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Davies Drugs, Inc.
Davies Pharmacy, Inc.
Notice of Privacy Practices

Davies Pharmacy
In the North Canton Medical Foundation
6046 Whipple Avenue N.W.
North Canton, Ohio 44720
330-305-9075
1-800-827-8547, Ext. 4900
Fax: 330-305-9176

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU HAVE ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS NOTICE APPLIES TO ALL OF THE RECORDS OF YOUR CARE PRODUCED AND MAINTAINED BY DAVIES DRUGS, INC. AND DAVIES PHARMACY, INC., WHETHER MADE BY DAVIES DRUGS, INC., DAVIES PHARMACY, INC. OR A BUSINESS ASSOCIATE.

Effective April 14, 2003, the federal government requires all health care providers to formally comply with *The Health Insurance Portability and Accountability Act of 1996* (HIPAA). Health care providers must inform patients in writing of their privacy practices, a patient's rights under law and the restrictions that protect patient information from being disclosed. Davies Drugs, Inc. and Davies Pharmacy, Inc. are commanded by law to preserve the privacy of Protected Health Information (PHI). PHI is past, present or future mental or physical health related care, service and condition information that might identify you. This Notice of Privacy Practices ("Notice") explains how we may use and disclose PHI to administer treatment, payment, health care facilitation and other particular purposes that are allowable or required by law. This Notice explains your rights with regard to your PHI. Davies is commanded to follow the provisions of this Notice. Davies will not use or disclose your PHI without your written permission, except as explained or authorized by this Notice. We preserve the right to change our privacy practices and this Notice and to make the new Notice operative for all PHI we maintain. We will provide any amended Notice to you upon request.

The respect and protection of your PHI has always been a priority at Davies. We are committed to protecting your confidential PHI and will disclose your PHI to a person other than you or your personal representative, only when permitted by law. This protection extends to any PHI that is oral, written, or electronic (example: prescriptions transmitted by facsimile, modem or other electronic device).

The following categorized examples describe how Davies uses and discloses your Protected Health Information to best provide for your medical care and/or as allowed or mandated by law. These categories include examples for description purposes. Please note that not every use or disclosure in a category will be listed:

- **Treatment.** We may use your PHI to administer and provide for the treatment, pharmaceuticals (including medicines) and services you receive. For instance, we may disclose your PHI to other third party health care agents involved in the coordination of your treatment. At times, we may disclose your PHI to another physician or specialist who becomes involved in your treatment at the request of your physician. Additionally, we may contact you regarding compliance programs like refill reminders, drug/product recommendations or therapeutic substitutions, counseling and drug utilization review (DUR), disease state management, knowledge, counseling and literature about benefits that might interest you, and/or product recalls when we feel the information is essential to your care. This contact includes the mailing or delivery of information to the address you designate and/or leaving messages on your residence answering machine or at the phone number you designate.
- **Payment.** We might use your PHI for payment related purposes. For instance, we may contact your insurer, benefit manager or other health care payer to ascertain whether it will pay for your treatment, pharmaceuticals and/or services and the amount of your co-pay or other related payment obligation. We will bill you or a third-party payer for the cost of the treatment, pharmaceuticals and/or services dispensed to you. Payment may involve reports to credit bureaus, collection agencies and/or to our attorneys for collection if necessary. The information listed on or supplementing your bill might include information that identifies you as well as the treatment, pharmaceuticals and/or services you are provided.
- **Health Care Operations/Facilitations.** We might use your PHI for particular facilitative, administrative and quality affirmation and marketing endeavors. For instance, we might use information in your health file to supervise the performance of the pharmacists providing treatment, counseling, products and services to you or for the training of pharmacy interns. This information will be utilized toward the consistent continuance of, quality improvement of and effectiveness of the health care we offer. Facilitations include calling your name in our store when your order is ready and asking you or your messenger to sign our numbered receipt log. Additionally, we contract with certain outside business associates to provide specialized health services, products, counseling, and literature because we feel their personal service and knowledge is beneficial to our patients. We may disclose information in your health file to business associates if they need the information to provide products or services to us and will agree to accept and uphold particular HIPAA rules with regard to the protection of PHI. When required, you will be asked to sign a separate consent form, before these services and products can be made available to you.

