

Although we may not engage in the activities, we are permitted to use or disclose your PHI without your permission under federal or applicable state law for purposes of the following:

- **Food and Drug Administration (FDA).** We might disclose to the FDA or individuals under the authority of the FDA, PHI related to harmful actions with reverence to drugs, foods, products, product deficiencies, supplements or post-marketing investigation information to facilitate product recalls, repairs, or replacement.
- **Research.** Your PHI might be disclosed to researchers whose research proposals have been approved by a privacy board or an institutional review board and who additionally, have established procedures and rules to guarantee the privacy of your PHI.
- **Organ or Tissue Procurement Organizations.** In keeping with applicable law, we might disclose your PHI to organ procurement organizations or other agencies appointed in the procurement, banking, or transplantation of organs for the intention of tissue donation and transplant.
- **Public Health.** Where mandated by law, we might disclose your PHI to public health or legal institutions responsible for the prevention and/or control of disease including communicable diseases, disability, or injury.
- **To Prevent a Serious Threat to Health or Safety.** We might use and/or disclose your PHI when essential to avert a serious threat to your health and safety or the health and safety of the public or another individual.
- **National Security, Intelligence Interests, and Protective Services for the President and Others.** We might disclose PHI about you to federal authorities for intelligence, counterintelligence, protection for the President, and/or additional national security interests as mandated by law.
- **Other Uses and Disclosures of PHI.** We will acquire your written approval before using or disclosing your PHI for reasons other than those presented above (or as otherwise allowed or mandated by law). You may retract your approval in writing at any time. Upon receipt of your written retraction, we will cease using and/or disclosing your PHI to the degree that we have already taken action in reliance on the approval.

Incidental Disclosures

Davies will make reasonable endeavors to prevent incidental disclosures of your protected health information. An example of an incidental disclosure would be a disclosure that may be accidentally viewed overhead or accidentally heard in passing by other individuals in our common areas, including but not limited to include sign-in sheets. Although Davies makes every effort to minimize incidental disclosures, it is recommended that you request a more private, office consultation when you deem it necessary.

Minors

If you are a minor, we may disclose your PHI to your parents or legal guardians when we are permitted or required to do so under federal and applicable state law. Should you be a minor who has lawfully given consent for treatment and you desire for Davies to regard you as an adult for purposes of access to and disclosure of records associated with such treatment, please inform a Pharmacist or our Privacy Office.

With regard to your Patient Health Information, you have the following rights:

- **The right to obtain a paper copy of the Notice upon request.** A paper copy of our most current Notice is available to you at any time, upon your request. Although a copy of our Notice may be available to you electronically, you are none-the-less entitled to receive a paper copy. You may obtain a paper copy directly from any of our pharmacies. Upon written or oral request, a paper copy of our Notice will be mailed to you.
- **The right to view and obtain a copy of your PHI.** In most instances, you have the right to view and obtain a copy of the PHI we preserve and protect about you. To view or obtain a copy of your PHI, you must send a written request to our Privacy Office. We have the right to charge you a fee for the costs of copying, mailing and any supplies essential to comply with your request. We have the right to deny your request to view and/or obtain a copy of your PHI in certain limited situations.
- **The right to receive an accounting of the disclosures we have made of your PHI.** You have the right to obtain an accounting of the disclosures we have made of your PHI after April 14, 2003...disclosures made for most reasons other than treatment, payment or health care facilitations. Your right to obtain an accounting is exposed to certain exceptions, limitations and or restrictions. To obtain an accounting, you must render your request in writing to our Privacy Office. Your request must specify a time period for the accounting not longer than six (6) years and may not include dates prior to April 14, 2003.
- **The right to request a restriction on particular uses and disclosures of your PHI.** You have the right to ask for additional restrictions on our use or disclosure of your PHI by submitting a written request to our Privacy Office. We are not obligated to agree to your restrictions. We cannot agree to restrictions related to uses or disclosures that are mandated by law, or which are essential to administer our business.
- **The right to request communications of your PHI by alternate means or at different venues.** You have the right to ask that we contact you at a different address or post office box. To request confidential communication of your PHI and/or different methods regarding how and where we may contact you, you must submit a written, detailed request to our Privacy Office. We will accommodate all reasonable requests.
- **The right to request a revision of your PHI.** Should you believe the PHI we preserve about you is incomplete or inaccurate, you may request that we revise it. To ask for a revision of your PHI, you must submit a written request to our Privacy Office. Your written request must include a reason to support a revision. In particular instances, we may decline your request for a revision.
- **The right to more information or to report a complaint.** Should you have additional questions or would like more information about Davies privacy practices you may contact our Privacy Officer at Davies Pharmacy, 2915 West Tuscarawas Street, Canton, Ohio 44708 or telephone our Privacy Officer at 330-454-5151. If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer or with the Secretary of Health and Human Services. You will not be penalized for filing a complaint.

How to obtain forms for submitting written requests with regard to your PHI:

You may obtain forms for submitting the written requests described above at any pharmacy location or by contacting our Privacy Officer at Davies Pharmacy, 2915 West Tuscarawas Street, Canton, Ohio 44708 or telephone our Privacy Officer at 330-454-5151. All PHI requests must include: patient's full name, date of birth, and current address and phone number if applicable.

Ohio Law...Disclosure Defined:

Unless we have obtained your written consent, we will only disclose your pharmacy records to:

You; the prescriber who issued your prescription or medication order; certified/licensed health care personnel who are responsible for your care; a member, inspector, agent or investigator of the state board of pharmacy or any federal, state, county, or municipal officer whose duty is to enforce the laws of this state or the United States relating to drugs and who is engaged in a specific investigation involving a designated person or drug; an agent of the state medical board when enforcing the statutes governing physicians and limited practitioners; an agency of government charged with the responsibility of providing medical care for you, upon a written request by an authorized representative of the agency requesting such information; an agent of a medical insurance company who provides prescription insurance coverage to you, upon authorization and proof of insurance by you or proof of payment by the insurance company for those medications whose information is requested; an agent who contracts with the pharmacy as a "business associate" in accordance with the regulations promulgated by the secretary of the United States department of health and human services pursuant to the federal standards for privacy of individually identifiable health information; or in emergency situations, when it is in your best interest.

Effective Date:

This Notice is effective as of 4/14/2003

Acknowledgement of Receipt of Davies Drugs, Inc./Davies Pharmacy, Inc.'s Notice of Privacy Practices

I, _____ (printed name) have received
Davies Drugs, Inc./Davies Pharmacy Inc.'s Notice of Privacy Practices.

Signature: _____ Date: _____