

## NOTICE OF PRIVACY PRACTICES

**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.**

Total Life Care Compounding, LLC d/b/a Lake Side Pharmacy ("Lake Side") is required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to take reasonable steps to protect the privacy of your Protected Health Information ("PHI") and to provide you with notice of our legal duties and privacy practices with respect to your PHI. Your PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. Your PHI includes your prescription records maintained by the Pharmacy. This Notice of Privacy Practices ("Notice") describes how we may use and disclose your PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. This Notice also describes your rights with respect to your PHI. These procedures are in complete compliance with the Health Insurance Portability and Accountability Act ("HIPAA").

Lake Side will ask you to sign an Acknowledgment that you have received this Notice of Privacy Practices ("Notice"). Lake Side will store information provided by you in the computer system. That information will include your name, address, phone number and other identifying information. In addition, any information that you provide concerning drugs that you are taking, medical conditions you may have, allergies, and other matters affecting your health will be stored in the computer.

### LAKE SIDE'S DUTIES

We are required by law to maintain the privacy of protected health information and to provide you with a Notice of Privacy Practices including our legal duties with respect to protected health information. Lake Side is required to follow the terms of this notice. We reserve the right to change the terms of our Notice and to make the new Notice provisions effective for all protected health information that we maintain. When we make changes in our Notice, copies of the revised Notice will be available on request. A copy will also be posted in our pharmacy.

### HOW WE MAY USE AND DISCLOSE YOUR PHI

#### **I. Uses And Disclosures Of PHI That Do Not Require Your Prior Authorization**

**Except where prohibited by federal or state laws that require special privacy protections, we may also use and disclose your PHI for treatment, payment, and healthcare operations without your prior authorization as follows:**

**Treatment.** We may use your health care information to treat you. For example, we may use health care information to dispense prescription medications. We may also disclose your information to other health care providers for the purpose of treatment.

**Payment.** We may use your health care information to receive payment for products and services. For example, we may contact your third party payor (for example, insurer or pharmaceutical benefits manager) to determine whether your program will pay for your prescription. We will bill you and/or a third party payor for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include your identification, as well as the prescriptions you are taking.

**Health Care Operations.** We may use your health care information to carry out health care operations. For example, we may use information in your health record to monitor the quality of pharmacist performance and to train pharmacy personnel.

**Except where prohibited by federal or state laws that require special privacy protections, we may use and disclose your PHI without your prior authorization for the following purposes:**

**Business Associates.** We may form contracts with some entities known as Business Associates to perform services for us. For example, we may require Business Associates to sort insurance or other third party payor claims for submission to the actual payor. We may disclose your PHI to our Business Associates so that they can perform the job we asked them to do, then bill your third party payor for services rendered. Business Associates are required by contract and law to protect your PHI and only use and disclose it as necessary to perform their services for us.

**Individuals involved in your care or payment for care.** Using their judgment as health care professionals, our pharmacists may disclose your PHI to a family member, other relative, close personal friend, or any person you identify as being involved in your health care. Additionally, we may disclose PHI to your "personal representative." If a person has authority by law to make health care decisions for you, we will generally regard that person as your "personal representative."

**Food and Drug Administration (FDA).** We may disclose your PHI to the FDA relative to adverse events regarding drugs, foods, supplements, and other health products or to post marketing surveillance to enable product recalls, repairs, or replacement.

**Public Health.** We may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability. In certain circumstances we may also report work related illnesses and injuries to employers for workplace safety purposes.

**Health Oversight Activities.** We may disclose your PHI to health oversight agencies (medical licensing boards, e.g.) for activities authorized by law such as audits, investigations, and inspections necessary for Lake Side's licensure and for the government to monitor the health care system, etc.

**As Required by Law.** We may disclose your PHI whenever required to do so by law

**Judicial and Administrative proceedings.** We may disclose your PHI in response to a court order, administrative order, subpoena, discovery request, or other lawful process by another person involved in a dispute involving a patient, but only if efforts have been made to tell the patient about the request or to obtain an order protecting the requested health care information;

**Law Enforcement.** We may disclose your PHI to law enforcement agencies as required by law or in response to a valid subpoena or other legal process.

**Coroners, Medical Examiners and Funeral Directors.** We may disclose your PHI to a coroner or medical examiner when necessary, for example, to identify a deceased person or to determine a cause of death, or to funeral directors consistent with applicable law to carry out their duties.

