

Eagle Pharmacy LLC Notice of Privacy Practices Effective Date: November 8th 2012

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.

Eagle Pharmacy LLC is required by law to maintain the privacy of your health information, to follow the terms of this Notice, and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are required to follow the terms of the Notice that is currently in effect. A paper copy of this notice may be obtained from your Pharmacist upon request.

How We May Use and Disclose Health Information About You

Our pharmacy protects the privacy of your health information. For some activities, we must have your written authorization to use or disclose your health information. However the law permits us to use or disclose your health information for the following purposes without your authorization: For Treatment Information obtained by the Pharmacy will be used to dispense prescriptions to you. We may disclose health information about you to pharmacists and other persons who are involved in dispensing your prescription. For Payment we may use and disclose your health information so that your pharmacy services may be billed to, and payment may be collected from, you, an insurance company or a third party. For Health Care Operations we may use and disclose health information about you for pharmacy operations. Unless you provide us with alternative instructions, we may send refill reminders and other material related to your health care to your home. We may contact you by phone to remind you of a refill or to inform you a prescription is ready for pickup. We may use information in your health record to evaluate the services our pharmacy provides, or to train our staff. These uses and disclosures are necessary to run the Pharmacy and make sure that you receive quality customer service. As Required by Law We will disclose health information about you when required to do so by federal, state or local law.

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 help prevent the threat.

Public Health Risks We may disclose health information about you for public health activities. These activities generally include the following: (1) to prevent or control disease, injury or disability; (2) to report reactions to medications or problems with products; (3) to notify people of recalls of products they may be using; (4) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (5) to notify the appropriate government authority if we believe a person has been the victim of abuse, neglect or domestic violence (we will only make this disclosure if you agree or when required or authorized by law).

For Health Oversight Activities We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities, which are necessary for the government to monitor the health care system, include audits, investigations, inspections and licensure.

Judicial and Administrative Procedures Subject to certain requirements if you are involved in a lawsuit or dispute we may disclose health information about you in response to a court order, administrative order, subpoena, discovery request or other lawful process. For Specific Government Functions Our pharmacy may disclose health information for the following specific government functions: (1) health information of military personnel, as required by military command authorities; (2) health information of inmates, to a correctional institution or law enforcement official, as necessary to protect health and safety; (3) in response to a request from law enforcement, if certain conditions are satisfied; (4) for national security reasons; and (5) as authorized by and to the extent necessary to comply with worker's compensation and similar laws or programs.

Research and Organ Donation We may disclose your information 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. We may also disclose your information to organ procurement or similar organizations for purposes of donation or transplant. Coroners and Funeral Directors We may release your

information to a coroner or medical examiner as necessary, for example, to determine a person's cause of death, we may also disclose your information to funeral directors consistent with applicable law to enable them to carry out their duties.

Business Associates There are some services provided by Eagle Pharmacy LLC through contracts with business associates. We may disclose your information to our business associates so that they can perform the job we have asked them to do; however, we require them to appropriately safeguard our information.

Communications with Caregivers and Relatives We may use or disclose your information to; (1) notify or assist in notifying a family member, personal representative, or caregiver regarding your location and general condition; (2) a family member, other relative, close personal friend, or any other person you identify as necessary for and directly relevant to that persons involvement in your care or payment related to your care, and (3) we may disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse, when you bring your spouse with you to pickup prescriptions, meds or drop off prescriptions.

When Eagle Pharmacy LLC May Not Use or Disclose Your Health Information

We will not use or disclose your health information without your written authorization, except as described in this Notice. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If your state law provides additional restrictions upon any of the foregoing uses and disclosures, we must follow your state law.

You Have the Following Rights With Respect to Your Health Information You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to a restriction that you request. We cannot agree to limit the uses or disclosures of information that are required by law.

You have the right to inspect and copy your health information as long as the Pharmacy maintains the health information. Simply submit a written request. We may charge you a fee for the costs of copying, mailing or other supplies that are necessary to grant your request. We may deny your request in certain limited circumstances. You have the right to request that we amend your health information that is incorrect or incomplete to request an amendment, submit a written request to the servicing pharmacy (form available from your pharmacist), along with the reason for the request. Eagle Pharmacy LLC is not required to amend health information that is accurate and complete. We will provide you with information about the procedure for addressing a disagreement with a denial.

You have the right to receive an accounting of disclosures of your health information we have made after April 14, 2003 for purposes other than disclosures (1) for Eagle Pharmacy LLC treatment, payment or health care operations, (2) to you or based upon your authorization and (3) for certain government functions. To request an accounting, you must submit a formal written request to the store location providing services. You must specify the time period, which may not be longer than six years. You may request communications of your health information by alternative means or at alternative locations. For example, you may request that we contact you about health matters only in writing or at a different residence or post office box. To request confidential communication of your health information, you must submit a written request to the store location providing services. Your request must state how/when you would like to be contacted. We will accommodate all reasonable requests.

If you are a minor who has lawfully provided consent for treatment and you wish for the pharmacy to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify the pharmacist. If you would like to exercise one or more of these rights, or seek further information, or are concerned that we have violated your privacy rights, contact the Eagle Pharmacy LLC Compliance Office, 350 Eagles Landing Dr., Lakeland, FL 33810, in writing, or call the office at 855-748-2663. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services. Please contact our office to obtain the Secretary's address. We will not take any action against you if you file a complaint with the Secretary or us.

Changes to this Notice of Privacy Practices: We reserve the right to change this Notice, and such changes would be effective for health information we already have about you as well as any information we receive in the future. Any revised Notice will be posted in the Pharmacy, and a copy will be available to you upon request.