

**THRIFTY DRUG STORES, INC.**  
**d/b/a THRIFTY WHITE DRUG / WHITE DRUG / BELL PHARMACY/VALLEY DRUG/  
THRIFTY NYSTROM DRUG**

**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.

Thrifty White Drug (the "Pharmacy") is required by law to maintain the privacy of your Protected Health Information ("PHI") and to provide you with this notice of our legal duties and privacy practices with respect to PHI. PHI is information about you that identifies 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. The Notice also describes your rights with respect to PHI about you. The Pharmacy is required to follow the terms of the Notice that is currently in effect. We will notify you in the event there is a breach of any unsecured PHI about you.

Your Health Information Rights Under State Law

Some state laws provide you with greater protection for your information or greater access to your records than the federal HIPAA Privacy Regulations. The Pharmacy will abide by the laws in the state where you obtain services from us when those state laws provide you with even greater protection or access to your health information than HIPAA. Note that in certain states, some health information about you, including HIV/AIDS-related information (Iowa, Montana, North Dakota), information about sexually transmitted diseases (Montana), substance abuse information (Iowa, North Dakota) and mental health information (Iowa, Montana, North Dakota) is subject to additional restrictions on disclosure.

How We May Use and Disclose PHI

The following are descriptions and examples of ways we use and disclose your PHI:

- We will use PHI for treatment. Information obtained by the Pharmacy will be used to dispense prescription medications to you, contact physicians and counsel you and other caregivers. We will document information related to the medications dispensed to you and services provided to you. We may use PHI to coordinate care with other pharmacies and healthcare providers. We may contact other health care professionals if we have concerns regarding prescription misuse or addiction.
- We will use PHI for payment. We will contact your insurer or pharmacy benefit manager to determine whether it will pay for your prescription and the amount of your co-payment. We will bill you or a third-party payer for the cost of prescription medications dispensed to you. The billing information may include the prescriptions you are taking. We will disclose information as needed to others involved in paying for your care to obtain payment for services provided to you. We will give an insurer the information necessary to perform their duties with your plan sponsor.
- We will use PHI for health care operations. Health care operations includes activities such as training, legal, auditing and compliance, customer service and other pharmacy management and administration activities. We may use your PHI to monitor the performance of the pharmacists providing treatment to you and to improve the quality and effectiveness of the health care and service we provide. PHI may be transferred to another pharmacy if they are buying a store from us. This allows you to have your prescription history available to you.

We are likely to use or disclose PHI for the following purposes:

- Business associates: Some services are provided through contracts with our "business associates." Examples include liability insurers, attorneys, collection agencies, pharmacy software and systems providers, and data switches to relay data to your insurer. When we work with business associates, we

may disclose PHI about you so that the business associate can perform the job we have asked them to do. To protect PHI about you, we require the business associate to appropriately safeguard the PHI.

- Communication with individuals involved in your care or payment for your care: Pharmacists and other Pharmacy employees, using their professional judgment, may disclose PHI to a person that has been designated by you and/or is acting as your “agent” or authorized representative, as permitted under state law. We may disclose PHI relevant to that person's involvement in your care or payment related to your care. For example, we may disclose PHI to a person designated by you to pick up your prescription or to someone calling on your behalf to our Accounts Receivable Department.
- Refill reminders and health-related communications: We may contact you to provide refill reminders or information about current medications or treatment alternatives, or other health-related benefits and services that may be of interest to you. This communication may be via phone, mail, e-mail or other form of communication. If we receive any financial remuneration for making such refill or medication communications beyond our costs of making the communication, we must first obtain your written authorization to make such communications. We are not required to obtain your written authorization for face-to-face communications.
- Food and Drug Administration (FDA): We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative 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.
- Worker's compensation: We may disclose PHI about you as authorized by and as necessary to comply with state laws relating to worker's compensation or similar programs.
  - Iowa law allows release of all information concerning an employee's physical or mental condition relative to the claim to any party making or defending a claim a claim for benefits.
  - Minnesota law permits disclosure, without consent, of information related to a workers' compensation claim to those parties that are involved in the claim.
  - Montana law provides that so long as a patient is claiming workers' compensation or occupational disease benefits, a signed claim for those benefits authorizes disclosure to the insurer of information relating to the patient's condition.
  - North Dakota law provides that filing a workers compensation claim constitutes consent to the use of medical information by the state workers' compensation bureau, in any proceeding by the bureau or to which the bureau is a party.
  - South Dakota law requires medical practitioners to make reports as required by the state Department of Labor. Medical information must be made available on demand to an employer, employee, insurer, or the Department of Labor for purposes of a workers' compensation claim.
  - Wisconsin law allows disclosure of information regarding a work-related injury to your employer, your employer's workers compensation insurer, or the Department of Workforce Development.
- Public health: As required by law, we may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- Law enforcement: We will disclose PHI about you for law enforcement purposes as required or permitted by law, including disclosures to an inspector or investigator whose duty it is to enforce the laws relating to drugs, and who is engaged in a specific investigation involving a designated person or drug, or for reporting suspected crimes such as child abuse.

