STATER BROS. Pharmacy
HOME OF HEARTLAND HEALTHCARE

NOTICE OF PRIVACY PRACTICES

REVISED March 16, 2006

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.

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, the Stater Bros. Super Rx Pharmacy has created this Notice of Privacy Practices (Notice). This Notice describes the Stater Bros. Super Rx Pharmacy's privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that the Stater Bros. Super Rx Pharmacy protect the privacy of your PHI that the Stater Bros. Super Rx Pharmacy has received or created.

This Stater Bros. Super Rx Pharmacy will abide by the terms presented within this Notice. For any uses or disclosures that are not listed below, the Stater Bros. Super Rx Pharmacy will obtain a written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail below. **The Stater Bros. Super Rx Pharmacy reserves the right to change the Stater Bros. Super Rx Pharmacy's privacy practices and this Notice.** Revisions to the Notice will be posted in the Stater Bros. Super Rx Pharmacy and upon your request, provided to you in a paper format.

HOW THE Stater Bros. Super Rx PHARMACY MAY USE AND DISCLOSE YOUR PHI

The following is an accounting of the ways that the Stater Bros. Super Rx Pharmacy is permitted, by law, to use and disclose your PHI.

Uses and disclosures of PHI for Treatment: We will use the PHI that we receive from you to fill your prescription and coordinate or manage your health care.

Uses and disclosures of PHI for Payment: The Stater Bros. Super Rx Pharmacy will disclose your PHI to obtain payment or reimbursement from insurers for your health care services.

Uses and disclosures of PHI for Health Care Operations: The Stater Bros. Super Rx Pharmacy may use the minimum necessary amount of your PHI to conduct quality assessments, improvement activities, and evaluate the Stater Bros. Super Rx Pharmacy workforce.

The following is an accounting of additional ways in which the Stater Bros. Super Rx Pharmacy is permitted or required to use or disclose PHI about you without your written authorization. All uses and disclosures will be to the minimum necessary amount of your PHI. Many of these uses and disclosures will never be made by the Stater Bros. Super Rx Pharmacy; however, we are required by law to notify you of them as a health care provider.

Uses and disclosures as required by law: The Stater Bros. Super Rx Pharmacy is required to use or disclose PHI about you as required and as limited by law.

Unless the provider of health care or health care service plan is notified in writing of an agreement by the sponsor, insurer, or administrator to the contrary, the information may be disclosed to a sponsor, insurer, or administrator of a group or individual insured or uninsured plan or policy that the patient seeks coverage by or benefits from. If the information was created by the provider of health care or health care service plan as the result of services conducted at the specific prior written request and expense of the sponsor, insurer, or administrator for the purpose of evaluating the application for coverage or benefits.

The information may be disclosed to a health care service plan by providers of health care that contract with the health care service plan and may be transferred among providers of health care that contract with the health care service plan, for the purpose of administering the health care service plan. Medical information may not otherwise be disclosed by a health care service plan except in accordance with the provisions of this part.

The information may be disclosed to a third party for purposes of encoding, encrypting, or otherwise anonymizing data. However, no information so disclosed shall be further disclosed by the recipient in any way that would be violative of this part, including the unauthorized manipulation of coded or encrypted medical information that reveals individually identifiable medical information.

For the purpose of disease management programs and services as defined in Section 1399.901 of the Health and Safety Code, information may be disclosed as follows:

(A) to any entity contracting with a health care service plan or the health care service plan's contractors to monitor or administer care of enrollees for a covered benefit, provided that the disease management services and care are authorized by a treating physician, or (B) to any disease management organization, as defined in Section 1399.902 of the Health and Safety Code, provided that the health care service plan or its contractor provides or has provided a description of the disease management services to a treating physician or to the health care service plan's or contractor's network of physicians. Nothing in this paragraph shall be construed to require physician authorization for the care or treatment of the adherents of any well-recognized church or religious denomination who depend solely upon prayer or spiritual means for healing in the practice of the religion or that church or denomination.

The information may be disclosed to providers of health care, health care service plans, contractors, or other health care professionals or facilities for purposes of diagnosis or treatment of the patient. This includes, in an emergency situation, the communication of patient information by radio transmission or other means between emergency medical personnel at the scene of an emergency, or in an emergency medical transport vehicle, and emergency medical personnel at a health facility licensed pursuant to Chapter 2(commencing with Section 1250) of Division 2 of the Health and Safety Code.

The information may be disclosed to an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor, or any other person or entity responsible for paying for health care services rendered to the patient, to the extent necessary to allow responsibility for payment to be determined and payment to be made. If (A) the patient is , by reason of a comatose or other disabling medical condition, unable to consent to the disclosure of medical information and (B) no other arrangements have been made to pay for the health care services being rendered to the patient, the information may be disclosed to a governmental authority to the extent necessary to determine the patient's eligibility for, and to obtain, payment under a governmental program for health care services provided to the patient. The information may also be disclosed to another provider of health care or health care service plan as necessary to assist the other provider or health care service plan in obtaining payment for health care services rendered by that provider of health care or health care service plan to the patient.

