



## **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.**

This Notice of Privacy Practices (the "Notice") describes the privacy practices of USA Drug, including May's Drug, SuperD Drug, MedX Drug, Drug Warehouse, Ike's, and other retail outlets along with USADrug.com which are all part of an affiliated group of pharmacies that are owned by Stephen L. LaFrance Holdings, Inc. This affiliated group of pharmacies treats itself as a single entity for purposes of using and disclosing health information about you. USA Drug wants you to know that nothing is more central to our operations than maintaining the privacy of your health information ("Protected Health Information" or "PHI"). PHI is information about you, including basic information that may identify you and relates to your past, present, or future health or condition and the dispensing of pharmaceutical products to you. We take this responsibility very seriously.

**Our Pledge Regarding Your Health Information** We are required by federal and applicable state law, regulations, and other authorities to protect the privacy of your health information. Our pharmacy staff is required to protect the confidentiality of your PHI and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. This protection extends to any PHI that is oral, written, or electronic, such as prescriptions transmitted by facsimile, modem, or other electronic device.

The Pharmacy is required to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. We will provide any revised Notice to you upon request.

**Your Health Information Rights** You have the following rights with respect to PHI about you:

**Obtain a paper copy of the Notice upon request:** You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, contact the Privacy Office at (870) 850-8243 and leave your name and address.

**Request a restriction on certain uses and disclosures of PHI:** You have the right to request additional restrictions on our use or disclosure of PHI about you by sending a written request to Stephen L. LaFrance Holdings Inc., 3017 North Midland Drive, Pine Bluff, AR 71603, Attn: HIPAA Coordinator. We are not required to agree to those restrictions.

**Inspect and obtain a copy of PHI:** You have the right to access and copy PHI about you contained in a designated record set for as long as the Pharmacy maintains the PHI. The designated record set usually will include prescription and billing records. To inspect or copy PHI about you, you must send a written request to Stephen L. LaFrance Holdings Inc., 3017 North Midland Drive, Pine Bluff, AR 71603, Attn: HIPAA Coordinator. We may charge you a fee for the costs of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI about you, you may request that the denial be reviewed.

**Request an amendment of PHI:** If you feel that PHI 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 PHI. To request an amendment, you must send a written request to Stephen L. LaFrance Holdings Inc., 3017 North Midland Drive, Pine Bluff, AR 71603, Attn: HIPAA Coordinator. You must include a reason that supports your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, 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 PHI:** You have the right to receive an accounting of the disclosures we have made of PHI about you after April 14, 2003 for most purposes other than treatment, payment, or health care operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes.

The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to Stephen L. LaFrance Holdings Inc., 3017 North Midland Drive, Pine Bluff, AR 71603, Attn: HIPAA Coordinator. Your request must specify the time period, but 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. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

**Request communications of PHI by alternative means or at alternative locations:** For instance, you may request that we contact you about pharmacy matters only in writing or at a different residence or post office box. To request confidential communication of PHI about you, you must submit a request in writing to Stephen L. LaFrance Holdings Inc., 3017 North Midland Drive, Pine Bluff, AR 71603, Attn: HIPAA Coordinator. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests.

**Examples of How We May Use and Disclose PHI** Subject to applicable state law, a description of which is attached in the Addendum to this Notice, the following are descriptions and examples of ways we use and disclose PHI:

**We will use PHI for treatment:** For example, we will use PHI to dispense prescription medications to you. We will document in your record information related to the medications dispensed to you and services provided to you. We also may contact you to provide refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**We will use PHI for payment:** For example, we will contact your insurer or pharmacy benefit manager to determine whether it will pay for your prescription and the amount of your co-payment. We will bill you or a third-party payor for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the prescriptions you are taking.

**We will use PHI for health care operations:** For example, we may use information in your health record to monitor the performance of the pharmacists providing treatment to you. This information will be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

Subject to applicable state law, a description of which is attached in the Addendum to this Notice, we also are permitted to use or disclose your PHI for the following purposes. However, we may never have reason to make some of these disclosures.

**Business Associates:** There are some services provided by us through contracts with third parties, which are known as "business associates." When these services are contracted for, we may disclose PHI about you to our business associate so that they can perform the job we have asked them to do and, if applicable, bill you or your third-party payor for services rendered. To protect PHI about you, we require the business associate to appropriately safeguard the PHI.

