



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.

This Notice of Privacy Practices ("Notice") describes how Doc's Drugs, Doc's Pharmacy, and Sartoris Drugs ("Doc's," "we," "us," or "our") may use and disclose your protected health information ("PHI") to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access your PHI. In general, PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

Obligations of Doc's Drugs, Doc's Pharmacy, and Sartoris Drugs

Doc's is required by law to maintain the privacy of PHI, to provide you with notice of our legal duties and privacy practices with respect to PHI, and to notify you in the event that Doc's discovers a breach of unsecured PHI.

Doc's is required to abide by the terms of the Notice currently in effect. Doc's reserves the right to change the terms of its Notice at any time, and any material changes to the Notice will be posted in our facilities and on Doc's website: www.docsdugs.com. The new Notice will be effective for all PHI that Doc's maintains. Doc's will make the revised Notice available in writing at your next visit to the pharmacy following the effective date of the change. You may obtain a copy of the Notice currently in effect by contacting Doc's Privacy Officer at 844-284-2360 or 455 E. Reed St., Braidwood, IL 60408.

This Notice applies to all Doc's locations, a list of which appears at <http://www.docsdugs.com/Company/Locations.php>. These pharmacies may share your PHI with each other as necessary to carry out treatment, payment, or health care operations.

Acknowledgment of Receipt of This Notice

You will be asked to provide a signed acknowledgment of receipt of this Notice. Our intent is to make you aware of the possible uses and disclosures of your PHI and your privacy rights. The delivery of health care services will not be

conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your PHI for treatment, payment, and health care operations when necessary.

How We May Use or Disclose Your Protected Health Information

Treatment, Payment, and Health Care Operations

Doc's may use and disclose PHI for the purposes of treatment, payment, and health care operations without your written permission, in most cases. Examples of the uses and disclosures that Doc's may make for these purposes include the following:

Treatment refers to the provision, coordination, or management of health care and related services by one or more health care providers. Doc's may use and disclose your PHI to fill prescriptions, provide pharmacy services, and provide the treatment you require. Doc's may, as necessary, disclose your PHI to discuss your health, including your medications, with other health care providers involved in your treatment, including your doctors, nurses, hospitals, and other pharmacies. PHI related to your treatment obtained by a pharmacist or pharmacy technician may be recorded in your pharmacy record. Such information may include the names of prescription and non-prescription drugs you are using, your health or condition that requires drug treatment, or your allergies or other sensitivities to medications. This information is necessary for the pharmacist to properly fill your prescriptions and provide pharmacy services to you.

Payment refers to activities Doc's undertakes to obtain reimbursement for your health care services. Payment includes activities such as determinations of eligibility or coverage. Doc's may use and disclose your PHI to others for purposes of receiving payment for prescription medications and pharmacy services you receive. For example, a bill may be sent to you, your family, or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your medications, your diagnosis, and other treatment or supplies used in the course of treatment.

Health Care Operations refers to the basic business functions necessary to operate as a health care provider. Doc's may use or disclose, as needed, your PHI in order to support business activities, including training, licensing, legal services, auditing, business planning, business management activities, and conducting or arranging for other business activities.

For example, your PHI may be disclosed to other health care providers involved with your care, risk or quality improvement personnel, and others to: evaluate the performance of our staff; optimize the quality of care, including the detection and prevention of the improper use of medications used by you, requested by you, or prescribed for you; assess the quality of care and outcomes in your cases and similar cases; learn how to improve our pharmacy and services; and determine how to continually improve the quality and effectiveness of the pharmacy care we provide. We may also use or disclose your PHI to provide you with information about treatment alternatives.

Refill Reminders

Doc's may use your information to provide you or your family with refill reminders, to communicate about a drug or biologic that is currently being prescribed, or to provide information about treatment alternatives or health-related products and services that may be of interest to you.

Other Uses and Disclosures Allowed Without Authorization

Federal law also allows Doc's to use and disclose PHI, without your written authorization, in certain situations, unless the use or disclosure is prohibited by a more stringent state law. The examples of permitted uses and disclosures of your PHI include, but are not limited to, those listed below.

Public Health Activities Doc's may disclose your PHI for public health activities in certain situations and as required by law. For example, Doc's may use or disclose your PHI to: prevent disease, help with product recalls, report adverse reactions to medications, and report proof of immunization to a school.

