

**NOTICE OF PRIVACY PRACTICES**  
**FOR PHARMACIES**

Original Effective Date: April 14, 2003  
Updated: September 1, 2010; September 1, 2013

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

As the operators of pharmacies within our supermarket locations, we are committed to protecting the privacy of your Protected Health Information (“PHI”) and to providing you with a notice of our legal duties and privacy practices with respect to your PHI, pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and state laws in each of the states in which we operate. We are required by law to maintain the privacy of PHI, to provide you with notice of our legal duties and privacy practices with respect to PHI and to notify affected individuals if a breach of unsecured PHI occurs. PHI is information about you, including basic demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices (“Notice”) describes how we may use and disclose PHI about you to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to your PHI. **PLEASE REVIEW THE INFORMATION IN THIS NOTICE CAREFULLY.**

We are required to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and to modify this Notice and to make the modified Notice effective for all PHI that we already have about you, as well as any of your PHI that we may receive, create or maintain in the future. If we make such a change, we will display the revised Notice in a prominent location at our stores and you may request a copy of our most current Notice at any time.

**How to Contact Us**

If you have any questions or need further information about this Notice, you can either write to or call:

HIPAA Privacy Officer  
Delhaize America Shared Services Group, LLC  
P.O. Box 1000  
Mail Sort 9805  
Portland, ME 04104  
1-800-442-6049 or 1-207-885-2957

**Your Health Information Rights**

You have the following rights with respect to PHI about you:

- *Obtain a paper copy of the Notice upon request.* At any time you may request a copy of this Notice, as it may be modified from time to time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, please contact us using the contact information provided above.

- *Request a restriction on certain uses and disclosures of PHI.* You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request to the HIPAA Privacy Officer at the address provided above. Please clearly and concisely identify: (a) the information you wish to be restricted; (b) how you want the information restricted; and (c) to whom you want the limits to apply. We are not required to agree to any such restrictions, except a request by you to restrict disclosure of PHI to a health plan if (i) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (ii) the PHI pertains solely to a health care item or service for which you or someone on your behalf other than the health plan has paid us in full. We will not use or disclose your PHI in violation of any restrictions we agree to, other than as required by law, in an emergency or when the information is necessary to treat you.
- *Inspect and obtain a copy of PHI.* You have the right to access and copy your PHI that may be used to make decisions about you – a “designated record set” – for as long as we maintain the PHI. The designated record set usually will include prescriptions and billing records. We generally are required to provide you with access to your PHI within thirty (30) days after receipt of your request. To inspect or copy your PHI, you must send a written request to the HIPAA Privacy Officer at the address noted above. You may be charged a reasonable fee for the costs of copying, transmitting and/or mailing your PHI. We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your PHI, you may request that the denial decision be reviewed by sending a written request to the HIPAA Privacy Officer at the address noted above.
- *Request an amendment of PHI.* If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend the PHI. You may request an amendment for as long as we maintain the PHI. To request an amendment, you must send a written request to the HIPAA Privacy Officer at the address provided above. In addition, you must include with your written request a specific reason that supports your request. In certain cases, we may deny your request for amendment. If your request for an amendment is denied, you have the right to file a statement of disagreement with the decision by sending your statement to the HIPAA Privacy Officer at the address provided above and we may provide a rebuttal to your statement.
- *Receive an accounting of disclosures of PHI.* You have the right to receive an accounting of certain disclosures of your PHI made by us for the six (6) years prior to the date you request the accounting. This right applies to most disclosures that are made for purposes *other than* treatment, payment or health care operations. The accounting will exclude disclosures we have made directly to you, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions and limitations, all of which are set out in HIPAA. To request an accounting you must submit your request in writing to the HIPAA Privacy Officer at the address provided above. Your request must specify the time period for which you want an accounting, but that time period may not exceed six (6) years. The first accounting you request within a twelve (12) month period will be provided free of charge, but you may be charged for the cost of providing additional accountings within the same twelve (12) month period. Following your request for an accounting, you will be notified of the cost associated with providing the accounting and you may choose to withdraw or modify your request at that time.
- *Request communications of PHI by alternative means or at alternative locations.* You may request that we contact you about medical matters only in writing or at a different residence or post office box than the one at which you receive your other mail. To request confidential

communication of your PHI, you must submit your request in writing to the HIPAA Privacy Officer at the address provided above. Your request must specify how or where you would like to be contacted, but you do not need to provide a reason for your request. We will accommodate all reasonable requests for communicating via alternative means or locations.