Davies is permitted to use or disclose your PHI in the following instances or as mandated by law:

- **To communicate with individuals responsible for or involved in your care or responsible for or involved in payment for your care.** We might disclose to a family member, other relative, close personal friend, personal representative, or any other person you identify, PHI directly relevant to that person's participation in your care or payment related to your care. For instance, if we can reasonably infer that you agree, we may provide pharmaceuticals and related information to your caregiver on your behalf. Additionally, we will give your pharmacy order to the personal adult messenger who asks for it. Should delivery be requested, we will leave your order with an adult at your residence or the address you designate.
- **Notification.** We might 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 general condition. For instance, in the event of a natural disaster or emergency situation.
- **As Mandated by Law.** We will disclose your PHI when mandated to do so by federal, state or local law.
- **Health Oversight Pursuits.** We might disclose your PHI to an oversight agency for pursuits authorized by law. These oversight pursuits include audits, inspections, investigations, and credentialing, as is necessary for licensure and for the government to supervise the health care system, government programs, and compliance with civil rights laws.
- **Law Enforcement.** We might disclose your PHI for law enforcement reasons when required by law or in answer to a subpoena, warrant or other court order.
- **Judicial and Administrative Proceedings.** We might disclose your PHI in answer to a court or administrative order if you are implicated in a lawsuit or dispute. Additionally, we might disclose particular health information about you in answer to a subpoena, discovery request, or other lawful process brought about by someone else implicated in the dispute, however only if attempts have been made, either by the requesting participant or us, to inform you about the request or to acquire an order protecting the information requested.
- **Correctional Institution.** Should you be or become an inmate of a correctional institution, we might disclose to the institution or its agents your PHI as deemed necessary for your health and safety and the health and safety of other individuals.
- **Victims of Abuse or Neglect.** If we reasonably believe you are a victim of abuse or neglect, we might disclose PHI about you to a government authority. We will only disclose this sort of information to the degree required by law, if you are in agreement to the disclosure, or if the disclosure is permitted by law and we believe disclosure is essential to prevent serious harm to you or someone else.
- **Worker's Compensation.** We might disclose your PHI to the degree authorized by and to the degree required to obey laws regarding worker's compensation or additional programs recognized by law.
- **Military and Veterans.** Should you be or become a member of the armed forces, we might disclose PHI about you as required by military directed authorities. Additionally, we might disclose PHI about foreign military personnel to military authorities where deemed appropriate.
- **Coroners, Medical Examiners, and Funeral Directors.** We might disclose your PHI to a coroner or medical examiner. For instance, disclosure may be deemed necessary for the purposes of identification or to determine cause of death.
- **Administrator or Executor:** Upon your death, we might disclose your PHI to an administrator, executor or other individual so authorized under state law.

Although we may not engage in the activities, we are permitted to use or disclose your PHI without your permission under federal or applicable state law for purposes of the following:

- **Food and Drug Administration (FDA).** We might disclose to the FDA or individuals under the authority of the FDA, PHI related to harmful actions with reverence to drugs, foods, products, product deficiencies, supplements or post-marketing investigation information to facilitate product recalls, repairs, or replacement.
- **Research.** Your PHI might be disclosed to researchers whose research proposals have been approved by a privacy board or an institutional review board and who additionally, have established procedures and rules to guarantee the privacy of your PHI.
- **Organ or Tissue Procurement Organizations.** In keeping with applicable law, we might disclose your PHI to organ procurement organizations or other agencies appointed in the procurement, banking, or transplantation of organs for the intention of tissue donation and transplant.
- **Public Health.** Where mandated by law, we might disclose your PHI to public health or legal institutions responsible for the prevention and/or control of disease including communicable diseases, disability, or injury.
- **To Prevent a Serious Threat to Health or Safety.** We might use and/or disclose your PHI when essential to avert a serious threat to your health and safety or the health and safety of the public or another individual.
- **National Security, Intelligence Interests, and Protective Services for the President and Others.** We might disclose PHI about you to federal authorities for intelligence, counterintelligence, protection for the President, and/or additional national security interests as mandated by law.
- **Other Uses and Disclosures of PHI.** We will acquire your written approval before using or disclosing your PHI for reasons other than those presented above (or as otherwise allowed or mandated by law). You may retract your approval in writing at any time. Upon receipt of your written retraction, we will cease using and/or disclosing your PHI to the degree that we have already taken action in reliance on the approval.

