

BLOOMINGTON DRUG NOTICE OF PRIVACY PRACTICES

Effective March 28, 2009

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.

The Health Insurance Portability and Accountability Act of 1996, "HIPAA", requires that we (Bloomington Drug) protect the privacy of your individual health information (referred to as "protected health information" or "PHI"). We have created this Notice of Privacy Practices ("notice") outlining our policies and procedures regarding your PHI. We will abide by the terms presented within this notice, as it may be updated.

HOW THE PHARMACY MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

We are permitted to make certain types of uses and disclosures under applicable law for treatment, payment, or health care operations purposes.

For Treatment purposes, uses and disclosures will take place in providing, coordinating, or managing health care and its related services by one or more of your providers, such as when your pharmacist consults with your physician or a specialist regarding your medications, treatment or conditions. The pharmacy may use and disclose your PHI without your authorization when we need to contact your physician or physician's representative or when we are contacted by another pharmacy who states they have your request and consent to transfer pharmacy records to them.

For Payment purposes, uses and disclosures will take place to obtain or provide reimbursement for pharmaceutical care services. Your PHI may be disclosed to one or several intermediaries employed by your plan sponsor including but not limited to insurers, pharmacy benefit managers, claims administrators, and computer switching companies.

For Health Care Operations purposes, uses and disclosures of the minimum necessary amount of PHI will take place in several ways, including quality assessments, improvement activities, provider review and training, underwriting activities, compliance activities, planning, development, management and administration. Your PHI could be used, for example, to assist in the evaluation of the quality of care you were provided.

In addition, we may disclose your PHI without your authorization to comply with workers compensation laws and programs, as required by law enforcement, in the course of any legal proceeding (providing proper documentation is presented to the pharmacy), according to public health requirements, as required by health oversight activities including audits and inspections authorized by law, and as required by law.

We may disclose to a relative, to a close personal friend, or to any other person identified by you, PHI that is directly relevant to the person's involvement with your care or payment related to your care. In addition, unless you object, we may use or disclose PHI to notify, identify, or locate a member of your family, your personal representative, another person responsible for your care, or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you object to this use or disclosure, we will do what in our judgment is in your best interest regarding such disclosures and will disclose only the information that is directly relevant to the person's involvement with your health care. We will also use our judgment and experience regarding your best interest in allowing people to pick up filled prescriptions, or similar forms of PHI. We may also use our best judgment to disclose PHI in order to avert serious threat to health or safety if consistent with applicable law and standards of ethical conduct.

From time to time, we may employ the services of business associates who may assist us in one or more tasks and who may use, change, or create PHI. Business associates are required to comply with all privacy regulations on your behalf.

In addition, we may contact you to provide refill reminders or information about health screenings, wellness events, inoculations, vaccinations, or other information about treatment alternatives or health-related benefits and services that may be of interest to you. We may disclose health information to your plan sponsor. We may contact you for the purpose of fund-raising activities, unless you object.

FOR ALL OTHER USES AND DISCLOSURES:

The pharmacy will obtain a written authorization from you for all other uses and disclosures of PHI. You may revoke such an authorization in writing at any time, except to the extent the pharmacy has already taken action in reliance on a previously signed authorization form.

YOUR HEALTH INFORMATION RIGHTS:

You may ask us to restrict uses and disclosures of PHI to carry out treatment, payment or healthcare operations, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care or payment for your care. However, we are not required to accommodate your request.

You have the right to the following with respect to your PHI: (1) inspection and copying; (2) amendment or correction (request may be denied under certain circumstances); (3) an accounting of the disclosures of PHI by us (we are not required to account to you disclosures of PHI to carry out treatment, payment, or operations, or disclosures made to you or your care givers, or as otherwise excluded by law); and (4) receipt of a paper copy of this notice upon request. The pharmacy may require patients to make requests for access to their PHI in writing.

REVISIONS TO THE NOTICE OF PRIVACY PRACTICES

The pharmacy reserves the right to change the terms of this notice and make the revised version applicable to all PHI that we maintain. The revised notice will be available, upon request, to all individuals. The pharmacy will also post the revised version of the notice in the pharmacy.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us at the location described below and/or to the Secretary of HHS at The U.S. Department of Health and Human Services, Office of the Inspector General, 200 Independence Ave, S.W., Washington, D.C. 20201. The pharmacy will not take any adverse action against you for filing a complaint.

CONTACT INFORMATION

If you have any questions on the pharmacy's privacy practices or for clarification on anything contained within the notice, please contact us at Bloomington Drug, 509 West 98th Street, Bloomington, MN 55420, phone: (952) 884-7528.