

# Patient Privacy

## Notice of Privacy Practices

**MedQuest Pharmacy is committed to compliance with all federal and state laws that pertain to any aspect of the clinical practices or the business procedures of this pharmacy. In particular, privacy and security rules relating to the Health Insurance Portability and Accountability Act (HIPAA), along with the related state laws, are integral to matters of privacy, pharmacy records, the confidentiality of communications and other topics addressed in this notice.**

**The HIPAA Privacy Rule applies to all protected health information (PHI) in this pharmacy, including information stored and transmitted electronically, paper records and oral communications. PHI includes any information as it relates to the past, present or future physical or mental health condition of any of our customers; any prescriptions they have received; and payment information**

This notice describes how medical information about patients may be used and disclosed and how patients can get access to this information.

Please read it carefully. These procedures are in complete compliance with the Health Insurance Portability and Accountability Act ("HIPAA").

A MedQuest Pharmacy staff member will ask you to sign an Acknowledgment that you have received this Notice of Privacy Practices ("Notice"). This Notice describes, in accordance with the HIPAA Privacy Regulation, how MedQuest may use and disclose your protected health information to carry out treatment, payment or health care operations and for other specific purposes that are permitted or required by law. The Notice also describes your rights and MedQuest's duties with respect to protected health information about you.

MedQuest will store information provided by you in the computer system. That information will include your name, address, phone number and other identifying information. In addition, any information that you provide concerning drugs that you are taking, medical conditions you may have, allergies, and other matters affecting your health will be stored in the computer.

### **1. Uses and Disclosures of Protected Health Information**

**Uses and Disclosures of Protected Health Information Based Upon Your Written Consent.** Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, your pharmacist will use or disclose your protected health information as described in this Section 1. Your protected health information may be used and disclosed by your pharmacist, our pharmacy staff and others outside of our pharmacy that are involved in your care and treatment for the purpose of providing health care services to you.

Following, are examples of the types of uses and disclosures of your protected health care information that the pharmacy is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our pharmacy once you have provided consent.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, we may disclose protected health information to physicians who may be treating you when we have to obtain a new or refill prescription. Your protected health information may also be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another pharmacy or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes

involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for health care services, such as, making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a prescription may require that your relevant protected health information be disclosed to the health plan to obtain approval for the prescription.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of MedQuest Pharmacy. These activities include, but are not limited to, quality assessment activities, employee review activities, training activities, licensing, marketing, and conducting or arranging for other business activities.

For example, we may ask your name and your physician's name when you deliver a prescription to be filled. We may also call you by name when your prescription is ready, and if necessary ask other information such as, but not limited to, address, date of birth or phone number, to make certain that you have the correct prescription. We may use or disclose your protected health information, as necessary, to contact you to remind you it is time to refill a prescription or that it is time for a follow up appointment. We may also contact you to remind you of any prescription that has not been picked up, any medication that is owed to you, any special order, to respond to a request made by you, or for any other reason that we feel necessary to provide you with continued quality care. If we are unable to speak with you directly, we may leave a message for you either on your answering machine or with a member of your family, a relative, a close friend or any other person you identify.

Communications or disclosures of your protected health information may be in the form of verbal communications or electronic data transmissions (internet, facsimile, or e-mail). All legal measures will be taken to insure and protect the security of your protected health information.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing services) for the pharmacy. Whenever an arrangement between our pharmacy and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our pharmacy and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you.

**Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your pharmacist or the pharmacy has taken an action in reliance on the use or disclosure indicated in the authorization.

**Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your pharmacist may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**Others Involved In Your Healthcare:** If the "Authorization to Release Health Information" form is completed, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary, if we determine that it is in your best interest based on our professional judgment. We may use or disclose your protected health information to an authorized public or private entity to assist in

disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care. To identify which person(s) you would grant access to your protected health information, please request from the pharmacy, a copy of our "Authorization to Release Health Information" form, then complete and return the form to the pharmacy.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens, your pharmacist shall try to obtain your consent as soon as possible after the delivery of treatment. If your pharmacist is required by law to treat you and has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you. This decision is at the discretion of that pharmacist providing care using the utmost professional judgement.

