

# HIPAA Notice of Privacy Practices

## For Protected Health Information

**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.**

Kerr Drug, Inc. is required, under a federal regulation known as the "HIPAA Privacy Rule", to maintain the privacy of Protected Health Information (PHI) and to provide our respected customers with details of our legal duties and privacy practices concerning PHI. PHI is information that identifies you and relates to your past, present, or future physical or mental health or condition and related health care services. This Notice of Privacy Practices (Notice) explains how we may use and disclose PHI to provide treatment, payment or health care operations and for other purposes permitted or required by law. Also, this Notice describes your rights with respect to PHI about you.

Kerr Drug is obligated to follow the terms described in this Notice. *We will not use or disclose PHI about you without your written authorization, except as described in this Notice.* Kerr Drug reserves the right to alter our privacy practices and apply these revisions to PHI previously created or retained. Upon request, we will provide any revised Notice to you. We want you to know that this new enforcement will not change the value of service you have always received at Kerr Drug. We have continually upheld our own strict policies and procedures regarding PHI about you.

1. **Use and Disclosure of Protected Health Information (PHI).** *The following are descriptions and examples of how we use and disclose PHI:*

***We will use PHI for treatment.*** We may use and disclose PHI about you to provide, coordinate or manage your health care services. Example: Information that you or your physician provides to the pharmacist will be used to properly fill your prescription. We will document in your record information related to both medications dispensed to you and services provided.

***We will use PHI for payment.*** We may give PHI about you to others to bill and collect payment for treatment provided to you. Example: We contact your insurer or pharmacy benefit manager to determine payment for your prescription and the amount of your co-payment. We bill you or a third-party payer for the cost of the prescription medications dispensed to you. The information on the accompanying bill may include information that identifies you, as well as the medications you are taking.

***We will use PHI for health care operations.*** We may use and disclose PHI in performing business activities. Example: The pharmacy may use information in your health care record to monitor the performance of the pharmacists providing treatment to you. This information may be used for a number of reasons, including our effort to continually improve the quality and effectiveness of the health care and services we provide.

We also are likely to use or disclose PHI for the following purposes without your authorization:

***Business associates:*** There are some services provided by us through contracts with business associates. When these services are contracted for, we may disclose PHI about you so they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. In order to protect your PHI, we require the business associate to appropriately safeguard the information.

***Communications with individuals involved in your care or payment for your care.*** Health professionals such as pharmacists, using their professional judgment, may disclose to a member of your family, other relative, close personal friend or any person you identify, PHI relevant to that person's involvement in your care or payment related to care.

***Health-related communications.*** We may contact you to provide refill reminders or information about treatment alternatives or other health-related benefits, products, providers and services that may interest you. If we receive direct or indirect payment in exchange from third parties for communicating with you, we will obtain your written authorization to use or disclose your medical information before advising you in writing about such benefits or

services, unless the communication either describes a drug you currently are being prescribed and the payment we receive for that communication is reasonable, or the communication to you is made by a business associate of Kerr Drug acting on our behalf and in accordance with a written agreement between the business associate and Kerr Drug.

**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 replacements.

**Workers' Compensation.** We may disclose PHI about you as authorized by and as necessary to comply with laws relating to worker's compensation.

**Public health.** We may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We also may disclose PHI to law enforcement authorities in order to stop a threat to the health or safety of a person or the public.

**Law enforcement.** We may disclose PHI about you for law enforcement purposes, as required by law or in response to a valid subpoena or other legal process. We may also disclose information to law enforcement personnel to report a crime that takes place at a pharmacy.

**As required by law.** We must disclose PHI about you when required by law.

**Reporting of victims.** We may disclose PHI in order to report abuse, neglect, or domestic violence.

**Health oversight activities.** We may disclose PHI 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 proceeding.** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the requested PHI.

**Research.** We may disclose PHI about you to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information has approved their research. Kerr Drug is not allowed to receive any money or other thing of value in connection with the use or disclosure of your medical information for research purposes unless the money we receive reflects the costs to prepare and transmit the medical information to the researcher or unless we seek your written authorization in advance.

**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.

**Specialized Government Functions.** We may disclose PHI about you for specific government functions. Example: We may disclose PHI about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.

**Emergencies.** We may share with a public or private agency (for example, the American Red Cross) PHI about you for disaster relief purposes. Even if you object, we still may share the PHI about you if necessary under the emergency circumstances.

**Notification.** Unless you object, we may use or disclose PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and your general condition.

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

**2. North Carolina State Law.** If you receive services in North Carolina, some North Carolina State laws provide you more protection than HIPAA, and where applicable, we will follow the requirements of those State laws. The following North Carolina laws may apply to you:

- Under North Carolina law, minors, with or without the consent of a parent or guardian, have the ability to consent to services for the prevention, diagnosis and treatment of certain illnesses including: venereal disease and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; and emotional disturbance. Abortion services, however, still require the consent of the parent, guardian or a grandparent with whom the minor has been living for at least six (6) months unless a court has determined that the minor should be treated as an adult. Minors may petition a court to waive this requirement for parental consent.

- If you request treatment and rehabilitation for drug dependence, your request will be treated as confidential. We will not disclose your name to any police officer or other law-enforcement officer unless you consent to our sharing of it. Even if we refer you to another person for treatment and rehabilitation, we will continue to keep your name confidential.

- If you suffer from a communicable disease (for example, tuberculosis, syphilis or HIV/AIDS), information about your disease will be treated as confidential. Other than circumstances described to you in other sections of this notice, we will not release any information about your disease except as required to protect public health, prevent the spread of a disease, or at the request of the State or Local Health Director.

