

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.

We understand that your medical information is personal and we are committed to protecting privacy of your medical information. While you receive pharmacy services from PharMerica, we create records of the pharmacy services that we provide to you. We need these records to provide you with quality pharmacy services and to comply with certain legal requirements. This Notice describes how we may use and disclose your medical information for purposes of treatment, payment and health care operations, as well as certain other purposes that are permitted or required by law. This Notice also describes your rights with respect to your medical information. This Notice describes the privacy practices of PharMerica Corporation and the entities under common ownership or control of PharMerica Corporation which together form an affiliated covered entity under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the HIPAA privacy rules (referred to as “PharMerica” or “we” in this Notice).

Your Rights Regarding Your Medical Information

By law, you have the following rights with respect to your medical information:

- Right to Review and Obtain a Copy Your Medical Information.** You have the right to review and obtain a copy of your medical information. To inspect and copy your medical information, you must submit your request in writing to our Privacy Officer. Under certain circumstances and, if permitted by law, we may deny your request. If you request a copy of your medical information, we may charge a reasonable cost based fee for the costs of copying, supplies and postage associated with your request, as permitted by law. You also may request a copy of your electronic health record, if we maintain your medical information in electronic format.

- Right to Request a Restriction on Uses and Disclosures of Your Medical Information.** You have the right to request a restriction on uses and disclosures of your medical information for purposes of treatment, payment or health care operations or to individuals involved in your care. To request a restriction, you must submit your request in writing to our Privacy Officer. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply (for example, disclosures to a certain family member). We are not required to agree to a requested restriction unless your request is to restrict disclosures for purposes of carrying out payment or health care operations to your health plan, which disclosures are not otherwise required by law, and the medical information pertains solely to the item or service for which you, or a party other than the health plan, have paid in full. We will notify you if we don’t agree to your request for restriction. If we agree to your request for a restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to you. Even if we agree to your request for a restriction, we will still be permitted to disclose your medical information to

the Secretary of the Department of Health and Human Services and for certain other purposes described below when disclosure is permitted without your authorization (for example, disclosures for purposes of judicial proceedings, public health activities). We may terminate a previously agreed to restriction as permitted by law, in which case we will notify you of the termination.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you by using a specified method or at a specified location. For example, you can ask that we only contact you at a certain phone number or only by mail. To request such confidential communications, you must submit your request in writing to our Privacy Officer. We will not ask you to state the reason for your request. Your request must specify how or where you wish to be contacted and to what address we may send bills for payment for services provided to you. We will accommodate all reasonable requests for confidential communications.

- **Right to Request Amendment of Your Medical Information.** You have the right to request an amendment of your medical information if you believe that the information we have about you is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by PharMerica. To request an amendment, you must submit your request in writing to our Privacy Officer and specify a reason for your request. We may deny your request for an amendment if it is not in writing or does not include a reason supporting your 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 medical information kept by us, is not part of the medical information which you would be permitted to inspect and copy, or if we determine that your medical information is accurate and complete. If we accept your request, we will inform you about our acceptance and make the appropriate corrections. If we deny your request, we will inform you of this decision and give you a chance to submit to us a written statement disagreeing with the denial. We will add your written statement to your record and include it whenever we disclose the part of your medical information to which your written statement relates.

- **Right to Request Accounting of Disclosures.** You have the right to request an accounting of certain disclosures we have made of your medical information. To request this accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period for which the accounting of disclosures is sought, which may not be longer than six years prior to the date on which your request for accounting is made. The first accounting request within a 12-month period will be free. For additional accounting requests, 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 before any costs are incurred.

- **Right to Receive Breach Notice.** You have the right to receive notice following a breach of your unsecured protected health information.

- Right to Obtain Copy of This Notice.** You have the right to obtain a copy of this Notice upon request. 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 our Privacy Officer at 866-209-2178.

Our Duties Regarding Your Medical Information

We are required by law to:

- Maintain the privacy of your medical information,
- Provide you with this Notice concerning our legal duties and privacy practices with respect to your medical information,
- Provide you with notice following a breach of unsecured protected health information,
- Abide by the terms of this Notice.