The information may be disclosed to any person or entity that provides billing, claims management, medical data processing, or other administrative services for providers of health care or health care service plans or for any of the persons or entities specified in paragraph (2). However, no information so disclosed shall be further disclosed by the recipient in any way that would be violative of this part.

The information may be disclosed to organized committees and agents of professional societies or of medical staffs of licensed hospitals, licensed health care service plans, professional standards review organizations, independent medical review organizations and their selected reviewers, utilization and quality control peer review organizations as established by Congress in Public Law 97-248 in 1982, contractors, or persons or organizations insuring, responsible for, or defending professional liability that a provider may incur, if the committees, agents, health care service plans, organizations, reviewers, contractors, or persons are engaged in reviewing the competence or qualifications of health care professionals or in reviewing health care services with respect to medical necessity, level of care, quality or care, or justification or charges.

A provider of health care or health care service plan that has created medical information as a result of employment-related health care services to an employee conducted at the specific prior written request and expense of the employer may disclose to the employee's employer that part of the information that:

(A) Is relevant in a lawsuit, arbitration, grievance, or other claim or challenge to which the employer and the employee are parties and in which the patient had placed in issue his or her medical history, mental or physical condition, or treatment, provided that information may only be used or disclosed in connection with that proceeding.

(B) Describes functional limitations of the patient that may entitle the patient to leave from work for medical reasons or limit the patient's fitness to perform his or her present employment, provided that no statement of medical cause is included in the information disclosed.

Uses and disclosure for Public Health Activities: The Stater Bros. Super Rx Pharmacy may use or disclose PHI about you to a public health authority that is authorized by law to collect for the purpose of preventing or controlling disease, injury, or disability. This includes the FDA so that it may monitor any adverse effects of drugs, foods, nutritional supplements and other products as required by law.

Uses and disclosure about victims of abuse, neglect or domestic violence: The Stater Bros. Super Rx Pharmacy may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.

Uses and disclosures for health oversight activities: The Stater Bros. Super Rx Pharmacy may use or disclose PHI about you to a health oversight

agency for oversight activities which may include audits, investigations, inspections as necessary for licensure, compliance with civil laws, or other activities the health oversight agency is authorized by law to conduct.

Disclosures for judicial and administrative proceedings: The Stater Bros. Super Rx Pharmacy may disclose PHI about you in the course of any judicial or administrative proceedings, provided that proper documentation is presented to the Stater Bros. Super Rx Pharmacy.

Disclosures for law enforcement purposes: The Stater Bros. Super Rx Pharmacy may disclose PHI about you to law enforcement officials for authorized purposes as required by law or in response to a court order or subpoena.

Uses and disclosures about the deceased: The Stater Bros. Super Rx Pharmacy may disclose PHI about a deceased, or prior to, and in reasonable anticipation of an individual's death, to coroners, medical examiners, and funeral directors.

Uses and disclosures for cadaveric organ, eye or tissue donation purposes: The Stater Bros. Super Rx Pharmacy may use and disclose PHI for the purpose of procurement, banking, or transplantation of cadaveric organs, eyes, or tissues for donation purposes.

Uses and disclosures for research purposes: The Stater Bros. Super Rx Pharmacy may use and disclose PHI about you for research purposes with a valid waiver of authorization approved by an institutional review board or a privacy board. Otherwise, the Stater Bros. Super Rx Pharmacy will request a signed authorization by the individual for all other research purposes.

Uses and disclosures to avert a serious threat to health or safety: The Stater Bros. Super Rx Pharmacy may use or disclose PHI about you, if it believed in good faith, and is consistent with any applicable law and standards of ethical conduct, to avert a serious threat to health or safety.

Disclosure for workers' compensation: The Stater Bros. Super Rx Pharmacy may disclose PHI about you as authorized by and to the extent necessary to comply with workers' compensation laws or programs established by law.

Disclosures for disaster relief purposes: The Stater Bros. Super Rx Pharmacy may disclose PHI about you as authorized by law to a public or private entity to assist in disaster relief efforts.

Disclosures to business associates: The Stater Bros. Super Rx Pharmacy may disclose PHI about you to the Stater Bros. Super Rx Pharmacy's business associates for services that they may provide to or for the Stater Bros. Super Rx Pharmacy to assist the Stater Bros. Super Rx Pharmacy to provide quality health care. To ensure the privacy of your PHI, we require all business associates to apply appropriate safeguards to any PHI they receive or create.

OTHER USES AND DISCLOSURES

The Stater Bros. Super Rx Pharmacy may contact you for the following purposes:

Refill reminders: The Stater Bros. Super Rx Pharmacy may contact you to remind you of your prescription upon such time they are ready to be refilled.

Information about treatment alternatives: The Stater Bros. Super Rx Pharmacy may contact you to notify you of alternative treatments and/or products.

Health related benefits or services: The Stater Bros. Super Rx Pharmacy may use your PHI to notify you of benefits and services the Stater Bros. Super Rx Pharmacy provides.

Fundraising: If the Stater Bros. Super Rx Pharmacy participates in a fundraising activity, the Stater Bros. Super Rx Pharmacy may use demographic PHI to send you a fundraising packet, or the Stater Bros. Super Rx Pharmacy may disclose demographic PHI about you to its business associate or an institutionally related foundation to send you a fundraising packet. No further disclosure will be allowed by the business associates or an institutionally related foundation without your written authorization.

