



Effective Date: November 2, 2011

**MILLER DRUG
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 notice serves as a Notice of Privacy Practices for our pharmacies and staff. The Notice will be followed at this pharmacy, at all our service delivery sites.

We are committed to protecting the privacy and confidentiality of your health information, and we are required by law to do so. When you need healthcare, you give information about yourself and your health to doctors, nurses, and other healthcare workers and staff. This information, along with the record of the care you receive, is called “health information” or “protected health information”. We use your protected health information within Miller Drug, and share your protected health information outside of Miller Drug when necessary to provide you with medical care, to obtain payment for services provided to you, and to support the day-to-day operations of our facilities, all as described in more detail below. This Notice is being given to you because federal law gives you the right to be told ahead of time about:

- 1) how, when and why we may use and disclose your protected health information;
- 2) our legal duties with regard to your protected health information; and,
- 3) your rights with regards to your protected health information.

COPIES OF THE NOTICE

A current copy of this Notice is posted in all of our service delivery sites. You have the right to obtain a current copy of this Notice by calling us and requesting that one be sent to you in the mail, or by asking for one when you are at one of our service delivery sites. If this Notice has been changed since your last visit, we will make a current copy of the Notice available to you.

WHO WILL FOLLOW THIS NOTICE

This Notice is a joint Notice for this pharmacy and every Miller Drug pharmacy. Every Miller Drug pharmacy, and the staff who work there, follows the terms of this Notice.

OUR DUTIES REGARDING YOUR PROTECTED HEALTH INFORMATION

We are required by law to do the following:

- 1) make sure that your protected health information is kept private;
- 2) give you this Notice to inform you of our legal duties and privacy practices related to the use and disclosure of your protected health information;
- 3) follow the terms of this Notice; and,
- 4) inform you of any changes to this Notice.

We reserve the right to change our privacy practices, and the terms of this Notice, at any time. If we do make a material or significant change to this notice, the new notice will be effective for all protected health information we maintain, and we will provide the revised Notice to you.

A. HOW WE MAY USE OR DISCLOSE (SHARE) YOUR PROTECTED HEALTH INFORMATION

Listed below are some of the ways that we may use and disclose (share) your protected health information. We do not need to ask you for your specific authorization to do the things listed in this section.

FOR YOUR TREATMENT: We will use and disclose your protected health information to provide, coordinate and manage your healthcare and related services. This may include consulting with other healthcare providers about your healthcare or referring you to another healthcare provider for treatment. For example, we will disclose your protected health information to a specialist to whom you have been referred to ensure that the specialist has the necessary information he or she needs to diagnose and/or treat you.

FOR PAYMENT OF SERVICES YOU RECEIVE: We will use and disclose your protected health information to obtain payment for the healthcare we provide to you. For example, prior to providing services, we may disclose to your insurance carrier the treatment you are about to receive to ensure that your insurance carrier will cover that treatment. We also may disclose to your insurance carrier, after the fact, the treatment you did receive to ensure that we are paid or that you are reimbursed for the cost of your treatment.

FOR OUR HEALTHCARE OPERATIONS: We may use or disclose your protected health information in order to improve the quality of care we provide to patients and to improve Miller Drug pharmacy. For example, we may use or disclose your protected health information in order to perform quality assessment and improvement activities, review the competence and qualifications of staff and engage in business planning and development and other general administrative activities.

We sometimes share your protected health information with outside parties who perform healthcare operations for us (for example, outside billing services). These outside parties are called “business associates”, and they are required to protect the confidentiality of your health information as well.

B. OTHER USES AND DISCLOSURES

In this section we list other situations that occur less frequently where we also may use and disclose your protected health information without obtaining your specific authorization.

WHEN REQUIRED BY LAW: We may use or disclose your protected health information if a law or regulation requires us to do so.