**Communication Barriers:** We may use or disclose your protected health information if your pharmacist attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the pharmacist determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity to Object, we may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audit, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal

conduct, (5) in the event that a crime occurs on the premises of the pharmacy and (6) medical emergency (not on the pharmacy's premises) and it is likely that a crime has occurred.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your pharmacy created or received your protected health information in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

**The following are a listing of state privacy laws that are currently more stringent than those found within HIPAA.**

**ALABAMA** - We will not disclose your professional records to anyone without your authorization, except where it is in your best interest or where the law requires the disclosure. For Medicaid recipients: We will disclose information pertaining to your treatment (including billing statements and itemized bills) only to: the Medicaid Fiscal Agent; the Social Security Administration; the Alabama Vocational Rehabilitation Agency; the Alabama Medicaid Agency; insurance companies requesting information about a Medicaid claim filed by the provider, an insurance application, payment of life insurance benefits, or payment of a loan; or other providers who need the information for treatment of the patient.

**CALIFORNIA** - California law limits disclosure of your medical information in ways that would otherwise be permitted under federal law. In the situations described below, the pharmacy will disclose your medical information as follows: (a) the information may be disclosed to providers of health care, health care service plans, contractors or other health care professionals or facilities for purposes of diagnosis or treatment of the patient. This includes, in an emergency situation, the communication of patient information by radio transmission or other means between licensed emergency medical personnel at the scene of an emergency, or in an emergency medical transport vehicle, and licensed emergency medical personnel at a health facility; (b) the information may be disclosed to an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor or any other person or entity responsible for paying for health care services rendered to the patient to the extent necessary to allow responsibility for payment to be determined and payment to be made. If the patient is, by reason of a comatose or other disabling medical condition, unable to consent to the disclosure of medical information and no other arrangements have been made to pay for the health care services being rendered to the patient, the information may also be disclosed to a governmental authority to the extent necessary to determine the patient's eligibility for, and to obtain, payment under a governmental program for health care services provided to the patient. The information may also be disclosed to another provider of health care or health care service plan as necessary to assist the other provider or health care service plan in obtaining payment for health care services rendered by that provider of health care or health care service plan to the patient; (c) the information may be disclosed to any person or entity that provides billing, claims management, medical data processing, or other administrative services for

providers of health care or health care service plans or for any of the persons or entities specified above in paragraph (b). However, no information so disclosed may be further disclosed by the recipient in any way that would be violative of California laws governing the use and disclosure of medical information without authorization from the patient; (d) the information may be disclosed to organized committees and agents of professional societies or of medical staffs of licensed hospitals, licensed health care service plans, professional standards review organizations, independent medical review organizations and their selected reviewers, utilization and quality control peer review organizations, contractors or persons or organizations insuring, responsible for, or defending professional liability that a provider may incur, if the committees, agents, health care service plans, organizations, reviewers, contractors or persons are engaged in reviewing the competence or qualifications of health care professionals or in reviewing health care services with respect to medical necessity, level of care, quality of care, or justification of charges; (e) a provider of health care or health care service plan that has created medical information as a result of employment-related health care services to an employee conducted at the specific prior written request and expense of the employer may disclose to the employee's employer that: (1) is relevant in a law suit, arbitration, grievance, or other claim or challenge to which the employer and the employee are parties and in which the patient has placed in issue his or her medical history, mental or physical condition, or treatment, provided that information may only be used or disclosed in connection with that proceeding; (2) describes functional limitations of the patient that may entitle the patient to leave from work for medical reasons or limit the patient's fitness to perform his or her present employment, provided that no statement of medical cause is included in the information disclosed; (f) unless the provider of health care or health care service plan is notified in writing of an agreement by the sponsor, insurer, or administrator to the contrary, the information may be disclosed to a sponsor, insurer, or administrator of a group or individual insured or uninsured plan or policy that the patient seeks coverage by or benefits from, if the information was created by the provider of health care or health care service plan as the result of services conducted at the specific prior written request and expense of the sponsor, insurer, or administrator for the purpose of evaluating the application for coverage or benefits; (g) the information may be disclosed to a health care service plan by providers of health care that contract with the health care service plan and may be transferred among providers of health care that contract with the health care service plan, for the purpose of administering the health care service plan. Medical information may not otherwise be disclosed by a health care service plan except in accordance with the provisions of this part; (h) the information may be disclosed to an insurance institution, agent or support organization of medical information if the insurance institution, agent, or support organization has complied with all requirements for obtaining the information pursuant to the requirements of the California Insurance Code provisions; (i) the information may be disclosed to an organ procurement organization or a tissue bank processing the tissue of a decedent for transplantation into the body of another person, but only with respect to the donating decedent for the purpose of aiding the transplant; (j) the information may be disclosed to a third party for purposes of encoding, encrypting, or otherwise anonymizing data. However, no information may be further disclosed by the recipient in any way that would be unauthorized manipulation of coded or encrypted medical information that reveals individually identifiable medical information; (k) for purposes of disease management programs and services, information may be disclosed to any entity contracting with a health care service plan or the health care service plan's contractors to monitor or administer care of enrollees for a covered benefit, provided that the disease management services and care are authorized by a treating physician or to any disease management organization that complies fully with the physician authorization requirements, provided that the health care service plan or its contractor provides or has provided a description of the disease management services to a treating physician or to the health care service plan's or contractor's network of physicians. If you are a minor who has lawfully provided consent for treatment and you wish MedQuest to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify a pharmacist or MedQuest's HIPAA Privacy Officer.

