

**HIPAA NOTICE OF PRIVACY PRACTICES
COMMUNITY PHARMACY SERVICES
Effective: 04/15/2003**

This notice describes how medical information about you may be used and disclosed and about how you can get access to this information. Please read and review it carefully.

If you have any questions about this Notice or any related complaints, please contact:

PRIVACY OFFICER
COMMUNITY PHARMACY SERVICES
21689 NORTHSTAR DRIVE
GRETNA, NE 68028
402-289-0431

Or you may contact the Secretary of the US Department of Health and Human Services.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including 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. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices.

Uses and Disclosures of Your Protected Health Information

For Payment: We may use and share your PHI for purposes of billing for payment of your health services. We may disclose your PHI to members of our staff and others outside of our organization involved in your healthcare services for the purpose stated above. For example, your PHI may be disclosed to your health plan provider in order that we may obtain payment for healthcare services we have provided to you.

For Healthcare Operations: We may use and share PHI for our healthcare and business operations, including, but not necessarily limited to, quality improvement activities and accreditation activities. For example, we may use PHI to review the quality of care and services you get. We may also provide your PHI to an accrediting agency as part of an accreditation survey process.

For Treatment Activities: We may use and share your PHI to enable the provision of our health services to you and to coordinate and manage our services along with any related services / care you may receive. We may share PHI with your other healthcare provider(s) for diagnostic or treatment purposes.

To You: We must give you access to your own PHI. **You have the right to:**

- Request a restriction on certain uses and disclosures of your PHI (in writing) - (We are not required to agree to such requests) * ;
- Request to Inspect and obtain a copy of your medical record unless access is legally restricted (in writing);
- Request amendment(s) to your PHI (in writing);
- Revoke your authorization to use or share your PHI except to the extent action has already been taken (in writing);
- Request a list of disclosures of your PHI that we have made (in writing);
- Request to receive confidential communications involving your PHI by alternative means or at alternative locations;
- Receive a paper copy of this notice from us;

* Any requests for restrictions will not be accepted if we believe that granting the restriction(s) is / are not in your best interest or will result in a negative impact on our delivery of care to you

To Business Associates: We may provide some services through contracts with outside individuals or entities (Business Associates). These may include billing services, collection agencies, accreditation agencies, consultants, attorneys, and auditors. Whenever these services are contracted, we may disclose necessary parts of your PHI to the Business Associate so that they may perform the services we've contracted for. In order to protect your PHI, we require that the Business Associate sign a contract that contains confidentiality safeguards that are compliant with HIPAA regulations.

To Others: You may tell us in writing that it is OK for us to give your PHI to someone else for any reason. Also, if you are present, and tell us it is OK, we may give your PHI to a family member, friend or other person. We would do this if it has to do with your current services or payment for your services. If you are not present, if it is an emergency, or you are not able to tell us it is OK, we may give your PHI to a family member, friend or other person if sharing your PHI is in your best interest.

As Allowed or Required by Law: We may also share your PHI, without your permission, as allowed by federal law, for many types of activities. PHI can be shared for health oversight activities. It can also be shared for judicial or administrative proceedings, with public health authorities, for law enforcement reasons, and to coroners, funeral directors or medical examiners (about decedents). PHI can also be shared for certain reasons with organ donation groups, for research, and to avoid a serious threat to health or safety. It can be shared for special government functions, for workers' compensation, to respond to requests from the U.S. Department of Health and Human Services and to alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes. PHI can also be shared as required by law.

Authorization: We will get authorization from you in writing before we use or share your PHI for any other purpose not stated in this notice. You may take away this authorization at any time, in writing. We will then stop using your PHI for that purpose. But, if we have already used or shared your PHI based on your OK, we cannot undo any actions we took before you told us to stop.

How We Protect Your Information

We are dedicated to protecting your PHI. We have implemented a number of policies and practices to help make sure your PHI is kept secure. We keep your oral, written, and electronic PHI safe using physical, electronic, and procedural means. These safeguards follow federal and state laws. Some of the ways we keep your PHI safe include offices that are kept secure, computers that need passwords, and locked storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. The policies limit access to PHI to only those employees who need the data to do their job. Employees are also required to wear ID badges to help keep people who do not belong, out of areas where sensitive data is kept. Also, where required by law, our affiliates and non-affiliates must protect the privacy of data we share in the normal course of business. They are not allowed to give PHI to others without your written OK, except as allowed by law.

Potential Impact of Other Applicable Laws

HIPAA (the federal privacy law) generally does not preempt, or override other laws that give people greater privacy protections. As a result, if any state or federal privacy law requires us to provide you with more privacy protections, then we must also follow that law in addition to HIPAA.

Complaints

File a complaint with our Privacy Officer and / or the Secretary of Health and Human Services if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

Copies and Changes

You have the right to get a new copy of this notice at any time. We reserve the right to change the terms of this notice. In the event of any changes in the terms, we will inform you by mail.