FOR PUBLIC HEALTH ACTIVITIES We may disclose your protected health information to a public health authority or law enforcement official when required by law. For example, we may disclose your protected health information in order to:

- 1) prevent a threat to the health and safety of yourself, the public or another person;
- 2) report vital events such as births or deaths;
- 3) notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition;
- 4) report negative reactions to medications or medical products; and
- 5) notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

TO THE FOOD AND DRUG ADMINISTRATION We may disclose your protected health information to the Food and Drug Administration (“FDA”) so that the FDA can track the quality, safety and effectiveness of FDA-regulated products.

FOR HEALTH OVERSIGHT ACTIVITIES We may disclose your protected health information to a government health oversight agency, such as the Board of Licensure in Medicine, the Department of Health and Human Services, or other agencies that oversee the Medicare and MaineCare programs. These agencies may need your protected health information in order to conduct audits, investigations, inspections, licensure or disciplinary actions, or for other activities necessary for the oversight of the healthcare system, government benefit programs, compliance with regulatory standards and compliance with applicable civil rights laws.

FOR JUDICIAL AND ADMINISTRATIVE PROCEEDINGS: We may disclose your protected health information in response to a court order or pursuant to some other lawful process.

FOR LAW ENFORCEMENT PURPOSES: We may disclose your protected health information in response to a request from law enforcement officials, such as a request for:

- 1) information to identify or locate a victim, suspect, fugitive, material witness or missing person;
- 2) medical records pertaining to victims of a crime;
- 3) information regarding deaths caused by suspected criminal conduct; or
- 4) information regarding crimes that occurred at any EMHS location.

TO CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS: We may disclose your protected health information to a coroner or medical examiner in order to identify a deceased person or to determine a cause of death. We also may disclose your

protected health information to a funeral director in order to allow the funeral director to carry out his or her duties.

FOR ORGAN AND TISSUE DONATION: If you are an organ donor, we may disclose your protected health information to organizations involved in organ, eye and tissue donation and transplantation in the event you are near death or have died.

FOR MEDICAL RESEARCH: We may disclose your protected health information for research purposes, such as studying how well a particular type of treatment worked. All research projects go through an approval process that includes placing protections on the confidentiality of your protected health information. In most cases, these protections include obtaining your authorization.

TO THE MILITARY OR VA: If you are a member of the Armed Forces, we may disclose your protected health information as required by military command authorities or to the Department of Veterans Affairs. If you are in a foreign military, we may also disclose your protected health information to the appropriate foreign military agency.

FOR NATIONAL SECURITY: We may disclose your protected health information to federal officials for intelligence and national security purposes, or for Presidential Protective Services.

IF YOU ARE AN INMATE: We may disclose your protected health information to a correctional institution or a law enforcement official in order to: (1) provide health care to you; (2) protect your health and safety and the health and safety of others; and (3) ensure the safety and security of the correctional institution.

FOR WORKERS' COMPENSATION PURPOSES: We may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related illnesses and injuries.

PARENTAL ACCESS: Some Maine laws concerning minors restrict, permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with Maine law and only make disclosures in accordance with these laws.

C. USES AND DISCLOSURES YOU MAY LIMIT OR ASK NOT BE MADE AT ALL

In this section we have listed some situations where you have the opportunity to agree to, or object to, the use and disclosure of your protected health information. Even if you give us authorization to use and disclose your protected health information in these situations, you always have the right to revoke that authorization.

TO FAMILY MEMBERS AND OTHERS INVOLVED IN YOUR CARE: We may disclose protected health information to a family member or friend who is involved in your health care or who helps pay for your health care. In addition, we may disclose your protected health information to any agency assisting in disaster relief efforts so that your family can be notified of your condition and location. If you do not want us to share your protected health information with family members or others, please let us know.

If you are in an emergency situation and not able to make your wishes known, or if we cannot determine your wishes due to a communication barrier, we will use our best judgment whether to use or disclose your protected health information to family members and others involved in your care.

D. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

For situations that are not generally described above, we will ask for your written authorization before we use or disclose your protected health information. You have the right to revoke your authorization at any time, except to the extent that we have already used or disclosed your protected health information in reliance on your previous authorization.