**CONNECTICUT** - We will not disclose information about pharmaceutical services rendered to you to third parties without your consent, except to the following persons: (a) the prescribing practitioner or a pharmacist or another prescribing practitioner presently treating you when deemed medically appropriate; (b) a nurse who is acting as an agent for a prescribing practitioner that is presently treating you or a nurse providing care to you in a hospital; (c) third party payors who pay claims for pharmaceutical services rendered to you or who have a formal agreement or contract to audit any records or information in connection with such claims; (d) any governmental agency with statutory authority to review or obtain such information; (e) any individual, the state or federal government or any agency thereof or court pursuant to a subpoena; and (f) any individual, corporation, partnership or other legal entity which has a

written agreement with the pharmacy to access the pharmacy's database provided the information accessed is limited to data which does not identify specific individuals. We will not sell your individually identifiable medical record information.

**DELAWARE** - If you are a minor who has lawfully provided consent for treatment and you wish MedQuest to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify a pharmacist or MedQuest's HIPAA Privacy Officer.

**GEORGIA** - Unless authorized by you, we will not disclose your confidential information to anyone other than you or your authorized representative, except to the following persons or entities: (a) the prescriber, or other licensed health care practitioners caring for you; (b) another licensed pharmacist for purposes of transferring a prescription or as part of a patient's drug utilization review, or other patient counseling requirements; (c) the Board of Pharmacy, or its representative; or (d) any law enforcement personnel duly authorized to receive such information. We may also disclose your confidential information without your consent pursuant to a subpoena issued and signed by an authorized government official or a court order issued and signed by a judge of an appropriate court. We will not disclose AIDS confidential information, except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure.

**IDAHO** - We will not release your identifiable prescription information to anyone other than you or your designee, unless requested by any of the following persons or entities: (a) the Board of Pharmacy, or its representatives, acting in their official capacity; (b) the practitioner, or the practitioner's designee, who issued your prescription; (c) other licensed health care professionals who are responsible for your care; (d) agents of the Department of Health and Welfare when acting in their official capacity with reference to issues related to the practice of pharmacy; (e) agents of any board whose practitioners have prescriptive authority, when the board is enforcing laws governing that practitioner; (f) an agency of government charged with the responsibility for providing medical care for you; (g) the federal Food and Drug Administration, for purposes relating to monitoring of adverse drug events in compliance with the requirements of federal law, rules or regulations adopted by the FDA; and (h) the authorized insurance benefit provider or health plan that provides your health care coverage or pharmacy benefits.

**INDIANA** - We will disclose your confidential information only when it is in your best interests, when the information is requested by the Board of Pharmacy or its representatives or by a law enforcement officer charged with the enforcement of laws pertaining to drugs or devices or the practice of pharmacy, or when disclosure is essential to our business operations.

