

**Notice of PRIVACY PRACTICES
Effective 11/02/2008**

**Roche Bros. Pharmacy
175 Mansfield Ave.
Norton, MA 02766**

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 our pharmacist at
(508) 285-5293**

OUR PLEDGE AND RESPONSIBILITIES REGARDING YOUR MEDICAL INFORMATION

We understand that medical information about you and your health is personal. Medical information includes personal information such as name, address, date of birth, social security number and insurance information. We create a prescription record of the services you receive at our pharmacy. We need this record to provide you with quality pharmacy care and to comply with certain legal requirements. This notice applies to all of the prescription records whether provided by you or by your personal doctor or specialists involved in your treatment. Your personal doctors may have different policies and notices regarding the use and disclosure of your medical information created in your doctor's office.

We are required by law to make sure that your personal health information will be kept private at all times and provide you with a description of our privacy practices with respect to your medical information. We will abide by the terms of this notice.

WHO WILL FOLLOW THIS NOTICE

Roche Bros. Pharmacy is a health care setting in which patients typically receive health care from our pharmacists and the pharmacy's support staff.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use medical information about you to provide you with pharmacy services. We may disclose medical information about you to doctors, nurses,

technicians, pharmacists, pharmacy interns, medical students, or other health care personnel who are involved in your care. For example, a pharmacist may need to speak with your doctor about your medical condition with relation to your medication, or contact your doctor about an allergic reaction to a medication. We also may disclose medical information to another pharmacy if you should need the services of another pharmacy while out of town, etc.

For Payment. We may use medical information about you so that services you receive at the pharmacy may be billed and payment may be collected from you, an insurance company or third party. For example, we may need to give your health plan information about your medications received at our pharmacy so your health plan will pay us or reimburse you for the medications. We may also tell your health plan about a medication treatment that you are going to receive to obtain prior approval or to determine whether your plan will cover the medication.

Other Activities. We may also use and disclose your protected health information:

- To contact you as a reminder that you have a medication waiting to be picked up
- To tell you about a medication that cannot be refilled or is too early to be refilled
- To inform your medical provider about a needed renewal or needed prior approval for a medication

Business Associates: As part of our health care operations, we may disclose information about you to contractors that provide a service to our pharmacy such as off-site medical record storage facilities or financial/accounting contractors.

Marketing: Occasionally, the pharmacy may request to use your name or photograph for reasons for promoting a particular product or service that encourages others to purchase or use a particular product or service. An example would be to use your photograph in a promotional advertisement for a particular service we offer to the community. We will obtain your permission for this and prior to the use or disclosure of any of your information for marketing unless the marketing communication occurs in a face-to-face meeting we have with you or concerns promotional gifts of nominal value we give you. If the pharmacy is to receive money from another party in connection with the marketing communication with you, we will state that fact on the authorization we request from you.

As Required by Law. We will disclose medical or other information about you when required to do so and only to the extent required by law. This may include but is not limited to:

- Public Health Authorities charged with preventing or controlling disease, injury or disability
- Authorities responsible for investigating suspected child or adult abuse or neglect
- Health Oversight Agencies authorized by law for licensing or other purposes
- Funeral Directors, Coroners and Medical Examiners
- County attorneys about a death we believe may be the result of or occurred during criminal conduct

State Specific Requirements. Many states have separate privacy laws that may apply additional legal requirements. In situations where the laws in Massachusetts are more stringent than federal privacy laws or where they give patients more rights, the state law preempts the federal law, and we must abide by the applicable state law.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other legal 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 limited personal information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process (but only if efforts are made to obtain an order protecting the information requested);
- 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;
- If we believe in good faith that it is evidence of criminal conduct that occurred on the premises of the pharmacy; 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.

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

Worker's Compensation. We may release medical information about you for worker's compensation or similar programs which provide benefits for work-related injuries or illness.

Food and Drug Administration. We may release medical information about you to report reactions to medications or problems with products.

National Security and Intelligence Activities. We may release information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities as authorized by law.

Protection Services for the President and Others. We may disclose 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.

**USES AND DISCLOSURES THAT WE MAY MAKE UNLESS YOU OBJECT
Individuals Involved in Your Care or Payment for Your Care.**

We may release information about you to a friend or family member who is involved in your medical care. We may also give your information to someone who helps pay for your care. You have the right to object, in writing, to the use and disclosure of your personal health information to family or friends who are involved in your care or who helps pay for your care and, if you do so, we will follow your wishes.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

Right to Inspect and Copy. You have the right to a copy of medical information about you. This includes prescription and billing records. To receive a copy of your medical information, you must submit your request in writing to the pharmacy.

Right to Amend. If you feel that medical 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; your request must be made in writing and submitted to the Pharmacist-In-Charge at the address on the first page of this notice. We may deny your request for an amendment and if we do, you will be notified of the reason for the denial.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures”. This is a list of certain disclosures we made of medical information about you for reasons other than treatment, payment, or our health care operations. To request this list or accounting of disclosures, you must submit your request in writing to the Pharmacist-In-Charge at the address on the first page of this notice. Your request must state a time period, which may be no longer than six years and may not include dates before 09/01/2008.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical 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 medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend as described in the paragraph headed “Individuals Involved in Your Care or Payment for Your Care.”

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 or when required by law.

To request restrictions, you must make your request in writing to the Pharmacist-In-Charge at the address on the first page of this notice. 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 email. We will accommodate all reasonable requests.

To request confidential communications, you must make your request in writing to the Pharmacist-In-Charge at the address on the first page of this notice. Your written request must also specify how or where you wish to be contacted in order to receive any related correspondence regarding payment for services. We reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

Right to a Copy of this Notice. You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time. If you wish to receive a paper copy of this notice, you may contact the Pharmacist-In-Charge by submitting your request in writing to the address on the first page of this notice.

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 medical information we already have about you as well as any information we receive or create about you in the future. We will post a copy of the current notice in the pharmacy. The notice will contain on the first page, in the top center, the effective date. In addition, the first time you fill a prescription after the effective date of the notice, we will give you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the pharmacy or with the Secretary of the Department of Health & Human Services. To file a complaint with the pharmacy, contact the Pharmacist-In-Charge at the address on the first page of this notice. All complaints must be submitted in writing.

You will not be penalized or retaliated against in any way for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

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