

We may deny your request to inspect or copy your PHI in certain very limited circumstances. If we deny you access to any of your PHI we maintain, you may request that the denial be reviewed. A licensed health care professional chosen by Carle RxExpress will review your request and the denial. The person conducting the review will not be the person who denied your request; and we will comply with the outcome of the review.

- **Right to Amend.** If you feel that any PHI 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 we maintain the information.

Your request to amend PHI must be made in writing and submitted to your local Carle RxExpress pharmacy. Your written request must include the reason for the amendment.

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;
- Is not part of the PHI we maintain about you in our files;
- Is information restricted by law; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request a PHI Accounting of Disclosures. This is a list of the disclosures we have made of your PHI, other than those disclosures specifically authorized by you, and those related to (i) your treatment, (ii) payment for the products or services we provided to you, and (iii) our operations (as described above).

To request an Accounting of Disclosures, you must submit your request in writing to your local Carle RxExpress pharmacy. You must specify the period of time for which the Accounting will span; however no disclosures made before April 14, 2003 will be included. The first list you request within a 12-month period will be free. For additional lists, we may

charge you a nominal fee. 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 PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI 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 use or disclose information about a medication you have received.

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

To request a restriction on your PHI as described above, submit your written request to your local Carle RxExpress pharmacy. In your request, you must tell us (1) what information you want to restrict, (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). If you restrict the PHI we may disclose for payment, you may be financially responsible for all products and services you receive from us.

- **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, please contact your local Carle RxExpress pharmacy. At a minimum, your request must include your name and date of birth, and specify how or where you wish to be contacted.

- **Right to Additional Copies of This Notice.** Additional copies of this notice can be obtained at our website, www.carle.com, or by calling the Carle ActionLine at (217) 383-3333.

VI. CHANGES TO THIS NOTICE

We reserve the right to change this Notice, in whole or in part; and we reserve the right to make the provision of the revised or changed Notice effective for PHI 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 each Carle RxExpress location, and make it available on our web site.

VII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Carle's ActionLine or with the Office for Civil Rights. To file a complaint with ActionLine, call (217) 383-3333. **You will not be penalized for filing a complaint.**

VIII. OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide written authorization, you may revoke that permission, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the purposes covered by your written authorization; however we are unable to take back any disclosures we have already made.

The Effective Date of this Notice April 14, 2003.



NOTICE OF PRIVACY PRACTICES April 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 IT CAREFULLY.

If you have any questions about this notice, please contact Patient Relations at (217) 383-3333.

Carle RxExpress values 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), and only using and disclosing your PHI as necessary to provide you with health care products and services.

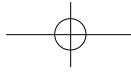
This Notice has been created to help you understand our legal duties to protect your PHI by describing how Carle RxExpress will use and disclose your PHI. We will mainly use and disclose your PHI in relation to the health care products and services we provide you, such as dispensing your prescriptions. There may be other times that we must use or disclose your PHI, which are explained later in this Notice.

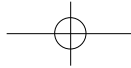
I. WHAT IS PROTECTED HEALTH INFORMATION?

Throughout this notice, we will refer to "Protected Health Information" or "PHI."

Protected Health Information is any healthcare related information we might have about you, whether in paper, electronic, or other format, from which your identity might be known. Some examples of PHI are:

- All prescriptions and physicians' orders for medications or products given to us by you or by your physician;





- Demographic information, such as your name, address, telephone number, and date of birth; and
- Billing and payment information, such as the name of your health insurer.

II. OUR PLEDGE REGARDING MEDICAL INFORMATION.

We are required by law to maintain records of the services we provide our pharmacy customers. We understand though that your health and medical care are personal; and we are committed to protecting the PHI we maintain about you.

This Notice will tell you about the ways we may use and disclose your PHI, and will describe your rights and certain obligations we have regarding the use and disclosure of your PHI.

We are required by law to:

- make sure your Protected Health Information is kept private;
- give you this Notice of our legal duties and privacy practices; and
- follow the terms of this Notice.