FOR ALL OTHER USES AND DISCLOSURES

The Stater Bros. Super Rx Pharmacy will obtain a written authorization from you for all other uses and disclosures of PHI, and the Stater Bros. Super Rx Pharmacy will only use or disclose pursuant to such an authorization. In addition, you may revoke such an authorization in writing at any time. To revoke a previously authorized use or disclosure, please contact your pharmacist to obtain a *Request for Restriction of Uses and Disclosures*.

YOUR HEALTH INFORMATION RIGHTS

The following are a list of your rights in respect to your PHI.

Request restrictions on certain uses and disclosures of your PHI: You have the right to request additional restrictions of the Stater Bros. Super Rx Pharmacy's uses and disclosures of your PHI; however, the Stater Bros. Super Rx Pharmacy is not required to accommodate a request. If you wish to request additional restrictions, please obtain the form, *Request for Restriction of Uses & Disclosures*, from the Stater Bros. Super Rx Pharmacy and return the completed form to the Stater Bros. Super Rx Pharmacy or return to your pharmacist.

The right to have your PHI communicated to you by alternate means or locations: You have the right to request that the Stater Bros. Super Rx Pharmacy communicate confidentially with you using an address or phone number other than your residence. However, state and federal laws require the Stater Bros. Super Rx Pharmacy to have an accurate address and home phone number in case of emergencies. The Stater Bros. Super Rx Pharmacy will consider all reasonable requests. If you wish to request a change in your communicating address and/or phone number, please obtain a form, *Request for Alternative Arrangements for Confidential Communication*, from the Stater Bros. Super Rx Pharmacy and return the completed form to the Stater Bros. Super Rx Pharmacy or return to your pharmacist.

The right to inspect and/or obtain a copy your PHI: You have the right to request access and/or obtain a copy of your PHI that is contained in the Stater Bros. Super Rx Pharmacy for the duration the Stater Bros. Super Rx Pharmacy maintains PHI about you. If you wish to inspect or obtain a copy of your PHI, please obtain a form, *Request for Access to Records*, from the Stater Bros. Super Rx Pharmacy and return the completed form to the Stater Bros. Super Rx Pharmacy or return to your pharmacist. There may be a reasonable cost-based charge for photocopying documents. You will be notified in advance of incurring such charges, if any.

The right to amend your PHI: You have the right to request an amendment of the PHI the Stater Bros. Super Rx Pharmacy maintains about you, if you feel that the PHI the Stater Bros. Super Rx Pharmacy has maintained about you is incorrect or otherwise incomplete. Under certain circumstances we may deny your request for amendment. If we do deny the request, you will have the right to have the denial reviewed by someone we designate who was not involved in the initial review. You may also ask the Secretary, United States Department of Health and Human Services ("HHS"), or their appropriate designee, to review such a denial. If you wish to amend your PHI files, please obtain a form, *Request for Amendment to PHI*, from the Stater Bros. Super Rx Pharmacy and return the completed form to the Stater Bros. Super Rx Pharmacy or return to your pharmacist.

The right to receive an accounting of disclosures of your PHI: You have the right to receive an accounting of certain disclosures of your PHI made by the Stater Bros. Super Rx Pharmacy. If you wish to receive an accounting of disclosures of your PHI, please obtain a form, *Request for Accounting of Disclosures*, from the Stater Bros. Super Rx Pharmacy and return the completed form to the Stater Bros. Super Rx Pharmacy or return to the your pharmacist. You should be aware, however, that such an accounting excludes uses and disclosures made for treatment, payment, or health care operations purposes.

The right to receive additional copies of the Stater Bros. Super Rx Pharmacy's Notice of Privacy Practices: You have the right to receive additional paper copies of this Notice, upon request, even if you initially agreed to receive the Notice electronically. If you wish to receive a paper copy of this request, please ask a Stater Bros. Super Rx Pharmacy workforce member and they will provide you with a copy.

REVISIONS TO THE NOTICE OF PRIVACY PRACTICES

The Stater Bros. Super Rx Pharmacy reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. The revised Notice will be available, upon request, to all individuals. The Stater Bros. Super Rx Pharmacy will also post the revised version of the Notice in the Stater Bros. Super Rx Pharmacy.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Stater Bros. Super Rx Pharmacy and/or to the Secretary of HHS, or his designee. If you wish to file a complaint with the Stater Bros. Super Rx Pharmacy, please contact your pharmacist. If you wish to file a complaint with the Secretary, please write to:

Office for Civil Rights
U.S. Department of Health & Human Services
50 United Nations Plaza - Room 322
San Francisco, CA 94102

The Stater Bros. Super Rx Pharmacy will not take any adverse action against you as a result of your filing of a complaint.

CONTACT INFORMATION

If you have any questions on the Stater Bros. Super Rx Pharmacy's privacy practices or for clarification on anything contained within the Notice, please contact the pharmacist at your neighborhood Stater Bros. Super Rx Pharmacy