**KENTUCKY** - We will not disclose your patient information or the nature of professional services rendered to you without your express consent or without a court order, except to the following authorized persons: (a) members, inspectors, or agents of the Board of Pharmacy; (b) you, your agent, or another pharmacist acting on your behalf; (c) another person, upon your request; (d) licensed health care personnel who are responsible for your care; (e) certain state government agents charged with enforcing the controlled substances laws; (f) federal, state, or municipal government officers who are investigating a specific person regarding drug charges; and (g) a government agency that may be providing medical care to you, upon that agency's written request for information. We will only use your information to provide pharmacy care.

**MAINE** - We will not disclose your health care information for fund raising purposes or to coroners or funeral directors, without your authorization. We will only disclose patient identifiable communicable disease information to Department of Human Services for adult or child protection purposes or to other public health officials, agents or agencies or to officials of a school where a child is enrolled, for public health purposes. In a public health emergency, as declared by the state health officer, we may also release your information to private health care providers and agencies for the purpose of preventing further disease transmission.

If you are a minor who has lawfully provided consent for treatment and you wish MedQuest to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify a pharmacist or MedQuest's HIPAA Privacy Officer.

**MARYLAND** - If you are a minor who has lawfully provided consent for treatment and you wish MedQuest to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify a pharmacist or MedQuest's HIPAA Privacy Officer.

**MICHIGAN** - Unless authorized by you, we will not disclose your prescription or equivalent record on file, except to the following persons: (a) you, or another pharmacist acting on your behalf (b) the authorized prescriber who issued the prescription, or a licensed health professional who is currently treating you; (c)

an agency or agent of government responsible for the enforcement of laws relating to drugs and devices; (d) or a person authorized by a court order. We will not disclose AIDS-related information about an individual except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure.

**NEVADA** - We will not disclose the contents of your prescriptions or disclose any copies of your prescriptions, other than to you, except to: (a) the practitioner who issued the prescription; (b) the practitioner who is currently treating you; (c) a member, inspector or investigator of the Board of Pharmacy, an inspector of the FDA, or an agent of the investigation division of the department of public safety; (d) an agency of state government charged with the responsibility of providing medical care for you; (e) an insurance carrier, on receipt of your written authorization or your legal guardian authorizing the release of information; (f) any person authorized by an order of a district court; (g) a member, inspector, or investigator of a professional licensing board that licenses the practitioner who orders the prescriptions filled at the pharmacy; (h) other registered pharmacists for the limited purpose of and to the extent necessary for the exchange of information regarding persons suspected of misusing prescriptions to obtain excessive amounts of drugs or failing to use a drug in conformity with the directions for its use, or taking a drug in combination with other drugs in a manner that could result in injury to that person; and (i) a peace officer employed by a local government for the limited purpose of and to the extent necessary to investigate an alleged crime committed at the pharmacy and reported by an employee or to carry out a search warrant or subpoena issued pursuant to a court order. We will not disclose any personal information about an individual who has, or is suspected of having, a communicable disease, without the individual's written consent, except as follows: (a) for statistical purposes, as long as the identity of the person is not discernible from the information disclosed; (b) in a prosecution for a violation or a proceeding for an injunction brought pursuant to the communicable disease laws; (c) neglect of a child or elderly person; (d) to any person who has a medical need to know the information for his own protection or for use in reporting the actual or suspected abuse or the well-being of a patient or dependent person, as determined by the health authority in accordance with regulations of the state board of health; (e) pursuant to specified statutes that require the reporting of certain test results; (f) if the disclosure is made to the department of human resources and the person about whom the disclosure is made has been diagnosed as having AIDS or an illness related to HIV and is a recipient of or an applicant for Medicaid; (g) to a fireman, police officer or person providing emergency medical services if the board has determined that the information relates to a communicable disease significantly related to that occupation and the information is disclosed in the manner prescribed by the state board of health; and (h) if the disclosure is authorized or required by specific statute.

**NEW HAMPSHIRE** - We will only disclose your professional records if: (a) we have obtained your permission to do so; (b) it is an emergency situation and it is in your best interest for us to disclose the information; or (c) the law requires us to disclose the information. We will not use, release, or sell your identifiable medical information for the purpose of sales or marketing of services or products unless you have provided us with a written authorization permitting such activity.

**NEW YORK** - We may not give a patient a copy of a prescription for a controlled substance, and for copies of other types of prescriptions, we must indicate that the copy is for informational purposes only. We use a common database among all MedQuest stores to store prescription information. You have the right to have access to your information limited to one MedQuest pharmacy.

