



Notice of Privacy Practices

Effective Date: April 14, 2006

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.

HometownRx works with your health plan to provide quality, cost-effective prescription benefits. This Notice of Privacy Practices ("Notice") describes:

- how we may use and disclose your medical information
- your rights to access and amend your medical information

We are required by law to:

- maintain the privacy of your medical information
- provide you with notice of our legal duties and privacy practices with respect to your medical information
- abide by the terms of this Notice

PERMITTED USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

As permitted by your health plan or prescription benefit plan, we may use and disclose your medical information for only the following purposes.

- **Treatment:** We may use and disclose your medical information to healthcare professionals to provide, coordinate and manage the delivery of medical products or services. For example, your pharmacist may disclose medical information about you to your physician in order to coordinate the prescribing and delivery of your drugs. We will manage your prescription benefits.
- **Payment:** We may use and disclose medical information about you to manage your account, fulfill our responsibilities under your benefits plan, and process your claims for drugs you have received. For example, we may give medical information to your health plan so we can confirm your eligibility for pharmacy benefits, or we may submit claims to your health plan or employer for payment.
- **Healthcare Operations:** We may use and disclose your medical information to carry on our own business planning and healthcare operations. We need to do this so we can provide you with pharmacy benefits and ensure you receive the highest-quality services. For example, we may use and disclose medical information about you to:
 - assess the use or effectiveness of certain drugs
 - develop and monitor medical protocols
 - give you helpful medication reminders and health management services
 - At your request, we may send you information about health conditions, drugs or promotions.
 - At your request or the request of your health plan, we may send you information or contact you about programs designed to improve your health.

- **Business Associates:** We arrange to provide some services through contracts with business associates. On occasion, we may disclose your medical information to business associates acting on our behalf. If any medical information is disclosed, we will protect your information from further use and disclosure using confidentiality agreements.
- **Public Health:** We may disclose your medical information to a public health department, including the U.S. Food and Drug Administration, when required by law for the reporting or tracking of illnesses, injuries or dangerous products.
- **Judicial Proceedings:** We may disclose your medical information in the course of any judicial proceeding in response to a court order, subpoena or other lawful process, but only after we have been assured that efforts have been made to notify you of the request.
- **Law Enforcement:** We may disclose your medical information, as required by law, in response to a subpoena, warrant, summons, or in some circumstances, to report crime.
- **Other Uses and Disclosures:** Other uses and disclosures of your medical information not listed in this Notice will be made only with your written authorization.

YOUR RIGHTS WITH RESPECT TO YOUR MEDICAL INFORMATION

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

- **Right to Inspect and Copy:** Subject to some restrictions, you may inspect and copy medical information that may be used to make decisions about you. To do so, submit a written request to:
HometownRx
7 N Charlotte St.
Lancaster, PA 17603
- **Right to Amend:** If you believe medical information about you is incorrect or incomplete, you may ask us to amend the information. Such request must be made in writing and submitted to:
HometownRx
7 N Charlotte St.
Lancaster, PA 17603

In addition, you must provide a reason supporting your request to amend.

- **Right to an Accounting of Disclosures:** You have the right to request an accounting of disclosures of your medical information. This accounting identifies the disclosures we have made of your medical information other than for treatment, payment or healthcare operations. You must submit your request in writing to:
HometownRx
7 N Charlotte St.
Lancaster, PA 17603

The provision of an accounting is subject to certain restrictions.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use and disclose about you for treatment, payment or

healthcare operations. You may also request your medical information not be disclosed to family members or friends who may be involved in your care or paying for your care. Your request must

- be in writing,
- state the restrictions you are requesting, and
- state to whom the restriction applies.

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

- **Confidential Communications:** You may ask that we communicate with you in a particular way and in a particular place to protect the confidentiality of your medical information. Your request must be submitted in writing to:

HometownRx
7 N Charlotte St.
Lancaster, PA 17603

You must state an alternate method or location you would like us to use to communicate your medical information to you.

- **Right to a Paper Copy of This Notice:** You have the right to request a paper copy of this Notice at any time. You may obtain a copy of this Notice from our web site at: <http://www.htrx.com/nopp.pdf>
- **Right to File a Complaint:** If you believe we have violated your privacy rights you may file a written complaint to HometownRx at the address listed below. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. Written complaints and written requests for a copy of your medical information, amendment to your medical information, an accounting of disclosures, restrictions on your medical information or for confidential communications may be mailed to:
HometownRx
7 N Charlotte St.
Lancaster, PA 17603

Please include your name, address and patient ID number. We reserve the right to revise this Notice. A revised Notice will be effective for information we already have about you as well as any information we may receive in the future. We will communicate changes to this Notice through our web site at the following address: <http://www.htrx.com/nopp.pdf>