

The Health Insurance Portability and Accountability Act  
("HIPAA")  
WEST END PHARMACY 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.

West End Rx, Inc. is committed to ensuring the privacy of your protected health information (PHI). West End Rx, Inc is required by law to protect your PHI and to provide you a Notice of our legal duties and privacy practices with respect to PHI.

This Notice of Privacy Practices describes the privacy practices of West End Rx, Inc. PHI is information about you that we obtain to provide our services to you and that can be used to identify you. It includes your name and other basic contact information as well as information about your health, medical conditions and prescriptions. We take our responsibility to protect this information very seriously. West End Rx, Inc. reserves the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. If we do so, the updated Notice of Privacy Practices will be available at our location where you receive your health care service from us. Upon request, we will provide any revised Notice to you.

How we may use and disclose your PHI without your permission:

**-Treatment:** We may use and disclose your PHI to provide and coordinate the treatment, medications and services you receive. For example, we may disclose PHI to pharmacists, doctors, nurses, technicians and other personnel involved in your health care. We may also disclose your PHI with other third parties, such as hospitals, other pharmacies and other health care facilities and agencies to facilitate the provision of health care services, medications, equipment and supplies you may need. This helps to coordinate your care and make sure that everyone who is involved in your care has the information that they need about you to meet your health care needs.

**-Payment:** We may contact your insurer, payer, or other agent and share your PHI with that entity to determine whether it will pay for your prescription and the payment amount. We may also contact you about a payment or balance due for prescriptions dispensed to you at West End Rx, Inc.

**-Healthcare Operations:** We may use and disclose your PHI to monitor the effectiveness and quality of our health care services, to provide customer services to you and to resolve complaints. We may transfer it for purposes of carrying out pharmacy services if we buy or sell pharmacy locations.

**-Business Associate:** We use contractors, known as business associates, to provide certain services for us. These contractors are required by law and their agreements with us to protect your PHI in the same way we do.

**-Individuals involved in your care or payment for care:** We may disclose your PHI to a friend, personal representative, or family member involved in your medical care. For example, if we can reasonably infer that you agree, we may provide prescriptions and related information to your caregiver on your behalf.

**-Disclosures to parents or legal guardians:** If you are a minor, we may release your PHI to your parents or legal guardians when we are permitted or required under federal and applicable state law.

**-Worker's compensation:** We may disclose your PHI to the extent authorized and necessary to comply with laws relating to worker's compensation or similar programs established by law.

**-Law enforcement:** We may disclose your PHI in response to a court order, subpoena, warrant, summons, or similar process for law enforcement purposes; to identify or locate a suspect, fugitive, material witness, or missing person; ascertain information about a death resulting from criminal conduct; about crimes on the premises or against a member of our workforce; and in emergency circumstances, to report a crime, the location, victims, or the identity, description, or location of the perpetrator of a crime.

**-As required by law:** We must disclose your PHI when required to do so by applicable federal or state law.

**-Judicial and administrative proceedings:** If you are involved in a lawsuit or a legal dispute, we may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.

**-Public health:** We may disclose your PHI to federal, state, or local authorities, or other entities charged with preventing or controlling disease, injury, or disability for public health activities. These activities may include the following: disclosures to report reactions to medications or other products to the U.S. Food and Drug Administration or other authorized entity; disclosures to notify individuals of recalls, exposure to a disease, or risk for contracting or spreading a disease or condition.

**-Health oversight activities:** We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for our licensure and for government monitoring of the health care system, government programs and compliance with state and federal laws.

**-Research:** We may use your PHI to conduct research and we may disclose your PHI to researchers as authorized by law. For example, we may use or disclose your PHI as part of a research study when the research has been approved by an institutional review board or privacy 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 your PHI to coroners or medical examiners so that they can carry out their duties. 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 enable them to carry out their duties.

**-Organ or Tissue Procurement Organizations:** Consistent with applicable law, we may disclose your PHI 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 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.

**-Disaster Relief:** We may use and disclose your PHI to organizations for purposes of disaster relief efforts.

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

**-To Avert a Serious Threat to Health or Safety:** We may use and disclose your PHI 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 foreign military authority.

**-National Security, Intelligence Activities, and Protective Services for the President and Others:** We may release PHI about you to federal officials for intelligence, counterintelligence, protection of the President, and other national security activities authorized by law.

**-Victims of Abuse or Neglect:** We may disclose PHI about you to a government authority if we reasonably believe you are a victim of abuse or neglect. 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.

We may use or disclose your PHI for other purposes only with your authorization:

Your written authorization to use and disclose your PHI is required in order for us to:

- Use and disclose psychotherapy notes containing your PHI (to the extent we hold any)
- Send marketing communications to you. If we will receive payment for making a marketing communication, we will state this in the authorization.
- Receive payment in exchange for your PHI. In addition to the above situations, any other uses and disclosures of your PHI not described elsewhere in this Notice will be made only with your prior written authorization. You may revoke any such authorizations at any time by submitting a written notice to West End Pharmacy at 824 West Avenue Suite D. Cartersville, GA 30120. Your revocation will become effective upon our receipt of your written notice.

You have the following rights with respect to your PHI:

**-Obtain a paper copy of this Notice:** You have the right to obtain a copy of this Notice at any time.

**-Inspect and obtain a copy of your PHI:** You have the right to see and get a copy your PHI we maintain, which includes your prescription and billing records. You may request an electronic copy of your PHI records that we maintain electronically. To get a copy of your PHI, submit a written request to West End Pharmacy. You may also ask us to provide a copy of your PHI to another person. In that case, your written request must be signed by you, must clearly identify the person to whom you want us to send the copy of your PHI, and must state where the copy is to be sent. We will respond to your request in writing within 30 days. A fee may be charged for the expense of fulfilling your request. Denial: We may deny your request to inspect and copy your record in certain limited circumstances. If we deny your request, we will notify you in writing and let you know if you may request a review of the denial.

**-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. To request an amendment, you must send a written request to West End Pharmacy. You must include a reason that supports your request. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it.

**-Receive an accounting of disclosures of PHI:** With the exception of certain disclosures, you have a right to receive a list of the disclosures we have made of your PHI, in the six years prior to the date of your request, to entities or individuals other than you. To request an accounting, you must submit a request in writing to West End Pharmacy. Your request must specify a time period.

**-Request communications of PHI by alternative means or at alternative locations:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For instance, you may request that we contact you at a different residence or post office box, or via e-mail or other electronic means. Please note if you choose to receive communications from us via e-mail or other electronic means, those may not be a secure means of communication and your PHI that may be contained in our e-mails to you will not be encrypted. This means that there is risk that your PHI in the e-mails may be intercepted and read by, or disclosed to, unauthorized third parties.

**-Notification of a Breach:** You have a right to be notified following a breach of your unsecured PHI, and we will notify you in accordance with applicable law.

Effective Date: This Notice is effective as of January 1<sup>st</sup> 2016.