

TIM'S PHARMACY & GIFT SHOP, LTD

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.

INTRODUCTION

All of us at **Tim's Pharmacy & Gift Shop, Ltd.** value your relationship with us, and we know that respect for your privacy is the foundation of that relationship. We are committed to protecting the privacy of your protected health information (PHI) that is in our possession and only using and disclosing your PHI as necessary to providing you with health care products and services. PHI is any information that we possess, use, and disclose that identifies you and relates to your past, current, or future physical and mental health condition or illness and the health care products and services that have been provided to you.

This "Notice of Privacy Practices" (Notice) has been created to help you understand our legal duties to protect your PHI and how we may use and disclose your PHI in relation to your past, present, and future physical or mental health condition or illness and its treatment. We will mainly use and disclose your PHI in relation to the health care products and services that we provide you, such as dispensing your prescriptions. Specifically, we will use and disclose your PHI as necessary to provide treatment to you, obtaining payment for health care products and services provided to you, and other health care operations and activities as described later in this Notice. This Notice also describes the legal rights that you have related to your PHI that is in our possession. We take the matters described in this Notice very seriously because of our relationship with you and the requirement that we comply with this Notice.

Your PHI will only be used and disclosed as described in this Notice. Should a need for use and disclosure of your PHI occur that is not described in this Notice, we will obtain your written authorization before the use and disclosure. At some future time, it may be necessary for us to revise this Notice. If such becomes necessary, we will post the revised Notice in the pharmacy and, if you request, provide a written Notice to you.

Your Rights With Respect To Your PHI

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides you with several rights related to your PHI. These rights are summarized below. If you would like more information about any of these, please contact our Pharmacy Privacy Officer at the address or telephone number of our pharmacy.

1. You have the right to receive this written Notice of Privacy Practices describing how we will protect your PHI and your rights related to PHI. You are entitled to request this written Notice at any time.
2. You have the right to request a limitation on our use and disclosure of your PHI. But please be aware that we may not be able to agree to your requested limitation if it results in our not being able to provide health care products and services to you or if we are required to use and disclose the PHI under federal or state law. All requests for limitation on the use and disclosure of your PHI must be submitted to our Pharmacy Privacy Officer in writing using a form that we will provide to you.
3. You have the right to review or receive photocopies of our records that contain your PHI, to the extent that these records are part of a designated record set as defined by HIPAA. The most common such records are your prescriptions on file with us, our patient profile for you, and our billing records for health care products and services that have been provided to you. We will be pleased to allow you to review such records at no charge during normal business hours. However, we may charge you a reasonable, cost-based fee for photocopies of the records, together with any expenses for mailing, special courier, faxing, and supplies necessary to fulfilling your request for records. If we are unable to provide our records to you, we will provide you a written explanation of why we are not able to provide the records. Depending on the reason, you may submit a written request for us to reconsider. All requests to review or receive photocopies of our records that contain your PHI must be submitted to our Pharmacy Privacy Officer in writing using a form that we will provide to you.
4. You have the right to request changes in the content of your PHI contained in our records where you believe the content is incomplete, inaccurate, or for some other reason needs to be changed. We may not be able to agree to your requested change if we no longer have the records or if the requested change would cause your PHI to become inaccurate. If we are not able to agree to your requested change, we will notify you in writing as to why we are not able to agree. You will then have the right to submit to us a written statement of disagreement, to which we may elect to further respond in writing to you. All requests for changes to your PHI in our records must be submitted to our Pharmacy Privacy Officer in writing, using a form that we will provide to you.
5. You have the right to request that we communicate with you about your PHI in a confidential manner and only to locations (such as a post office box) or by means (such as personal cellular telephone) specified by you. All requests for confidential communications must be submitted to our Pharmacy Privacy Officer in writing, using a form that we will provide to you.
6. You have the right to obtain an accounting of some of our disclosures of your PHI made after April 14, 2003. By an accounting, we mean a written record of these disclosures. Some of our disclosures of your PHI are not required by HIPAA to be included in the accounting. Most notable among these are disclosures for purposes of treatment, obtaining payment, and carrying out health care operations.