- Minnesota and Wisconsin laws generally do not allow the release of information from a person's health record without a valid court order or warrant, unless specifically required or authorized by law.
- Iowa law generally requires your consent or a court order to release information for law enforcement purposes, unless otherwise authorized or required 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 by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.
  - Minnesota and Wisconsin laws require that most patient-identifying information (such as name and address) be removed (when possible) from most disclosures for health oversight activities, unless you have provided written consent for access to your protected health information.
  - Wisconsin law allows private-pay patients that are not nursing home residents to deny access of this type by annually submitting to the Pharmacy a written request on a form provided by the state Department of Health.
- Judicial and administrative proceedings: We may disclose PHI about you in response to a valid court or administrative order. We may also disclose in response to certain types of subpoenas, discovery requests, or other lawful process. We may disclose in the context of civil litigation when you have put your condition at issue in the litigation. or warrant or grand jury subpoena.
  - Minnesota law requires a valid court order, administrative order, warrant, statutory authority, or your written consent.
  - Wisconsin law requires a valid court order, statutory authority, or your written consent.

We are also permitted to use or disclose PHI about you for the following purposes:

- Research: We may disclose PHI about you to researchers when their research has been approved by an institutional review board or a privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information, or with your written authorization.
  - Minnesota law generally requires a written consent before we can disclose any medical information about you for medical research to an outside researcher. We will obtain your consent or refusal to participate in any research study, or we will make a good faith effort to obtain your consent or refusal, prior to releasing any identifiable information about you for research purposes.
- Coroners, medical examiners, and funeral directors: We may release PHI about you 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 disclose PHI to funeral directors consistent with applicable law to carry out their duties.
- Organ or tissue procurement organizations: Consistent with applicable law, we may 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: Pharmacy, or one of its business associates, may use certain information about you (including basic demographic information, dates that you received care from Pharmacy, outcome information and insurance status) to let you know about fundraising opportunities for Pharmacy or its foundation. You have the right to opt out of receiving such fundraising communications, and each

communication you receive will include an opportunity to opt out of future fundraising communications. Alternatively, you may notify the Privacy Officer to opt out of receiving all fundraising communications.

- Correctional institution: If you are or become an inmate of a correctional institution, we may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.
  - In most situations, Minnesota law requires us to get your written consent prior to making such disclosures. Minnesota law does allow certain persons acting on your behalf (as your “agent”) to have access to your prescription information. When the correctional institution acts as your agent, we will provide the correctional institution with your prescription information.
  - In most situations, Iowa law will requires us to get your written consent prior to making such disclosures. Iowa law does allow disclosures to your authorized agent and as determined by the pharmacist in his or her professional judgment to those he or she believes are entitled to the information. When the correctional institution acts as your authorized agent, or when the pharmacist determines in his or her professional judgment that the correctional institution is entitled to the information, we will provide the correctional institution with your prescription information.
- 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, but generally will do so only with your written consent unless we are authorized or required by law to make the disclosure. For example, we will disclose the information in situations where state law provides that the pharmacist has a “duty to warn” about a specific threat or danger.
- Military and veterans: If you are a member of the armed forces, we will release PHI about you as required by military command authorities if required to do so by law. We may also release PHI about foreign military personnel to the appropriate military authority, if required to do so by law. If release is not required or permitted by law, we will obtain your consent prior to making such disclosures.
  - Minnesota, Wisconsin and Iowa law generally do not permit this type of disclosure without written consent or unless otherwise required by federal law.
- National security and intelligence activities: We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
  - Minnesota, Wisconsin and Iowa law generally do not permit this type of disclosure without written consent, or unless otherwise required by federal law.
- Protective services for the President and others: We may disclose PHI about you to authorized federal official so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
  - Minnesota, Wisconsin and Iowa law generally do not permit this type of disclosure without written consent, or unless otherwise required by federal law.
- Victims of abuse, neglect, or domestic violence: We may disclose PHI about you to a government authority, such as a social service 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 consent to the 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 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 are required to obtain a written authorization from you for most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI. The Pharmacy

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). If you provide us with this written authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent we have already relied on your authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.