**NORTH CAROLINA** - We will not disclose or provide a copy of your prescription orders on file, except to: (a) you; (b) your parent or guardian or other person acting in loco parentis if you are a minor and have not lawfully consented to the treatment of the condition for which the prescription was issued; (c) the licensed practitioner who issued the prescription or who is treating you; (d) a pharmacist who is providing pharmacy services to you; (e) anyone who presents a written authorization for the release of pharmacy information signed by you or your legal representative; (f) any person authorized by subpoena, court order or statute; (g) any firm, company, association, partnership, business trust, or corporation who by law or by contract is responsible for providing or paying for medical care for you; (h) any member or designated employee of the Board of Pharmacy; (i) the executor, administrator or spouse of a deceased patient; (j) Board-approved researchers, if there are adequate safeguards to protect the confidential information; and (k) the person who owns the pharmacy or his licensed agent. If you are a minor who has lawfully provided consent for treatment and you wish MedQuest to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify a pharmacist or MedQuest's HIPAA Privacy Officer.

**OHIO** - Unless we have obtained your written consent, we will only disclose your pharmacy records to: (a) you; (b) the prescriber who issued the prescription or medication order (c) certified/ licensed health care personnel who are responsible for your care; (d) a member, inspector, agent, or investigator of the state board of pharmacy or any federal, state, county, or municipal officer whose duty is to enforce the laws of this state or the United States relating to drugs and who is engaged in a specific investigation involving a designated person or drug; (e) an agent of the state medical board when enforcing the statutes governing physicians and limited practitioners; (f) an agency of government charged with the responsibility of providing medical care for you, upon a written request by an authorized representative of the agency requesting such information; (g) an agent of a medical insurance company who provides prescription insurance coverage to you, upon authorization and proof of insurance by you or proof of payment by the insurance company for those medications whose information is requested; (h) an agent who contracts with the pharmacy as a "business associate" in accordance with the regulations promulgated by the secretary of the United States Department of Health and Human Services pursuant to the federal standards for privacy of individually identifiable health information; or (i) in emergency situations, when it is in your best interest.

**PENNSYLVANIA** - We will not disclose any HIV-related information, except in situations where the subject of the information has provided us with a written consent allowing the release or where we are authorized or required by state or federal law to make the disclosure.

**RHODE ISLAND** - We will only disclose your prescription information to our agents and persons directly involved in your care. We will not disclose your confidential health care information without your consent, except in the following situations: (a) to a physician, dentist, or other medical personnel who believe in good faith that the information is necessary to diagnose or treat you in a medical or dental emergency; (b) to qualified personnel for the purpose of conducting scientific research, management audits, financial audits, program evaluations, actuarial, insurance underwriting, or similar studies, provided that personnel does not identify, directly or indirectly, you in any report of that research, audit, or evaluation, or otherwise disclose your identity in any manner; (c) to appropriate law enforcement personnel, or to a person if the pharmacist believes that you may pose a danger to that person or his or her family; or to appropriate law enforcement personnel if you have attempted or are attempting to obtain narcotic drugs from the pharmacy illegally; or to appropriate law enforcement personnel or appropriate child protective agencies if you are a minor child who the pharmacist believes, after providing services to you, to have been physically or psychologically abused; (d) between or among qualified personnel and health care providers within the health care system for purposes of coordination of health care services given to you and for purposes of education and training within the same health care facility; (e) to third party health insurers for the purpose of adjudicating health insurance claims including to utilization review agents, third party administrators, and other entities that provide operational support; (f) to a malpractice insurance carrier or lawyer if we have reason to anticipate a medical liability action; (g) to our own lawyer or medical liability insurance carrier if you initiate a medical liability action against our pharmacy; (h) to public health authorities in order to carry out their designated functions. These functions include, but are not restricted to, investigations into the causes of disease, the control of public health hazards, enforcement of sanitary laws, investigation of reportable diseases, certification and licensure of health professionals and facilities, and review of health care such as that required by the federal government and other governmental agencies; (i) to the state medical examiner in the event of a fatality that comes under his or her jurisdiction; (j) in relation to information that is directly related to a current claim for workers' compensation benefits or to any proceeding before the workers' compensation commission or before any court proceeding relating to workers' compensation; (k) to our attorneys whenever we consider the release of information to be necessary in order to receive adequate legal representation; (l) to a law enforcement authority to protect the legal interest of an insurance institution, agent, or insurance-support organization in preventing and prosecuting the perpetration of fraud upon them; (m) to a grand jury or to a court of competent jurisdiction pursuant to a subpoena or subpoena duces tecum when that information is required for the investigation or prosecution of criminal wrongdoing by a health care provider relating to his or her or its provisions of health care services and that information is unavailable from any other source; provided, that any information so obtained is not admissible in any criminal proceeding against you; (n) to the state board of elections pursuant to a subpoena or subpoena duces tecum when the information is required to determine your eligibility to vote by mail ballot and/or the legitimacy of a certification by a physician attesting to a voter's illness or disability; (o) to certify the nature and permanency of your illness or disability, the date when you were last examined and that it would be an undue hardship for you to vote at the polls so that you may obtain a mail ballot; (p) to the Medicaid fraud

