

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.

CALIFORNIA - Disclosure. California law limits disclosure of your medical information in ways that would otherwise be permitted under federal law. In the situations described below, the pharmacy will disclose your medical information as follows:

- (1) the information may be disclosed to providers of health care, health care service plans, contractors or other health care professionals or facilities for purposes of diagnosis or treatment of the patient. This includes, in an emergency situation, the communication of patient information by radio transmission or other means between licensed emergency medical personnel at the scene of an emergency, or in an emergency medical transport vehicle, and licensed emergency medical personnel at a health facility;
- (2) the information may be disclosed to an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor or any other person or entity responsible for paying for health care services rendered to the patient to the extent necessary to allow responsibility for payment to be determined and payment to be made. If the patient is, by reason of a comatose or other disabling medical condition, unable to consent to the disclosure or medical information and no other arrangements have been made to pay for the health care services being rendered to the patient, the information may also be disclosed to a governmental authority to the extent necessary to determine the patient's eligibility for, and to obtain, payment under a governmental program for health care services provided to the patient. The information may also be disclosed to another provider of health care or a health care service plan as necessary to assist the other provider or health care service plan in obtaining payment for health care services rendered by that provider of health care or health care service plan to the patient;
- (3) the information may be disclosed to any person or entity that provides billing, claims management, medical data processing, or other administrative services for providers of health care or health care service plans or for any of the persons or entities specified above in paragraph (b). However, no information so disclosed may be further disclosed by the recipient in any way that would be violative of California laws governing the use and disclosure of medical information without authorization from the patient;
- (4) the information may be disclosed to organized committees and agents of professional societies or of medical staffs of licensed hospitals, licensed health care service plans, professional standards review organizations, independent medical review organizations and their selected reviewers, utilization and quality control peer review organizations, contractor's or persons or organizations insuring, responsible for, or defending professional liability that a provider may incur, if the committees, agents, health care service plans, organizations, reviewers, contractors or persons are engaged in reviewing the competence or qualifications of health care professionals or in reviewing health care services with respect to medical necessity, level of care, quality of care, or justification of charges;
- (5) a provider of health care or a health care service plan that has created medical information as a result of employment-related health care services to an employee conducted at the specific prior written request and expense of the employer may disclose to the employee's employer medical information that:
 1. is relevant in a law suit, arbitration, grievance, or other claim or challenge to which the employer and the employee are parties and in which the patient has placed in issue his or her medical history, mental or physical condition, or treatment, provided that information may only be used or disclosed in connection with that proceeding;
 2. describes functional limitations of the patient that may entitle the patient to leave from work for medical reasons or limit the patient's fitness to perform his or her present employment, provided that no statement of medical cause is included in the information disclosed;
- (6) unless the provider of health care or the health care service plan is notified in writing of an agreement by the sponsor, insurer, or administrator to the contrary, the information may be disclosed to a sponsor, insurer, or administrator of a group or individual insured or uninsured plan or policy that the patient seeks coverage by or benefits from, if the information was created by the provider of health care or the health care service plan as the result of services conducted at the specific prior written request and expense of the sponsor, insurer, or administrator for the purpose of evaluating the application for coverage or benefits;
- (7) the information may be disclosed to a health care service plan by providers of health care that contract with the health care service plan and may be transferred among providers of health care that contract with the health care service plan, for the purpose of administering the health care service plan. Medical information may not otherwise be disclosed by a health care service plan except in accordance with the provisions of this part;
- (8) the information may be disclosed to an insurance institution, agent or support organization of medical information if the insurance institution, agent, or support organization has complied with all requirements for obtaining the information pursuant to the requirements of the California Insurance Code provisions.
- (9) the information may be disclosed to an organ procurement organization or a tissue bank processing the tissue of a decedent for transplantation into the body of another person, but only with respect to the donating decedent for the purpose of aiding the transplant;
- (10) the information may be disclosed to a third party for purposes of encoding, encrypting, or otherwise anonymizing data. However, no information may be further disclosed by the recipient in any way that would be unauthorized manipulation of coded or encrypted medical information that reveals individually identifiable medical information;
- (11) for purposes of disease management programs and services, information may be disclosed to any entity contracting with a health care service plan or the health care service plan's contractors to monitor or administer care of enrollees for a covered benefit, provided that the disease management services and care are authorized by a treating physician or to any disease management organization that complies fully with the physician authorization requirements, provided that the health care service plan or its contractor provides or has provided a description of the disease management services to a treating physician or to the health care service plan's or contractor's network of physicians.

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) 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.

MISSISSIPPI - No supplemental material. Refer to the Notice of Privacy Practices.

NEW JERSEY - For PAAD recipients: We will not disclose your personally identifiable information without your or your agent's consent, except for purposes directly connected to the administration of the PAAD program or as otherwise permitted by state or federal law.

NEW YORK - Common Electronic File/Database. We will not access a common electronic file or database used to maintain required personally identifiable dispensing information except upon your, or your agent's, express request.

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.

OHIO - Disclosure. Unless we have obtained your written consent, we will only disclose your pharmacy records to: (1) you; (2) the prescriber who issued the prescription or medication order; (3) certified/licensed health care personnel who are responsible for your care; (4) a member, inspector, agent, or investigator of the state board of pharmacy or any federal, state, county, or municipal officer whose duty is to enforce the laws of this state or the United States relating to drugs and who is engaged in a specific investigation involving a designated person or drug; (5) an agent of the state medical board when enforcing the statutes governing physicians and limited practitioners; (6) an agency of government charged with the responsibility of providing medical care for you, upon a written request by an authorized representative of the agency requesting such information; (7) an agent of a medical insurance company who provides prescription insurance coverage to you, upon authorization and proof of insurance by you or proof of payment by the insurance company for those medications whose information is requested; (8) an agent who contracts with the pharmacy as a "business associate" in accordance with the regulations promulgated by the secretary of the United States department of health and human services pursuant to the federal standards for privacy of individually identifiable health information; or (9) in emergency situations, when it is in your best interest.

OKLAHOMA - Disclosure. We will not divulge the nature of your problems or ailments or any confidence you have entrusted to the pharmacist in his professional capacity, except in response to legal requirements or where it is in your best interest.

Communicable and Venereal Diseases. We will not disclose information which identifies any person who has or may have a communicable or venereal disease, unless authorized by the individual or as otherwise permitted under state law. Whenever possible, we will de-identify such information prior to disclosure.

OREGON - No supplemental material. Refer to the Notice of Privacy Practices.

PENNSYLVANIA - HIV/AIDS. We will not disclose any HIV-related information, except in situations where the subject of the information has provided us with a written consent allowing the release or where we are authorized or required by state or federal law to make the disclosure.

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.

Texas - Disclosure. We will only release your confidential record to you, your agent, or to: (1) a practitioner or another pharmacist if, in the pharmacist's professional judgment, the release is necessary to protect your health and well-being; (2) the pharmacy board or another state or federal agency authorized by law to receive the record; (3) a law enforcement agency engaged in investigation of a suspected violation of the controlled substances laws, or the Comprehensive Drug Abuse Prevention and Control Act of 1970; (4) a person employed by a state agency that licenses a practitioner, if the person is performing the person's official duties; or (5) an insurance carrier or other third party Payer authorized by the patient to receive the information.

VIRGINIA - No supplemental material. Refer to the Notice of Privacy Practices.

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.

WISCONSIN - Disclosure. We will not disclose your prescription records to anyone other than you or someone authorized by you without first obtaining your written informed consent.

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.