## **Your Health Information Rights Under HIPAA**

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

- Obtain a paper copy of the Notice upon request. You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, contact your nearest Thrifty White Drug location.
- 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 Privacy Officer. If you pay out-of-pocket in full for an item or service, then you may request that we not disclose information to your health plan pertaining solely to such item or service. We are required to agree with such a request. *However, we are not required to agree to any other request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or you request that we remove the restriction. In Minnesota, if you request a restriction on the information we disclose to a health maintenance organization (“HMO”) the law may prohibit us from accepting payment from you above the cost-sharing amount for the item or service that is the subject of the requested restriction. To request restrictions, you must make your request in writing to: Privacy Officer, Thrifty White Drug, 6055 Nathan Lane N, Suite 200, Plymouth, MN 55442. 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.
- Inspect and obtain a copy of PHI. You have the right to access and copy PHI about you contained in a designated record set for as long as the Pharmacy maintains the PHI. The designated record set usually includes prescription and billing records. To inspect or copy PHI about you, you must send a written request to the Pharmacy where you had prescriptions filled. We may charge you a fee for the costs of copying, mailing and supplies that are necessary to fulfill your request, to the extent permitted by applicable state and federal law. If we maintain your health information electronically as part of a designated record set, you have the right to receive a copy of your health information in electronic format upon your request. You may also direct us to transmit your health information (whether in hard copy or electronic form) directly to an entity or person clearly and specifically designated by you in writing. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI about you, you may request that the denial be reviewed. Note: individuals over the age of 18 must request a copy of their own records, and spouses are not able to obtain the records of the other spouse without the authorization of the spouse who is the subject of the records.
  - State laws allow minors to keep some records confidential from parents or guardians in certain cases. In most of these cases, minors are responsible for payment for the services and products related to those records. If a minor chooses to use his or her parents’ insurance or payment information, the Pharmacy cannot assure that the records will be kept confidential. In addition, we are permitted in some cases to inform the parent or legal guardian of the minor patient of any treatment given or needed where, in the judgment of the pharmacist, failure to inform the parent or guardian would seriously jeopardize the health of the minor patient. Minors must notify the Pharmacy in writing in situations where the minor believes the information should be kept confidential so that the Pharmacy can make a determination about whether the information must be shared with a parent or guardian.
  - In Montana, you must be provided the requested information within 10 days.

- Request an amendment of PHI. If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. 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 pharmacy where you obtained the information. You must include a reason that supports your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may give a rebuttal to your statement.
  - In Montana, your amendment request must be acted upon within 10 days of your request.
- Receive an accounting of disclosures of PHI. You have the right to receive an accounting of the disclosures we have made of PHI about you for most purposes other than treatment, payment, or health care operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care that are permitted by state and federal law, disclosures for notification purposes and certain disclosures to the State Board of Pharmacy or other regulatory agencies. To request an accounting, you must submit a request in writing to Privacy Officer, Thrifty White Drug, 6055 Nathan Lane N, Suite 200, Plymouth, MN 55442. Your request must specify the time period, but may not be longer than six years from the date of the request. The first accounting you request within a 12 month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.
- Request communications of PHI by alternative means or at alternative locations. For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of PHI about you, you must submit a request in writing to the pharmacy where you have your prescriptions filled. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests, although we are permitted to require you to provide information about how payment will be handled.

For More Information or to Report a Problem

If you have questions or would like additional information about the Pharmacy's privacy practices, you may contact the Privacy Officer, Thrifty White Drug, 6055 Nathan Lane N, Suite 200, Plymouth, MN 55442. The e-mail address is [privacyoffice@thriftywhite.com](mailto:privacyoffice@thriftywhite.com).

If you believe your privacy rights have been violated, you can file a complaint by writing to: Privacy Officer, Thrifty White Drug, 6055 Nathan Lane N, Suite 200, Plymouth, MN 55442. You may also file a complaint with the Secretary of Health and Human Services. There will be no retaliation against you for filing a complaint.

Effective Date

This Notice is effective as of September 23, 2013. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide a revised Notice to you, and we will post a revised notice at each Thrifty White Drug location.