

## **Section A: Uses and Disclosures of Protected Health Information**

1. Under applicable law, we are required to protect the privacy of your individual health information (information we refer to in this notice as “Protected Health Information”). We are also required to provide you with this notice regarding our policies and procedures regarding your Protected Health Information and to abide by the items of this notice, as it may be updated from times to time.

We are permitted to make certain types of uses and disclosures under applicable law for treatment, payment and health care operations purposes. We may obtain information to dispense prescriptions and for the documentation of pertinent information in your records that may assist us in managing your medication therapy or your overall health. For treatment purposes, communication and disclosure between pharmacist and other health care provider may occur.

For reimbursement purposes, your Protected Health Information may be disclosed to one or several intermediaries employed by your plan sponsor including but not limited to insurers (reimbursement providers), pharmacy benefits managers, claims administrators, computer switching companies and manufacturer representatives who are legally obligated to conduct post-marketing surveillance in order to ensure the safety of their products.

For health care operations purposes, such use and disclosure will take place in a number of ways, including for quality assessment and improvement, provider review, pharmaceutical

compounding activities, reviews and compliance activities; planning, development, management and administration. Delivery of health care items will be conducted in a manner to ensure patient privacy. Your information could be used, for example, to assist in the evaluation of the quality of care that you were provided.

We store some of your Protected Health Information in electronic computer files. We backup our electronic records daily, and employ other precautions to safeguard the integrity of your Protected Health Information. In spite of these precautions it is possible but unlikely that a computer crash or other technological failure could cause loss of data. In addition reasonable safeguards are employed to protect your Protected Health Information stored on electronic media.

We may contact you, via written or verbal notice, to provide refill reminders, health screenings, wellness events, inoculations, vaccinations or information about treatment alternatives of other health-related benefits and services that may be of interest to you, including generic availability and insurance prompted preferred drug opportunities. In addition, we may disclose your health information to your plan sponsor.

We may use and disclose your Protected Health Information, without your authorization when the pharmacy needs to contact a physician or physician’s staff and is permitted or required to do so without individual written authorization.

We may use and disclose your Protected health Information if we are contacted by another pharmacy who states they have your request and consent to transfer pharmacy records to them.

Any business associates employed by Yanceyville Drug Company, Inc is required to comply with all privacy regulations.

We may disclose Protect Health Information about you without your authorization to comply with workers compensation laws, as required by law enforcement, legal proceedings, public health requirements, health oversight activities and as required by law. Other uses and disclosures will be made only with your written authorization and you may revoke your authorization by notifying us as described in Section B.

2. Requests from you to restrict disclosure of your Protected Health Information to persons involved in your care or payment of your services may or may not be honored.

3. You have the right to request the following with respect to your Protected Health Information (i) inspection and copying; (ii) amendment or correction; (iii) an accounting of the disclosures of this information by us (we are not required to account to you for disclosures made for treatment, payment, operations, disclosures to you, disclosures to your care givers, for notifications or as otherwise excluded by law; and (iv) the right to receive a paper copy of this notice upon request. We may require you to pay for this request to cover our costs of copying, labor and postage.

In addition, you may request and we must accommodate the request, if reasonable, to receive communications of Protected Health Information by alternative means or alternative locations.

To make this request please contact in writing:

**Yanceyville Drug Co., Inc.**

Thomas P. Davis RPH, Pharmacist/Owner  
106 Court Square, P.O. Box 1108  
Yanceyville, NC 27379

4. We may use your name to reference your prescriptions and pharmaceutical care services. You may be required to sign a signature log form to acknowledge receipt of service, to acknowledge receipt of this notice and the disclosure of Protected Health Information as outlined herein. We may disclose this information to other persons who ask for you or your prescriptions by name. Requests by you to restrict this information may or may not be honored. We are able to provide treatment services to you even if you object to signing the acknowledgment of the receipt of this notice or if we decide not to honor a request regarding the information in this document. We will use reasonable judgment to comply with your wishes in the event of emergency or your incapacity. We will inform you of any such uses or disclosures if uses and disclosures would require your signed authorization under such circumstances and give you an opportunity to object as soon as practicable.

5. We may disclose to one of your family members, to a relative, to a close personal friend or to any other person identified by you, Protected Health Information that is directly relevant to the person's involvement with your care or payment related to your care. In addition, we may use or disclose the Protected Health Information 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 in our judgment what is in your best interest regarding such disclosure 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 other similar forms of Protected Health Information.

6. It is policy of Yanceyville Drug Co., Inc. that all employees are trained under the HIPAA guidelines regarding protected health information.

7. We reserve the right to change the terms of this notice and to make new notice provisions effective for all Protected Health Information we maintain. You may receive a copy of this notice by contacting us as outlined in Section B, upon receipt of pharmacy care service.

8. If you believe that your privacy rights have been violated, you may complain to us at the location described in Section B, or to the Secretary of the Department of Health and Human Services.

**Section B:**

**Yanceyville Drug Company, Inc.**

Thomas P. Davis RPH, Pharmacist/Owner  
106 Court Square, P.O. Box 1108  
Yanceyville, NC 27379

**How We Safeguard  
Your Protected  
Health Information**

**Yanceyville Drug Company, Inc.**  
106 Court Square, P.O. Box 1108  
Yanceyville, NC 27379  
Phone: 336-694-9323  
Fax: 336-694-5224

**This notice described how  
medical information about you  
may be used and disclosed  
and how you can get access  
to this information.  
Review it carefully.**

**Date of Notice: 04/01/03**

Our business is built  
on integrity, honesty and trust.  
These values are reflected  
in our long-standing commitment  
to protect your privacy.