### **Examples of How We May Use and Disclose PHI**

The following categories describe and provide examples of different ways that we may use and disclose PHI about you. Note that the examples listed do not constitute an exhaustive list but merely illustrate some of the ways PHI may be used and disclosed.

**Treatment:** We may use or disclose your PHI to dispense medications and/or devices to you. We will document information related to the medications dispensed to you or the services provided to you. We also may contact you to provide refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may contact, or be contacted by physicians, other pharmacists or other health care providers, in order to use or disclose information pertaining to your treatment.

**Payment:** We may use or disclose your PHI to contact your insurer, pharmacy benefit manager or third-party payor to determine whether it will pay for your prescription(s) and the amount of your co-payment responsibility, if any. The information on or accompanying a bill may include information that identifies you, as well as the prescriptions you are taking.

**Health care operations:** We may use or disclose your PHI to monitor the performance of the pharmacies and/or pharmacy staff providing treatment to you, or to conduct cost-management and business planning activities. This information will be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

**Business associates:** We may share your PHI with certain business associates who contract with us to provide services. Examples of possible business associates include attorneys, software vendors, consultants, communication service providers and third party benefits administrators. When these services are contracted for, we may disclose PHI about you to our business associates so the business associates can perform those services. To protect your PHI, we require each business associate to sign an agreement that obligates it to appropriately safeguard your PHI.

**Communication with individuals involved in your care or payment for your care:** We may, using our professional judgment, disclose your PHI to a family member, other relative, close personal friend or any person you identify, if the PHI is relevant to that person's involvement in your care or payment related to your care. For example, if a parent or guardian asks a babysitter to pick up a prescription on behalf of a child, the babysitter may have access to the child's prescription information.

**As required by the Secretary of Health and Human Services:** We may be required to disclose your PHI to the Secretary of Health and Human Services so that the Secretary may investigate or determine our compliance with HIPAA.

**Food and Drug Administration (FDA):** We may disclose to the FDA or its agents PHI that relates 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.

**Workers' compensation:** We may disclose PHI about you to the extent authorized by and to the extent necessary to comply with state laws relating to workers' compensation or other similar programs established by law.

**Public health:** We may disclose PHI about you 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 as required by law or in response to a validly issued subpoena or other legal process. This includes state and federal prescription use monitoring programs.

**National security and intelligence activities:** We may release PHI about you to authorized federal officials for intelligence, counterintelligence and other national security activities when required to do so and such disclosure is authorized by law.

**As required by law:** We must disclose PHI about you when required to do so by law.

**Health oversight activities:** We may disclose PHI about you to an oversight agency for activities authorized or monitored by law. These oversight activities include audits, investigations and inspections as needed for our licensure and for the government to monitor the health care system and government programs, as well as compliance with civil rights laws.

**Judicial and administrative proceedings:** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI 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 requested PHI.

**Research:** We may disclose PHI about you to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

**Coroners, medical examiners, and funeral directors:** We will not release PHI about you to a coroner, medical examiner or funeral director without your authorization unless required to do so by law. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors to assist them in carrying out their responsibilities, provided such disclosure is consistent with applicable law.

**Organ or tissue procurement organizations:** We may, consistent with applicable law, disclose PHI about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

**Fundraising:** We will not disclose your PHI for fundraising purposes. We may use or disclose PHI in connection with a sale or other disposition of all or any part of our pharmacy operations to the extent permitted by law.

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

**To avert a serious threat to health or safety:** We may use and disclose PHI 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.

**Specialized government functions:** We may disclose PHI for purposes related to the military or national security concerns, such as for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits. We may also release PHI about foreign military personnel to the appropriate military authority.

