

**T. A. Solberg Co. Inc.**

**Pharmacy Privacy Policy**

**Effective Date 04/14/2003**

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

**PLEASE REVIEW CAREFULLY.**

If you have any questions about this notice, please contact our Privacy Officer at 715-356-7711

WHO WILL FOLLOW THIS NOTICE.

This notice describes our pharmacy's practices and that of:

Any health care professional authorized to enter information into your pharmacy record.

All pharmacist and pharmacy department personnel.

T. A. Solberg Co. Inc. includes the following entities:

Trig's Food & Drug Pharmacy Eagle River, WI.,

Trig's Food & Drug Pharmacy Minocqua, WI.,

Trig's Food & Drug Pharmacy Rhinelander, WI.

Trig's Food & Drug Pharmacy Wausau, WI., and

Trig's County Market Pharmacy Stevens Point, WI.

All these entities, sites and locations will follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or pharmacy operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the pharmacy. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by the pharmacy, whether made by pharmacy

technical personnel or by our pharmacists.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- \* make sure that medical information that identifies you is kept private;
- \* give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- \* follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We may use medical information about you to provide you with prescription services. We may disclose medical information about you to doctors, nurses, technicians, health care students or others involved in your care. For example, a doctor treating you in the emergency room may request information about your current medications or any drug allergies we have in your record. We also may disclose medical information about you to others involved in your medical care, such as long term care facilities.

**For Payment.** We may use and disclose medical information about you so that the prescriptions and services you receive at the pharmacy may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about prescriptions you received at the pharmacy so your health plan will pay us or reimburse you for the prescriptions. We may also tell your health plan about a prescription/service you are going to receive to obtain prior approval/authorization or to determine whether your plan will cover the prescription/service.

**For Health Care Operations.** We may use and disclose medical information about you for pharmacy operations. These uses and disclosures are necessary to run the pharmacy and make sure that all of our patients receive quality care. For example, we may use medical information to review procedure used by our pharmacist to evaluate potential drug interactions. We may also combine medical information we have with that of other locations to compare how we are doing and see where we can make improvements in the care we provide. We may remove information that identifies you from this set of medical information so others may use it to track drug utilization without learning who the specific patients are.

**Prescription Reminders.** We may use and disclose medical information to contact you as a reminder that you have a prescription waiting for you at the pharmacy.

**Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health related benefits, services, or medical education classes that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.**

We may release medical information about you to a care giver who may be a friend or family member. We may also give information to someone who helps pay for your care.

**Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who receive another, for the same condition. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

#### SPECIAL SITUATIONS

**Military.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

#### **Public Health Risks (Health and Safety to you and/or others).**

We may disclose medical information about you for public health activities. We may use and disclose medical information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include the following:

- \* to prevent or control disease, injury or disability;
- \* to report child abuse or neglect;
- \* to report reactions to medications or problems with products;
- \* to notify people of recalls of medications/products they may be using;
- \* to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- \* to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- \* In response to a court order, subpoena, warrant, summons or similar process;
- \* To identify or locate a suspect, fugitive, material witness, or missing person;
- \* About criminal conduct at the pharmacy;
- \* In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners and Medical Examiners.** We may release medical information to a coroner or medical examiner. This may be necessary, for example to determine the cause of death.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official... This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

#### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about your care, contact the pharmacy department. If you request a copy of the information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Another licensed health care professional chosen by the pharmacy will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the pharmacy.

To request an amendment, your request must be made in writing and submitted to the Pharmacy Manager. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- \* Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- \* Is not part of the medical information kept by or for the pharmacy;
- \* Is not part of the information which you would be permitted to inspect and copy; or
- \* Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you to others except for the purpose of treatment, payment and operations identified above.

To request this list or accounting of disclosures, you must submit your request in writing to the Pharmacy Manager.

Your request must state a time period which may not be longer than six years and may not include dates before

April 14, 2003. The first list you request within a 12 month period is free. For additional lists, we may charge you for the cost of providing the list. We

will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not disclose that you are taking a certain medication.

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to your Pharmacy Manager. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Pharmacy Manager. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this privacy notice. You may ask us to give you a copy of this privacy notice at any time by requesting a copy from any member of the stores Pharmacy Department.

#### CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the pharmacy. The notice will contain on the first page, in the top left hand side, the effective date. In addition, the current notice will be available from any member of our Pharmacy Department.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may contact or submit your complaint in writing to the Privacy Officer at the Corporate office of T. A. Solberg Co. Minocqua WI., or by calling 715-356-7711. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services.

**The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.**

#### OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of care that we provide to you.