

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.

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, Stanley Pharmacy has created this Notice of Privacy Practice (Notice). This Notice describes the pharmacy's privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that the pharmacy protect the privacy of your PHI that the pharmacy has received or created.

Stanley Pharmacy will abide by the terms presented within this Notice. For any uses or disclosures that are not listed below, the pharmacy will obtain a written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail below. The pharmacy reserves the right to change the pharmacy's privacy practices and this Notice. Revisions to the Notice will be posted in the pharmacy and upon your request, provided to you in a paper format.

HOW THE PHARMACY MAY USE AND DISCLOSE YOUR PHI

The following is an accounting of the ways that the pharmacy is permitted, by law, to use and disclose your PHI without your authorization.

Treatment. We will use and disclose PHI that we receive from you to fill your prescription and to coordinate or manage your health care. For example, information related to your treatment may be communicated with and obtained by a health care provider, such as a pharmacist, nurse, or other person providing health services to you, and will be recorded in your medical record. This information is necessary for health care providers to determine what treatment you should receive.

Payment. We may disclose your PHI to obtain payment or reimbursement from insurers for your health care services. For example we may contact your insurer, pharmacy benefit manager or other health care payer to determine whether it will pay for your medications and supplies and the amount of your co-payment. We will bill you or a third-party payer for the cost of medications and supplies dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the medications you are taking.

Business Associates. The pharmacy may disclose PHI about you to the pharmacy's business associates for services that they may provide to or for the pharmacy to assist the pharmacy to provide quality health care. To ensure the privacy of your PHI, we require all business associates to apply appropriate safeguards to any PHI they receive or create.

Health Care Operations. The pharmacy may use the minimum necessary amount of your PHI to conduct quality assessment, improvement activities, and evaluate the pharmacy workforce.

The following is an accounting of additional ways in which the pharmacy is permitted or required to use or disclose PHI about you without your written authorization. All uses and disclosures will be to the minimum necessary amount of your PHI. Many of these uses and disclosures will never be made by the pharmacy; however, we are required by law to notify you of them as a health care provider.

Appointment Reminders. We may use health information about you to provide you with appointment or prescription reminders.

Alternative Treatments. We may use health information about you to provide you with information about alternative treatments or other health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. The pharmacy may use and disclose PHI about you for research purposes with a valid waiver of authorization approved by an institutional review board or a privacy board. Otherwise, the pharmacy will request a signed authorization by the individual for all other research purposes.

SPECIAL SITUATIONS:

Use and disclosure for Public Health Activities. The pharmacy may use or disclose PHI about you to a public health authority that is authorized by law to collect for the purpose of preventing or controlling disease, injury, or disability. This includes the FDA so that it may monitor any adverse effects of drugs, foods, nutritional supplements and other products as required by law.

Uses and disclosures about victims of abuse, neglect or domestic violence. The pharmacy may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.

Uses and disclosures for health oversight activities. The pharmacy may disclose PHI about you to a health oversight agency for oversight activities which may include audits, investigations, inspections as necessary for licensure, compliance with civil laws, or other activities the health oversight agency is authorized by law to conduct.

Disclosures for judicial and administrative proceedings. The pharmacy may disclose PHI about you in the course of any judicial or administrative proceedings, provided that proper documentation is presented to the pharmacy.

Law Enforcement. We may release PHI if asked by a law enforcement official if the information is: **1.** In response to a court order, subpoena, warrant, summons or similar process; **2.** Limited information to identify or locate a suspect, fugitive, material witness, or missing person; **3.** About the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; **4.** About a death we believe may be the result of criminal conduct; **5.** In an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Uses and disclosures about the deceased. The pharmacy may disclose PHI about a deceased, or prior to, and in reasonable anticipation of an individual's death, to coroners, medical examiners, and funeral directors.

Uses and disclosures for cadaveric organ, eye or tissue donation purposes. The pharmacy may use and disclose PHI for the purpose of procurement, banking, or transplantation of cadaveric organs, eyes, or tissues for donation purposes.

Use and disclosures to avert a serious threat to health and safety. The pharmacy may use or disclose PHI about you, if it believed in good faith, and is consistent with any applicable law and standards of ethical conduct, to avert a serious threat to health or safety.

Uses and disclosures for specialized government functions. The pharmacy may use or disclose PHI about you for specialized government functions including; military and veteran's activities, national security and intelligence, protective services, department of state functions, and correctional institutions and law enforcement custodial situations.

Disclosures for worker's compensation. The pharmacy may disclose PHI about you as authorized by and to the extent necessary to comply with workers' compensation laws or programs established by law.