control unit of the attorney general's office for the investigation or prosecution of criminal or civil wrongdoing by a health care provider relating to his or her or its provision of health care services to then Medicaid eligible recipients or patients, residents, or former patients or residents of long term residential care facilities; provided, that any information obtained is not admissible in any criminal proceeding against you; (q) to the state department of children, youth, and families pertaining to the disclosure of health care records of children in the custody of the department; (r) to the foster parent or parents pertaining to the disclosure of health care records of children in the custody of the foster parent or parents; provided, that the foster parent or parents receive appropriate training and have ongoing availability of supervisory assistance in the use of sensitive information that may be the source of distress to these children; (s) to the workers' compensation fraud prevention unit for purposes of investigation; or, (t) to a probate court of competent jurisdiction, petitioner, respondent, and/or their attorneys, when the information is contained within a decision - making assessment tool which conforms to applicable state law.

**SOUTH CAROLINA** - We will not disclose your prescription drug information without first obtaining your consent, except in the following circumstances: (a) the lawful transmission of a prescription drug order in accordance with state and federal laws pertaining to the practice of pharmacy; (b) communications among licensed practitioners, pharmacists and other health care professionals who are providing or have provided services to you; (c) information gained as a result of a person requesting informational material from a prescription drug or device manufacturer or vendor; (d) information necessary to effect the recall of a defective drug or device or protect the health and welfare of an individual or the public; (e) information whereby the release is mandated by other state or federal laws, court order, or subpoena or regulations (e.g., accreditation or licensure requirements); (f) information necessary to adjudicate or process payment claims for health care, if the recipient makes no further use or disclosure of the information; (g) information voluntarily disclosed by you to entities outside of the provider-patient relationship; (h) information used in clinical research monitored by an institutional review board, with your written authorization; (i) information which does not identify you by name, or that is encoded so that identifying you by name or address is generally not possible, and that is used for epidemiological studies, research, statistical analysis, medical outcomes, or pharmaco-economic research; (j) information transferred in connection with the sale of a business; (k) information necessary to disclose to third parties in order to perform quality assurance programs, medical records review, internal audits or similar programs, if the third party makes no other use or disclosure of the information; (l) information that may be revealed to a party who obtains a dispensed prescription on your behalf; or (m) information necessary in order for a health plan licensed by the South Carolina Department of Insurance to perform case management, utilization management, and disease management for individuals enrolled in the health plan, if the third party makes no other use or disclosure of the information.

We will not disclose your information or the nature of professional pharmacy services rendered to you, without your express consent or the order or direction of a court, except to: (a) you, or your agent, or another pharmacist acting on your behalf; (b) the practitioner who issued the prescription drug order; (c) certified/licensed health care personnel who are responsible for your care; (d) an inspector, agent or investigator from the Board of Pharmacy or any federal, state, county, or municipal officer whose duty is to enforce the laws of South Carolina or the United States relating to drugs or devices and who is engaged in a specific investigation involving a designated person or drug; and (e) a government agency charged with the responsibility of providing medical care for you upon written request by an authorized representative of the agency requesting the information.