Certain types of protected health information have additional confidentiality protections under state and federal law. Examples include protected health information regarding HIV/AIDS and information held by dedicated mental health and substance abuse treatment programs. In many situations involving protected health information related to HIV/AIDS and information held by dedicated mental health and substance abuse treatment programs, we must have your written authorization to use or disclose that information. One exception is in the case of an emergency, in order to provide you with the treatment you require.

E. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

This section of the Notice describes your rights regarding your protected health information and how you can exercise those rights.

RIGHT TO REQUEST RESTRICTIONS: You may ask us not to use or disclose your protected health information for your treatment, payment for your care, or our health care operations. In your request, you must tell us: 1) what information you want restricted; 2) whether you want to restrict our use, disclosure, or both; 3) to whom you want the restriction to apply; and 4) a date the restriction ends. We will not ask you why you are requesting the restriction.

Please note that, pursuant to HIPAA, we are not required to agree to your request. If we do agree, we will not use or disclose your protected health information in violation of the restriction unless it is necessary to do so in order to provide you with emergency treatment. In addition, any restriction we agree to will not prevent us from using or disclosing your protected health information when we are legally required to do so. You may revoke a previously agreed upon restriction at any time.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: You may request that we communicate with you about your protected health information in a certain way or only at a certain location. For example, you may ask us not to call your house, or to contact you only on your cell phone or by mail. We will not ask you the reason for your request. We will accommodate reasonable requests whenever possible.

RIGHT TO INSPECT AND COPY: You have the right to inspect and obtain a copy of your own protected health information. The records you may view and get copies of include medical and billing records and any other records that we use to make decisions about your health care.

If you wish to inspect or obtain a copy of your protected health information, please send a written request to the appropriate contact person identified at the end of this Notice. If you are unsure where to send your request, please call any listed contact person. If you request a copy of your protected health information, we may charge you a modest fee to cover the cost of copying and mailing the information.

We may deny your request to inspect and to obtain a copy of your own protected health information in certain limited circumstances. For example, your right to inspect and to obtain a copy of your own protected health information may be limited if providing the information to you could endanger your health and safety or the health and safety of others.

RIGHT TO AMEND You have the right to submit a correction or clarification to your protected health information if you believe that the information we have about you is incorrect or incomplete. You must inform us in writing of the correction or clarification. To submit a correction or clarification, please send your written request to the appropriate contact person identified at the end of this Notice. If you are unsure where to send your request, please call any listed contact person. We may add a written response to your amendment, and if we do so, we will provide you a copy.

RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have the right to request and to receive an “accounting of disclosures”. This accounting is a list of the times we disclosed (shared) your protected health information. This list will not include disclosures that were made for your treatment, for payment of your healthcare, for our healthcare operations, disclosures to you or disclosures that were made with your written authorization. Your right to receive this list is subject to additional exceptions, restrictions and limitations. To request an accounting of disclosures please send your written request to the appropriate contact person identified at the end of this Notice. If you are unsure where to send your request, please call any listed contact person.

RIGHT TO OBTAIN A COPY OF THIS NOTICE: You have the right to request and receive a paper copy of this Notice from us at any time. Just ask for a copy of this Notice at any of our service delivery sites.

COMPLAINTS: If you believe that your privacy rights have been violated, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services at the following address: JFK Building, Room 1875, Boston, MA 02203; phone (617)565-1340 or (617)565-1343 (TDD). To file a complaint with us, please write to the appropriate contact person identified at the end of this Notice. You may contact us for further information about the complaint process or for any other questions you have about this Notice. WE WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT.

If you have any questions or wish to receive additional information about the matters covered by this Notice of Privacy Practices, please call or write to any listed contact person.

The effective date of this Notice of Privacy Practices is set forth here and on the first page of this Notice in the upper right corner. This Notice is effective in its entirety as of November 2, 2011.