

Shaw's Supermarkets / Star Market

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.

The pharmacies operated by Shaw's Supermarkets and Star Market are required by law to maintain the privacy of your protected health information and to provide you with a notice of our legal duties and privacy practices with respect to protected health information. This Notice of Privacy Practices describes how we may use and disclose your protected health information 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 your protected health information. "Protected health information" or "PHI" is information about you, including basic demographic 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.

We are required to follow the terms of this Notice of Privacy Practices. We will not use or disclose your protected health information without your written permission, 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 protected health information we maintain. Upon your request as described below, you may obtain the current Notice in effect at the time of your request. We are required to abide by the terms of the Notice that is currently in effect.

Examples of How We Use and Disclose Protected Health Information About You

Subject to applicable state law limitations, which are appended to this Notice, the following categories describe different ways that we use and disclose your PHI without your written authorization.

Treatment: We may use your health information to provide and coordinate the treatment, medications and services you receive. For example, information obtained by us may be used to dispense prescription medications and, as necessary, to contact you to provide refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Payment: We may use and disclose your health information to others for purposes of receiving payment for treatment, medications and services that you receive. For example, we will submit a claim to you or your health plan/insurer that includes information that identifies you and the medication supplied.

Health Care Operations: We may use or disclose your PHI in order to support the operations of our pharmacies and monitor the quality of the care we provide. For example, we may use information in your health record to evaluate the services our pharmacies provide or to train our staff. We may also call you by name when your prescription is ready.

SHAW'S SUPERMARKETS AND STAR MARKET DO NOT AND WILL NOT SELL YOUR PROTECTED HEALTH INFORMATION TO THIRD PARTIES.

Subject to state law limitations, which are appended to this Notice, the law allows or requires us to use or disclose your health information, without your written authorization, for purposes beyond treatment, payment, and operations, including, but not limited, to those set forth below. However, some of the disclosures set forth below may never occur at our pharmacies.

To Communicate with Individuals Involved in Your Care or Payment for Your Care: Unless you inform us otherwise, as provided below, we may disclose to a family member, other relative, close personal friend, or any other person you identify, PHI directly relevant to that person's involvement in your care or payment related to your care.

Business Associates: There are some services provided in the pharmacy through contracts with business associates (e.g., billing services), and we may disclose your PHI to our business associates so that they can perform the job we have asked them to do. To protect your information, however, we require the business associates to provide assurances that they will appropriately safeguard your information.

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 your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Public Health: As authorized or required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement: We may disclose your PHI for law enforcement purposes under specified conditions. For example, we may disclose your PHI to law enforcement officers as required by law or in response to a valid subpoena or court order.

As Required by Law: We will disclose your PHI when required to do so by federal, state, or local law.

Health Oversight Activities: We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings: We may disclose your PHI in response to a court or administrative order issued in a lawsuit or other dispute. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in a lawsuit or other dispute, but only if efforts have been made, either by us or the requesting party, to tell you about the request or to obtain a court order protecting the information requested.

Research: We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information. We may also use and disclose your health information to prepare for a potential research study, identify studies in which you might be interested, or conduct research involving the health information of decedents.

Coroners, Medical Examiners, and Funeral Directors: We may release your PHI 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 enable them to carry out their duties.

Organ or Tissue Procurement Organizations: Consistent with applicable law, we may disclose your PHI 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 your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and general condition. We may also share your information with a disaster relief organization that will help us notify these persons.

Correctional Institution: If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for the health or safety of you or other individuals.

To Avert a Serious Threat to Health or Safety: We may use and disclose your PHI when necessary to prevent a serious threat to your health or safety or the health or 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 foreign military authority.

National Security, Intelligence Activities, and Protective Services for the President and Others: We may release PHI about you to authorized federal officials for intelligence, counterintelligence, protection to the President, and other national security activities authorized by law.

Victims of Abuse or Neglect: We may disclose PHI about you to a government authority if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information if the disclosure is 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 or someone else or to carry out a law enforcement activity involving someone else.

Other Uses and Disclosures of PHI

We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for above (or as otherwise permitted or required by law). You may revoke this written authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

Your Health Information Rights

Obtain a paper copy of the Notice upon request. You may request a copy of our current Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy from any of our pharmacies or from our Privacy Officer by submitting a written request to Privacy Officer, Shaw's Supermarkets, Inc., P.O. Box 600, E. Bridgewater, MA 02333 or by calling 1-888-431-7429. You may also obtain a copy of our most current Notice from our website, www.shaws.com.

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 for treatment, payment and health care operations. You may also request restrictions on our disclosure of your PHI to family and friends involved in your care. To do so, please submit a written request to our Deputy Privacy Officer-Pharmacy, as provided below. We are not required to agree to those restrictions.

Inspect and obtain a copy of PHI. You have the right to access and copy your PHI. To inspect or copy your PHI, you must send a written request to our Deputy Privacy Officer-Pharmacy, as provided below. We may charge you a reasonable 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 your PHI in certain limited circumstances.

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. A pharmacist can make corrections to your name, address, and certain other demographic information at the pharmacy. To request any other amendment, you must send a written request to our Deputy Privacy Officer-Pharmacy, as provided below. You must include a reason that supports your request. In certain cases, we may deny your request for amendment. We have sixty days to respond to your request.

Receive an accounting of disclosures of PHI. You have the right to receive an accounting of the disclosures we have made of your PHI after April 14, 2003 for most purposes other than treatment, payment, or operations. The right to receive an accounting is subject to certain exceptions, restrictions, and limitations. To request an accounting, you must submit a written request to our Deputy Privacy Officer-Pharmacy, as provided below. Your request must specify the time period, but may not be longer than the past six years, starting April 14, 2003. We have sixty days to respond to your request.

