

CALIFORNIA PHARMACY & MEDICAL SUPPLY

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 This Notice Carefully

This California Pharmacy is required to maintain the privacy of your Protected Health Information (“PHI”) and to provide you with a notice of our legal duties and privacy practice with respect to PHI. PHI is information about you, including basic demographic information that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. This Notice of Privacy Practices (“Notice”) describes how we may use and disclose your PHI to carry out treatment, payment, or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to your PHI.

This pharmacy is required to follow the terms of this Notice. We will use your PHI for purposes of treatment, payment and health care operations. We will not use or disclose your PHI for any other purposes 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. Upon request, we will provide a revised Notice to you.

How This California Pharmacy May Use or Disclose Your Health Information

For Treatment. California pharmacies may use your health information to provide, coordinate, and manage your healthcare and related services. For example, information obtained by a health care provider, such as a physician, nurse, or pharmacist providing health services to you will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions. This pharmacy, for example, will use this information to confer with your physician or dentist regarding your prescription needs.

For Payment. California pharmacies may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, this pharmacy will contact your insurer, pharmacy benefit manager, or other third-party payors to determine whether it will pay for your prescription and the amount of your copayment responsibility. This pharmacy 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.

For Health Care Operations. California pharmacies may use and disclose health information about you for operational purposes. For example, your health information may be used by members of this pharmacy’s staff to:

- evaluate the performance of our pharmacists, technicians, and other staff;
- assess the quality of care and outcomes in your cases and similar cases;

- learn how to improve our facilities and services; and
- determine how to continually improve the quality and effectiveness of the health care and services we provide to you.

This Pharmacy Will Use or Disclose PHI in Its Regular Course of Business for the Following Reasons:

Communication with You. California pharmacies may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Communication with Individuals Involved in Your Care or Payment for Your Care. This pharmacy, using our professional judgment, may disclose to other health care professionals such as physicians and pharmacists, 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.

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

Required by Law. California pharmacies may use and disclose information about you as required by law. For example, this pharmacy may disclose information for the following purposes:

- for judicial and administrative proceedings pursuant to legal authority;
- to report information related to victims of abuse, neglect or domestic violence; and
- to assist law enforcement officials in their law enforcement duties;

Incidental Disclosures. California pharmacies may disclose PHI incidental to our provision of treatment, payment, or health care operations. For example, in our telephone discussions with physicians, PHI might be overheard by a member of our staff other than the staff member placing the call.

Public Health. Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Food and Drug Administration (FDA). California pharmacies may disclose to the FDA or its agents PHI adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Health Oversight Activities. California pharmacies 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.

Business Associates. There are some services provided by us through contracts with business associates. Examples may include, from time to time, mailing or delivery services. When these services are contracted for, we may disclose PHI about you to our business associate only to the

extent necessary so that they can perform the job we have asked them to do. To protect PHI about you, we require the business associate to appropriately safeguard the PHI.

Workers' Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

This Pharmacy Is Further Permitted to Use or Disclose PHI About You For the Following Purposes:

Coroners, Medical Examiners, and Funeral Directors. California pharmacies 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. This pharmacy 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, this pharmacy 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.

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

Threat to Health or Safety. California pharmacies 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, this pharmacy may release PHI about you as required by military command authorities. This pharmacy may also release PHI about foreign military personnel to the appropriate military authority.

National Security and Intelligence Activities. California pharmacies may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Government Functions. California pharmacies may disclose PHI about you to authorized federal officials 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. California pharmacies 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.

Research. California pharmacies 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.

Other Uses and Disclosures of PHI

Other uses and disclosures, *other than those described above or otherwise permitted or required by law*, will only be made with your written authorization. You may revoke such a written 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 your authorization.

Your Privacy 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 most current version of this 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 Dr. Kaplan's Office Manager, Jennifer Leiger, at 1220 Rosecrans St., Suite # 128, San Diego, CA 92106.

