



NOTICE OF PRIVACY PRACTICES

PLEASE REVIEW THIS NOTICE THAT DESCRIBES HOW YOUR HEALTH INFORMATION IS PROTECTED AND HOW IT MAY BE USED AND DISCLOSED. IT ALSO TELLS YOU HOW YOU MAY GAIN ACCESS TO THIS INFORMATION. THIS NOTICE IS EFFECTIVE SEPTEMBER 23, 2013.

Federal and state regulations require us to maintain the privacy of your health information and to implement policies and procedures to safeguard the confidentiality of your health information. We are required by law to provide you with this Notice of Privacy Practices (Notice).

This Notice provides you with information about our privacy practices and describes the ways in which we may use or disclose your health information. This Notice also describes your rights and our legal obligations regarding any such uses or disclosures. It applies to all of your health information created and/or maintained at our facility, including any information that we receive from other healthcare providers. Also, this Notice applies to health information that we share with covered entities and business associates.

Protected Health Information (PHI) is any information that identifies the past, present or future physical or mental health of an individual and includes electronic, written or verbal communications.

We will not use or disclose your PHI without your written authorization, except as described or otherwise permitted by this Notice. We reserve the right to change this Notice and to make the revised Notice effective for all health information we already have about you as well as any information we create or receive in the future. Whenever we revise this Notice, we will make the revised Notice available to you upon request on or after the effective date of the revised Notice and will have a copy of the revised Notice available at our facilities for you to take with you.

WHO WILL FOLLOW THIS NOTICE

This Notice is followed by all staff of **Carmichael's Cashway Pharmacy, Inc. (Carmichael's)** and any independent and third party entity affiliated with **Carmichael's**. We are committed to protect your health information because we understand that your medical information is personal by:

- Following the terms of this Notice that are currently in effect;
- Notifying you of our legal duties and privacy practices with respect to your PHI; and,
- Making sure that your PHI is kept private.

HOW WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose your PHI. We have provided you with examples in certain categories; however, not every use or disclosure in a category will be listed.

For Treatment – To healthcare personnel at Carmichael’s or any independent and third party entities who are involved in taking care of you.

For Payment – To bill you, your insurance company or a third party or in connection with various payment-related functions.

For Healthcare Operations – To review our treatment and services and to evaluate the performance of our staff in caring for you, or to disclose information to nurses, doctors, technicians, nursing staff and other personnel for review and learning purposes.

The following categories describe different ways that we are permitted to use or disclose your PHI:

For Appointment Reminders and Follow-up Calls – To leave a message with an answering service or on your answering machine or other similar voicemail or recording device.

To Communicate with Individuals Involved in Your Care or Payment for Your Care – To disclose, to a family member, other relative, close personal friend or any other person you identify, PHI directly relevant to that person’s involvement in your care or payment related to your care.

For Research – To facilitate or to be used regarding medical research purposes, under certain circumstances.

As Required By Law – To comply with the provisions of federal, state or local law.

To Avert a Serious Threat to Health or Safety – To assist with or to help prevent threat to your or another person’s health and safety.

Organ and Tissue Donation – To assist organizations that handle organ procurement or organ, eye or tissue transplantation.

Military and Veterans – To comply with requirements of military command authorities, if you are a member.

Workers’ Compensation – To comply with requests from workers’ compensation or similar programs.

Public Health Risks – To facilitate public health activities.

Health Oversight Activities – To comply with activities authorized by law for any government health agency, which may include audits, investigations, inspections, licensure or disciplinary actions.

Lawsuits and Disputes – To respond to a court or administrative order, subpoena, discovery request or other lawful process that involves you.

Law Enforcement – To comply with a legal request of a law enforcement official, as appropriate.

Coroners, Medical Examiners and Funeral Directors – To assist a coroner, medical examiner or funeral director, as applicable, as authorized by law.

National Security and Intelligence Activities – To comply with federal officials in connection with activities regarding national security, as authorized by law.

Victims of Abuse or Neglect – To assist a government authority if we reasonably believe you are a victim of abuse or neglect. We will disclose this type of information only to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

Other Uses and Disclosures of PHI

We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for above (or as otherwise permitted or required 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.

Marketing and Fund Raising Rules – Limitations on the Disclosure of PHI Regarding Remuneration

The disclosure or sale of your PHI without authorization is prohibited. Under the new HIPAA Omnibus Rule, this would exclude disclosures for public health purposes; for treatment/payment for healthcare; for the sale, transfer, merger or consolidation of all or part of this facility; for a patient or beneficiary, upon request; and, as required by law. In addition, the disclosure of your PHI for research purposes or for any other purpose permitted by HIPAA will not be considered a prohibited disclosure if the only reimbursement received is “a reasonable, cost-based fee” to cover the cost to prepare and transmit your PHI, which would be expressly permitted by law.

Notably, under the HIPAA Omnibus Rule, an authorization to disclose PHI must state that the disclosure will result in remuneration to the Covered Entity, as defined. Notwithstanding the changes in the HIPAA Omnibus Rule, the disclosure of limited data sets (a form of PHI with a number of identifiers removed in accordance with specific HIPAA requirements) for remuneration pursuant to existing agreements is permissible until September 22, 2014, so long as the agreement is not modified within one year before that date.