Disclosures for disaster relief purposes. The pharmacy may disclose PHI about you as authorized by law to a public or private entity to assist in disaster relief efforts.

Correctional Institutions. If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of the public or another person.

Affiliated Covered Entity. We are part of an affiliated covered entity with other entities that are under common ownership or control. The entity treats itself as a single entity for purposes of using and disclosing health information about you.

Your Health Information Rights: The following are a list of your rights in respect to your PHI.

Right to Copy of Notice of Privacy Practices. You have the right to a paper copy of our Notice at any time. Even if you have agreed to receive the Notice of Privacy Practice electronically, you may still request a paper copy. You may obtain a copy by contacting Stanley Pharmacy's Chief Privacy Officer.

Right to Inspect and Copy. You have the right to request access and/or obtain a copy of your PHI that is contained in the pharmacy for the duration the pharmacy maintains PHI about you. If you wish to inspect or obtain a copy of your PHI, please obtain a form, *Request for Access to Records*, from the pharmacy and return the completed form to the pharmacy or return to the Chief Privacy Officer. There may be a reasonable cost-based charge for photocopying documents. You will be notified in advance of incurring such charges, if any.

Right to Amend. You have the right to request an amendment of the PHI the pharmacy maintains about you, if you feel that the PHI the pharmacy has maintained about you is incorrect or otherwise incomplete. Under certain circumstances we may deny your request for amendment. If we do deny the request, you will have the right to have the denial reviewed by someone we designate who was not involved in the initial review. You may also ask the Secretary, United States Department of Health and Human Services ("HHS"), or their appropriate designee, to review such a denial. If you wish to amend your PHI files, please obtain a form, *Request for Amendment to PHI*, from the pharmacy and return the completed form to the pharmacy or return to the Chief Privacy Officer.

Right to an Accounting of Disclosures. You have the right to request an accounting of the disclosures we have made of your PHI for most purposes other than treatment, payment, or health care operations. The time period covered by the accounting is limited to six years prior to the date of your request. If you wish to receive an accounting of disclosures of your PHI, please obtain a form, *Request for Accounting of Disclosures*, from the pharmacy and return to the Chief Privacy Officer.

Right to Request Restrictions. You have the right to request additional restrictions of the pharmacy's uses and disclosures of your PHI; however, the pharmacy is not required to accommodate a request. If you wish to request additional restrictions, please obtain form, *Request for Restrictions of Uses & Disclosures*, from the pharmacy and return the completed form to the pharmacy or return to the Chief Privacy Officer.

Right to Revoke Authorization. You have the right to revoke your authorization to use or disclose health information, except to the extent that action has been taken in reliance on your authorization. Your request must be in writing.

The right to have your PHI communicated to you by alternate means or locations. You have the right to request that the pharmacy communicate confidentially with you using an address or phone number other than your residence. However, state and federal

laws require the pharmacy to have an accurate address and home phone number in case of emergencies. The pharmacy will consider all reasonable requests. If you wish to request a change in your communicating address and/or phone number, please obtain a form, *Request for Alternative Arrangements for Confidential Communication*, from the pharmacy and return the completed form to the pharmacy or Chief Privacy Officer.

Right to get notice of breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Opt Out of Fundraising Communications. We may contact you for fundraising purposes. You have the right to opt out to receiving these communications.

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Other Applicable Laws

This Notice is provided to you as a requirement of the Health Insurance Portability and Accountability Act ("HIPAA"). There are other laws that may apply and limit our ability to use and disclose health information about you beyond what we are allowed to do under HIPAA.

State Laws. We will comply with your state's laws if they provide you with greater rights over your health information or provide for more restrictions on the use or disclosure of your health information.

Revisions to the Notice of Privacy Practices

The pharmacy reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. The revised Notice will be available, upon request, to all individuals. The pharmacy will also post the revised version of the Notice in the pharmacy.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with the pharmacy and/or to the Secretary of HHS, or their designee. If you wish to file a complaint with the pharmacy, please contact the Chief Privacy Officer. If you wish to file a complaint with the Secretary, please write to:

The U.S. Department of Health and Human Services
Office of the Inspector General
200 Independence Ave, S.W.
Washington, D.C. 20201

The pharmacy will not take any adverse action against you as a result of your filing of a complaint.

Contact Information: If you have any questions on the pharmacy's privacy practices or for clarification on anything contained within the Notice, please contact:

**Stanley Pharmacy LTC
Chief Compliance Officer
Suzie Crago
3300A Monroe RD
Charlotte, NC 28205
1-800-399-2880**

Effective September 23, 2013