III. HOW WILL WE USE AND DISCLOSE YOUR PHI?

The following categories summarize different ways that we may use and disclose PHI. For each category of use or disclosure we will explain what we mean and give an example. 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.

Any type of use or disclosure of your PHI not described in this Notice will require your written authorization before it is made.

- **For Treatment.** We may use your PHI to provide pharmacy services to you.
For example, when your doctor calls in a prescription for you, we may access your records to confirm that you have not previously told us about any allergies to the type of drug ordered.
- **Individuals Involved in Your Care or Payment for Your Care.** We may disclose your PHI to a friend or family member who you have asked to

pick up a prescription or product for you, or who is otherwise involved in your health care. We will take certain precautions in releasing your information though, such as requiring the friend or family member to identify you by name, and signing for any prescriptions they are given.

We may also disclose PHI to a parent or legal guardian, if the services we provide are for a child or an incompetent adult. We will follow the same process of requiring the parent or guardian to identify the child/incompetent adult by name, and sign for the drugs or services received.

- **For Payment.** We may use and disclose information about you so that services you receive from us may be billed to your insurance company or other third-party payer.

For example, we may disclose information about a medication your doctor prescribed so your health plan will pay for your medication. We may also tell your health plan about a prescription your doctor has ordered for you to obtain prior approval or determine whether your plan will cover the medication.

We may also disclose your PHI to a third-party payer who is conducting an audit related to the payment of your claims. For example, if your insurance company conducts an audit to verify our charges, we may provide that company with copies of claim forms, physicians' prescriptions, and records documenting your receipt of the prescriptions.

- **Workers' Compensation.** We may disclose your PHI for workers' compensation purposes if you have a work-related injury or illness. Such disclosures will be made consistent with applicable state workers' compensation laws.
- **For Health Care Operations.** We may use and disclose your PHI for our business operations. These uses and disclosures help us to ensure Carle RxExpress provides quality services to our customers.
For example, we may use your PHI, along with the Protected Health Information of other customers, to determine if there are ways we can serve you better, such as offering a generic option to a particular drug.

We may also use or disclose your PHI to other Carle Foundation affiliates for business operations purposes.

- **Business Associates.** We may disclose your PHI to business associates who assist us in one or more tasks.

IV. SPECIAL SITUATIONS

Carle RxExpress may use or disclosure your PHI in the following special situations:

- **As Required By Law.** We will disclose your PHI to authorities when required to do so by federal, state or local law. Examples of these requirements include the following:
 - 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 the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - In mandatory reporting situations, including when there is reason to suspect domestic, child or elder abuse or neglect;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at a Carle RxExpress store; and
 - 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.
- **For Public Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Military and Veterans.** If you are or were a member of the armed forces, we may disclose your PHI as required by military command authorities. We may also disclose PHI about foreign military personnel to the appropriate foreign military authority.
- **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. Examples of these oversight activities include:

- Medical device tracking, product tracking, and drug or product recalls, all of which are required by the federal Food and Drug Administration (FDA).
- Reporting any adverse reactions or consequences you have from taking a particular drug or using a particular product
- Disclosures required by Medicare or Medicaid or another state or federal agency or oversight board to audit, investigate, and/or inspect, all of which may be necessary to monitor the health care system, or governmental programs.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a legal dispute, we will disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **Inmates.** We may disclose PHI of an inmate in a correctional institution or under the custody of a law enforcement official to the correctional institution or law enforcement official as necessary (1) for the institution to provide health care; (2) to protect the health and safety of the inmate or others; or (3) for the safety and security of the correctional institution.

V. YOUR PRIVACY RIGHTS

You have the following rights regarding your Protected Health Information that we maintain:

- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your PHI. You may be required to submit your request in writing. Contact your local Carle RxExpress pharmacy for additional information. If you request a copy of your PHI, there may be a charge for the copying, mailing and other costs associated with your request.

