

AETNA SPECIALTY PHARMACY®
Form 1: NOTICE OF PRIVACY PRACTICES
Effective April 14, 2003

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

Patient privacy is important to Aetna Specialty Pharmacy (“Pharmacy”). The Pharmacy is required by law to maintain the privacy of Protected Health Information (“PHI”) and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. PHI is 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 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 PHI about you.

The Pharmacy is 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 this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide any revised Notice to you.

Your Health Information

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. You may obtain a paper copy by contacting the Pharmacy, or you may contact our Privacy Office to request that a Notice be mailed to you.

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 will include prescription and billing records. To inspect or obtain a copy of PHI about you, you must send a written request to our Privacy Office. We may charge you a fee for the costs of copying, mailing and supplies that are necessary to fulfill your request. 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.

Request an amendment of PHI. If you feel that the 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 our Privacy Office. 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.

Receive and accounting of disclosures of PHI. You have the right to receive an accounting of the disclosures we have made of PHI about you on or after April 14, 2003, 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, and disclosures to friends or family members involved in your care. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to our Privacy Office. Your request must specify the time period for which you wish to obtain an accounting, which may not exceed six years. The first accounting you request within a twelve 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, if any, 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 have the right to request to receive communications of PHI from the Pharmacy by alternative means or at an alternative location. For example, you may request that we contact you on a mobile phone number instead of your home number. To request confidential communication of PHI about you, you must submit a request in writing to the Pharmacy. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests. In the event of an emergency regarding your treatment, if we cannot reach you promptly using the alternative means or alternative location you requested, we may try to reach you by other means or at another 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 PHI about you by sending a written request to our Privacy Office. We are not required to agree to those restrictions.



Examples of How We May Use and Disclose PHI

Subject to applicable state law, a description of which is attached in the Addendum to this Notice, the following are descriptions and examples of ways we use and disclose PHI:

We will use PHI for treatment. For example, information obtained by the pharmacist will be used to dispense prescription medications to you, and may be used to monitor the effectiveness, safety, and compliance of your drug therapy. In addition, we may contact you to provide refill reminders; transfer out letters; information about medication management services that we offer; information about treatment alternatives; educational information about current or new therapeutic products; and/or other health-related benefits and services that may be of interest to you. Some of these contacts may be sponsored by manufacturers. If you provide us your email address, we may send you an email about our on-line pharmacy and health-related services.

We will use PHI for payment. For example, if you are covered under a prescription plan, we will contact your insurer or pharmacy benefit manager to determine whether it will pay for your prescription and the amount of your copayment. We will bill you or a third party payor for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the prescriptions you are taking. In addition, we may use PHI to obtain payment for professional medical management services which you elect to receive.

We will use PHI for health care operations. For example, we may use information in your health record to monitor drug usage and inventory levels. This information will be used in an effort to continually improve the quality and effectiveness of the health care and services we provide. This information will also be used to contact you regarding persistence of use of medication, as well as notification of refill schedule.

Subject to applicable state law, a description of which is attached in the Addendum to this Notice, we also are permitted or required to use or disclose PHI for the following purposes; however, some of these disclosures may never occur at our pharmacies:

Business associates: We contract with business associates to perform certain services or functions to or on behalf of the Pharmacy. We may disclose PHI about you to our business associates so that they can perform the job we have asked them to do. To protect PHI about you, we require our business associates to appropriately safeguard the PHI.

Communication with individuals involved in your care or payment for your care: Health professionals such as pharmacists, using their professional judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, PHI relevant to that person's involvement in your care or payment related to your care.

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.

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

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 may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.

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.

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. We may contact you to inform you of research opportunities in which you may wish to participate.

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.

Notification: We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and your general condition.

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.

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.

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

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.

Protective services for the President and others: We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

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 the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you. 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

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. You may revoke an authorization in writing at any time. Upon 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.

Incidental Disclosures at the Drive-Thru Window

We make reasonable efforts to avoid any inadvertent oral disclosure of your protected health information. However, in some locations we offer the convenience of picking up prescriptions at a drive-thru window where a conversation with the pharmacy might be overheard by a passerby or someone in or near the pharmacy. If you would like additional privacy, we recommend that you obtain your prescriptions from the pharmacy counter inside the store.

Minors

If you are a minor who has lawfully provided consent for treatment and you would like the Pharmacy, to the extent permitted by your state's laws, to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify the pharmacist.