Victims of Abuse, Neglect, or Domestic Violence Doc's may disclose your PHI in certain circumstances to government authorities authorized by law to receive reports of abuse, neglect, or domestic violence, if we reasonably believe you to be a victim of abuse, neglect, or domestic violence.

Health Oversight Activities Doc's may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include investigations; audits; inspections; licensure and disciplinary actions; civil, administrative, or criminal actions; or other activities necessary for the government to oversee the health care system, government benefits programs, government regulatory programs, and compliance with civil rights laws.

Lawsuits and Administrative Proceedings Doc's may disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or administrative proceeding, or as required by law. In some cases, we may also disclose your PHI in response to a discovery request, subpoena, or other lawful process.

Law Enforcement Doc's may disclose PHI for law enforcement purposes, to a law enforcement official, if certain conditions are met.

Deceased Patients Doc's may disclose PHI to a coroner or medical examiner to identify a deceased person, determine the cause of death, or other duties as authorized by law. If necessary, we may disclose PHI to funeral directors to perform their duties, as authorized by law.

Organ, Eye, or Tissue Donations If you are an organ donor, Doc's may use or disclose your PHI to an organ procurement organization or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue as necessary to facilitate organ, eye, or tissue donation and transplantation.

Research Doc's may use and disclose your PHI for research purposes in limited circumstances, such as upon the approval by an Institutional Review Board of an alteration to or waiver of your authorization for the use or disclosure of your PHI and the receipt of certain representations from the researcher.

Serious Threats to Health or Safety Consistent with applicable laws, Doc's may use and disclose your PHI if Doc's, in good faith, believes 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 and the disclosure is to a person(s) reasonably able to prevent or lessen the threat. In certain circumstances, Doc's also may use or disclose your PHI if Doc's, in good faith, believes the use or disclosure is necessary for law enforcement authorities to identify or apprehend an individual.

Specialized Government Functions Doc's may use and disclose your PHI if you are a member of the Armed Forces or a foreign military, if certain criteria are met. Doc's may disclose your PHI to authorized federal officials for the conduct of intelligence, counter-intelligence, and national security activities authorized by law. We may also disclose your PHI to authorized federal officials to protect the President, authorized officials, or foreign heads of state, or to conduct investigations authorized by law.

Inmates Doc's may disclose your PHI to a correctional institution or a law enforcement official if you are an inmate or under the lawful custody of a law enforcement official, in certain circumstances, such as health care, health, and safety.

Workers' Compensation Doc's may disclose your PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

De-identified Information Doc's may disclose PHI that does not personally identify you and with respect to which there is no reasonable basis to believe that the information can be used to identify you.

Business Associates Doc's may share your PHI with business associates that perform various activities (e.g., billing, legal services) on behalf of Doc's, and that provide certain types of services that involve PHI.

Uses and Disclosures for Involvement in Your Care and Notification Purposes

We may make such uses and disclosures if we obtain your verbal agreement to do so; if we give you an opportunity to object to such a disclosure and you do not raise an objection; if we reasonably infer from the circumstances that you do not object to the disclosure; and, in certain circumstances (including incapacity and emergencies) where we are unable to obtain your agreement and we determine the disclosure is in your best interests.

Family, Friends, or Individuals Involved in Your Health Care Doc's recognizes that there may be times when you choose to have a family member, other relative, close personal friend, or any other person drop off a prescription or pick up a prescription we have filled for you. Doc's permits this practice and will reasonably infer, if a family member, relative, close personal friend, or other person identified by you comes to the pharmacy to pick up a prescription for you, that you do not object. Unless you object in writing, as described below, Doc's may release, to a family member, relative, close personal friend, or other person identified by you, the PHI directly relevant to such person's involvement in your health care or payment related to your health care.

IF YOU WANT TO PLACE RESTRICTIONS ON WHO MAY OR MAY NOT DROP OFF OR PICK UP PRESCRIPTION MEDICATIONS FOR YOU, YOU MUST NOTIFY DOC'S IN WRITING.

Upon request, Doc's will provide you with a print-out of your prescription record to be used, for example, in connection with the preparation of income tax forms. If Doc's receives a request for your profile from a family member, we may reasonably infer from the circumstances that you do not object to the disclosure, and we may provide the information to you or your family member.

IF YOU WANT TO RESTRICT THE ABILITY OF A SPOUSE, FAMILY MEMBER, OR OTHER INDIVIDUAL INVOLVED IN YOUR HEALTH CARE FROM REQUESTING AND RECEIVING YOUR PRESCRIPTION RECORD, YOU MUST NOTIFY DOC'S IN WRITING.