**Victims of abuse, neglect or domestic violence:** We may disclose PHI about you 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, if you agree to disclosure or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else, or if the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

### **Other Uses and Disclosures of PHI**

We will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above or as otherwise permitted or required by law. Your authorization is required for any use or disclosure of PHI for marketing communications or sales of PHI that involve financial remuneration to us. You may revoke an authorization at any time by submitting a written revocation to the HIPAA Privacy Officer at the address provided above. As soon as reasonably possible following receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization. Please note that we may be required by applicable law to retain certain PHI about you, particularly regarding the provision of health care services and products.

### **Other Restrictions on Uses and Disclosures of PHI**

The uses and disclosures of your PHI described above are permitted or required by federal law. Some states have laws that require additional privacy safeguards above and beyond the federal requirements. If a state law is more restrictive regarding uses and disclosures of your PHI, or provides you with greater rights with respect to your PHI, we will comply with the state law. Please review the attached State Law Supplement to view the policies regarding your PHI in specific states.

### **To Report a Problem**

If you have questions or would like additional information about our privacy practices, you may contact the HIPAA Privacy Officer at the address provided above. If you believe your privacy rights have been violated, you can file a written complaint with the HIPAA Privacy Officer at the address provided above or with the Secretary of the United States Department of Health and Human Services. There will be no retaliation against you for filing a complaint.

## **NOTICE OF PRIVACY PRACTICES FOR PHARMACIES**

### **STATE LAW SUPPLEMENT**

#### **DELAWARE**

No supplemental material. Please refer to the Notice of Privacy Practices.

#### **FLORIDA**

We will not disclose your pharmacy records without your written authorization except to: (a) you; (b) your legal representative; (c) the Department of Health pursuant to existing law; (d) in the event you are incapacitated or unable to request your records, your spouse; and (e) in any civil or criminal proceeding, upon the issuance of a subpoena from a court of competent jurisdiction and proper notice to you or your legal representative, by the party seeking the records.

#### **GEORGIA**

Unless authorized by you, we will not disclose your confidential information to anyone other than you or your authorized representative, except to the following persons or entities: (a) the prescriber, or other licensed health care practitioners caring for you; (b) another licensed pharmacist for purposes of transferring a prescription or as part of a patient's drug utilization review, or other patient counseling requirements; (c) the Board of Pharmacy, or its representative; or (d) any law enforcement personnel duly authorized to receive such information.

We may also disclose your confidential information without your consent pursuant to a subpoena issued and signed by an authorized government Officer or a court order issued and signed by a judge of an appropriate court.

We will not disclose AIDS confidential information, except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure.

#### **KENTUCKY**

We will not disclose your patient information or the nature of professional services rendered to you without your express consent or without a court order, except to the following authorized persons:

- (a) members, inspectors, or agents of the Board of Pharmacy;
- (b) you, your agent, or another pharmacist acting on your behalf;
- (c) another person, upon your request;
- (d) licensed health care personnel who are responsible for your care;
- (e) certain state government agents charged with enforcing the controlled substances laws;
- (f) federal, state, or municipal government officers who are investigating a specific person regarding drug charges; and
- (g) a government agency that may be providing medical care to you, upon that agency's written request for information.

We will use your information only to provide pharmacy care.

## **MAINE**

We will not disclose your health care information for fundraising purposes or to coroners or funeral directors, without your authorization.

We will only disclose patient identifiable communicable disease information to the Department of Human Services for adult or child protection purposes or to other public health Officers, agents or agencies or to Officers of a school where a child is enrolled, for public health purposes. In a public health emergency, as declared by a Maine State Health Officer, we may also release your information to private health care providers and agencies for the purpose of preventing further disease transmission.

## **MARYLAND**

No supplemental material. Please refer to the Notice of Privacy Practices.

## **MASSACHUSETTS**

We will restrict disclosure of your information to purposes directly connected with the administration of the Medicaid program.

## **NEW HAMPSHIRE**

We will only disclose your professional records if we have obtained your permission to do so, it is an emergency situation and it is in your best interest for us to disclose the information, or the law requires us to disclose the information.