**Organ or Tissue Procurement Organizations.** We may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant, consistent with applicable law.

**Research.** We may use your PHI to conduct research and we may disclose your PHI to researchers as authorized by law. However, before disclosing your PHI, the research project must be approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to protect your PHI.

**To Avert a Serious Threat to Health or Safety.** We may disclose your PHI when necessary to prevent a serious threat to the patient's health and safety or the health and safety of the public or another person.

**Military and Veterans.** We may disclose your PHI as required by military command authorities, when the patient is a member of the armed forces, and to appropriate military authority about foreign military personnel.

**National Security, Intelligence Activities, and Protected Services for the President and Others.** We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also release your PHI to authorized federal officials so they may provide protection to the president, other authorized persons, or foreign heads of state or conduct special investigations

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

**Victims of Abuse or Neglect.** We may disclose your PHI to a government authority, such as a social service or protective services agency, if Lake Side reasonably believes the patient to be a victim of abuse, neglect, or domestic violence, but only to the extent required by law, if you to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or to someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

**Worker's Comp.** We may Disclose your PHI as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by law.

**Notification.** We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and your general condition.

**Disaster Relief.** We may use or disclose your PHI to organizations for purposes of disaster relief efforts.

## **II. Uses And Disclosures Of PHI That Require Your Prior Authorization**

**Specific Uses or Disclosures Requiring Authorization.** We will obtain your written authorization for the use or disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI.

**Other Uses and Disclosures.** We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or otherwise permitted by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

### **STATE LAWS**

Please see state law supplement for state specific provisions.

### **YOUR HEALTH INFORMATION RIGHTS**

**Request a restriction on certain uses and disclosures of PHI.** You have the right to request that we restrict how your protected health information is used or disclosed in carrying out treatment, payment, or health care operations. Such requests must be made in writing to the Privacy Office, Lake Side Pharmacy, 10005 Hwy 9N Cedar Bluff, Alabama 35959. We are not required to agree to the requested restrictions, except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, is not required by law, and the PHI pertains solely to a health care item or service for which you, or a person on your behalf has paid in full.

**Request communication of your PHI by alternative means.** You have the right to request that our communications to you concerning your health care information be made by alternative means or at alternative locations. For example, you may wish us to communicate in some way other than mailing to your home address or calling your home telephone number. Such requests must be made in writing to the Privacy Office, Lake Side Pharmacy, 10005 Hwy 9N Cedar Bluff, Alabama 35959. We will comply with a reasonable request for such an alternative.

**Inspect and obtain a copy of your PHI.** You have the right to inspect and obtain a copy of your protected health information. You have the right to access and copy protected information about you contained in the designated record set for as long as we maintain your protected health information. The designated record set usually will include prescription and billing records. To receive a copy of your protected health information, you must send a written request to the Privacy Office, Lake Side Pharmacy, 10005 Hwy 9N Cedar Bluff, Alabama 35959. Forms for making Access requests are available in our pharmacies. We may charge you a fee for the costs of copying, mailing, or other supplies that are necessary to grant your request. We may also deny your request to inspect and copy in limited circumstances. If you are denied access to your protected health information in most cases you may request that the denial be reviewed.

**Request an amendment of PHI.** If you feel that the protected health information we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an Amendment for as long as we maintain the protected health information. A request for an Amendment must be made in writing. Forms for making such requests, which are available in our pharmacies, should be completed and sent to the Privacy Office, Lake Side Pharmacy, 10005 Hwy 9N Cedar Bluff, Alabama 35959. You must include a reason that supports your request. In certain cases, we may deny the request. If the request for Amendment is denied, you have the right to file a statement of disagreement with the decision, and we may give a rebuttal to your statement.

**Receive an accounting of disclosures of your PHI.** For most purposes other than treatment, payment, or health care operations, you have the right to receive an Accounting of the disclosures we made of your protected health information. The Accounting will exclude disclosures we may have made directly to you, disclosures to friends or family members involved in your care, and disclosures for purposes you specifically authorized in writing. The right to receive an Accounting is subject to certain other exceptions, restrictions, and limitations. A request for an Accounting must be made in writing. Forms for making such requests, which are available in our pharmacies, should be completed and sent to the Privacy Office, Lake Side Pharmacy, 10005 Hwy 9N Cedar Bluff, Alabama 35959. The time period for the requested accounting must be specified and it may not be longer than six years. The first Accounting you request within a 12-month period will be provided free of charge, but you may be charged for the cost of providing additional Accountings within that period. We will notify you of the cost involved and you may choose to withdraw or modify the request at that time.