We reserve the right to change the terms of this Notice at any time and to apply the revised Notice to all medical information that we maintain. We will post a copy of the current Notice on PharMerica's website at www.pharmerica.com. The Notice will specify the effective date of the Notice. Each time you visit our website, you will see a link to the current Notice in effect. Any new Notice will also be available to you by requesting that a copy be sent to you in the mail.

Uses and Disclosures of Medical Information Without Your Authorization

Unless otherwise prohibited by law, we may disclose your medical information without obtaining your authorization as described below.

- Treatment.** We may use and disclose your medical information to provide you with pharmacy products and services. We may disclose your medical information to doctors, nurses and other health care providers involved in providing health care services to you. For example, a doctor prescribing medications for you may need to know what other medications you are taking to protect against harmful drug interactions. Your medical information will be reviewed by consultant pharmacists when providing pharmacy services to you. We may also share medical information about you in order to coordinate your treatment. We also may use your medical information to contact you to remind you to refill a prescription or about an appointment or to follow up on your care.
- Payment.** We may use and disclose your medical information so we can bill and receive payment for medications and pharmacy services we provide to you from your insurance company or another responsible for payment 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 may pay us or reimburse you for the medications. 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 cost of the medication.

- **Health Care Operations.** We may use and disclose your medical information for purposes of health care operations, which are various activities necessary to run our business. Examples of such activities include business planning and management, general administrative functions, quality assessment and improvement activities, protocol and clinical guideline development, case management and care coordination, peer reviews, legal services and compliance audits. For example, to make sure that all of our patients receive quality pharmacy services, we may use medical information to conduct reviews of our services and evaluate the performance of our staff in providing services to you. We may use your medical information to decide what additional services we should offer you, what services are not needed and whether certain pharmacy practices are effective. We may disclose your medical information to pharmacists, pharmacy technicians, pharmacy students and trainees for review and learning purposes.

- **Family Members and Friends Involved in Your Care.** We may disclose to your family members, other relatives and close personal friends involved in your care or any other person identified by you your medical information relevant to such person's involvement in your care or payment related to your care, if either you agree to the disclosure, we provide you with an opportunity to object to the disclosure and you do not object, or we reasonably infer that you do not object to the disclosure. If you are not present at the time we disclose your medical information, we may in the exercise of professional judgment determine whether the disclosure is in your best interests and if so, disclose the medical information that is directly relevant to the person's involvement with your care. We may also use and disclose your medical information for the purpose of locating and notifying your relatives or friends of your location, general condition or death and to organizations that are involved in those tasks during disaster situations.

- **Compliance With Law.** We will make your medical information available to you, disclose your medical information to the Secretary of the Department of Health and Human Services and disclose your medical information to the extent the disclosure is required to comply with law.

- **Public Health Activities.** We may disclose your medical information for public health activities to public health or other appropriate governmental authorities authorized by law to collect and receive such information in order to help prevent or control disease, injury or disability. This may include disclosing your medical information to report certain diseases, injuries, child abuse or neglect, reporting information to the Food and Drug Administration if you experience an adverse reaction from any of the drugs, supplies or equipment, to enable product recalls or disclosing medical information for public health surveillance, public health investigations or interventions.

- **Health Oversight Activities.** We may disclose your medical information to governmental agencies so they can monitor, audit, investigate, inspect, discipline or

license those who work in the health care system and engage in other activities authorized by law in order to provide for the proper oversight of the health care system or for government benefit programs for which health information is relevant to beneficiary eligibility.

- **Workers Compensation.** We may disclose your medical information as authorized by and to the extent necessary to comply with laws related to workers compensation or other similar programs established by law to provide benefits for work-related injuries or illnesses.

- **Judicial and Administrative Proceedings.** We may disclose your medical information in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process, subject to certain procedural requirements consistent with applicable law.