**TENNESSEE** - We will obtain your authorization before we disclose your patient records for any reason, except where: (a) the disclosure is in your best interest; (b) the law requires the disclosure; or (c) the disclosure is to an authorized prescriber or to communicate a prescription order where necessary to: (1) carry out prospective drug use review as required by law; (2) assist prescribers in obtaining a comprehensive drug history on you; or (3) prevent abuse or misuse of a drug or device and the diversion of controlled substances. We will not disclose your name and address or other identifying information, except to: (a) a health or government authority pursuant to any reporting required by law; (b) an interested third-party payor for the purpose of utilization review, case management, peer reviews, or other administrative functions; or (c) in response to a subpoena issued by a court of competent jurisdiction. We will not sell your name and address or other identifying information for any purpose.

**UTAH** - We will not release or discuss information in your prescription or medication profile to anyone except: (a) you or your legal guardian or designee; (b) a lawfully authorized federal, state, or local drug enforcement officer; (c) a third party payment program authorized by you, another pharmacist, pharmacy intern, pharmacy technician, or prescribing practitioner providing services to you or to whom you have

requested us transfer a prescription; (d) your attorney, with a written authorization signed by: (1) you before a notary public; (2) your parent or lawful guardian, if you are a minor; (3) your lawful guardian, if you are incompetent; or (4) your personal representative, in the case of deceased patients.

**VERMONT** - Unless we have your consent or a court order, we will not disclose your information or the nature of services rendered to you, except to the following persons: (a) you, your agent, or another pharmacist acting on your behalf; (b) the practitioner who issued the prescription drug order; (c) certified or licensed health care personnel who are responsible for your care; (d) a Board of Pharmacy or federal, state, county, or municipal officer that enforces state or federal law relating to drugs or devices, pursuant to an investigation of a designated drug or person; or (e) a government agency responsible for providing medical care for you, upon a written request by an authorized agency representative.

**WASHINGTON** - Unless authorized by you, we will not disclose your health care information, except if the recipient needs to know the information and the disclosure is: (a) to a person who the pharmacist reasonably believes is providing health care to you; (b) to any other person who requires health care information for healthcare education, or to provide planning, quality assurance, peer review, or administrative, legal, financial, or actuarial services to the pharmacy; or for assisting the pharmacy in the delivery of health care and the pharmacist reasonably believes that the person will not use or disclose the health care information for any other purpose and will take appropriate steps to protect the health care information; (c) to any other health care provider reasonably believed to have previously provided health care to you, to the extent necessary to provide health care to you, unless you have instructed the pharmacy in writing not to make the disclosure; (d) to any person if the pharmacist reasonably believes that disclosure will avoid or minimize an imminent danger to your or another individual's health or safety, however there is no obligation on the part of the pharmacist to so disclose; (e) oral, and made to your immediate family members, or any other individual with whom you have a close personal relationship, if made in accordance with good medical or other professional practice, unless you have instructed us in writing not to make the disclosure; (f) to a health care provider who is the successor in interest to the pharmacy; (g) to a person who obtains information for purposes of an audit, if that person agrees in writing to remove or destroy, at the earliest opportunity consistent with the purpose of the audit, information that would enable you to be identified and not to disclose the information further, except to accomplish the audit or report unlawful or improper conduct involving fraud in payment for health care by a health care provider or patient, or other unlawful conduct by the pharmacy; (h) to an official of a penal or other custodial institution in which you are detained; or (i) to provide directory information, unless you have instructed the pharmacy not to make the disclosure.

We will not disclose any information regarding an individual's treatment for a sexually transmitted diseases, except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure.

If you are a minor who has lawfully provided consent for treatment and you wish MedQuest to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify a pharmacist or MedQuest's HIPAA Privacy Officer.

**WEST VIRGINIA** - We will not disclose confidential information relating to an individual who is obtaining or has obtained treatment for a mental illness, without the individual's written consent, except in the following circumstances: (a) with the signed, written consent of the individual or his legal guardian; (b) in certain proceedings involving involuntary examinations; (c) pursuant to a court order in which the court found the relevance of the information to outweigh the importance of maintaining the confidentiality of the information; (d) to protect against clear and substantial danger of imminent injury by the individual to himself or another; or (e) to staff of the mental health facility where the individual is being cared for or to other health professionals involved in treatment of the individual, for treatment or internal review purposes.