

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

Effective Date: April 14, 2003

Webb's Ft. Myers Prescription Shop, Inc.

NOTICE OF PRIVACY PRACTICES

General Information About This Notice

Webb's Ft. Myers Prescription Shop, Inc. is committed to maintain the confidentiality of your health information. This Notice describes our efforts to safeguard your health information from improper use or unnecessary use or disclosure.

A new federal law requires us to provide you with a summary of our privacy practices and related legal duties and your rights in connection with the use and disclosure of your information

The employees of Webb's Ft. Myers Prescription Shop, Inc. and the third parties, who perform services for the pharmacy, are bound by the terms of this Notice.

This Notice does not apply to products or services provided by independent contractors who may provide health-related services and products at the pharmacy.

Please Note: This Notice only applies to Webb's Ft. Myers Prescription Shop, Inc. customers.

Disclaimer: Webb's Ft. Myers Prescription Shop, Inc reserves the right to identify its customers by their full name.

What is Protected?

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), a new federal law requires that the pharmacy have a special policy for safeguarding health information related to you called "protected health information," or "PHI," which is received or created while providing services to you through the pharmacy. PHI is health information that can be used to identify you and that relates to:

1. your physical or mental health condition,
2. the provision of health care to you, or
3. payment for your health care.

The remainder of this Notice generally describes our rules with respect to PHI received or created by the pharmacy.

Uses and Disclosures of PHI

To protect the privacy of PHI, the pharmacy not only guards the physical security of PHI, but we also limit the way PHI is used or disclosed to others. We may use or disclose PHI in certain permissible ways described below.

To provide you with health care services and products. The pharmacy uses and discloses PHI in order to provide you with health care services and products. For example, the pharmacist asks you questions regarding drug allergies or reviews your prescription history in order to ensure your prescription will not cause an allergic reaction or interact with other prescriptions or non-prescription medications.

To another health care provider if needed for your treatment. For example, the pharmacist may discuss your prescription information with your physician if a potential drug interaction exists.

To bill you for health care services or products. The pharmacy may use and disclose PHI to bill you and to accept payment for prescription drugs. For example, an employee of the pharmacy may complete the sale of your prescription purchase.

For the administration and operation of the pharmacy. We use and disclose PHI for many administrative and quality control functions necessary for the pharmacy's operation. For example, we may use your pharmacy prescription drug purchase information for fraud and abuse detection activities or to conduct data analyses for planning-related purposes.

To seek reimbursement or calculate rebates for health care products or services you receive at the pharmacy. For example, the pharmacy uses and discloses PHI to receive payments from your health plan for covered prescription drugs purchased from the pharmacy. We may also submit PHI to a third party for rebates from manufacturers.

To inform you about treatment alternatives or other health-related benefits that may be offered by the pharmacy. For example, we may use your prescription information to inform you of a less expensive generic drug available as a substitute for the prescription drug you are currently using.

To a family member, friend, or other person involved in your health care if you are present and you do not object to the sharing of PHI or in the event of an emergency. Our pharmacy may also allow a family member, friend or other person to pick up your prescription if, through the use of professional judgment and experience, we determine it is in your best interests.

To another health care provider or health plan for administration and operations purposes. We may share PHI with another health care provider or a health plan who has a relationship with you for quality assessment and improvement activities, to review the qualifications of health care professionals who provide care to you, or for fraud and abuse detection and prevention purposes.

For public health reasons, including to a public health authority for the prevention or control of disease, injury or disability; to report reactions to medications or problems with products regulated by the Food and Drug Administration; to notify individuals of recalls of medication or products they may have been prescribed.

To comply with an applicable federal, state, or local law, including, for example, workers' compensation programs established by law.

To report a suspected case of abuse, neglect or domestic violence, as permitted or required by applicable law.

To comply with other health agencies, such as audits, investigations, inspections, licensure actions, and other government monitoring and activities related to health care provision or public benefits or services. For example, the state board of pharmacy annually inspects the pharmacy. Inspectors or other government officials may view or receive PHI as a result of a government inspection or other request.

To the U.S. Department of Health and Human Services to demonstrate our compliance with HIPAA.

To respond to a subpoena, warrant, summons or other legal request if sufficient safeguards are in place to maintain PHI privacy.

To respond to an order of a court, such as a court ordered warrant, subpoena or summons, grand jury subpoena, or administrative subpoena or other request.

To a law enforcement official for a law enforcement purpose as required by law.

For purposes of public safety or national security.

To a funeral director to perform his or her duties.

To allow a coroner or medical examiner to identify you or determine your cause of death.

To respond to a request by military command authorities if you are or were a member of the armed forces.

To the extent required under law, we use the minimum amount of PHI necessary to perform these tasks.

If an applicable state law provides greater health information privacy protections than the federal law, we will comply with the stricter state law.

Other Uses and Disclosures of PHI

Before we use or disclose PHI for any other purpose than as described above, we must obtain your written authorization. You may revoke your authorization, in writing, at any time. If you revoke your authorization, the pharmacy will no longer use or disclose PHI except as described above (or as permitted by any other authorizations that have not been revoked). However, please understand that we cannot retrieve any PHI disclosed to a third party in accordance to your prior authorization.