Incidental Disclosures

Davies will make reasonable endeavors to prevent incidental disclosures of your protected health information. An example of an incidental disclosure would be a disclosure that may be accidentally viewed overhead or accidentally heard in passing by other individuals in our common areas, including but not limited to include sign-in sheets. Although Davies makes every effort to minimize incidental disclosures, it is recommended that you request a more private, office consultation when you deem it necessary.

Minors

If you are a minor, we may disclose your PHI to your parents or legal guardians when we are permitted or required to do so under federal and applicable state law. Should you be a minor who has lawfully given consent for treatment and you desire for Davies to regard you as an adult for purposes of access to and disclosure of records associated with such treatment, please inform a Pharmacist or our Privacy Office.

With regard to your Patient Health Information, you have the following rights:

- **The right to obtain a paper copy of the Notice upon request.** A paper copy of our most current Notice is available to you at any time, upon your request. Although a copy of our Notice may be available to you electronically, you are none-the-less entitled to receive a paper copy. You may obtain a paper copy directly from any of our pharmacies. Upon written or oral request, a paper copy of our Notice will be mailed to you.
- **The right to view and obtain a copy of your PHI.** In most instances, you have the right to view and obtain a copy of the PHI we preserve and protect about you. To view or obtain a copy of your PHI, you must send a written request to our Privacy Office. We have the right to charge you a fee for the costs of copying, mailing and any supplies essential to comply with your request. We have the right to deny your request to view and/or obtain a copy of your PHI in certain limited situations.
- **The right to receive an accounting of the disclosures we have made of your PHI.** You have the right to obtain an accounting of the disclosures we have made of your PHI after April 14, 2003...disclosures made for most reasons other than treatment, payment or health care facilitations. Your right to obtain an accounting is exposed to certain exceptions, limitations and or restrictions. To obtain an accounting, you must render your request in writing to our Privacy Office. Your request must specify a time period for the accounting not longer than six (6) years and may not include dates prior to April 14, 2003.
- **The right to request a restriction on particular uses and disclosures of your PHI.** You have the right to ask for additional restrictions on our use or disclosure of your PHI by submitting a written request to our Privacy Office. We are not obligated to agree to your restrictions. We cannot agree to restrictions related to uses or disclosures that are mandated by law, or which are essential to administer our business.
- **The right to request communications of your PHI by alternate means or at different venues.** You have the right to ask that we contact you at a different address or post office box. To request confidential communication of your PHI and/or different methods regarding how and where we may contact you, you must submit a written, detailed request to our Privacy Office. We will accommodate all reasonable requests.
- **The right to request a revision of your PHI.** Should you believe the PHI we preserve about you is incomplete or inaccurate, you may request that we revise it. To ask for a revision of your PHI, you must submit a written request to our Privacy Office. Your written request must include a reason to support a revision. In particular instances, we may decline your request for a revision.
- **The right to more information or to report a complaint.** Should you have additional questions or would like more information about Davies privacy practices you may contact our Privacy Officer at Davies Pharmacy, 2915 West Tuscarawas Street, Canton, Ohio 44708 or telephone our Privacy Officer at 330-454-5151. If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer or with the Secretary of Health and Human Services. You will not be penalized for filing a complaint.

How to obtain forms for submitting written requests with regard to your PHI:

You may obtain forms for submitting the written requests described above at any pharmacy location or by contacting our Privacy Officer at Davies Pharmacy, 2915 West Tuscarawas Street, Canton, Ohio 44708 or telephone our Privacy Officer at 330-454-5151. All PHI requests must include: patient's full name, date of birth, and current address and phone number if applicable.

Ohio Law...Disclosure Defined:

Unless we have obtained your written consent, we will only disclose your pharmacy records to:

You; the prescriber who issued your prescription or medication order; certified/licensed health care personnel who are responsible for your care; 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; an agent of the state medical board when enforcing the statutes governing physicians and limited practitioners; 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; 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; 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 in emergency situations, when it is in your best interest.

Effective Date:

This Notice is effective as of 4/14/2003

Acknowledgement of Receipt of Davies Drugs, Inc./Davies Pharmacy, Inc.'s Notice of Privacy Practices

I, _____ (printed name) have received
Davies Drugs, Inc./Davies Pharmacy Inc.'s Notice of Privacy Practices.

Signature: _____ Date: _____