

RxAMERICA LLC

NOTICE OF PRIVACY PRACTICES

Effective Date: October 1, 2005

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

SCOPE OF THIS NOTICE

This Notice applies to health information that we (“RxAmerica”) possess about your past or future physical or mental health (“your health information”). The Health Insurance Portability and Accountability Act (“HIPAA”) gives individuals certain rights with regard to their health information and limits the uses and disclosures of certain health information. Most of the health information that RxAmerica has is related to your medications. Therefore, this Notice describes RxAmerica’s privacy practices.

PERMITTED USES AND DISCLOSURES

RxAmerica will follow the terms of this Notice. We will not use or disclose your health information without your written authorization, except as explained in this Notice or as required by law. Certain laws may require that we disclose your health information without your written authorization and we are obligated to follow those laws.

How We May Use and Disclose Your Health Care Information

For Treatment: We may use and disclose your health information to assist pharmacists and other health care providers to provide you drug therapy and other health care. We may also use and disclose your health care information to provide and coordinate the delivery of prescription drug products and services. For example, your pharmacist submits claims for payment to RxAmerica for prescriptions they intend to fill for you. When those claims are processed, RxAmerica’s system may screen your prescriptions for drug interactions, duplicate therapy, refills that occur too often, and other factors that may affect your health. If this occurs, RxAmerica might inform your pharmacist or physician about these situations. We may disclose this information even if you received drugs from a different pharmacist than the one who submitted the claim. Also, if RxAmerica performs disease management functions, we may communicate with your health care providers about the prescription drugs you use and methods to optimize the benefits of the drug therapy.

For Payment: Your health information may be used as needed to bill for or receive payment for your prescriptions. This may include communication with insurance companies, medical review organizations, and other health care providers. For example, RxAmerica receives information from your pharmacists and can provide the information about your prescriptions to Centers for Medicare and Medicaid Services (“CMS”), to your Medicare

Advantage plan, or to your Prescription Drug Plan or to companies that perform services to your benefits plan, as applicable.

For Health Care Operations: We may use or disclose your protected health information in order to support administrative and business activities that are necessary to operate RxAmerica and to assist pharmacies in providing your prescriptions. Similarly we use and disclose your health care information to your health care benefit plan. For example, we may use your health information when we perform quality and financial audits of prescription drug claims.

Individuals Involved in Your Care or Payment for Your Care: We may disclose your health information to your family or friends or any other person identified by you when they are involved in your care and/or payment for your care. We will only disclose the health information directly related to their involvement in your care or payment. We may also use or disclose your health information to notify or assist in the notification of a family member, personal representative, or another person responsible for your care, of your location, general condition, or death. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest and we will disclose only the information that is directly related to their involvement in your care. When permitted to do so by law, we may coordinate our uses and disclosures of your health information with public or private entities authorized to assist in disaster relief efforts.

Prescription Reminders: We may use and disclose your health information to contact you as a reminder that your prescriptions are ready to be filled. We may leave a brief reminder on your answering machine or voicemail system unless you tell us not to.

Treatment Alternatives and Health-Related Benefits and Services: We may use and disclose your health information to tell you about or recommend new treatment alternatives or other health-related services that may be of interest to you.

Research: We may use and disclose health information about you for research purposes. Before we use or disclose your health information for research, the project will have been approved through the research approval process by an Institutional Review Board or Privacy Board. We may, however, disclose health information about you to people preparing to conduct a research project; for example, to help them look for patients with specific health needs, so long as the health information they review does not leave our control.

As Required by Law: We will disclose health information about you when required to do so by federal, state or local law.

Public Health Activities: We may disclose health information about you:

- To public health authorities as authorized by law:
 - To prevent or control disease, injury or disability (e.g. disease or trauma registries);
 - To report disease, injury, births, or deaths;

- To assist with public health investigations and interventions;
- To report child abuse or neglect; and
- To report abuse or neglect of adults under certain circumstances.
- To the Food and Drug Administration or Drug Manufacturers:
 - To report reactions to medications or problems with products;
 - For notification of recalls of products; and
 - For conducting safety monitoring after a drug has been marketed.
- To a person who may have been exposed to a disease or condition

To a Government Authority Such as Social or Protective Services: We can disclose information about you if you are the victim of abuse, neglect, or domestic violence under certain circumstances.

To Avert a Serious Threat to Health or Safety: We may use and disclose 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 prevent the threat.

