

**NOTICE OF PRIVACY PRACTICES**  
**LONE STAR PHARMACY**  
Effective Date April 14, 2003  
Revised November 19, 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.**

**If you have questions regarding this Notice, please contact our Corporate Privacy Officer:**

**(972) 303-7529**

**WHO WILL FOLLOW THIS NOTICE:**

This Notice describes all of this pharmacy's privacy practices and that of all employees of Lone Star Pharmacy. This pharmacy may share medical information with other entities for treatment, payment, or healthcare operation purposes as described in this Notice.

**OUR PLEDGE REGARDING MEDICAL AND PERSONAL INFORMATION:**

We understand that making purchases from Lone Star Pharmacy requires trust on your part. We value that trust and pledge to our customer that we will maintain and protect the security and privacy of any personal information about you that you have provided us. This information includes your name, address, phone number, e-mail address, and credit card information, in addition to any other personal information that can be linked to you, personally. We need this record to provide you with quality service and to comply with certain legal requirements.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of information. We will not use or disclose your protected health information without your authorization, except as described in this notice.

**HOW WE USE AND DISCLOSE INFORMATION ABOUT YOU:**

**FOR TREATMENT PURPOSES:** In our ongoing efforts to provide quality of service, we may use your information to assure prompt and adequate dispensing of your medications. We may disclose health information to doctors, specialists (such as psychologists/psychiatrists, podiatrists, dentists, ophthalmologists, cardiologists, oncologists, nephrologists, etc.), other pharmacists, nurses (including but not limited to licensed vocational nurses, registered nurses, pharmacy technicians, clinical nurse practitioners, etc.). For example, a doctor may need to be telephoned to refill your medication or to inquire about an order for clarification purposes. This disclosure may be within the pharmacy or outside of the pharmacy in either written, verbal, or electronic communications.

**FOR PAYMENT PURPOSES:** We may use and disclose personal and medical information about you so that the services you receive may be collected from an insurance company and/or third party. When you make a purchase using a credit card, we collect your name, your billing address for the card, the card type, number, and expiration date. We collect this information in order to bill you for your purchase. For example, Texas Medicaid and Healthcare Partnership(acting as a fiscal entity for the administration of Medicaid benefits) may need birth date and social security number to properly bill for these services.

**FOR HEALTHCARE OPERATION PURPOSES:** We may use and disclose information

about you for various types of healthcare operations. These uses and disclosures are necessary for quality of service and/or performance of our staff. We never sell or rent information to any third parties under any circumstances. We will share personal customer information only with our agents, representatives and trusted service providers and contractors for limited purposes, including fulfilling customer orders, communicating to customers, providing customer service and completing credit card transactions. Example, we use your protected health information to evaluate the effectiveness of the services you are receiving.

**BUSINESS ASSOCIATES:** There are some services provided in our pharmacy through contracts with business associates. Examples include our accountants, consultants and attorneys. When these services are contracted, we may disclose your health information to our business associate so that they can perform their job we've asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information.

**FOR PUBLIC SAFETY OR HEALTH PURPOSES:** We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. Any disclosures of this type, however, will be given to only who is able to prevent the threat.

Your health information may be disclosed to public health agencies as required by law. For example, we are required to report to the Food and Drug Administration health information relative to adverse events with respect to a drug defect related to a drug or medical device.

We may release medical information related to resident health and safety risks or alleged violations. Accidents/incidents, grievances, and medication errors will be thoroughly investigated and analyzed for causative factors/patterns and trends as well as prevention/action plans. This information will be disclosed internally and/or to the State reporting agencies.

**FOR HEALTH OVERSIGHT ACTIVITIES:** We may disclose medical information to consultants or other agencies authorized by law or corporate policies. These oversight activities may include, but not limited to, audits, investigations, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil right laws.

**FOR LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful processes by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**FOR LAW ENFORCEMENT:** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the pharmacy;

**CORONERS AND MEDICAL EXAMINERS:** We may disclose information to a coroner or

medical examiner to determine the cause of death.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION USES AND DISCLOSURES:**

Although your prescription record is the physical property of the pharmacy, the information in our records belongs to you. You have the right to obtain a paper copy of our Notice of Privacy Practices upon request. You have the following rights:

**RIGHT TO REQUEST LIMITATIONS/RESTRICTIONS TO CERTAIN USES/DISCLOSURES:**

You have the right to request a restriction or limitation to the above-mentioned medical information we use or disclose about you for purposes of treatment, payment, and healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. EXAMPLE: You may not want a close friend or relative to know what medications you are taking.

Certain information must be used and disclosed by this pharmacy per mandated state and federal regulations. Therefore, you are prohibited from limiting these types of uses/disclosures which may interfere with payment, operation, and/or licensure.

**We are not obligated to agree to your request for restrictions/limitations.** If we do, however, agree with these restrictions/limitations, we will comply with your request.