**Communication with individuals involved in your care or payment for your care:** Health professionals such as pharmacists, using their professional judgment, may disclose to a family member, other relative, close personal friend or any person you identify, PHI relevant to that person's involvement in your care or payment related to your care. For example, we may allow a friend or family member to pick up a prescription on your behalf.

**Food and Drug Administration (FDA):** We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Worker's compensation:** We may disclose PHI about you as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by law.

**Public health:** As required by law, we may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law enforcement:** We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.

**As required by law:** We must disclose PHI about you when required to do so by law.

**Health oversight activities:** We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial and administrative proceedings:** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to notify you about the request or to obtain an order protecting the requested PHI.

**Research:** We may disclose PHI about you to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

**Coroners, medical examiners, and funeral directors:** We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to carry out their duties.

**Organ or tissue procurement organizations:** Consistent with applicable law, we may disclose PHI about you to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

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

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

**To avert a serious threat to health or safety:** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Military and veterans:** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

**National security and intelligence activities:** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective services for the President and others:** We may disclose PHI about you to authorized federal official so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Victims of abuse, neglect, or domestic violence:** We may disclose PHI about you to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information 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 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.

#### **Other Uses and Disclosures of PHI**

The Pharmacy will obtain your written authorization before using or disclosing PHI about you 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 PHI about you, except to the extent that we have already taken action in reliance on the authorization.

#### **Minors**

If you are a minor who has lawfully provided consent for treatment and you would like the pharmacy, to the extent permitted by your state's laws, to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify the pharmacist.

#### **HIPAA Breach Notification**

We will notify affected individuals of any "breach" of unsecured PHI when there is a significant risk of financial, reputational, or other harm to the individual. A "breach" means the unauthorized acquisition, access, use, or disclosure of unsecured PHI. Our timeline for notification of a breach will occur no later than 60 calendar days after the date a breach was first discovered by us. If a breach affects more than 500 residents of a state or jurisdiction we must provide notice to prominent media outlets serving that state or jurisdiction within 60 calendar days after the date the breach was discovered. Notification of a breach may be delayed if a law enforcement official determines that such notification would impede a criminal investigation or damage national security.

We will report all breaches during each calendar year to the Department of Health and Human Services (HHS) either by way of log submission or concurrently with the notification to affected individuals if a breach impacts 500 or more individuals.

#### **For More Information or to Report a Problem**

If you have questions or would like additional information about the Pharmacy's privacy practices, you may contact the HIPAA Coordinator at Stephen L. LaFrance Holdings Inc., 3017 North Midland Drive, Pine Bluff, AR 71603, or call (870) 850-8243. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

#### **Effective Date**

This Notice is effective as of January 8, 2010.

#### **State Law Addendum**

The following requirements modify the listed "Examples of How We May Use and Disclose PHI" in the states indicated, except as otherwise permitted or required by law:

#### **MISSOURI**

##### **Disclosure**

Unless specifically authorized by you, we will not release your pharmacy records to anyone other than:

- (a) You or any other person authorized by you to receive the information;
- (b) The authorized prescriber who issued the prescription order, or a licensed health professional who is currently treating you;
- (c) In response to lawful requests from a court or grand jury;
- (d) A person authorized by a court order;
- (e) To transfer medical or prescription information between pharmacists as provided by law; or
- (f) Government agencies acting within the scope of their statutory authority.

##### **Medicaid**

**For Medicaid recipients:** We will restrict disclosure of your information to purposes directly related to your treatment, for promotion of improved quality of care, and to assist with an investigation, prosecution, or civil or criminal proceeding related to the administration of the Medicaid program.

##### **HIV/AIDS**

We will not disclose any HIV/AIDS-related 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.

#### **OKLAHOMA**

##### **Disclosure—Patient Confidences**

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.

#### **TENNESSEE**

##### **Disclosure**

Unless you authorize the disclosure, we will not disclose your name and address and other identifying information, except to:

- (a) a health or government authority pursuant to any reporting required by law;
- (b) an interested third-party payer for the purpose of administrative functions; or
- (c) respond to a subpoena issued by a court of competent jurisdiction.

In addition, 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 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.

##### **Sale of Information**

We will not sell your name and address or other identifying information for any purpose.