

**NOTICE OF PRIVACY PRACTICES**  
**Effective March 2010**

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.

Our divisions (currently Pharmacy First, Rx Share and Third Party Station) at Wholesale Alliance, LLC (“we” or “our”) serve as a business associate to our client pharmacies. As a business associate, we use and disclose your individually identifiable health information (“protected health information”) solely with the express permission of our client pharmacies and in accordance with their privacy policies received from them. This notice applies to our use and disclosure of your protected health information in the absence of a privacy policy from one of our client pharmacies.

**How We May Use or Disclose Your Protected Health Information.**

**Payment.** We may use and disclose your protected health information to others for purposes of receiving payment for treatment and services that you receive, such as:

- Billing or reconciling payments received from your health plan or plan sponsor for services our client pharmacies provide you.
- Determining if you are eligible or enrolled for coverage or benefits under your health plan.

**Treatment.** We may use or disclose your protected health information for your treatment. For example, we may use or disclose your protected health information for the purposes of:

- Contacting your doctor about your drug therapy, refills, frequency of your medication, dosage, and alternative medication when a generic drug is appropriate or when a drug is not on your formulary or is not covered by your health plan.
- Contacting you about your prescription refills, compliance, drug administration, drug precautions and side effects and drug storage.

**Healthcare Operations.** We may use or disclose your protected health information for operational purposes, such as evaluating our own performance and improving our services.

**Required by Law.** We may use and disclose your protected health information as required by law. For example, we may disclose your protected health information for judicial and administrative proceedings and to assist law enforcement officials in their law enforcement duties. Such circumstances may arise: (a) in response to a court or administrative order or subpoena; (b) in response to a request to identify or locate a suspect, fugitive, material witness or missing person; (c) in response to a request for information about a crime victim if, under certain circumstances, we are unable to obtain the person's agreement; (d) about a death we believe may be due to criminal conduct; (e) about criminal conduct at our offices; and (f) in emergency circumstances, to report a crime, our location or victims, or the identity, description or location of the person who committed the crime.

**Abuse, Neglect or Domestic Violence.** We may disclose your protected health information to report information related to victims of abuse, neglect or domestic violence if required or allowed by law.

**Public Health.** We may use and disclose your protected health information for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability, or for other health oversight activities. WE also may disclose your protected health information to the U.S. Food and Drug Administration related to adverse events regarding drugs, drug products, recalls, defects and replacements.

**Decedents.** We may disclose your protected health information to funeral directors or coroners to enable them to carry out their lawful duties.

**Organ Donations and Transplants.** We may use and disclose your protected health information for the donation or transplantation of organs, tissue and other body parts.

**Data Aggregation.** We may use your protected health information to generate aggregate data related to our client pharmacy's healthcare operations. Aggregate data does not personally identify you.

**Health and Safety.** We may use and disclose your protected health information to avert a serious and imminent threat to the health or safety of a person or the public.

**Government Functions.** We may use and disclose your protected health information for specialized government functions such as protection of public officials, reports to armed services, intelligence and national security activities or special investigations authorized by law. If you are a member of the U.S. or foreign military, we may disclose your protected health information as required by military authorities or law. If you are an inmate in a correctional institution or under the custody of a law enforcement official, we may disclose your protected health information to those parties if disclosure is necessary for, your healthcare, maintaining the health or safety of yourself or others, or ensuring the safety and security of the correctional institution or its agents.

**Workers' Compensation.** We may disclose your protected health information to comply with laws related to workers' compensation or similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.

**Lawsuits and Disputes.** We may use and disclose your protected health information in the course of a lawsuit or administrative proceeding in response to a subpoena or other lawful process. We will make reasonable efforts to contact you about the request or to obtain a court order to protect your protected health information unless we receive your signed authorization to provide that information.

**Minimum Necessary.** When using or disclosing your protected health information or when requesting your protected health information from a health plan or a health care provider that is not our client, we will make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. These limits do not apply in connection with: (a) disclosures to or requests by a health care provider for treatment; (b) uses or disclosures made to you; (c) uses or disclosures made pursuant to your written authorization; (d) disclosures made to the Secretary of the U.S. Department of Health and Human Services; (e) uses or disclosures required by law; or (f) uses or disclosures required for compliance with law.