**RIGHT TO REVIEW/INSPECT/RECEIVE COPIES:** You have the right to review or inspect your health information, such as your prescription and billing records and receive photocopies of the information that may be used to render services to you. Usually, this information includes both medical and billing records. To inspect and/or receive photocopies of your medical information, you must contact the Director of Pharmacy Services. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

The resident or his/her legal representative will be granted access to inspect all medical information maintained on site pertaining to himself/herself within 30 days of a valid request. If the information is not maintained on site, the provider has 60 days within which to provide access to it.

To assist you in the review of your information, we recommend that one of our pharmacists review the information with you. This co-review would help you in understanding the information.

If you are denied access to the medical information, you may request that the denial be reviewed. An objective team of privacy-minded officials will review the request, and we will comply with the outcome of the review.

**RIGHT TO AMEND/CORRECT:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend or correct the information. You have the right to request an amendment/correction as long as the information is kept by the pharmacy. All requests for amendment/correction of medical information must be directed to the Director of Pharmacy Services.

We may deny your request for an amendment if that information:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not a part of the medical information kept by our pharmacy;
- Is accurate and complete; and
- Is irrelevant to the issue/concern raised.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to request an "accounting of disclosure". This accounting is a list of the information which has been disclosed about you. To request an accounting of disclosures, you must contact the Director of Pharmacy Services or his/her designee of this pharmacy. Your request must state a time Period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free of charge. For additional lists, we may charge you for the cost of providing the list according to the "customary" or "nominal" copying charges.

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:** You have the right to request that we communicate with you about matters in a certain way or at a certain location. For example, you can ask that we only contact you or your representative at work or by mail. Please contact the Corporate Pharmacist or his/her designee to request such arrangements. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.

**RIGHT TO REVOKE:** You have the right to revoke authorization at any time, in writing, except to the extent where the pharmacy has already made disclosures with your authorization.

**REPORTING COMPLAINTS/ALLEGATIONS:** If you believe that your privacy rights have been violated, you may file a complaint with the nursing facility. You may also file a complaint with the secretary of the U.S. Department of Health and Human Services. All complaints must be submitted in writing. There will be no retaliation for filing a complaint.

- To file a complaint with the nursing facility contact:

Corporate Privacy Officer  
1413 East I-30, Suite 7  
Garland, Texas 75043  
(972) 303-7529

#### **PROTECTION OF YOUR INFORMATION AND BREACH NOTIFICATION:**

We are constantly on guard to protect your information that is used, maintained and stored in our data systems. Policies and procedures are in place that meets all system security requirements that apply to the hardware, software and database they operate. We are constantly reviewing and verifying that all users of the hardware, software and databases comply with the systems security safeguards. We use the best security technology available to protect your information at all times.

If there is a security breach of your information, we are required by law to notify the health care provider who will in turn notify each individual whose unsecured protected health information has been, or is reasonably believed to have been, inappropriately accessed, acquired, or disclosed in the breach. "Breach" is defined as the unauthorized acquisition, access, use, or disclosure of protected health information which comprises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information. Two exceptions to this definition in which it would not be considered a "breach": (1) the unauthorized acquisition, access, or use of protected health information is unintentional and made by an employee or individual acting under authority of a covered entity or business associate if such acquisition, access, or use was made in good faith and within the course and scope of the employment or other professional relationship with the covered entity or business associate, and such information is not further acquired, accessed, used, or disclosed; or (2) where an inadvertent disclosure occurs by an individual who is authorized to access protected health information at a facility operated by a covered entity or

business associate to another similarly situated individual at the same facility, as long as the protected health information is not further acquired, accessed, used, or disclosed without authorization.

Any business associate that we use to conduct business would also be required to notify us of a breach and provide us with the information concerning the breach. In turn, we would notify the individual whose unsecured protected health information was breached.

A written notification by the health care provider will be made to the individual (or next of kin, if the individual is deceased) at the last known address of the individual (or next of kin) by first class mail (or by electronic mail, if specified by the individual). This notification will be made without unreasonable delay, but in no way later than 60 calendar days after the discovery of the breach. However, such notification, notice, or posting may be delayed if a law enforcement official determines that notification, notice, or posting would impede a criminal investigation or cause damage to national security. Notification of a breach will include: (1) a brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known; (2) a description of the types of unsecured protected health information that were involved in the breach (such as full name, Social Security number, date of birth, home address, account number, or disability code); (3) the steps individuals should take to protect themselves from potential harm resulting from the breach; (4) a brief description of what the covered entity involved is doing to investigate the breach, to mitigate losses, and to protect against any further breaches; and (5) contact procedures for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.

**CHANGES/REVISIONS TO THIS NOTICE:**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as information we receive in the future. We will post a copy of the "current" Notice in the nursing facility.