Other disclosures of your PHI that are not required to be included in the accounting are disclosures made directly to you or that you have authorized, made to family, friends, and others who assist you with your care (caregivers) and made for other purposes allowed by HIPAA. Please consult with our Pharmacy Privacy Officer for more information on the disclosures not required to be including in the accounting. The period of time for which we are required to provide the accounting is the six-year period immediately prior to the date of your request for the accounting but no earlier than April 14, 2003; however, your request for an accounting can be for a shorter period of time. You may obtain from us, without charge, one accounting during a 12-month period. However, if you request additional accountings during the same 12-month period, we may charge you a reasonable, cost-based fee for printing or photocopying of the accounting, together with any expenses for mailing, special courier, faxing, and supplies necessary to fulfilling your request for the accounting. If it is becomes necessary for us to charge you for an accounting, we will notify you in advance and allow you to withdraw or modify your request for the accounting. All requests for an accounting of our disclosures of your PHI must be submitted to our Pharmacy Privacy Officer in writing, using a form that we will provide to you.

7. You have the right to file a complaint if you believe that we have violated your rights as described above, and to not fear retaliation or adverse action by us against you for exercising your right. You can file the complaint with us directly, or with the United States Department of Health and Human Services (HHS). Please be assured that we will work with you to resolve any complaint, including providing you with the address for filing a complaint with HHS.
8. If you are a minor who has lawfully provided consent for treatment and you wish for Tim's Pharmacy & Gift Shop, Ltd to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify a pharmacist or the Pharmacy Privacy Officer.

IF YOU HAVE QUESTIONS ABOUT ANY OF YOUR RIGHTS AS DESCRIBED ABOVE, PLEASE CONTACT OUR PHARMACY PRIVACY OFFICER AT THE ADDRESS OR TELEPHONE NUMBER OF OUR PHARMACY.

Ways That We May Use and Disclose Your PHI

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that this Notice tell you how we may use and disclose your PHI. These uses and disclosures are summarized below, but if you would like more information about any of these please contact our Pharmacy Privacy Officer at the address or telephone number of our pharmacy. A health care provider may disclose health care information about a patient without the patient's authorization to the extent a recipient needs to know the information, if the disclosure is:

1. to a person who the provider reasonably believes is providing care to the patient; to any other person who requires health care information for health care education, or to provide planning, quality assurance, peer review, or administrative, legal, financial, or actuarial services to the health care provider; or for assisting the health care provider

- in the delivery of health care and the health care provider reasonably believes that the person:
- i. will not use or disclose the health care information for any other purpose; and
 - ii. will take appropriate steps to protect the health care information;
2. to any other health care provider reasonably believed to have previously provided health care to the patient, to the extent necessary to provide health care to the patient, unless the patient has instructed the health care provider in writing not to make the disclosure;
 3. to any person if the health care provider reasonably believes that disclosure will avoid or minimize an imminent danger to the health or safety of the patient or any other individual, however there is no obligation on the part of the provider to so disclose;
 4. oral, and made to immediate family member of the patient, or any other individual with whom the patient is known to have a close personal relationship, if made in accordance with good medical or other professional practice, unless the patient has instructed the health care provider in writing not to make the disclosure;
 5. to a health care provider who is the successor in interest to the health care provider maintaining the health care information;
 6. for use in a research project that an institutional review board has determined:
 - i. is of sufficient importance to outweigh the intrusion into the privacy of the patient that would result from the disclosure;
 - ii. is impractical without the use or disclosure of the health care information in individually identifiable form;
 - iii. contains reasonable safeguards to protect the information from redisclosure;
 - iv. contains reasonable safeguards to protect against identifying, directly or indirectly, any patient in any report of the research project; and
 - v. contains procedures to remove or destroy at the earliest opportunity, consistent with the purposes of the project, information that would enable the patient to be identified, unless an institutional review board authorizes retention of identifying information for purposes of another research project.
 7. to a person who obtains information for purposes of an audit, if that person agrees in writing to:
 - i. remove or destroy, at the earliest opportunity consistent with the purpose of the audit, information that would enable the patient to be identified; and
 - ii. not to disclose the information further, except to accomplish the audit or report unlawful or improper conduct involving fraud in payment for health care by a health care provider or patient, or other unlawful conduct by the health care provider;
 8. to an official of a penal or other custodial institution in which the patient is detained; or
 9. to provide directory information, unless the patient has instructed the healthcare provider not to make disclosure.

A health care provider must disclose health care information about a patient without the patient's authorization if the disclosure is:

HIPAA requires that this Notice, at a minimum, cover the following three areas.

1. How we will use and disclose your protected health information.
2. Your rights with respect to your protected health information.
3. Our legal duties to protect the confidentiality of your protected health information.

In preparing this Notice, we made every effort to comply with this HIPAA requirement. Also, we want to advise you that in addition to the privacy and other rights given to you by HIPAA, our state may from time to time enact laws that also provide you privacy and other rights in relation to your health care and your protected health information.