**Other Uses.** Other uses and disclosures will be made only with your written authorization, which you may revoke. Your revocation will not apply to the extent, (a) we have acted in reliance on your

authorization, or (b) your authorization was obtained as a condition of obtaining insurance coverage and other law allows the insurer to contest a claim under the policy or the policy itself.

### **Your Protected Health Information Rights.**

**Request for Restrictions on Uses or Disclosures.** You have the right to request restrictions on certain uses and disclosures of your protected health information and must submit your request in writing to our Privacy Officer at the address listed below. We are not required to agree to your request, except when you request us on behalf of a client pharmacy to restrict the disclosure of your protected health information to a health plan for payment purposes or health care operations (and not for treatment) and the protected health information pertains solely to an item or service for which the pharmacy has been paid out of pocket in full. Regardless, your restricted protected health information may be used or disclosed to provide you emergency treatment.

**Inspection and Copying of Health Record.** You have the right to inspect and obtain a copy of your health record under certain conditions. All requests should be directed to our Privacy Officer as described below. If we maintain an electronic health record containing your protected health information, you have the right to request a copy of that information in electronic format.

**Amendment of Designated Record Set.** You have the right to request that your protected health information in our designated record set be amended if you believe that it is incomplete or incorrect. Any such request must be made in writing and must be addressed to our Privacy Officer as described below and must tell us why you believe the amendment is appropriate. We will inform you in writing as to whether the amendment will be made or denied. We may deny your request if you ask us to amend information that: (a) was not created by us, unless the person who created the information is no longer available to make the amendment; (b) is not part of your protected health information we keep; (c) is not part of the protected health information that you would be allowed to see or copy; or (d) is determined by us to be accurate and complete. If we deny the request, we will tell you in writing how to submit a statement of disagreement or complaint, or to request inclusion of your original amendment request in your protected health information.

**Request for Restrictions on Communications.** You have the right to request communications of your protected health information by alternate means or locations. You have the right to ask that we send you information at a specific address (like your work address rather than your home address) or in a specific way (like email rather than mail), and we will accommodate reasonable requests to do so. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment. We also will agree to your request to restrict protected health information disclosed to a health plan for payment or healthcare operations (i.e., non-treatment) purposes if the information is about a medication or service for which you paid out-of-pocket and in full.

**Accounting of Disclosures.** You have the right to receive an accounting of disclosures made of your protected health information as provided by law. The list will not include disclosures made for treatment, payment or healthcare operations purposes, directly to you or your family or friends, for disaster notification purposes, or pursuant to your authorization. Nor will the list include disclosures made for national security or intelligence purposes or to law enforcement personnel or a health oversight agency, or made on behalf of a client pharmacy before April 14, 2003. Your request for a list of disclosures must be made in writing and addressed to our Privacy Officer as described below.

**Request for Notice of Privacy Practices.** You have the right to obtain a paper copy of this notice upon request. A copy of this notice may be obtained by contacting our Privacy Officer as described below or on our website at [www.pharmacyfirst.com](http://www.pharmacyfirst.com).

**Our Obligations.** Our client pharmacies are required by law to maintain the privacy of your protected health information and to provide you with a notice of their legal duties and privacy practices related to your protected health information. Our client pharmacies are required to abide the terms of their notices of privacy practices.

We will maintain the privacy of your protected health information and abide by the terms of this notice on behalf of those client pharmacies for which this notice is effective. We reserve the right to change our information practices and to make the new provisions effective for all protected health information we maintain. If a change in our practice is material, we will revise this notice to reflect the change. The revised notice will be mailed to you and made available on our website at [www.pharmacyfirst.com](http://www.pharmacyfirst.com). You may obtain a copy of the revised notice by contacting our Privacy Officer as described below.

**Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a written complaint to us at the address listed below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

**Contact Information.** If you have any questions or complaints, please contact our Privacy Officer at Wholesale Alliance, LLC, **8717** W. 110th Street, Suite 420, Overland Park, Kansas 66210, (913) 661-0298 x 111.