Inspect or Obtain a Copy of PHI. You have the right to inspect and obtain a copy of the PHI about you contained in a designated record set forth as long as this pharmacy maintains the PHI. The "designated record set" usually will include prescriptions, physician orders, and billing records. To inspect or receive a copy of your PHI for your inspection, you must send a written request to: Office Manager, 1220 Rosecrans St., Suite # 128, San Diego, CA 92106. Under federal law, however, you *may not* inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. WE may charge you a fee for the costs of copying, mailing, or other supplies that are necessary to grant 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 the Office Manager, 1220 Rosecrans St., Suite # 128, San Diego, CA 92106. In addition, 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 will reply to your statement.

Request a Restriction on Certain Uses and Disclosures of PHI. You have the right to request restrictions on our use or disclosure of PHI about you by sending a written request to the Office Manager at 1220 Rosecrans St., Suite # 128, San Diego, CA 92106. You may request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction and to whom you want the restriction to apply. We are not required to agree to those restrictions.

Receive an Accounting of Disclosure of PHI. You have the right to receive an accounting of the disclosures we have made of PHI about you after April 14th, 2003 for most purposes other than treatment, payment, or health care operations. The accounting will exclude disclosures we have

made directly to you, disclosures to friends or family members involved in your care, incidental disclosures permitted by law, 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 your request in writing to the Office Manager at 1286 University Ave., PMB 221, San Diego, CA 92103. 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 Communication of PHI by Alternative Means or At Alternative Locations. You may request that we communicate with you by an alternative means or at an alternative location. For example, you may request that we contact you about medical matters only in writing or at a different residence or post office box. We will not request an explanation from you as to the basis for the request. To request confidential communication of PHI about you, you must submit your request in writing to the Office Manager at 1286 University Ave., PMB 221, San Diego, CA 92103. Your request must state how, or when, you would like to be contacted. We will accommodate all reasonable requests.

Complaints

You may complain to this pharmacy and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint. If you wish to file a complaint, please contact Dr. Kaplan's office at 1220 Rosecrans St., Suite # 128, San Diego, CA 92106, or phone 619-294-7777.

Contact Information

If you have any questions or other concerns, please contact Dr. Kaplan's office at 1220 Rosecrans St., Suite # 128, San Diego, CA 92106 or phone 619 294-7777.

Sincerely,

Dr. Kaplan

Effective Date. This Notice was published and becomes effective on April 14th, 2003.

CALIFORNIA PHARMACY & MEDICAL SUPPLY

04/14/03

Dear Patient,

You have probably either heard or read about something called "HIPAA," the federal Health Insurance Portability and Accountability Act. Among other things, the Act puts into effect a number of requirements designed to protect the privacy and security of "PHI," or Protected Health Information. This refers to demographic, personal, and health-related information relating to you in our records. Examples would include listings of medication or supplies we have provided to you, your health history, and your address, birth date, and social security number.

Current law, and this California pharmacy, already provides you with a significant level of protection of your and health-related information. HIPAA provides even further protections.

You will find attached a California Pharmacy Notice of Privacy Practices that outlines PHI practices and related law, in considerable detail. We are required by HIPAA to provide you with this Notice and ask that you sign and return the attached Acknowledgment of receipt in the enclosed, self-addressed envelope. Thanks for your cooperation.

If you have any questions, you can contact Dr. Kaplan's office at 1220 Rosecrans St., Suite # 128, San Diego, CA 92106, or phone (619) 294-7777.

Sincerely,

Dr. Kaplan

CALIFORNIA PHARMACY & MEDICAL SUPPLY

HIPAA NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGMENT OF RECEIPT BY PATIENT

By signing this Receipt, I acknowledge that I have received a copy of this pharmacy's HIPAA Notice of Privacy Practices.

Dated: _____

Patient's Signature

Please Print Patient's Full Name

If the Patient is unable to sign and return this Acknowledgment due to a physical or mental condition or legal incapacity, it may be executed by the Patient's legal representative. In such case, the legal representative should fill out the following:

Dated: _____

Please Print Patient's Full Name

Legal Representative's Signature

Please Print Legal Representative's Full Name

For This California Pharmacy's Use Only:

Date Acknowledgment Received
by California Pharmacy: _____

If Acknowledgment Not Received, Reason Not Obtained: _____

Fill Out & Return