**Obtain a paper copy of the Notice upon request.** You have a right to receive a paper copy of this Notice from us upon request even if you have already received the Notice electronically (for example, on the Internet).

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

### **FOR MORE INFORMATION OR TO COMPLAIN**

If you have questions or would like additional information about our privacy practices, you may contact the Privacy Office at (256) 422-5010 or by writing to the Privacy Office, Lake Side Pharmacy, 10005 Hwy 9N Cedar Bluff, Alabama 35959. Forms for filing a written complaint to Lake Side are available at our pharmacies. If you believe your privacy rights have been violated, you can file a complaint with Lake Side's Privacy Office or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

### **EFFECTIVE DATE**

This Notice of Privacy Practices is effective as of October 1, 2013.

## STATE LAW SUPPLEMENT

ALABAMA - We will not disclose your professional records to anyone without your authorization, except where it is in your best interest or where the law requires the disclosure. For Medicaid recipients: We will disclose information pertaining to your treatment (including billing statements and itemized bills) only to: the Medicaid Fiscal Agent; the Social Security Administration; the Alabama Vocational Rehabilitation Agency; the Alabama Medicaid Agency; insurance companies requesting information about a Medicaid claim filed by the provider, an insurance application, payment of life insurance benefits, or payment of a loan; or other providers who need the information for treatment of the patient.

GEORGIA - Unless authorized by you, we will not disclose your confidential information to anyone other than you or your authorized representative, except to the following persons or entities: (a) the prescriber, or other licensed health care practitioners caring for you; (b) another licensed medical pharmacist; (c) the Board of Pharmacy, or its representative; or (d) or any other persons or governmental agencies authorized by law to receive such information. We may also disclose your confidential information without your consent pursuant to a subpoena or a court order issued and signed by a judge of an appropriate court. We will not disclose AIDS confidential information, except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure.

KENTUCKY - We will not disclose your patient information or the nature of professional services rendered to you without your express consent or without a court order, except to the following authorized persons: (a) members, inspectors, or agents of the Board of Pharmacy; (b) you, your agent, or another pharmacist acting on your behalf; (c) another person, upon your request; (d) licensed health care personnel who are responsible for your care; (e) certain state government agents charged with enforcing the controlled substances laws; (f) federal, state, or municipal government officers who are investigating a specific person regarding drug charges; and (g) a government agency that may be providing medical care to you, upon that agency's written request for information. We will only use your information to provide pharmacy care.

NORTH CAROLINA - We will not disclose or provide a copy of your prescription orders on file, except to: (a) you; (b) your parent or guardian or other person acting in loco parentis if you are a minor and have not lawfully consented to the treatment of the condition for which the prescription was issued; (c) the licensed practitioner who issued the prescription or who is treating you; (d) a pharmacist who is providing pharmacy services to you; (e) anyone who presents a written authorization for the release of pharmacy information signed by you or your legal representative; (f) any person authorized by subpoena, court order or statute; (g) any firm, company, association, partnership, business trust, or corporation who by law or by contract is responsible for providing or paying for medical care for you; (h) any member or designated employee of the Board of Pharmacy; (i) the executor, administrator or spouse of a deceased patient; (j) Board-approved researchers, if there are adequate safeguards to protect the confidential information; and (k) the person who owns the pharmacy or his licensed agent. If you are a minor who has lawfully provided consent for treatment and you wish Lake Side to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify a pharmacist or Lake Side's Privacy Office.