- **Law Enforcement.** We may disclose your medical information to law enforcement officials to report or prevent a crime, report criminal conduct that occurred on premises of our facilities, to alert law enforcement if a death has resulted from a criminal conduct, locate or identify a suspect, fugitive, missing person or material witness. In addition, we may disclose medical information to law enforcement officials regarding a victim of a crime, in response to a subpoena, court order or warrant, administrative request or similar process authorized by law or as otherwise required by law.

- **Specialized Government Functions.** If you are a member of the Armed Forces, we may disclose your medical information as required by military command authorities to assure the proper execution of a military mission and with respect to foreign military personnel, to the appropriate foreign military authorities for the same purpose. We also may disclose your medical information for conducting national security and intelligence activities, including providing protective services to the President or other persons provided protective services under Federal law.

- **Coroners, Medical Examiners and Funeral Directors.** We may disclose your medical information to coroners, medical examiners and funeral directors so that they can carry out their duties or for purposes of identification of a deceased person or determining cause of death.

- **Organ, Eye and Tissue Donation.** We may disclose your medical information to organ procurement organizations or other entities involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation and transplantation purposes.

- **Research.** We may use or disclose your medical information for research purposes provided that we comply with applicable Federal and state legal requirements.

- **Abuse, Neglect and Domestic Violence.** We may disclose your medical information to a governmental authority, including a social service or a protective services agency, authorized by law to receive reports of abuse, neglect or domestic violence, if we reasonably believe that you are a victim of abuse, neglect or domestic violence, to the extent the disclosure is required or authorized by law.
- **Serious Threat to Health and Safety.** We may disclose your medical information as necessary to prevent or lessen a serious threat to health or safety of a person or the public.
- **Correctional Institutions.** If you are in the custody of law enforcement or a correctional institution, we may disclose your medical information to the law enforcement official or the correctional institution as necessary for your health and safety, the health and safety of others, provision of health care services to you or certain approved operations of the correctional institution.
- **Limited Data Sets.** We may use or disclose a limited data set (i.e., medical information in which certain identifying information has been removed) for purposes of research, public health, or health care operations. We will require any recipient of that limited data set must to agree to appropriately safeguard your information.
- **Business Associates.** We may share your medical information with third party “business associates,” which are various vendors that perform various services for us. For example, we may disclose your medical information to third parties to provide billing, collection or copying services to us. To protect your medical information, however, we require our business associates to safeguard your medical information.

Uses and Disclosures of Medical Information Which Require Authorization

Obtaining your authorization is required for most uses and disclosures of psychotherapy notes, uses and disclosures of your medical information for marketing purposes and disclosures which constitute sale of your medical information. In addition, for other uses and disclosures of your medical information beyond the uses and disclosures described in this Notice, we are required to obtain your written authorization. For example, you will need to give us your written authorization before we disclose your medical information to your life insurance company or to your employer. In addition, certain Federal and state laws may require special privacy protections for certain medical information, including information that pertains to HIV/AIDS testing, diagnosis or treatment, mental health services, alcohol or drug abuse treatment services or certain other types of medical information. Sometimes state or Federal laws prohibit disclosure of medical information that is otherwise permitted to be made without an authorization under the HIPAA privacy rules. To the extent any such laws require special protection to any of your medical information and do not permit disclosure of such information without obtaining your written consent, we will comply with those laws.

How You May Revoke Your Authorization

You may revoke your authorization to release your medical information if you notify us in writing at any time but we cannot take back any medical information that has already been

disclosed by us in reliance of your prior authorization approving such disclosure. To revoke any previously provided authorization you must submit a written request for revocation to our Privacy Officer.

For More Information or to Report a Complaint

If you have questions or would like more information about our privacy practices, you may contact our Privacy Officer at 866-209-2178 or by mail at the address noted below. If you believe your privacy rights have been violated, you may file a written complaint with our Privacy Officer or the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint. To file a complaint with PharMerica, please direct your complaint to our Privacy Officer:

Privacy Officer
PharMerica
1901 Campus Place
Louisville, KY 40299
Phone: 866-209-2178

Effective Date: August 30th, 2013