Please consult our Pharmacy Privacy Officer if you have any questions or want more information concerning your health care and privacy rights under HIPAA or the laws of our state, or our privacy practices. Also, you should consult our Pharmacy Privacy Officer if you wish to file a complaint about our privacy practices or if you believe we have violated any of your rights as described in this Notice.

Again, thank you for allowing us the privilege of being your pharmacy, and we look forward to continuing to be of service to you.

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1. to federal, state, or local public health authorities, to the extent the health care provider is required by law to report health care information when needed to determine compliance with state or federal licensure, certification or registration rules or laws; or when needed to protect the public health;
2. to federal, state, or local law enforcement authorities to the extent the health care provider is required by law;
3. to county coroners and medical examiners for the investigations of deaths; or
4. pursuant to compulsory process

Accounting of Disclosures State law requires a pharmacy to "chart" all disclosures of health information, except those third-party payers, and such "chartings" become part of the health care record to which an individual has a right to access.

Security A health care provider must affect reasonable safeguards for the security of all health care information it maintains. Reasonable safeguards include affirmative action to delete outdated and incorrect facsimile transmission or other telephone transmittal numbers from computer, facsimile, or other databases. When health care information is transmitted electronically to a recipient who is not regularly transmitted health care information from the health care provider, the health care provider must verify that the number is accurate prior transmission.

Retention of Record A health care provider must maintain a record of existing health care information for at least one year following receipt of an authorization to disclose that health care information, and during the pendency of a request for examination and copying or a request for correction or amendment.

Right of Disclosure A patient may authorize a health care provider, including a pharmacist, to disclose the patient's health care information. A health care provider must honor an authorization, if requested, provide a copy of the recorded health care information.

To be valid, a disclosure authorization to a health care provider must:

- (a) be in writing, dated, and signed by the patient;
- (b) identify the nature of the information to be disclosed;
- (c) identify the name, address, and institutional affiliation of the person to whom the information is to be disclosed;
- (d) except for third-party payers, identify the provider who is to make the disclosure; and
- (e) identify the patient.

Sexually Transmitted Diseases No person may disclosure or be compelled to disclose the identity or any person who has investigated, considered, or requested a test or treatment for a sexually transmitted disease, including HIV, or AIDS, except as allowed by law. This protection against disclosure of test subject, diagnosis, or treatment also applies to any information relating to diagnosis of or treatment of HIV infection and for any other confirmed sexually transmitted disease. The following person, however, may receive such information:

- (a) the subject of the test or the subject's legal representative for health care decisions, with the exception of a minor child over fourteen years of age and otherwise competent;
- (b) any person who secures a specific release of test results or information relating to HIV or confirmed diagnosis of or treatment for any other sexually transmitted disease executed by the subject or the subject's legal representative for health care decisions, with the exception of such a representative of a minor child over fourteen years of age and otherwise competent;
- (c) state and local public health officer, or the center for disease control of the United States public health service in accordance with reporting requirements for a diagnosed case of a sexually transmitted disease;
- (d) health care facilities that procure or process human body parts, tissue, semen, or blood;
- (e) state or local public health officers conducting an investigation of a person the officers have reason to believe has a sexually transmitted disease and is engaging in conduct that endanger the public health.
- (f) An individual allowed access to the record pursuant to a court order;
- (g) Certain local law enforcement agencies in the context of public health oversight;
- (h) Persons at risk of infection because of behavioral interaction with the subject;
- (i) Certain person at risk of infection due to substantial exposure to the subject's bodily fluids;
- (j) Claims management personnel employed by an insurer, health plan, or other payer; and
- (k) Social or health services workers involved in child placement or planning decisions.

IF YOU HAVE QUESTIONS ABOUT WAYS THAT WE MAY USE AND DISCLOSE YOUR PHI AS DESCRIBED ABOVE, PLEASE CONTACT OUR PHARMACY PRIVACY OFFICER AT THE PHARMACY ADDRESS OR TELEPHONE NUMBER

Uses and Disclosures Not Contained in this Notice

If a use and disclosure of your PHI is not contained in this Notice, then we will obtain your written authorization before the use and disclosure. You may have the right to refuse to authorize the use and disclosure, or if you grant the authorization, to revoke the authorization at any time. If such authorization is requested, we will provide you with a form that describes the proposed use and disclosure and your rights related to the requested authorization.

Conclusion

HIPAA requires that we give you this "Notice of Privacy Practices" and make a good faith effort to obtain your written acknowledgement that you were given this Notice. Upon giving you this Notice, you will be asked to sign a document acknowledging that you received this Notice. We appreciate your cooperation in reviewing this Notice and in giving us your written acknowledgement.