Improvements to Requirements for Authorizations Related to Research

Under the HIPAA Omnibus Rule, we may seek authorizations from you for the use of your PHI for future research. However, we would have to make clear what those uses are in detail. Also, if we request of you a compound authorization with regards to research, we would clarify that, when a compound authorization is used, and research-related treatment is conditioned upon your authorization, the compound authorization will differentiate between the conditioned and unconditioned components.

YOUR RIGHTS

You have the following rights:

Right to Obtain a Paper Copy of the Notice upon Request – To request a copy of our current Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy from any of the facility locations of **Carmichael's** or from our Compliance Officer (contact information is presented at the conclusion of this Notice).

Right to Request Restrictions – To restrict the use and disclosure of your PHI; however, we are not required to agree to any restrictions you request; however, if we do so, we will be bound by the restrictions to which we agree, except in emergency situations. If you tell us not to disclose information to your commercial health plan concerning healthcare items or services for which you paid in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

Right to Inspect and Obtain a Copy – To inspect and obtain a copy of your PHI that may be used to make decisions about your care. We will provide copies, in your requested form and format, if it is readily producible; or we will provide you with an alternative format you find acceptable; or, if we cannot agree and we maintain the record in an electronic format, we will provide a copy, based upon your choice, of a readable electronic or hardcopy format.

Right to Amend – To request, in writing, for us to amend the information we have about you if you feel it is incorrect; if your request is denied, we will provide you a written denial that explains the reason for the denial.

Right to an Accounting of Disclosures – To request, in writing, for us to provide to you a list of the disclosures we have made of your PHI, except for treatment, payment or healthcare operations; releases made at your request to persons involved in your healthcare, for national security or for intelligence purposes; or, of disclosures made to correctional institutions or law enforcement officials. You have the right to receive an accounting of the disclosures we have made of your PHI after April 14, 2003 for most purposes other than treatment, payment or healthcare operations. The right to receive an accounting is subject to certain exceptions, restrictions and limitations. To request an accounting, you

must submit a request in writing to our Compliance Officer (contact information is presented at the conclusion of this Notice). Your request must specify the time period. The time period may not be longer than six (6) years and may not include dates before April 14, 2003.

Right to Request Communications of PHI by Alternative Means or at Alternative Locations – To request communications of PHI by alternative means or at alternative locations. For instance, you may request that we contact you at a different residence or post office box. To request confidential communication of your PHI, you must submit a written request to our Compliance Officer (contact information is presented at the conclusion of this Notice). Your request must specify how or where you would like to be contacted. We will accommodate all reasonable requests.

OTHER

Authorization Rule

We will not use or disclose your PHI for any purpose or to any person other than as stated in the foregoing rules without your signature on our specifically worded, written authorization form, the “Medical Information Release Form,” which form is presented at the conclusion of this Notice or is available to you from any of the facility locations of **Carmichael’s** or from our Compliance Officer (contact information is presented at the conclusion of this Notice). If we require your authorization, we must obtain it through the use of this Medical Information Release Form, which may be separate from any authorization or acknowledgement we may have obtained from you otherwise. We will not condition your treatment upon whether or not you sign any authorization or acknowledgement form.

Incidental Disclosures

Carmichael’s will make reasonable efforts to avoid incidental disclosures of PHI. An example of an incidental disclosure is a counseling conversation at the pharmacy counter between a member of our pharmacy staff and the patient/customer/caregiver regarding potential drug interactions that inadvertently may be overheard..

However, in the event that there is a breach in protecting your PHI, we will follow Federal Guidelines to the HIPAA Omnibus Rule Standard to first evaluate the breach situation using the Omnibus Rule, 4-Factor Formula for Breach Assessment. Then we will document the situation, retain copies of the situation documentation on file and report all breaches (other than low probability, as prescribed by the HIPAA Omnibus Rule) to the U.S. Department of Health and Human Services at the following website:

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brinstruction.html>.

We also will make proper notification to you and any other parties of significance, as required by HIPAA Law.

FOR MORE INFORMATION, YOU MAY CONTACT EITHER:

Diane Hritz

Compliance Officer
Carmichael's Cashway Pharmacy, Inc.
1002 North Parkerson Avenue
Crowley, LA 70526
(337) 785-3138

OR

Office for Civil Rights

U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202
(800) 368-1019



Medical Information Release Form
(HIPAA Release Form)

Name _____ **DOB** _____

() I, the Undersigned, hereby do authorize the release of my medical information, including documentation regarding prescription, description of treatment rendered, claim and any other relevant medical record or information, to the following individual(s) or entity(ies):

() Spouse _____

() Child(ren) _____

() Other _____

() I, the Undersigned, hereby do prohibit the release of my medical information to anyone.

This Medical Information Release Form will remain in effect until terminated in writing by the Undersigned.

MESSAGES

Please contact me at: () Home () Work () Cell Number (_____) _____ - _____

If unable to reach me as indicated above, please:

() leave a detailed message;

() leave a message asking me to return your call; or,

() _____

The best time during the daytime to contact me is between _____ (am/pm) and _____ (am/pm).

Signature _____ Date _____

Witness _____ Date _____