

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

When this Notice refers to "we" or "us," it is referring to the retail pharmacies of Wellmont Health System, which includes:

- The Big Stone Gap Pharmacy
- Medical Mall Pharmacy
- Wellmont Outpatient Pharmacy
- Stone Drive Outpatient Pharmacy

This Notice describes how we will use and disclose your health information. The policies outlined in this Notice apply to all of your health information generated by this Organization, whether recorded in your medical record, invoices, payment forms, videotapes or other ways. Similarly, these policies apply to the health information gathered from other Organizations and by any health care professional, employee or volunteer who participates in your care.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

In some circumstances we are permitted or required to use or disclose your health information without obtaining your prior authorization and without offering you the opportunity to object. These circumstances include:

Uses or disclosures for purposes relating to treatment, payment and health care operations:

- **Treatment.** We may use or disclose your health information for the purpose of providing, or allowing others to provide, treatment to you. An example would be our dispensing prescriptions to you or if we discussed your prescription with your primary care physician. Also, we may contact you about prescription refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Payment.** We may use and/or disclose your health information for the purpose of allowing us, as well as other entities, to secure payment for the health care services provided to you. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for the health care services provided to you.
- **Health Care Operations.** We may use and/or disclose your information for the purposes of our day-to-day operations and functions. We may also disclose your information to another covered entity, to allow it to perform its day-to-day functions, but only to the extent that we both have a relationship with you. For example, we may compile your health information, along with that of other patients, in order to allow a team of our health care professionals to review that information and make suggestions concerning how to improve the quality of care provided at this facility.

To create material(s) that originally had any identifying information concerning you deleted from the final material(s);

When required by law;

For public health purposes;

For health oversight activities, such as audits or civil, administrative or criminal investigations;

For judicial or administrative proceedings;

For law enforcement purposes;

To avert a serious threat to health or safety;

For specialized governmental functions, such as military, national security, criminal corrections, or public benefit purposes; and

For workers' compensation purposes, as permitted by law.

Notifications. We may disclose to your relatives or close personal friends any health information that is directly related to that person's involvement in the provision of, or payment for, your care. In those tasks during disaster situations. However, except in emergency situations, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object.

Authorization. Except as described above, disclosures of your health information will be made only with your written authorization. You may revoke your authorization at any time, in writing, unless we have taken action in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

Electronic Interchange of Protected Health Information. Wellmont may make your medical information available electronically or may electronically transmit your medical information to a third party in order to fulfill Wellmont's obligations in providing healthcare services to you. Only the physicians or hospitals who participate can see your health record. For this to occur, we require your consent to the electronic exchange of your medical record.

NOTICE OF ORGANIZED HEALTH CARE ARRANGEMENT FOR HEALTH SYSTEM

Wellmont Health System, its component hospitals, the independent practitioners on their Medical Staffs (including your physician), and other related health care providers are permitted by law to share your health information among themselves for purposes of treatment, payment and health care operations. Federal law also provides that the above referenced parties may participate in an "Organized Health Care Arrangement" for the purpose of jointly providing a single privacy notice for all care delivered while you are a patient at the hospital. This enables us to better address your health care needs and to reduce administrative paperwork. This arrangement does not create any joint business relationship between the Health System or its component hospitals and the independent practitioners on their Medical Staffs (including your physician), or other related health care providers.

YOUR RIGHTS

To Request Restrictions. You have the right to request restrictions on the use and disclosure of your health information for treatment, payment or health care operations purposes or notification purposes. We are not required to agree to your request. A request not to receive any information and any request that may interfere with the ability to obtain payment for the services provided to you will be denied, unless appropriate information about how payment will be handled is provided. We retain the right to contact you at any known address in order to obtain payment for the services provided. If we do agree to a restriction, we will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. To request a restriction, submit a written request to the Contact listed on the final page of this Notice.

To Limit Communications. You have the right to receive confidential communications about your own health information by alternative means or at alternative locations. This means that you may, for example, designate that we contact you only via e-mail, or at work rather than home. To request communications via alternative means or at alternative locations, you must submit a written request to the Contact listed on the final page of this Notice. All reasonable requests will be granted.

To Access and Copy Health Information. You have the right to inspect and copy any health information about you other than psychotherapy notes, information compiled in anticipation of or for use in civil, criminal or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act. To arrange for access to your records, or to receive a copy of your records, you should submit a written request to the Contact listed on the last page of this Notice. If you request copies, you will be charged our regular fee for copying and mailing the requested information.

Despite your general right to access your Protected Health Information, access may be denied in some limited circumstances. For example, access may be denied if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. Access may be denied if the federal Privacy Act applies. Access to information that was obtained from someone other than a health care provider under a promise of confidentiality can be denied if allowing you access would reasonably be likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review. In addition, access may be denied if (i) access to the information in question is reasonably likely to endanger the life and physical safety of you or anyone else, (ii) the information makes reference to another person and your access would reasonably be likely to cause harm to that person, or (iii) you are the personal representative of another individual and a licensed health care professional determines that your access to the information would cause substantial harm to the patient or another individual. If access is denied for these reasons, you have the right to have the decision reviewed by a health care professional who did not participate in the original decision. If access is ultimately denied, the reasons for that denial will be provided to you in writing.

To Request Amendment. You may request that your health information be amended. Your request may be denied if the information in question: was not created by us (unless you show that the original source of the information is no longer available to seek amendment from), is not part of our records, is not the type of information that would be available to you for inspection or copying (for example, psychotherapy notes), or is accurate and complete. If your request to amend your health information is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates. Requests to amend health information must be submitted in writing to the Contact listed on the final page of this Notice.

To an Accounting of Disclosures. You have the right to an accounting of any disclosures of your health information made during the six-year period preceding the date of your request. However, the following disclosures will not be accounted for: (i) disclosures made for the purpose of carrying out treatment, payment or health care operations, (ii) disclosures made to you, (iii) disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts, (iv) disclosures for national security or intelligence purposes, (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure, (vi) disclosures that occurred prior to April 14, 2003, (vii) disclosures made pursuant to an authorization signed by you, (viii) disclosures that are part of a limited data set, (ix) disclosures that are incidental to another permissible use or disclosure, or (x) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. To request an accounting of disclosures, submit a written request to the Contact listed on the final page of this Notice.

To a Paper Copy of this Notice. You have the right to obtain a paper copy of this Notice upon request.

OUR DUTIES

We are required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices. We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make those changes applicable to all health information that we maintain. Any changes to this Notice will be posted on our website (if applicable) and at our facility, and will be available from us upon request.

COMPLAINTS

You can complain to us and to the federal Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. To lodge a complaint with us, please file a written complaint with the Contact set forth below. This Contact person will also provide you with further information about our privacy policies upon request. No action will be taken against you for filing a complaint.

FACILITY	DESIGNATED CONTACT
Wellmont – Bristol Regional Medical Center	Facility Privacy Officer 1 Medical Park Blvd. Bristol, TN 37620 423.844.1121
Wellmont – Holston Valley Medical Center	Facility Privacy Officer 130 Ravine Road Kingsport, TN 37660 423.224.4000
Wellmont – Lonesome Pine Hospital	Facility Privacy Officer 1990 Holton Avenue East Big Stone Gap, VA 24219 (276) 523-3111
All other Wellmont Health System facilities	Corporate Privacy Officer 1905 American Way Kingsport, TN 37660 423.230.8200