Notification Purposes

Doc's may use or disclose PHI to notify or assist in the notification of a family member, personal representative, or other person responsible for your care of your location, general condition, or death. We may use or disclose your PHI to an authorized public or private entity for the purpose of coordinating with disaster relief efforts. In the event that an individual is deceased, Doc's may use or disclose to a family member or other persons described above, the PHI that is relevant to such person's involvement in the deceased's care or payment for health care prior to the person's death.

Additional State Requirements

Illinois has several laws that provide additional privacy protections and/or require the release of specific types of your PHI under certain circumstances, including the Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110 et seq., the AIDS Confidentiality Act, 410 ILCS 305 et seq., the Genetic Information Privacy Act, 410 ILCS 513, et seq., and the Alcoholism and Other Drug Abuse and Dependency Act, 20 ILCS 301, et seq. Doc's will follow applicable federal and state record production requirements.

Other Uses and Disclosures of PHI With Your Written Authorization

Other uses and disclosures of your PHI not described in the Notice will be made only with your valid written authorization, unless otherwise permitted or required by law. You may revoke your authorization at any time by providing written notice to the address below. Your written revocation will only be effective for future uses and disclosures of your PHI; revocation of your authorization shall have no effect on uses or disclosures made before the withdrawal of the authorization. We will not use your PHI for fundraising or sell your PHI. We will only use your PHI for marketing purposes if you give us written permission. We do not create or maintain psychotherapy notes at our pharmacies.

Your Rights Regarding Your Protected Health Information

As a patient, you have rights with respect to your PHI, including:

Right to Request Restrictions on Uses and Disclosures

You have the right to request that Doc's limit certain uses and disclosures of your PHI. Any such request must be made in writing to the Privacy Officer listed in this Notice. Your request must state the specific restriction requested and to whom that restriction would apply.

Doc's is not required to agree to any restriction that you request, except if (1) the disclosure is to a health plan for the purpose of carrying out payment or health care operations and is not otherwise required by law and (2) the PHI pertains solely to a health care item or service for which Doc's has been paid in full by you or a person other than the health plan.

Right to Receive Confidential Communications

You have the right to request that communications involving PHI be provided to you at an alternative location or by an alternative means of communication. For example, you can ask that we only contact you at work or by mail. Doc's must accommodate reasonable requests. Requests must be made in writing to the Privacy Officer listed in this Notice, and, when appropriate, you must specify how payment will be handled and an alternative address or other method of contact.

Right to Access Your PHI

You have the right to inspect and obtain a copy of certain types of your PHI contained in a designated record set for as long as the PHI is maintained in the designated record set. A designated record set is a group of records maintained by or for Doc's, such as medical, billing, or payment record systems, or those records that are used, in whole or in part, by or for Doc's, to make decisions about individuals.

To inspect and copy your PHI, contact the Privacy Officer. We may deny your request to inspect and copy your PHI in certain circumstances. If you are denied access to your PHI, you will be provided with a written denial. If you request a copy of your PHI, we may charge a reasonable fee to copy any PHI that you have the right to access.

Right to Amend PHI

You have the right to request that we amend PHI or a record in a designated record set for as long as the PHI is maintained in the designed record set. Doc's may deny your request for amendment in certain circumstances, such as if we determine that the PHI is accurate and complete. Requests for an amendment of your PHI should be made in writing to the Privacy Officer listed in this Notice.

Right to Receive an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures of your PHI that Doc's has made, if any, in the six years prior to the date of your request. Doc's is not required to give you an accounting of certain disclosures, such as disclosures for treatment, payment, or health care operations. Requests for an accounting of disclosures of your PHI should be directed to the Privacy Officer listed in this Notice.

Right to Receive a Paper Copy of this Notice Upon Request

You have the right to receive a paper copy of this Notice upon request. If you allow us, we may send you this Notice by e-mail, and you still may obtain a paper copy of the Notice upon request. Requests for a paper copy of this Notice should be directed to the Privacy Officer listed in this Notice.

Privacy Complaints

You may file a complaint with Doc's and the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with Doc's, send written notice to the Privacy Officer at the address listed below. Doc's will not retaliate against you for filing a complaint.

Contact Information

If you have questions about this Notice of Privacy Practices, contact Doc's Privacy Officer at 844-284-2360 or 455 E. Reed St., Braidwood, IL 60408, for further information about the matters covered by this Notice.

Effective Date

December 24, 2014.