

NOTICE OF PRIVACY PRACTICES

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.

This Notice of Privacy Practices (the "Notice") describes the privacy practices of Tristar Pharmacy LLC as required under The Health Insurance Portability and Accountability Act ("HIPAA").

Tristar Pharmacy LLC wants you to know that nothing is more central to our operations than maintaining the privacy of your health information ("Protected Health Information" or "PHI"). PHI is information about you, including basic information that may identify you and relates to your past, present or future health or condition and dispensing of pharmaceutical products to you. We take this responsibility very seriously.

Our Pledge Regarding Your Health Information

We are required by law to protect the privacy of your health information and to provide you with this Notice covering our legal duties and privacy practices regarding your health information. We are also required to notify you in the event there is a breach of your PHI. Our pharmacy staff is required to protect the confidentiality of your PHI and will disclose your PHI to a person other than you or your personal representative only when permitted under federal or state law. This protection extends to any PHI that is oral, written, or electronic, such as prescriptions transmitted by facsimile, modem, or other electronic device. This Notice describes how we may use and disclose your PHI. In some circumstances, as described in this Notice, the law permits us to use and disclose your PHI without your express permission. In all other circumstances, we will obtain your written authorization before we use or disclose your PHI. This Notice also describes your rights and the obligations we have regarding the use and disclosure of your PHI. Under federal and applicable state law, we are required to follow the terms of the Notice currently in effect. In some situations, state privacy or other applicable laws may provide greater privacy protections than those stated in this Notice. For example, depending on the state in which you reside, there may be additional state law privacy protections related to communicable diseases, reproductive health, substance abuse and mental health. When appropriate, we will follow these state or other applicable laws.

How We May Use and Disclose Your PHI Without Your Permission For Treatment, Payment or Health Care Operations

Below are examples of how federal law permits use or disclosure of your PHI for these purposes without your permission:

- 1. Treatment:** PHI obtained by Tristar Pharmacy LLC will be used to dispense prescription medications. We may also use and disclose your PHI to your physician or other health care provider to recommend treatment options or alternatives, or to tell them about potential drug interactions, dosing issues, side effects and issues related to your therapy. We may contact you to provide treatment-related services, such as refill reminders, treatment alternatives, compliance programs and other health care services that may be of interest to you.
- 2. Payment:** We may contact your insurer, payor or other agent and share your PHI with that entity to determine whether it will pay for your prescription and the payment amount. We may also contact you about a payment or balance due for prescriptions sent to you by Tristar Pharmacy LLC.
- 3. Health care operations:** Your PHI may be used to monitor the effectiveness of our services. Your PHI may be transferred for purposes of carrying out the pharmacy services if we buy or sell pharmacy locations. We may also use your PHI to tell you about health savings available (e.g., generic products) and other opportunities that may be of interest to you, such as health education programs. We may also disclose your PHI to another health care provider or health plan for purposes of their treatment, payment or health care operations. However, we will only do so for their health care operations if they have or have had a relationship with you, if the PHI they request pertains to that relationship, and only for limited purposes, such as conducting quality improvement activities, reviewing the performance of a health care provider, or training purposes.
- 4. Business associates:** We provide some services through other entities termed "business associates." Federal law requires us to enter into contracts with these entities to require them to safeguard your PHI and use and disclose it only as specified by Tristar Pharmacy LLC. Individuals involved in your care or payment for care: We may disclose your PHI to a friend, personal representative or family member involved in your medical care or payment for your care. For example, if we can reasonably infer that you agree, we may provide prescription information to your caregiver on your behalf. Disclosures to parents or legal guardians: If you are a minor, we may release your PHI to your parents or legal guardians when we are permitted or required under federal and applicable state law.

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

- 5. Law enforcement:** We may disclose your PHI for law enforcement purposes as required by law or in response to a court order and in certain conditions, a subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness or missing person; about a death resulting from criminal conduct; about crimes on the premises or against a member of our workforce; and in emergency circumstances, to report a crime, the location, victims, or the identity, description, or location of the perpetrator of a crime.
- 6. Judicial and administrative proceedings:** We may disclose your PHI in response to a court or administrative order, and under certain conditions, a subpoena, discovery request or other lawful process.
- 7. Public health:** We may disclose your PHI to federal, state or local authorities, or other entities charged with preventing or controlling disease, injury or disability for public health activities. These activities may include the following: disclosures to report reactions to medications or other products to the U.S. Food and Drug Administration or other authorized entity; disclosures to notify individuals of recalls, exposure to a disease or risk for contracting or spreading a disease or condition.
- 8. Health oversight activities:** We may disclose your PHI to an oversight agency for health oversight activities authorized by law. These activities include audits, investigations, inspections, licensing and for government monitoring of the health care system, government programs, and compliance with federal and applicable state law.

How We May Use or Disclose Your PHI for Other Purposes Only With Your Authorization

Your written authorization to use and disclose your PHI is required in order for us to:

1. Use and disclose psychotherapy notes containing your PHI (to the extent we hold any)
2. Send marketing communications to you. If we will receive payment for making a marketing communication, we will state this in the authorization.
3. Receive payment in exchange for your PHI.

In addition to the above situations, any other uses and disclosures of your PHI not described elsewhere in this Notice will be made only with your prior written authorization. You may revoke this authorization at any time by submitting a written notice to our Customer Care address listed below. Your revocation will not apply to information released before we receive it.

You have the following rights with respect to your PHI:

1. Obtain a paper copy of the Notice upon request.
2. Request communications of PHI by alternative means or at alternative locations. You have the right to request that we communicate with you in a certain way or at a certain location. For example, you may request that we contact you only in writing at a specific address. To request confidential communication of your PHI, submit a written request to Tristar Pharmacy LLC. Your request must state how, where or when you would like to be contacted. We will accommodate all reasonable requests.

Responsibility of the Patient

1. To provide complete and accurate information concerning your present health, medication, allergies, etc., when appropriate to your care/service;
2. To be involved, as need and as able, in developing, carrying out and modifying your home care service plan, such as properly cleaning and storing your equipment and supplies;
3. To properly clean and maintain equipment and supplies;
4. To contact us with any questions or problems concerning your equipment, supplies or services;
5. To notify your attending physician when you feel ill;
6. To notify us prior to changing your place for residence or your telephone number;
7. To notify us when encountering any problem with equipment or service;
8. To notify us if your physician modifies or ceases your prescription;
9. To notify us of denial and/or restriction of our privacy policy.

Complaints: If you believe your privacy rights have been violated, you can file a complaint Tristar Pharmacy at 16201 State Road 50 STE 301, Clermont, FL 34711, or with the Secretary of the United States Department of Health and Human Services.

All complaints must be submitted in writing. You will not be penalized in any way for filing a complaint. Changes to this Notice: We reserve the right to change our privacy practices. We reserve the right to make the revised Notice effective for PHI we already have about you as well as any information we receive in the future, as of the effective date of the revised Notice. Upon request to Tristar Pharmacy will provide a revised Notice to you. Effective Date: *This Notice is effective as of May 22, 2013. Revised on January 1, 2015.*

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Tristar Pharmacy LLC
16201 State Road 50 STE 301
Clermont, FL 34711