- Prescription orders on file at our pharmacies are confidential. ***We will disclose such orders only to the following people:***

- You, if you are an adult or a minor who can consent to the treatment described in the prescription;
- Your guardian;
- Your parent if you are a minor and cannot consent to the treatment described in the prescription;
- Your doctor;
- Your pharmacist;
- A person to whom you give written authorization;
- A person authorized by subpoena or a court's order;
- Insurance companies or others who pay for your prescription;
- Members and employees of the Board of Pharmacy;
- People handling your estate; and
- Medical researchers.

- If your pharmacy should close, for 30 days before its closing you have the right to have your files transferred to the pharmacy of your choice.

**3. South Carolina State Law.** If you receive pharmacy services in South Carolina, some South Carolina State laws provide you more protection than HIPAA, and where applicable, we will follow the requirements of those State laws. The following South Carolina laws may apply to you:

- Under South Carolina law, minors who are at least 16 years old, with or without the consent of a parent or guardian, can consent to any health services except for an operation that is not essential to the health or life of the minor. Those services also can be given to minors less than 16 if, in the judgment of the provider, the services are necessary. Abortion services, however, still require the consent of the parent, guardian or another person who has the authority of a parent if the woman is unmarried and less than sixteen years old unless, in the best judgment of the physician, the abortion is necessary to preserve the life of the woman.

- Information about you and the services we provide to you are confidential. Unless we have your consent (or the consent of a person authorized to act for you), or an order of a court, ***we will disclose information about you only to the***

**following people:**

- You;
- Someone acting on your behalf;
- Another pharmacist;
- The provider who issued your prescription;
- Your other health care providers;
- Governmental agencies that enforce drug laws; and
- Government agencies responsible to provide you with medical care.

Information about drugs that you are prescribed may not be disclosed without your consent (or the consent of a person authorized to act for you) except in the following circumstances:

- Orders for prescription drugs;
- Information shared by health care providers, including pharmacists and other professionals;
- Informational materials from a company that produces drugs or medical devices;
- Information needed to recall a defective drug or device or to protect one or more people's health;
- Information that must be disclosed under law, court order, subpoena or regulations;
- Payment claim information;
- Information that you voluntarily disclose;
- Clinical research information;
- Information that does not identify you;
- Information transferred in the sale of a business;
- Information given to someone picking up your prescription for you;
- Information disclosed to a health plan for management of your care or to review the services provided to you.

**4. Other Uses and Disclosures of PHI.** Kerr Drug will obtain your written authorization before using or disclosing PHI for purposes other than those provided for above or as otherwise permitted or required by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization.

**5. Your Health Information Rights.** You have the following rights pertaining to your PHI:

***Obtain a paper copy of the Notice upon request.*** You may request a paper copy of this Notice, or any revised notice, at any time by asking your Kerr Drug pharmacist. You may also receive this notice electronically by visiting [kerrdrug.com](http://kerrdrug.com).

***Request a restriction on certain uses and disclosures of PHI.*** You may request that Kerr Drug not disclose your medical information to any persons or entities that may be responsible for paying all or any portion of the charges you incur while a patient of Kerr Drug. If you pay all such charges in full at the time of such request, we are required to agree to your request. You have the right to REQUEST additional restrictions to be placed on our disclosure or use of PHI about you by requesting those restrictions by contacting your Kerr Drug pharmacist.

***Inspect and obtain a copy of your PHI.*** You have the right to see a copy of PHI about you contained in a designated record set for as long as Kerr Drug maintains the PHI. This record usually will include both prescription and billing records. To receive a copy of PHI contained in Kerr Drug's designated record set about you, contact the local Kerr Drug Pharmacy where the services were provided. If Kerr Drug has all or any portion of your health information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or entity you designate in writing.

***Request an amendment of PHI.*** If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it for as long as Kerr Drug maintains the PHI. To request an amendment, contact your local Kerr Drug Pharmacy where the services were provided. You must include a reason that supports your request. In certain cases, we may deny your request for amendment. If Kerr Drug denies your request for amendment for certain reasons, you have the right to file a statement of disagreement, and we may give rebuttal to your statement.

**Receive an accounting of disclosures of PHI.** You have a right to receive an accounting of the disclosures we have made of PHI about you after April 14, 2003 for some purposes, not including treatment, payment, or health care operations. The accounting also will exclude certain other disclosures, such as disclosures made directly to you, incidental disclosures, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to the address below or contact your local Kerr Drug Pharmacy where the services were provided. Your request must specify the time period, but may not be longer than six years. The first accounting you request within a 12 month period will be provided free of charge, but you may be charged for the cost of providing any additional accounting. We will notify you of the cost involved, 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 a change in the confidential communication of PHI, you must submit a request in writing to the address below. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests, but, when appropriate, we may condition our accommodation upon receiving information regarding how payment will be handled and receipt of an alternative address or other method of contact.

**6. For More Information or to Report a Problem.** If you have questions or would like additional information about Kerr Drug privacy practices, you may contact Kerr Drug at:

Kerr Drug Customer Relations  
3220 Spring Forest Road. Raleigh, NC 27616  
Email: [customerrelations@kerrdrug.com](mailto:customerrelations@kerrdrug.com)

If you believe your privacy rights have been violated, you can file a complaint with the same department or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

THIS NOTIFICATION IS EFFECTIVE AS OF APRIL 14, 2003. (Version 3.0, revision effective 1/30/2010).