Military and Veterans: If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release health information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Health Oversight Activities: We may disclose health information to a government health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. We are permitted to make these disclosures when necessary for the government to monitor the health care system, government programs, licensing functions, and compliance with civil rights laws.

Judicial and Administrative Proceedings: We may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request during litigation, or other lawful process.

Law Enforcement: We may release 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 under certain limited circumstances;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct on our premises; and

- To report a crime in an emergency.

National Security and Intelligence Activities: We may release 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 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 to conduct special investigations.

Coroner and Medical Examiners: We may disclose your health information to a coroner or medical examiner for the purpose of discovering the cause of death or other legal duties.

Organ Donations: We may disclose your health information to facilitate organ donation.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or the law enforcement official: (i) for the institution to provide you with health care; (ii) to protect your health and safety or the health and safety of others; or (iii) for the safety and security of the correctional institution.

OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Other uses and disclosures of your health information not covered in the previous sections of this Notice will only be made with your written permission or authorization. If you have given us permission to use or disclose your health information you may also revoke that authorization, in writing, at any time. Once you revoke your authorization, we will no longer use or disclose the information about you for the reasons covered by that authorization, but we cannot take back any uses or disclosures already made with your permission.

YOUR RIGHTS

You have the following rights regarding health information about you:

Right to Request Restrictions: You have the right to request a restriction on the health information we use or disclose about you for your treatment, payment, or healthcare operations. To request such restrictions, including what may be revealed to a family member or caregiver, you must make your request in writing to RxAmerica's Privacy Officer. We are not required to agree to your request. If we do agree, we will notify you in writing and comply with your request unless the information is needed to provide you with emergency treatment or is required by law.

Right to Request Alternative Communications: You have the right to request that we communicate with you about medical or billing information in a certain way (phone, fax, mail, etc.) or at a specific location (home, office, etc.). You must specify, in writing, how or where you wish to be contacted, and give it to RxAmerica's Privacy Officer at the address below. We

will not ask for the reason for your request but we may ask for clarification if the request is based on a danger to you. We will accommodate your request if it is reasonable for us to do so.

Right to Inspect and Copy: You have the right to inspect and to obtain a copy of your health information. Usually, this includes prescription records and billing records. To inspect and obtain a copy of your records you must submit your request in writing to RxAmerica's Privacy Officer at the address below. We may charge a fee for the cost of copying and/or mailing the records we send to you. We may deny your request to inspect or copy your records in certain, limited circumstances. Under certain circumstances you may obtain a review of the denial.

Right to Amend Your Records: If you feel that health information we have recorded about you is incorrect or incomplete, you may ask us to amend or change the information. You have the right to request an amendment for as long as the information is kept by RxAmerica. To request an amendment, you must submit the request in writing to RxAmerica's Privacy Officer for review. You must state specifically the reason that supports your request. We may deny your request if these criteria are not met. In addition, we may deny your request if you ask us to amend information that:

- Was not created by RxAmerica, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for RxAmerica;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to Accounting of Disclosures: You have the right to request, in certain situations, an "accounting of disclosures." This is a list that includes disclosures of your health information for purposes other than treatment, payment and health care operations. You must submit your written request to RxAmerica's Privacy Officer so that it may be reviewed. You may be charged for the cost of providing the list. Once notified of the cost, you may withdraw or modify your request before any costs are incurred.

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. To obtain a paper copy of this Notice, you may call or write to RxAmerica's Privacy Officer or visit our website at www.rxamerica.com.

COMPLAINTS

We are committed to protecting the privacy and confidentiality of your personal health information. If you believe that your privacy rights have been violated, you may call **RxAmerica's Privacy Officer** at the phone number below or file a written complaint with **RxAmerica's Privacy Officer**. You may also send your complaint to the Secretary of the U.S. Department of Health and Human Services at the Office of Civil Rights. You will not be penalized for filing a complaint.

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 health information we already have about you as well as any information we receive in the future. Copies of the current Notice will be posted on RxAmerica's website. You may request a copy of the Notice currently in effect.

CONTACT INFORMATION

If you have any questions or would like additional information about RxAmerica's privacy practices, you may contact:

RxAmerica's Privacy Officer
Joseph C. LaPine
RxAmerica LLC
221 N. Charles Lindbergh Dr.
Salt Lake City, UT 84116

Phone: 801-961-6000

Fax: 801-961-6315