



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED & DISCLOSED AND HOW YOU ARE ABLE TO GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

EFFECTIVE DATE: September 15, 2008

DISCOUNT DRUG MART INC.
NOTICE OF PRIVACY
PRACTICES

GENERAL INFORMATION: Discount Drug Mart is committed to protecting and safeguarding the confidentiality of your **private health information (PHI)** while providing you quality service at low prices. This notice fully describes this commitment towards preventing improper or unnecessary use or disclosure of your PHI. Discount Drug Mart is required by law to maintain the privacy of Protected Health Information and to provide our patrons with a notice of our legal duties and privacy practices with respect to PHI.

This Notice describes how we may use and disclose PHI to carry out treatment, payment, or health care operations and for other specified purposes that are permitted by law.

This notice applies to customers/patrons of any of the Discount Drug Mart pharmacies. A copy is available at www.discount-drugmart.com.

The employees and any third parties who perform services for Discount Drug Mart are bound by the terms of this Notice.

The Health Insurance Portability and Accountability Act of 1996, termed HIPAA, requires that Discount Drug Mart develop and implement a specific policy safeguarding health information termed as "protected health information" (PHI) which is received or created while providing you health related services. PHI relates to your physical or mental health condition, the provision of health care to you, or payment for your health care that could be used to identify you. Prescriptions and patient history are examples of PHI.

USES & DISCLOSURES OF YOUR PHI: In order to safeguard your PHI, Discount Drug Mart may limit the manner in which your PHI is used and disclosed. We may use or disclose your PHI in accordance to federal law as described below:

We will use PHI for treatment. Example: Information obtained by a pharmacist (drug allergies, previous prescription history, etc) will be used to dispense prescription medications to you. We will document pertinent information as it relates to medications dispensed.

We will use PHI for payment. Example: We may contact your insurer or pharmacy benefit manager to determine drug coverage or amount of copayment. We will bill you or a third party payor for costs of prescription medications that may include identifiable information.

We will use PHI for health care operations. Example: We may use information in your health record to monitor the performance of the pharmacists providing treatment to you. This information will be used to continually improve the quality and effectiveness of the health care and service we provide to you. We may use prescription information for fraud and abuse detection activities or to analyze data for planning reasons.

We may share PHI with another health care provider. Example: We may discuss your prescription history with your primary care physician if there are questions or concerns pertaining to your prescription.

Discount Drug Mart may use or disclose PHI in some of the ways listed below:

Business Associates: There are some services provided by us through contracts with business associates. When such services are contracted, we may disclose PHI about you to our business associate so that they are able to perform a necessary function or job. To protect PHI about you, we require the business associate to appropriately safeguard the PHI.

Communication with individuals in your care or payment for your care: Our pharmacists, using their professional judgment, may disclose to a family member, other relative, personal friend, or any person you identify, PHI relevant to that person's involvement in your care and payment related to care. We may also disclose PHI about you to a person or entity assisting in an emergency so that your family can be notified about your condition, status, and location.

Health related communication: We may contact you to provide refill reminders, information about treatment alternatives, appointment reminders, wellness clinics or any other health related benefits and services that may be of interest to you.

Food and Drug Administration: We may disclose to the FDA, or persons under jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Worker's compensation: We may disclose PHI about you as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by law.

Public health: As required by law, we may disclose PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement: We may disclose PHI about you for law enforcement purposes required by law or in response to a valid subpoena or other legal issues.

Judicial and administrative proceedings: If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to inform you about the request or to obtain an order to protect PHI.

Health oversight activities: We may disclose PHI to an oversight agency for activities authorized by law. Such activities include but are not limited to audits, investigations, and inspections as necessary for our licensure, government programs, and compliance with civil rights laws. For example, Discount Drug Mart are subject to random inspections by the state pharmacy board. Inspectors or other government officials may view or receive PHI as a result.

National security and intelligence activities: We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Military and veterans: If you are a member of the armed forces, we may release PHI about you as required by military command authorities.

Public safety: We may use and disclose PHI about you when necessary to prevent threat to your health and safety or the health and safety of the public or another person.

Victims of abuse, neglect, or domestic violence: We may disclose PHI to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law.

Correctional institution: If you are or become an inmate of a correctional institution, we may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.

Coroners and medical examiners: We may release PHI about you to help identify a deceased person or determine the cause of death.

As required by law: We must disclose PHI about you when required to do so by applicable federal, state, or local laws.

We will use the minimum amount of your PHI necessary to perform such duties to the extent required under law. We will comply with more stringent state laws when applicable over less strict federal law.

OTHER USES & DISCLOSURES OF YOUR PHI: Discount Drug Mart will obtain your written authorization before utilizing or disclosing PHI for purposes other than those provided above or as permitted or required by law. You have the opportunity to revoke an authorization in writing at any time. Upon receipt of written revocation, we will no longer use or disclose your PHI except as described above or as permitted by any other authorizations that are not revoked. Please understand that we cannot retrieve any PHI disclosed to a third party in reliance on your prior authorization.

RIGHTS: Federal law allows you certain rights pertaining to your PHI. Parents of children and other individuals with legal authority to make health decisions may utilize them on behalf of such customers, consistent with state law. Emancipated minors should inform the pharmacy of their rights.