We will not use, release, or sell your identifiable medical information for the purposes of sales or marketing of services or products unless you have provided us with a written authorization permitting such activity.

## **NEW JERSEY**

Except as permitted under applicable law, we will not disclose HIV- or AIDS-related health information that identifies the individual who is the subject of such information.

## **NEW YORK**

We will not access a common electronic file or database used to maintain required personally identifiable dispensing information except upon your or your agent's express request.

We will not disclose confidential HIV-related information (including confidential HIV-related information that has been disclosed to us), except as follows:

- (a) To the extent such disclosure is authorized or otherwise permitted by law;
- (b) To the individual;
- (c) To the individual's foster parent or prospective adoptive parent;
- (d) To health care providers, when necessary to provide treatment;
- (e) To a person who is authorized to consent to health care on behalf of the patient (and as necessary to notify health care providers who have been exposed to the risk of infection);
- (f) To a funeral director in the ordinary course of business;
- (g) To a legal guardian of a minor who is representing the minor;
- (h) To a governmental agency that regulates, supervises or monitors us or our agents;

- (i) To the extent we have received a specific authorization to make such disclosure;
- (j) To certain of our agents who maintain or process medical or billing records for reimbursement;
- (k) To third-party reimbursers or their agents to the extent necessary for reimbursement, provided that if the disclosure is for any purpose other than reimbursement, such disclosure has been authorized.

Except as permitted by applicable law, we will not disclose HIV-related information in accordance with a subpoena, although we may disclose such information in accordance with a court order, if an adequate showing of necessity is made to the court.

We will not furnish a copy of a prescription for a controlled substance to patients, but we may furnish the copy to any licensed practitioner authorized to write such a prescription.

### **NORTH CAROLINA**

We will not disclose or provide a copy of your prescription orders on file, except to: (a) you; (b) your parent or guardian or other person acting in loco parentis if you are a minor and have not lawfully consented to the treatment of the condition for which the prescription was issued; (c) the licensed practitioner who issued the prescription or who is treating you; (d) a pharmacist who is providing pharmacy services to you; (e) anyone who presents a written authorization for the release of pharmacy information signed by you or your legal representative; (f) any person authorized by subpoena, court order or statute; (g) any firm, company, association, partnership, business trust, or corporation who by law or by contract is responsible for providing or paying for medical care for you; (h) any member or designated employee of the Board of Pharmacy; (i) the executor, administrator or spouse of a deceased patient; (j) Board-approved researchers, if there are adequate safeguards to protect the confidential information; and (k) the person who owns the pharmacy or his licensed agent.

### **OHIO**

Unless we have obtained your written consent, we will only disclose your pharmacy records to: (a) you; (b) the prescriber who issued the prescription or medication order; (c) certified/licensed health care personnel who are responsible for your care; (d) a member, inspector, agent, or investigator of the state board of pharmacy or any federal, state, county, or municipal officer whose duty is to enforce the laws of this state or the United States relating to drugs and who is engaged in a specific investigation involving a designated person or drug; (e) an agent of the state medical board when enforcing the statutes governing physicians and limited practitioners; (f) an agency of government charged with the responsibility of providing medical care for you, upon a written request by an authorized representative of the agency requesting such information; (g) an agent of a medical insurance company who provides prescription insurance coverage to you, upon authorization and proof of insurance by you or proof of payment by the insurance company for those medications whose information is requested; (h) an agent who contracts with the pharmacy as a "business associate" in accordance with the regulations promulgated by the secretary of the United States department of health and human services pursuant to the federal standards for privacy of individually identifiable health information; or (i) in emergency situations, when it is in your best interest.

### **PENNSYLVANIA**

We will not disclose any HIV-related information, except in situations where the subject of the information has provided us with a written consent allowing the release or where we are authorized or required by state or federal law to make the disclosure.



