

Keller Apothecary Notice of Privacy Practices Effective Date: April 14, 2003

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

We understand that medical information about you and your health is personal. We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information.

We are required to follow the terms of the notice currently in effect. We reserve the right to change this notice and any changes will be effective for health information we already have about you as well as any future information we receive about you. Any revised notices will be available at the pharmacy and available upon request.

How we may use or disclose your health information

Keller Apothecary protects the privacy of your health information. For some activities we must have your written authorization to use or disclose your **personal health information** (called PHI from now on). The law does permit us to use or disclose your health information for the following purposes without your authorization:

For Treatment. PHI will be used to dispense prescriptions to you. We may disclose PHI about you to pharmacists and others who are involved in dispensing your prescriptions.

For Payment. We may use and disclose PHI so that we may bill your pharmacy services to and collect payment from an insurance company or other third party.

For Health Care Operations. We may use and disclose your PHI for pharmacy operations, unless we are provided with alternate instructions.

As Required by Law. We will disclose your PHI when required by law.

To Avert a Serious Threat to Health or Safety. We may use or disclose your PHI when necessary to prevent a serious threat to your health and safety, or health and safety of another person or persons. Any disclosure would only be to someone that could prevent that threat.

Public Health Risks. We may disclose PHI for public health activities, to prevent or control disease, to report reactions to medications or problems with products, to notify of product recalls, to notify someone that may have been exposed or at risk for contracting or spreading disease, or to notify the appropriate government agency if we suspect a person to be the victim of abuse, neglect or domestic violence.

For Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law. The activities may be necessary for the government to monitor the health care system, conduct audits or investigations, investigations or licensure.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose PHI in response to a court order, administrative order or subpoena, discovery request or other lawful process by someone involved in the dispute, but only if efforts have been made to tell you about the request, or to obtain an order protecting the information requested.

For Specific Government Functions. We may disclose PHI for the following specific government functions: health information on military personnel to military command authorities, health information of inmates to law enforcement or correctional institutions, in response to a request by law enforcement if certain criteria are met, and for national security reasons.

Except as described above, we will not disclose your PHI without your written consent. If you do not authorize us to use or disclose your PHI for another purpose, you may revoke your authorization in writing at any time.

You have the following rights with respect to your PHI.

You have the right to request restrictions on certain uses and disclosures of PHI. We are not required to agree with that restriction you request. If we do agree, we will put the agreement in writing and follow it, except in emergency situations. We cannot limit the use or disclosures that are required by law.

You have the right to inspect and copy your PHI as long as we maintain the health information. Your PHI will normally include prescriptions and billing records. To inspect or copy your PHI you must submit a written request to the address below. We may charge a fee for the costs of copying, mailing or other supplies that are necessary to grant your request. Under certain limited circumstances, we may deny your request. If you are denied access to your PHI, you may request that denial be reviewed. You have a right to choose to obtain a summary instead of a copy of your PHI.

You have a right to request us to amend your PHI that is incorrect or incomplete. Send your request to the address below along with the reason for the request. We are not required to amend information that is accurate and complete.

You have the right to receive an accounting of disclosures of PHI that we make after April 14, 2003. For reasons other than treatment, payment or health care operations, to you or based on your authorization, or for certain government functions. To request an accounting, you must submit a written request to the address below. You must specify the time period, which may not be longer than 6 year.

You may request communications of your PHI by alternative means or at alternate locations. Your request must state how and when you would like to be contacted. We will accommodate all reasonable requests.

If you would like more information about the pharmacy privacy practices, or if you believe your privacy rights have been violated, you can file a complaint with the compliance officer at the address below, or with the office of civil rights. There will be no retaliation for filing a complaint

For more information, or to report a problem, please contact:

Paula K. Weaver, R. Ph., Compliance Officer

Keller Apothecary at 5201 Chippewa, St. Louis, MO 63109

314-352-5201