You are entitled to request a restriction on the use or disclosure of PHI. By law, we are not obligated to agree with your request for restriction. Contingent on the type of request, we may not be able to grant it because of the resulting affect on our ability to provide health services to you. Should we agree on the requested limitation, we will oblige by the restriction until an agreement is made by you to terminate the restriction or until we notify you of our intent to terminate the restriction going forward. Written requests for restriction of your PHI should be submitted to the company Privacy Officer. Included in the request should be the type of PHI you want to restrict, how you want Discount Drug Mart to limit the use or disclosure of PHI, and finally those individuals to whom the restrictions should be applicable.

You are entitled to receive confidential communications by Discount Drug Mart at a new address or different means should communication through normal business channels possibly endanger you. Written requests for confidential communications should be directed to the pharmacy and company Privacy Officer. Your written request must state how and where you like to be contacted. We will accommodate all reasonable requests.

You are entitled to review and obtain a copy of your PHI that may be contained in billing or medical records used to make decisions about you. Access to PHI records created in anticipation of a civil, criminal, or administrative proceeding or pertaining to psychotherapy notes will not be granted. In addition, we will deny your request to inspect and copy PHI if a licensed health care professional employed by Discount Drug Mart has determined that obtaining such access is reasonably likely to endanger life or the safety of you or another individual or to cause substantial harm to you or another individual, or that the PHI record makes individual reference (other than a health care provider) and such access would reasonably cause harm or detriment to the other person. To inspect or copy your PHI, you must send a written request to the company Privacy Officer.

If your requests for access are denied, you may request to have the decision reviewed. Another licensed health care professional chosen by Discount Drug Mart will review such a request. We agree to comply with the decision. You have the right to request access to review or obtain copy of your PHI at your local Discount Drug Mart. We have the right to charge you a fee to cover the costs of copying, mailing or additional costs incurred with your request.

You have the right to request an amendment of your PHI if the information we have about you is not accurate or complete. As long as your PHI is maintained by Discount Drug Mart, we will correct those identified mistakes if the PHI was created by us or the person or entity who created the PHI is no longer able to make the amendment.

Amendment requests that deal with the addition of information to your records may be made at your local Discount Drug Mart. If unable to honor your request or for other types of changes, you must submit a written request for amendment of your PHI on a Request for Amendment Form available from the Privacy Officer. All completed forms should be returned to the attention of the company Privacy Officer. A decision regarding your request will be made no later than 60 days after receipt unless extended for 30 days. Since we are unable to amend PHI believed to be accurate, you should provide evidence to support your claim. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may provide a rebuttal to your statement.

You have the right to receive an accounting of disclosures involving your PHI by Discount Drug Mart after April 14, 2003 for most purposes other than treatment, payment, or health care operations. Such accountings will not include disclosures we make to you, disclosures permitted by your authorization, disclosures necessary for treatment, proper payment, or to operate Discount Drug Mart, for notification purposes, disclosures to family and friends mentioned in this Notice, or made in your presence or because of an emergency, or disclosures for national security purposes. Any request for an accounting within a 12 month period will be free. There will be costs assessed for additional accountings. You will have the right to change your requests prior to incurring the fee. The right to receive an accounting is subject to certain other exceptions, restrictions and limitations.

Written requests for an accounting of disclosures of PHI should be made by completely filling out a Request for Accounting of Disclosure form which is available from the Privacy Officer. Completed forms should be returned to the attention of the Privacy Officer. Included should be the time period of the accounting (not longer than six years and not prior to 4/14/03) as well as the medium in which you would like the accounting.

If you feel your rights have been violated, please notify us immediately. Any violation of this Notice will be remedied and handled accordingly to prevent future violation. A formal complaint may be filed with either the company Privacy Officer and/or with the United States Dept. of Health & Human Services. All complaints will be taken seriously so they should be accompanied with evidence or documents indicative of privacy right violations. Discount Drug Mart policy and federal law prohibit retaliation against any person for filing a complaint.

Complaints should be sent to Discount Drug Mart, Inc, attention of Privacy Officer, at 211 Commerce Drive in Medina, Ohio, 44256. (330-725-2340) or to the U.S. Department of Health and Human Services, Office of Civil Rights located at 200 Independence Avenue, S.W. in Washington, D.C., 20201.

We have the right to make changes to our privacy practices described in this Notice. If any material changes impact the use and disclosure of your PHI already maintained by Discount Drug Mart, revised Notices will be made available at each Discount Drug Mart location or by logging onto our Web site at www.discount-drugmart.com.

When initially receiving this Notice, you will be asked to sign an acknowledgement stating that you were provided a copy of this Notice. Copies of the current Notice may be obtained by contacting the Privacy Officer or visiting our Web site at www.discount-drugmart.com. Current revised notices will also be available at all stores. You have the right to obtain a paper copy of this Notice even if you previously agreed to accept an electronic version

If you have questions or would like additional information about our privacy practices, you may contact the company Privacy Officer at: Discount Drug Mart, Inc.

Attn: Privacy Officer
211 Commerce Drive OR privacyofficer@discount-drugmart.com
Medina, Ohio 44256
(330)725-2340