## **SOUTH CAROLINA**

We will not disclose your prescription drug information without first obtaining your consent, except in the following circumstances: (a) the lawful transmission of a prescription drug order in accordance with state and federal laws pertaining to the practice of pharmacy; (b) communications among licensed practitioners, pharmacists and other health care professionals who are providing or have provided services to you; (c) information gained as a result of a person requesting informational material from a prescription drug or device manufacturer or vendor; (d) information necessary to effect the recall of a defective drug or device or protect the health and welfare of an individual or the public; (e) information whereby the release is mandated by other state or federal laws, court order, or subpoena or regulations (e.g., accreditation or licensure requirements); (f) information necessary to adjudicate or process payment claims for health care, if the recipient makes no further use or disclosure of the information; (g) information voluntarily disclosed by you to entities outside of the provider-patient relationship; (h) information used in clinical research monitored by an institutional review board, with your written authorization; (i) information which does not identify you by name, or that is encoded so that identifying you by name or address is generally not possible, and that is used for epidemiological studies, research, statistical analysis, medical outcomes, or pharmaco-economic research; (j) information transferred in connection with the sale of a business; (k) information necessary to disclose to third parties in order to perform quality assurance programs, medical records review, internal audits or similar programs, if the third party makes no other use or disclosure of the information; (l) information that may be revealed to a party who obtains a dispensed prescription on your behalf; or (m) information necessary in order for a health plan licensed by the South Carolina Department of Insurance to perform case management, utilization management, and disease management for individuals enrolled in the health plan, if the third party makes no other use or disclosure of the information.

We will not disclose your information or the nature of professional pharmacy services rendered to you, without your express consent or the order or direction of a court, except to: (a) you, or your agent, or another pharmacist acting on your behalf; (b) the practitioner who issued the prescription drug order; (c) certified/licensed health care personnel who are responsible for your care; (d) an inspector, agent or investigator from the Board of Pharmacy or any federal, state, county, or municipal officer whose duty is to enforce the laws of South Carolina or the United States relating to drugs or devices and who is engaged in a specific investigation involving a designated person or drug; and (e) a government agency charged with the responsibility of providing medical care for you upon written request by an authorized representative of the agency requesting the information.

## **TENNESSEE**

We will not disclose your name and address or other identifying information, except to: (a) a health or government authority pursuant to any reporting required by law; (b) an interested third-party payor for the purpose of utilization review, case management, peer reviews, or other administrative functions; or (c) in response to a subpoena issued by a court of competent jurisdiction.

We will obtain your authorization before we disclose your patient records for any reason, except where: (a) the disclosure is in your best interest; (b) the law requires the disclosure; or (c) the disclosure is to an authorized prescriber or to communicate a prescription order where necessary to: (i) carry out prospective drug use review as required by law; (ii) assist prescribers in obtaining a comprehensive drug history on you; or (iii) prevent abuse or misuse of a drug or device and the diversion of controlled substances.

We will not sell your name and address or other identifying information for any purpose.

## **VERMONT**

Unless we have your consent or a court order, we will not disclose your information or the nature of services rendered to you, except to the following persons: (a) you, your agent, or another pharmacist acting on your behalf; (b) the practitioner who issued the prescription drug order; (c) certified or licensed health care personnel who are responsible for your care; (d) a Board of Pharmacy or federal, state, county, or municipal officer that enforces state or federal law relating to drugs or devices, pursuant to an investigation of a designated drug or person; or (e) a government agency responsible for providing medical care for you, upon a written request by an authorized agency representative.

## **VIRGINIA**

No supplemental material. Please refer to the Notice of Privacy Practices.

## **WEST VIRGINIA**

We will not disclose confidential information relating to an individual who is obtaining or has obtained treatment for a mental illness, without the individual's written consent, except in the following circumstances: (a) with the signed, written consent of the individual or his legal guardian; (b) in certain proceedings involving involuntary examinations; (c) pursuant to a court order in which the court found the relevance of the information to outweigh the importance of maintaining the confidentiality of the information; (d) to protect against clear and substantial danger of imminent injury by the individual to himself or another; or (e) to staff of the mental health facility where the individual is being cared for or to other health professionals involved in treatment of the individual, for treatment or internal review purposes.