

**Notice of Health Information Practices
For SABOURIN'S PHARMACY**

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

Each time you visit our Pharmacy and purchase a product, or one of your physicians contacts us concerning your prescription need, your history, a record is made of this encounter. Typically, this record contains medical information from referring physician, a prescription history, as well as other information you provide to us. In this "Notice of Health Information Practices" we shall refer to the information contained in your record as your "health information", which term shall have the same meaning as "protected health information" defined in the Health Portability and Accounting Act of 1996, as amended ("HIPPA").

Within the limits provided by federal and state law, you have the right to:

- Request restrictions on certain uses and disclosures of your health information;
- Receive confidential communications of your health information. You may request that we communicate with you about your health information by alternative means or at an alternative location;
- Inspect and obtain a copy of your health information except with regard to psychotherapy notes or information compiled in reasonable anticipation of certain civil, criminal or administrative proceedings;
- Request an amendment to your health information that we have created, except with regard to those portions of your health information that you are precluded from inspecting and copying as set forth above;
- Obtain an accounting of certain disclosures of your health information; and
- Receive a paper copy of this notice in addition to any electronic copy you may receive.

You may exercise any of the above rights by submitting a written signed letter, detailing your request and mailing or delivering the letter to our Pharmacy. However, we encourage you to call first so that we can help you be as specific as possible with your request. We will promptly provide you with any forms that need to be completed to process your request.

This Pharmacy is required by law to:

- Maintain the privacy of your health information;
- Provide you with this Notice of your legal duties and privacy practices with the respect to health information we collect and maintain about you;

- Abide by the terms of this Notice of your legal duties and privacy practices with the respect to health information we collect and maintain about you;
- Abide by the terms of this Notice, currently in effect, and as amended from time to time;
- Notify you if we are unable to honor your request to restrict a use or disclosure of, or to amend, your health information; and
- Accommodate reasonable requests you may have to communicate your health information by alternative means or at alternative locations.

We reserve the right to change our privacy practices and to make new provisions effective for all of your health information we already have, as well as any health information we receive or create in the future. Should our privacy practices change, we will post a copy of the revised Notice in our Pharmacy, which indicates the effective date of the amended Notice. You may request and obtain a copy of our Notice of Privacy Practices anytime you visit our office. If a use or disclosure of your health information is not permitted under law without a written authorization in writing, except in the extent that we have already taken action in reliance of your authorization.

If you have any questions and would like additional information concerning this Notice, please call any of our Pharmacists at SABOURIN'S PHARMACY, (989) 839-2402.

If you believe that we have violated any of your privacy rights, you may file a written complaint with any of our Pharmacists, or mail your written complaint to: MIDLAND SABOURIN'S PHARMACY, 1543 Washington St., Midland, MI 48640.

The following are examples of uses and disclosures of your health information which are permitted by law:

We will use your health information for treatment: Health information obtained by our staff from you or one of your health care providers may be recorded in our medical records. We may use this information for many treatment reasons, including, but not limited to, verifying the accuracy of prescriptions being filled, and to help you avoid know drug allergies, duplication of medication therapy and adverse drug interactions. Any of your prescriptions filled in our Pharmacy, or purchases made at our Pharmacy, will be recorded. We may also provide your health information to other health care providers involved in our care to assist them on providing services to you.

We will use your information for payment: Your health plan or health insurer may require certain information about conditions and/or the prescriptions you fill with us, before payment will be made, or for pre-authorization purposes. Accordingly, for billing purposes, we may disclose your health information to your health plan or health insurer.

We will use your health information for regular health care operations: Members of our staff may review health information in your record in order to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of our services.

Business Associates: Certain business operations may be performed by other businesses. We refer to these companies as "business associates." In order for these business associates to perform the required service (billing, accounting services, etc.), we may need to disclose your health information to them so that they can perform the job we've asked them to do. To protect you, we require our business associates to appropriately safeguard your health information.

Communication with Persons Involved in Your Care: We may disclose your health information that is directly relevant to your care to individuals you wish to receive such information, including family members, relatives, close personal friends, or other persons you identify. Before we do so, we will ask you and follow your instructions, as to whether or not to make such disclosures. If you are incapacitated, or involved in an emergency, we may use or make disclosures of your health information that we believe in our professional judgment are in your best interests, but only to the extent that such health information is directly relevant to the recipients' involvement in your care.

Public Health, health oversight and the Food and Drug Administration (FDA): As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. For the purpose of activities relating to the quality, safety or effectiveness of a FDA-regulated product or activity, we may disclose to the FDA your health information relating to adverse events with drugs, supplements, and other products, as well as information is directly relevant to the recipients' involvement in your care.

Victims of Abuse, Neglect or Domestic Violence: If we reasonably believe that you are the victim of abuse, neglect or domestic violence, we may disclose your health information to a governmental authority responsible for receiving these types of reports, to the extent the disclosure is required by law, or you agree to the disclosure. If the disclosure is authorized by law, but not required, we may disclose your information if we determine that disclosure is necessary to prevent serious harm to you or others.

Law Enforcement: We may disclose your health information to a law enforcement official for law enforcement purposes as required by law, a court order subpoena or summons, a grand jury subpoena or summons, or an administrative subpoena or summons, under certain circumstances.

Avert a Serious Threat to Health or Safety: Consistent with applicable law and standards of ethical conduct, we may, in limited circumstances use or disclose your health information if we, in good faith, believe such use or disclosure is necessary to prevent or lessen a serious and imminent threat of health or safety of a person or the public.

Inmates and Individuals in Custody: If you are an inmate or otherwise in custody, we may disclose your health information to the correctional facility or law enforcement official having lawful custody of you.

Workers' Compensation: We may disclose your health information to the extent authorized and necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Appointment Reminders and Information on Treatment Alternatives: We may contact you to provide appointment reminders or information about prescription alternatives or other health-related benefits, alternatives and services that may be of interest to you.

Our Pledge: We will endeavor to protect the private of your health information. If you have any questions, comments, or concerns regarding the policies set forth above, please do not hesitate to discuss such matters with one of our Pharmacists.