When authorized by law to report information about abuse, neglect or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such case, the Pharmacy will take reasonable steps to promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under state law when the parents or other representatives may not be given access to the minor's PHI.
- 4) To a public health oversight agency for oversight activities. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
- 5) When required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to the Pharmacy that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection and no objections were raised or were resolved in favor of disclosure by the court or tribunal.
- 6) When required for law enforcement purposes (for example, to report certain types of wounds), including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about you when it is reasonably believed that you are, or are suspected to be, a victim of a crime but only if you agree to the disclosure or the Pharmacy is unable to obtain your agreement because of emergency circumstances.
- 7) When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
- 8) To organizations that facilitate organ or tissue procurement, banking or transplantation.
- 9) For research in accordance with HIPAA.
- 10) When consistent with applicable law and standards of ethical conduct if the Pharmacy, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
- 11) When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
- 12) To share information with third parties (called "business associates") who work on behalf of the Pharmacy to provide you treatment, obtain payment and conduct health care operations. Our business associates are generally required to protect your information.

C. Uses and Disclosures That Require Your Written Authorization

The sale of PHI & Marketing involving written communications promoting the purchase or use of a third parties products or services require individual authorization .Except as otherwise indicated in this notice, uses and disclosures will be made only with your written authorization subject to your right to revoke such authorization. You may revoke your authorization as allowed under HIPAA. However, you cannot revoke your authorization if the Pharmacy has already taken action relying on your authorization. *So you cannot revoke your authorization for a disclosure that the Pharmacy has already made.*

D. Uses and Disclosures That Require You Be Given an Opportunity to Agree Or Disagree Prior to The Use or Release

Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:

- the information is directly relevant to the family or friend's involvement with your care or payment for that care; and
- you have either agreed to the disclosure or have been given an opportunity to object and have not objected.

Section 2.

Rights of Individuals

A. Right to Request Restrictions on PHI Uses and Disclosures

You may request the Pharmacy to restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. If you want to exercise your right, your request to the Pharmacy must be in writing. However, the Pharmacy is not required to agree to your request.

Individuals have the right to restrict certain PHI from disclosure to health plans where the individual pays for the care out of pocket in full & requests such restriction.

B. Right to Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI contained in a "Designated Record Set" (as defined in accordance with HIPAA) from the Pharmacy to the extent that the Pharmacy is in possession of some portion of your Designated Record Set for as long as the Pharmacy maintains that PHI. The Designated Record Set includes the prescription records and billing records about individuals maintained by or for a covered health care provider or other information used in whole or in part by or for the pharmacy to make decisions about individuals. Information used for quality control or internal analyses and not used to make decisions about individuals is not in the designated record set. You also do not have the right to inspect or obtain copies of information compiled for civil, criminal or administrative proceedings. In addition, the Pharmacy may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise your right to inspect and copy your Designated Record Set, your request to the Pharmacy must be in writing. Requests for access to your Designated Record Set should be made to the Privacy Officer listed below.

The Pharmacy may provide you with a summary or explanation of the information instead of access to or copies of your Designated Record Set, if you agree in advance and pay any applicable fees. The Pharmacy may also charge reasonable fees for copies or postage.

C. Right to Amend PHI

You have the right to request the Pharmacy to amend your PHI or a record about you in a Designated Record Set for as long as the PHI is maintained in the Designated Record Set. The Pharmacy may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Pharmacy (unless the person or entity that created the information is no longer available), is not part of the Designated Record Set, or is not available for inspection (e.g., information compiled for civil, criminal or administrative proceedings).

If you want to exercise this right, your request to the Pharmacy must be in writing, and you must include a statement to support the requested amendment. Requests for amendment of PHI in a Designated Record Set should be made to the Privacy Officer listed below.

D. The Right to Receive an Accounting of PHI Disclosures

At your request, the Pharmacy will also provide you with an accounting of disclosures by the Pharmacy of your PHI during the six years prior to the date of your request, but not earlier than April 14, 2003 (the date that the HIPAA privacy rules are generally effective).

If you want to exercise your right to inspect and copy your health information contained in the Designated Record Set, your request to the Pharmacy must be in writing. Requests for access to PHI should be made to the Privacy Officer listed below.

You may make one request in any 12 month period at no cost to you. If you request more than one accounting within a 12 month period, the Pharmacy will charge a reasonable, cost-based fee for each subsequent accounting.

E. The Right to Receive a Paper Copy of This Notice Upon Request

To obtain a paper copy of this Notice contact the Privacy Officer listed below.

F. Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you.

The Pharmacy retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

The Pharmacy's Duties

The Pharmacy is required by law to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices.

This notice was last revised on September 23rd 2013 and the Pharmacy is required to comply with the terms of this notice. However, the Pharmacy reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Pharmacy. If a privacy practice is changed, a revised version of this notice will be posted.

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

Your Right to File a Complaint With the Pharmacy or the HHS Secretary

If you believe that your privacy rights have been violated, you may complain to the Privacy Officer listed below.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.

Neither the Pharmacy nor its Employees will retaliate against you for filing a complaint.

Contacting the Privacy Officer

Cynthia Snay, RPh

Telephone: 603-456-3554

Mail: Warner Pharmacy
Privacy Officer – Cynthia Snay, RPh
PO Box 714
Warner NH, 03278

Conclusion

PHI use and disclosure by the Pharmacy is regulated by a federal law known as HIPAA (Health Insurance Portability and Accountability Act of 1996). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. This notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this notice and the regulations.

This Notice Provides a Summary of Your HIPAA Rights.

This notice describes how the Pharmacy may use and disclose information about you in providing your prescription services, and it provides a summary of your legal rights regarding the information. However, this notice does not describe in detail all of the ways that your health information may be used or disclosed. This notice does not limit or otherwise restrict the use and disclosure of your health information so long as any such use or disclosure complies with the requirements of HIPAA.