

PEGASUS EXPRESS PHARMACY 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 IT CAREFULLY.

We respect the privacy of your PHI and are committed to maintaining our confidentiality. This Notice applies to all information and records related to your care that our facility has received or created. It extends to information received or created by our employees, staff, volunteers and physicians. This Notice informs you about the possible uses and disclosures of your individually identifiable health information, referred to as Protected Health Information (PHI). It also describes your rights and our obligations regarding your protected health information.

We are required by law to:

- maintain the privacy of your protected health information;
- provide to you this detailed Notice of our legal duties and privacy practices relating to your PHI; and
- abide by the terms of the Notice that are currently in effect.

Providers within the affiliated organized health care arrangement ("OHCA") will share information for purposes of treatment, payment and health care operations.

1. WE MAY USE AND DISCLOSE YOUR PHI FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.

We may use and disclose your PHI for purposes of treatment, payment and health care operations. We have described these uses and disclosures below and provide examples of the types of uses and disclosures we may make in each of these categories.

- A. For Treatment. We will use and disclose your PHI in providing you with treatment and services. We may disclose your PHI to facility and non-facility personnel who may be involved in your care, such as physicians, nurses, nurse aides, and physical therapists. For example, a nurse caring for you will report any change in your condition to your physician. We also may disclose PHI to individuals who will be involved in your care after you leave the facility.
- B. For Payment. We may use and disclose your PHI so that we can bill and receive payment for treatment and services you receive at the facility. For billing and payment purposes, we may disclose your PHI to your representative, an insurance or managed care company, Medicare, or another third-party payor. For example, we may contact Medicare or your health plan to confirm your coverage or to request coverage information for a proposed treatment or service.
- C. For Health Care Operations. We may use and disclose your PHI for facility operations. These uses and disclosures are necessary to manage the facility and to monitor our quality of care. For example, we may use PHI to evaluate our facility's services, including the performance of our staff or to determine the most effective and efficient manner of providing services to our residents.

2. WE MAY USE AND DISCLOSE PHI ABOUT YOU FOR OTHER SPECIFIC PURPOSES.

- A. Facility Directory. Unless you object, we will include certain limited information about you in our facility directory. This information may include your name, your location in the facility, your general condition and your religious affiliation. Your religious affiliation may be given to a member of the clergy even if they do not ask for you by name. The facility directory information may be released to people who ask for you by name.
- B. Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose your PHI to a family member or close friend, including clergy, who is involved in your care.
- C. As Required by Law. We will disclose your PHI when required by law to do so.
- D. Public Health Activities. We may disclose your PHI for public health activities. These activities may include, for example:

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- reporting to a public health or other government authority for preventing or controlling disease, injury or disability, or reporting abuse or neglect;
 - reporting to the federal Food and Drug Administration (FDA) concerning adverse events or problems with products for tracking products in certain circumstances, to enable product recalls or to comply with other FDA requirements;
 - to notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition or
 - for certain purposes involving workplace illness or injuries.
- E. Reporting Victims of Abuse, Neglect or Domestic Violence. If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your PHI to notify a government authority if required or authorized by law, or if you agree to the report.
- F. Health Oversight Activities. We may disclose your PHI to a health oversight agency for oversight activities authorized by law. These may include, for example, audits, investigations, inspections and licensure actions or other legal proceedings. These activities are necessary for government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.
- G. Judicial and Administrative Proceedings. We may disclose your PHI in response to a court or administrative law. We also may disclose information in response to a subpoena, discovery request, or other lawful process.
- H. Law Enforcement. We may disclose your personal health information for certain law enforcement purposes, including:
- as required by law to comply with reporting requirements;
 - to comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process;
 - to identify or locate a suspect, fugitive, material witness, or missing person;
 - when information is requested about the victim of a crime if the individual agrees or under other limited circumstances;
 - to report information about a suspicious death;
 - to provide information about criminal conduct occurring at the facility;
 - to report information in emergency circumstances about a crime; or
 - where necessary to identify or apprehend an individual in relation to a violent crime or an escape from lawful custody.
- I. Research. We may allow PHI of residents from our facility who choose to participate in research studies. Your PHI may be used for research purposes only if the privacy aspects of the research have been reviewed and approved by a special Privacy Board of Institutional Review Board, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.
- J. Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may release your PHI to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.
- K. To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. However, any disclosure would be made only to someone able to help prevent the threat.
- L. Military and Veterans. If you are a member of the armed forces, we may use and disclose your PHI as required by military command authorities. We may also use and disclose PHI about foreign *military* personnel as required by the *appropriate* foreign military authority.
- M. Workers' Compensation. We may use or disclose your PHI to comply with laws relating to workers' compensation or similar programs.
- N. Appointment Reminders. We may use or disclose PHI to remind you about appointments.
- O. Treatment Alternatives. We may use or disclose PHI to inform you about treatment alternatives that may be of interest to you.

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- P. Marketing. We may use or disclose PHI to inform you about health-related benefits and services that may be of interest to you. We do not consider:
- (1) The communication of alternate forms of treatment, or
 - (2) Face to face communications about the use of products and services, or
 - (3) Communications promoting health in general, not promoting a specific product or service, or
 - (4) Communications regarding government and government-sponsored programs, or
 - (5) Reminders about prescription refills for medications you are already taking, to be marketing.

Face-to-face communication made by us to you, or a promotional gift of nominal value given to you does not require an Authorization. Other marketing activities will be done only after a valid authorization is in effect.

3. YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES OF PHI.

We will use and disclose PHI (other than as described in this Notice or required by law) only with your written Authorization. You may revoke your Authorization to use or disclose PHI in writing, at any time. If you revoke your Authorization, we will no longer use or disclose your PHI for the purposes covered by the Authorization, except where we have already relied on the Authorization.

4. YOUR RIGHTS REGARDING YOUR PHI.

You have the following rights regarding your PHI at the facility:

- A. **You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

- B. **You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health **information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.**

The Facility is not required to agree to a restriction that you may request. If the Facility believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If the Facility does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by writing to the privacy officer. In your request, you must tell us what information you want to limit and to whom you want the limits to apply; for example, use of any information by a specific nurse, or disclosure of a specified procedure to your spouse.

Exception: if you request that any of your PHI not related to treatment, or health information related to treatment you paid for yourself out-of-pocket in full, not be disclosed to a health plan or insurance company which is otherwise responsible to pay for your care and treatment, we will restrict disclosure of such PHI. We request that you make such a request for restriction of disclosure in writing. You may also request prescriptions be issued to you on paper forms, if you intend to pay for such prescriptions out-of-pocket, and do not want them transmitted electronically.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or

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other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

- C. **You may have the right to have your protected health information amended.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record.
- D. **You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.
- E. **You have the right to obtain a paper copy of this notice from us.** upon request, even if you have agreed to accept this notice electronically.

5. COMPLAINTS.

If you believe that your privacy rights have been violated, you may file a complaint in writing with the facility or with the Office of Civil Rights in the U.S. Department of Health and Human Services.

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

To file a complaint with the facility, contact the Privacy Officer at (573) 496-9927 or the Facility Administrator. We will not retaliate against you if you file a complaint.

6. CHANGES TO THIS NOTICE.

We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all PHI already received and maintained by the facility as well as for all PHI we receive in the future. We will post a copy of the current Notice in the facility. In addition, we will provide a copy of the revised Notice to all residents via U.S. mail or in-house distribution.

7. FOR FURTHER INFORMATION.

If you have any questions about this Notice please contact the Facility Administrator or the Privacy Officer at (573) 496-9927.