Your Rights

Federal law provides you with certain rights regarding PHI that pertains to you. Parents of minor children and other individuals with legal authority to make health decisions for customers of Webb's Ft. Myers Prescription Shop, Inc. may exercise these rights on behalf of such customers, consistent with state law.

Right to request restrictions: You have the right to request a restriction or limitation on the pharmacy's use or disclosure of PHI. *The law does not require the pharmacy to agree to your request for restriction* and depending upon your request, we may not be able to grant it because it may affect our ability to provide health care services or products to you. However, if we do agree to your requested restriction or limitation, we will honor the restrictions until you revoke the restriction or until we notify you that we are terminating the restriction.

You may submit a written request for restriction on the use and disclosure of PHI to our Privacy Officer. Your request must specify (a) what PHI you want to limit; (b) how you want the pharmacy to limit the use, disclosure, or both of the PHI; and (c) to whom the restrictions are to apply.

Right to receive confidential communications: You have the right to request that the pharmacy communicate with you about PHI at an alternate address or telephone number if you believe that communication through normal business practices could be harmful to you. You may submit a written request for confidential communications.

Right to obtain a copy of PHI: You have the right to review and obtain a copy of PHI that is contained in medical or billing records that the pharmacy maintains or other records that the pharmacy uses to make decisions about you.

However, we will not give you access to PHI records created in anticipation of a civil, criminal or administrative action or proceeding. We will also deny your request to inspect and copy PHI if a licensed health care professional hired by the pharmacy has determined that giving you the requested access is reasonably likely to endanger the life or physical safety of you or another individual or to cause substantial harm to you or another individual, or that the record makes references to another person (other than a health care provider), and that the requested access would likely cause substantial harm to the other person.

If your request to access PHI is denied, you may have that decision reviewed. A different licensed health care professional chosen by the pharmacy will review the request and denial, and we will comply with the health care professional's decision.

You may make a request to review or obtain a copy of PHI at the pharmacy. We reserve the right to charge you a fee to cover the costs of copying, mailing or other supplies directly associated with your request. You will be notified of any costs before you incur any expenses.

Right to amend PHI: You have the right to request an amendment of PHI if you believe the information the pharmacy has about you is incorrect or incomplete. You have this right as long as PHI is maintained by the pharmacy. We will correct any mistakes if we created the PHI or if the person or entity that originally created the PHI is no longer available to make the amendment.

Amendments involving the addition of information to the pharmacy's records may generally be made at the pharmacy. However, for other types of changes, you must submit a written request to amend PHI by completing and submitting a Request for Amendment form to our Privacy Officer. You should include evidence to support your request because we cannot amend PHI that we believe to be accurate and complete.

Right to receive an accounting of disclosures of PHI: You have the right to request a list of certain disclosures of PHI by the pharmacy. The accounting will not include (a) disclosures necessary to provide treatment, to determine proper payment, or to operate the pharmacy; (b) disclosures we make directly to you; (c) disclosures you authorized in writing; (d) disclosures to friends or family members as discussed in this Notice, or made in your presence or because of an emergency; or (e) disclosures for national security purposes. We reserve the right to charge you a fee to cover the costs of copying, mailing or other supplies directly associated with your request. You will be notified of any costs before you incur any expenses

You may submit a written request for an accounting of disclosures of PHI by completing and submitting a Request for Accounting of Disclosures form to the Privacy Officer. Your request must include (a) the time period for the accounting, which may not be longer than six (6) years and may not include dates prior to April 14, 2003; and (b) the form (e.g. paper) in which you would like the accounting.

Right to file a complaint: If you believe your rights have been violated, please inform us immediately. We will take any action to correct any violations of the pharmacy's privacy policy or of this Notice.

You may file a formal complaint with our Privacy Officer and/or with the United States Department of Health and Human Services at the addresses below. You should attach any documents or evidence that supports your belief that your privacy rights have been violated. We take your complaints very seriously. **Webb's Ft. Myers Prescription Shop, Inc. and federal law prohibits retaliation against any person for filing such a complaint.**

Complaints should be sent to:

Webb's Ft. Myers Prescription Shop, Inc.
3594 S. Broadway
Ft. Myers, Florida 33901
(239) 939-0249

U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, SW
Washington, D.C. 20201

Attn: Privacy Officer

www.hhs.gov/ocr/hipaa/

Additional Information About This Notice

Changes to this Notice: We reserve the right to change the pharmacy's privacy practices as described in this Notice. Any change may affect the use and disclosure of PHI already maintained by the pharmacy as well as any of PHI that the pharmacy may receive or create in the future. The revised Notices will be made available at the pharmacy.

Acknowledgement: When first delivering this Notice to you, the pharmacy will ask you to sign an acknowledgement that you were provided a copy of this Notice.

How to obtain an additional copy of this Notice: You can obtain a copy of the current notice by writing our Privacy Officer at the address in this Notice.