



SUMMARY NOTICE OF PRIVACY PRACTICES

Effective Date: July 31, 2007

THIS SUMMARY 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 the Summary or the Notice of Privacy Practices, please contact the PharMerica Corporate Office at 1-866-209-2178:

PharMerica is required by law to:

- Make sure that the health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to your health information; and
- Follow the terms of the notice that is currently in effect.

In order to provide you quality care and services, PharMerica needs to use and disclose your health information for purposes of treatment, payment, and health care operations. For example, we may use and disclose your health information to:

- Fill your prescription or to contact you as a reminder to refill a prescription, as well as to recommend possible treatment alternatives.
- Bill you, your insurance carrier, or a third party for the products and services we provide for you.
- Conduct peer reviews, quality assessments, and compliance audits, as well as other administrative functions.

You have certain rights to your health information, including the right to:

- Access and obtain a copy of your health information;
- Request that PharMerica amend information that you believe is incomplete or incorrect; and
- Complain to PharMerica or the Secretary of Health and Human Services if you believe your privacy rights have been violated. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

TO FILE A COMPLAINT WITH PHARMERICA, CONTACT:

Corporate Office AT 1-866-209-2178



NOTICE OF PRIVACY PRACTICES

Effective Date: July 31, 2007

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

*Greg Weishar
Chief Executive Officer
PharMerica
1901 Campus Place
Louisville, KY 40299
1-866-209-2178*

OUR COMMITMENT TO YOUR PRIVACY

PharMerica understands that protected health information about you and your health is personal, and we are committed to protecting your protected health information. When you receive care and services from PharMerica, we create a record. We need these records to provide you with quality care and to comply with certain legal requirements. This *Notice of Privacy Practices* applies to all of the records that PharMerica creates about you.

This *Notice* will tell you about the ways in which PharMerica may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information.

We are required by law to:

- Make sure that protected health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to protected health information about you; and
- Follow the terms of the *Notice* that is currently in effect.

HOW WE MAY USE AND DISCLOSE

PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we

mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways in which we may use and disclose information will fall within one of the categories.

- **For Treatment.** We may use protected health information about you to provide you with pharmacy products or services. We may disclose protected health information about you to doctors, nurses, or other health care professionals who are involved in taking care of you. For example, a doctor prescribing medication for you may need to know what other medications you are taking to protect against harmful interactions. Different departments of the pharmacy and the company may also share medical information about you in order to coordinate your treatment. For example, your medical information will be provided to the consultant pharmacist who reviews your treatment.
- **For Payment.** We may use and disclose protected health information about you so that the medications and pharmacy services you receive through PharMerica may be billed, and payment may be collected, from you, an insurance company or a third party. For example, we may need to give your health plan information about what medications were dispensed to you, and what your physician authorized us to dispense, so that your health plan will pay us or reimburse you for the medication. We may also tell your health plan about a prescription that you are going to have filled in order to obtain prior approval or to determine whether your plan will cover the medication.
- **For Health Care Operations.** We may use and disclose protected health information about you for health care operations. These are uses and disclosures that are necessary to run our business. Health care operations may include business management and general administrative functions, as well as quality assessment, peer reviews and compliance audits. For example, to make sure that all of our customers receive quality care, we may use protected health information to conduct reviews of our services and to evaluate the performance of our staff in caring for you. We may also combine protected health information about many PharMerica customers to decide what additional services we should offer you, what services are not needed, and whether certain pharmacy practices are effective. We may also disclose information to pharmacists and pharmacy technicians for review and learning purposes.
- **Refill Reminders.** We may use and disclose protected health information to contact you as a reminder to refill a prescription.
- **Treatment Alternatives.** We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services and Health News.** We may use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you. We may also use it to notify you of health-related news that you may find of interest.
- **As Required By Law.** We will disclose protected health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose protected health

information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat, e.g., a physician or public health official.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor, we may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release protected health information about you as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose protected health information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report child abuse or neglect;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - To notify the appropriate government authority if we believe a customer has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release protected health information if asked to do so by a law enforcement official:

- 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;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct relating to PharMerica; 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.
- **Coroners, Medical Examiners and Funeral Directors.** We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release protected health information about customers of PharMerica to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose protected health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

- **Right to Inspect and Copy.** You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes protected health and billing records, but does not include psychotherapy notes.

To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to PharMerica Privacy Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. A licensed health care professional chosen by PharMerica will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that protected health information 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 the information is kept by or for PharMerica.

To request an amendment, your request must be made in writing and submitted to PharMerica Privacy Department. In addition, you must provide a reason that supports your request.

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, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the protected health information kept by or for PharMerica;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of protected health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to PharMerica Privacy Department. Your request must state a time period for which the list of disclosures is sought. This period may not be longer than six years and may not include dates before February 26, 2003. Your request should indicate in what form you want the list (for example, on paper). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. 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 protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information 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 certain prescriptions that you filled.

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

To request restrictions, you must make your request in writing to PharMerica Privacy Department. In your request, you must tell us (1) what information you want to limit; (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.

- **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, you must make your request in writing to PharMerica Privacy Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to



be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our Website, www.pharmerica.com

To obtain a paper copy of this notice, please contact the PharMerica Privacy Department at 1-866-209-2178.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the www.pharmerica.com Website. The notice will contain on the first page, in the top right-hand corner, the effective date. Each time you visit the www.pharmerica.com Website, you will see a link to the current privacy notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with PharMerica or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. To file a complaint with PharMerica, contact:

*Greg Weishar
Chief Executive Officer
PharMerica
1901 Campus Place
Louisville, KY 40299
1-866-209-2178*

To file a complaint with the Secretary, Department of Health and Human Services, send your complaint to:

*Region 4
Office of Civil Rights
U.S. Department of Health and Human Services
Atlanta Federal Center
Suite 3B70
61 Forsyth Street SW
Atlanta GA 30303-8909*

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose protected health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. However, we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.