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 our Privacy Office by writing to Aetna Specialty Pharmacy, 503 Sunport Lane, Orlando, Florida 32809, or you may call the Privacy Office toll-free at 1-866-782-2779 (ASRX) or TDD: 1-877-833-2779 (ASRX)** and a Privacy Office representative will assist you. If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

State Law Addendum

The following requirements modify the listed **“Examples of How We May Use and Disclose PHI”** in the states indicated, except as otherwise permitted or required by law:

ARIZONA-We will not disclose any confidential communicable disease related information about an individual, 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.

CONNECTICUT-We will not disclose information about pharmaceutical services rendered to you to third parties without your consent, except to the following persons; (a) the prescribing practitioner or a pharmacist or another prescribing practitioner presently treating you when deemed medically appropriate; (b) a nurse who is acting as an agent for a prescribing practitioner that is presently treating you or a nurse providing care to you in a hospital; (c) third party payors who pay claims for pharmaceutical services rendered to you or who have a formal agreement or contract to audit any records or information in connection with such claims; (d) any governmental agency with statutory authority to review or obtain such information (e) any individual, the state or federal government or any agency thereof or court pursuant to a subpoena; and (f) any individual, corporation, partnership or other legal entity which has a written agreement with the pharmacy to access the pharmacy's database provides the information accessed is limited to data which does not identify specific individuals.

We will not sell your individually identifiable medical record information.

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 that 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 official 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.

MISSOURI-Unless specifically authorized by you, we will not release your pharmacy records to anyone other than: (a) you or any other person authorized by you to receive the information; (b) the

authorized prescriber who issued the prescription order, or a licensed health professional who is currently treating you; (c) in response to lawful requests from a court or grand jury; (d) a person authorized by a court order; (e) to transfer medical or prescription information between pharmacists as provided by law; or (f) government agencies acting within the scope of their statutory authority.

For Medicaid recipients: We will restrict disclosure of your information to purposes directly related to your treatment, for promotion of improved quality of care, and to assist with an investigation, prosecution, or civil or criminal proceeding related to the administration of the Medicaid program.

We will not disclose any HIV/AIDS-related 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.

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.

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.

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; (i) in emergency situations, when it is in your best interest.

OKLAHOMA-We will not divulge the nature of your problems or ailments or any confidence you have entrusted to the pharmacist in his professional capacity, except in response to legal requirements or where it is in your best interest.

We will not disclose information which identifies any person who has or may have a communicable or venereal disease, unless authorized by the individual or as otherwise permitted under state law. Whenever possible, we will de-identify such information prior to disclosure.

PENNSYLVANIA-We will not disclose any HIV-related information, except in situations where the subject of the 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 pharmacoeconomic 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 on, 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: (1) carry out prospective drug use review as required by law; (2) assist prescribers in obtaining a comprehensive drug history on you; or (3) 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.

TEXAS-We will only release your confidential record to you, your agent, or to: (a) a practitioner or another pharmacist if, in the pharmacist's professional judgment, the release is necessary to protect your health and well-being; (b) the pharmacy board or another state or federal agency authorized by law to receive the record; (c) a law enforcement agency engaged in investigation of a suspected violation of the controlled substances laws, or the Comprehensive Drug Abuse Prevent Control Act of 1970; (d) a person employed by a state agency that licenses a practitioner, if the person is performing the person's official duties; (e) an insurance carrier or other third party payor authorized by the patient to receive the information.

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.

Please sign both copies of this form. Save one for your records and mail the second copy to Aetna Specialty Pharmacy in the enclosed business reply envelope.

ACKNOWLEDGMENT FOR RECEIPT OF
NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have received a copy of Aetna Specialty Pharmacy's Notice of Privacy Practices.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefit coverage include Aetna Health Inc., Aetna Health of California Inc, Aetna Health of the Carolinas Inc., Aetna Health of Illinois Inc., Aetna Life Insurance Company, Aetna Health Insurance Company of New York, Corporate Health Insurance Company and Aetna Health Administrators, LLC. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

Aetna Specialty Pharmacy refers to Aetna Specialty Pharmacy, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy that operates through mail order. The charges Aetna negotiates with Aetna Specialty Pharmacy may be higher than the cost it pays for the drugs and the costs of its specialty pharmacy services. For these purposes, Aetna Specialty Pharmacy's cost of purchasing drugs takes into account discounts, credits and other amounts it may receive from wholesalers, manufacturers, suppliers, and distributors.