



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

The effective date of this Notice is September 23, 2013

PLEASE REVIEW IT CAREFULLY

Owens Healthcare, d/b/a Owens Pharmacy, Owens Compounding, Owens Infusion, and Owens Medical Equipment, is required by federal and state laws to maintain the privacy of "Protected Health Information" ("PHI") and to provide you with notice about your rights and our legal duties and privacy practices with respect to your PHI. We must abide by the terms of this Notice while it is in effect. Some of the uses and disclosures described in this Notice may be limited to certain cases by applicable state laws that may be more stringent than the federal standards.

PHI is information about you, including demographic information, that can be reasonably used to identify you and that relates to your past, present, or future physical or mental health or condition, the provision of related health care services to you or the payment for that care. This Notice tells you about the ways in which we may collect, use, and disclose of your PHI to carry out treatment, payment, or health care operations and for other specified purposes that are permitted or required by law. Your rights concerning your PHI are also discussed in this Notice.

HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use and disclose your PHI without your authorization for purposes of treatment, payment, or health care operations. Examples of these types of uses and disclosures include:

- **Treatment**

We may use and disclose your PHI to assist your health care providers (doctors, dentists, hospitals, pharmacies, and others) in your diagnosis and treatment. Example: The retail pharmacy staff may contact your physician to verify and/or obtain additional information regarding your prescription and PHI may be disclosed in the process.

- **Payment**

We use and disclose your PHI in order to process claims and seek reimbursement for your health expenses covered by an insurer or plan. Example: We may contact your insurer or pharmacy benefit manager to determine whether it will pay for your prescription and the amount of your co-payment; the information on or accompanying the bill may include PHI.

- **Health Care Operations**

We use and disclose your PHI in order to perform our administrative activities, including data management and customer service. Example: The pharmacy may use information in your

health record to monitor the performance of the pharmacists providing treatment to you and to improve quality and effectiveness; contact you to provide refill reminders; describe or recommend treatment alternatives; and offer information about health-related benefits and services that may be of interest.

- **As Required by Law**

We must disclose your PHI when required to do so by law.

- **Public Health**

As required by law, we may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

- **Refill Reminders and Health-Related Communications**

We may contact you to provide refill reminders or information about current medications or treatment alternatives; or other health-related benefits and services that may be of interest to you. This communication may be via phone, mail, e-mail, or other form of communication. If we receive any financial remuneration for making such refill or medication communications beyond our costs of making the communication, we must first obtain your written authorization to make such communications. We are not required to obtain your written authorization for face-to-face communications.

- **Worker's Compensation**

We may disclose PHI about you as authorized by and as necessary to comply with state laws relating to worker's compensation or similar programs.

- **Business Associates**

There are some services provided by us through contracts through contracts with business associates and PHI disclosure may be necessary to perform the job we have asked them to do. Examples include: liability insurers, attorneys, collection agencies, pharmacy software and systems providers, and data switches to relay data to your insurer. When we work with business associates, we may disclose PHI about you so that the business associate can perform the job we have asked them to do. To protect PHI about you, we require the business associate to appropriately safeguard the PHI.

- **Communication with Individuals Involved in Your Care or Payment for Your Care**

Pharmacists and other Pharmacy employees, using their professional judgment, may disclose PHI to a person that has been designated by you and/or is acting as your "agent" or authorized representative, as permitted under state law. We may disclose PHI relevant to that person's involvement in your care or payment related to your care. For example, we may disclose PHI to a person designated by you to pick up your prescription or to someone calling on your behalf to our Accounts Receivable Department.

- **Food and Drug Administration (FDA)**

We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

- **Law Enforcement**

We will disclose PHI about you for law enforcement purposes as required or permitted by law, including disclosures to an inspector or investigator whose duty it is to enforce the laws relating to drugs, and who is engaged in a specific investigation involving a designated person or drug, or for reporting suspected crimes such as child abuse.

- **Military and Veterans**

If you are a member of the armed forces, we will release your PHI as required by military command authorities if required to do so by law. We may also disclose PHI about foreign military personnel to the appropriate military authority, if required to do so by law. If release is not required or permitted by law, we will obtain your consent prior to making such disclosures.

- **Correctional Institution**

If you are or become an inmate of a correctional institution, we may release your PHI to the institution or its agents when necessary for your health or the health and safety of others.

- **Victims of Abuse, Neglect, or Domestic Violence**

We may disclose PHI about you to a government authority, such as a social service agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you consent to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

- **Health Oversight Activities**

We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Judicial and Administrative Proceedings**

We may disclose PHI about you in response to a valid court order or administrative order. We may also disclose in response to certain types of subpoenas, discovery requests, or other lawful process. We may disclose in the context of civil litigation when you have put your condition at issue in the litigation, or warrant or grand jury subpoena.

- **Coroners, Medical Examiners, and Funeral Directors**

We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to carry out their duties.