SOUTH CAROLINA - We will not disclose your prescription drug information without first obtaining your consent, except in the following circumstances: (a) the lawful transmission of a prescription drug order in accordance with state and federal laws pertaining to the practice of pharmacy; (b) communications among licensed practitioners, pharmacists and other health care professionals who are providing or have provided services to you; (c) information gained as a result of a person requesting informational material from a prescription drug or device manufacturer or vendor; (d) information necessary to effect the recall of a defective drug or device or protect the health and welfare of an individual or the public; (e) information whereby the release is mandated by other state or federal laws, court order, or subpoena or regulations (e.g., accreditation or licensure requirements); (f) information necessary to adjudicate or process payment claims for health care, if the recipient makes no further use or disclosure of the information; (g) information voluntarily disclosed by you to entities outside of the provider-patient relationship; (h) information used in clinical research monitored by an institutional review board, with your written authorization; (i) information which does not identify you by name, or that is encoded so that identifying you by name or address is generally not possible, and that is used for epidemiological studies, research, statistical analysis, medical outcomes, or pharmaco-economic research; (j) information transferred in connection with the sale of a business; (k) information necessary to disclose to third parties in order to perform quality assurance programs, medical records review, internal audits or similar programs, if the third party makes no other use or disclosure of the information; (l) information that may be revealed to a party who obtains a dispensed prescription on your behalf; or (m) information necessary in order for a health plan licensed by the South Carolina Department of Insurance to perform case management, utilization management, and disease management for individuals enrolled in the health plan, if the third party makes no other use or disclosure of the information.

We will not disclose your information or the nature of professional pharmacy services rendered to you, without your express consent or the order or direction of a court, except to: (a) you, or your agent, or another pharmacist acting on your behalf; (b) the practitioner who issued the prescription drug order; (c) certified/licensed health care personnel who are responsible for your care; (d) an inspector, agent or investigator from the Board of Pharmacy or any federal, state, county, or municipal officer whose duty is to enforce the laws of South Carolina or the United States relating to drugs or devices and who is engaged in a specific investigation involving a designated person or drug; and (e) a government agency charged with the responsibility of providing medical care for you upon written request by an authorized representative of the agency requesting the information.

TENNESSEE - We will obtain your authorization before we disclose your patient records for any reason, except where: (a) the disclosure is in your best interest; (b) the law requires the disclosure; or (c) the disclosure is to an authorized prescriber or to communicate a prescription order where necessary to: (1) carry out prospective drug use review as required by law; (2) assist prescribers in obtaining a comprehensive drug history on you; or (3) prevent abuse or misuse of a drug or device and the diversion of controlled substances. We will not disclose your name and address or other identifying information, except to: (a) a health or government authority pursuant to any reporting required by law; (b) an interested third-party payor for the purpose of utilization review, case management, peer reviews, or other administrative functions; or (c) in response to a subpoena issued by a court of competent jurisdiction. We will not sell your name and address or other identifying information for any purpose.

WASHINGTON - Unless authorized by you, we will not disclose your health care information, except if the recipient needs to know the information and the disclosure is: (a) to a person who the pharmacist reasonably believes is providing health care to you; (b) to any other person who requires health care information for healthcare education, or to provide planning, quality assurance, peer review, or administrative, legal, financial, or actuarial services to the pharmacy; or for assisting the pharmacy in the delivery of health care and the pharmacist reasonably believes that the person will not use or disclose the health care information for any other purpose and will take appropriate steps to protect the health care information; (c) to any other health care provider reasonably believed to have previously provided

health care to you, to the extent necessary to provide health care to you, unless you have instructed the pharmacy in writing not to make the disclosure; (d) to any person if the pharmacist reasonably believes that disclosure will avoid or minimize an imminent danger to your or another individual's health or safety, however there is no obligation on the part of the pharmacist to so disclose; (e) oral, and made to your immediate family members, or any other individual with whom you have a close personal relationship, if made in accordance with good medical or other professional practice, unless you have instructed us in writing not to make the disclosure; (f) to a health care provider who is the successor in interest to the pharmacy; (g) to a person who obtains information for purposes of an audit, if that person agrees in writing to remove or destroy, at the earliest opportunity consistent with the purpose of the audit, information that would enable you to be identified and not to disclose the information further, except to accomplish the audit or report unlawful or improper conduct involving fraud in payment for health care by a health care provider or patient, or other unlawful conduct by the pharmacy; (h) to an official of a penal or other custodial institution in which you are detained; or (i) to provide directory information, unless you have instructed the pharmacy not to make the disclosure.

We will not disclose any information regarding an individual's treatment for a sexually transmitted diseases, except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure.

If you are a minor who has lawfully provided consent for treatment and you wish Lake Side to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify a pharmacist or Lake Side's Privacy Office.

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**Acknowledgement of Receipt of Lake Side Pharmacy's Notice of Privacy Practices**

I \_\_\_\_\_ (printed name) have received Lake Side Pharmacy's Notice of Privacy Practices.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please detach and return this Acknowledgement to Lake Side Pharmacy, 10005 Hwy 9N Cedar Bluff, Alabama 35959.