- **Organ or Tissue Procurement Organizations**

Consistent with applicable law, we may disclose PHI about you to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

- **Research**

We may disclose PHI about you for research purposes when the research is approved by an institutional review board or a privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information, or with your written authorization.

- **To Avert a Serious Threat to Health or Safety**

We may disclose PHI about you, with some limitations, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person, but generally will do so only with your written consent unless we are authorized or required by law to make the disclosure. For example, we will disclose the information in situations where state law provides that the pharmacist has a “duty to warn” about a specific threat or danger.

- **National Security and Intelligence Activities**

We may disclose PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

OTHER USES AND DISCLOSURES OF PHI WITH AN AUTHORIZATION

We are required to obtain a written authorization from you for most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI. Owens will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above (or as otherwise permitted or required by law). If you provide us with this written authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent we have already relied on your authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.

YOUR HEALTH INFORMATION RIGHTS UNDER HIPAA

You have the following rights with respect to PHI about you:

- **Access Your PHI**

You have a right to review or obtain copies of your PHI records, with some limited exceptions. These records usually include prescription, billing, and claims information and case or medical management records. To inspect or copy your PHI, you must request it in writing. We may charge you an administrative fee for the costs of copying, mailing, and supplies that are necessary to fulfill your request, to the extent permitted by applicable state and federal law. If we keep the information electronically, you may request an electronic copy of the information, and we will provide it to you in that form if it is feasible for us to do so. You may also direct us to transmit your health information (whether in hard copy or electronic form) directly to an entity or person clearly and specifically designated by you in writing. If you are denied access due to certain limited circumstances, you may request that the denial be reviewed.

- **Amend Your PHI**

If you feel that the PHI we maintain about you is incorrect or incomplete, you may request that we amend the information. Your request must be made in writing and must include the reason you are seeking a change. We may deny your request if, for example, you ask us to amend information that was not created by us, or you ask us to amend a record that is already accurate and complete. If we deny your request to amend, we will notify you in writing. You then have the right to submit to us a written statement of disagreement with our decision and we may give a rebuttal to your statement.

- **Receive an Accounting of Disclosures of PHI**

You have the right to receive an accounting of the disclosures we have made of PHI about you for most purposes other than treatment, payment, or health care operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care that are permitted by state and federal law, disclosures for notification purposes and certain disclosures to the State Board of Pharmacy or other regulatory agencies. To request an accounting, you must submit a request in writing to Owens Healthcare Privacy Officer (see the end of this Notice for contact information). Your written request must state the time period for which you want an accounting. This time period may not be longer than six (6) years and may not include dates prior to April 14, 2003. The first accounting that you request within a 12-month period will be free. We may charge for additional accountings within the same period of time. You will be informed of the cost in advance and you may choose to withdraw or modify your request at that time.

- **Request Communications of PHI by Alternative Means or at Alternative Locations**

For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of PHI about you, you must submit a request in writing to the pharmacy where you have your prescriptions filled. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests, although we are permitted to require you to provide information about how payment will be handled.

- **Request Restrictions on the Use and Disclosure of Your PHI**

You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request to the Privacy Officer. If you pay out-of-pocket in full for an item or service, then you may request that we not disclose information to your health plan pertaining solely to such item or service. We are required to agree with such a request. However, we are not required to agree to any other request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or you request that we remove the restriction. In your written request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure, or both; and 3) to whom you want the limits to apply.

- **Receive a Paper Copy of this Notice**

You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, contact your nearest Owens Healthcare location.

HEALTH INFORMATION SECURITY

We require our employees to follow the Owens Healthcare security practices that limit access to customer health information only to those employees who need it to perform their job responsibilities. In addition, Owens Healthcare maintains physical, administrative, and technical security measures to safeguard your PHI. We will notify you if there is an event that compromises the privacy or security of your PHI.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time, effective for PHI that we already have about you as well as any information that we receive in the future. We will provide you with a copy of the new Notice whenever we make a material change to the privacy practices described in this Notice. We will also post a copy of our current Notice on the Owens Healthcare website, www.myowens.com on the main page. Any time we make a material change to this Notice, we will promptly revise and issue the Notice with the new effective date.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with us and/or the Secretary of the Department of Health and Human Services. All complaints regarding Owens Healthcare must be in writing and sent to the Privacy Officer listed at the end of this Notice. We support your right to protect the privacy of your PHI and we will not retaliate against you for filing a complaint.

CONTACT THE OWENS HEALTHCARE PRIVACY OFFICER

If you have any complaints or questions about this Notice or you want to submit a written request to the company as required in any of the previous sections of this Notice, please contact:

Owens Healthcare Privacy Officer
2247 Court Street, Redding, CA 96001
530-246-1075
530-246-8794
compliance@owenshealthcare.com
www.myowens.com