Request communications of PHI by alternative means or at alternative locations. You have the right to request that we contact you 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 your PHI, you must submit a written request to our Deputy Privacy Officer-Pharmacy, as provided below. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests, and we will not ask your reason for the request. We may ask you to specify how payment for your health care will be handled if we communicate with you through this alternative means or location.

Where to obtain forms for submitting written requests. You may obtain forms for submitting written requests from any pharmacy location, from our website, www.shaws.com, or by contacting our Privacy Officer at 1-888-431-7429.

Where to submit written requests. You may submit completed written request forms at any of our pharmacy locations or by sending them to Deputy Privacy Officer-Pharmacy, Shaw's Supermarkets, Inc., P.O. Box 600, E. Bridgewater, MA 02333. Request forms must be completed in full and signed. We do not accept such requests by email, fax, or via our website.

Minors

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.

For More Information or to Report a Problem

If you have questions or would like additional information about our privacy practices, you may contact our Privacy Officer at P.O. Box 600, E. Bridgewater, MA 02333, or by calling 1-888-431-7429. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the United States Secretary of Health and Human Services. There will be no retaliation against you for filing a complaint. Our Customer Privacy Complaint Form is available at our pharmacies, on our website, www.shaws.com, or by contacting our Privacy Officer as set forth above, and may be mailed to the Privacy Officer at the address set forth above.

Effective Date

This Notice is effective as of April 14, 2003.

**FOR THOSE CUSTOMERS OBTAINING PHARMACY SERVICES AT A SHAW'S SUPERMARKETS
OR STAR MARKET PHARMACY IN ANY OF THE FOLLOWING STATES, PLEASE REVIEW CAREFULLY
THE FOLLOWING ADDITIONAL INFORMATION**

CONNECTICUT

Disclosure

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 provided the information accessed is limited to data which does not identify specific individuals.

Sale of Information

We will not sell your individually identifiable medical record information.

MAINE

Disclosure

We will not disclose your health care information for fundraising purposes or to coroners or funeral directors, without your authorization.

Communicable Diseases

We will only disclose patient identifiable communicable disease information to Department of Human Services for adult or child protection purposes or to other public health officials, agents or agencies or to officials of a school where a child is enrolled, for public health purposes. In a public health emergency, as declared by the state health officer, we may also release your information to private health care providers and agencies for the purpose of preventing further disease transmission.

MASSACHUSETTS

Medicaid

For Medicaid recipients: We will restrict disclosure of your information to purposes directly connected with the administration of the Medicaid program.

NEW HAMPSHIRE

Disclosure

We will only disclose your professional records if: (a) we have obtained your permission to do so; (b) it is an emergency situation and it is in your best interest for us to disclose the information; or (c) the law requires us to disclose the information.

Sales or Marketing

We will not use, release, or sell your identifiable medical information for the purposes of sales or marketing of services or products unless you have provided us with a written authorization permitting such activity.

RHODE ISLAND

Disclosure – by Pharmacist

We will only disclose your prescription information to our agents and persons directly involved in your care.

Disclosure – by Health Care Provider

We will not disclose your confidential health care information without your consent, except in the following situations:

- (a) to a physician, dentist, or other medical personnel who believes in good faith that the information is necessary for diagnosis or treatment of that individual in a medical or dental emergency;
- (b) to medical and dental peer review boards, or the board of medical licensure and discipline, or board of examiners in dentistry;
- (c) to qualified personnel for the purpose of conducting scientific research, management audits, financial audits, program evaluations, actuarial, insurance underwriting, or similar studies, provided that personnel shall not identify, directly or indirectly, any individual patient in any report of that research, audit, or evaluation, or otherwise disclose patient identities in any manner;
- (d) by a health care provider to appropriate law enforcement personnel, or to a person if the health care provider believes that person or his or her family to be in danger from a patient; or to appropriate law enforcement personnel if the patient has or is attempting to obtain narcotic drugs from the health care provider illegally; or to appropriate law enforcement personnel or appropriate child protective agencies if the patient is a minor child who the health care provider believes, after providing health care services to the patient, to have been physically or psychologically abused; or to law enforcement personnel in the case of a gunshot wound reportable under state law;
- (e) between or among qualified personnel and health care providers within the health care system for purposes of coordination of health care services given to the patient and for purposes of education and training within the same health care facility;
- (f) to third party health insurers for the purpose of adjudicating health insurance claims including to utilization review agents;
- (g) to a malpractice insurance carrier or lawyer if the health care provider has reason to anticipate a medical liability action;
- (h) to the health care provider's own lawyer or medical liability insurance carrier if the patient whose information is at issue brings a medical liability action against a health care provider; disclosure by a health care provider of a patient's health care information which is relevant to a civil action brought by the patient against any person or persons other than that health care provider may occur only under the discovery methods provided by the applicable rules of civil procedure (federal or state). This disclosure shall not be through ex parte contacts and not through informal ex parte contacts with the provider by persons other than the patient or his or her legal representative. Nothing in this section limits the right of a patient or his or her attorney to consult with that patient's own physician and to obtain that patient's own health care information;
- (i) to public health authorities in order to carry out their functions, including, but not restricted to, investigations into the causes of disease, the control of public health hazards, enforcement of sanitary laws, investigation of reportable diseases, certification and licensure of health professionals and facilities, review of health care such as that required by the federal government and other governmental agencies;
- (j) to the state medical examiner in the event of a fatality that comes under his or her jurisdiction;
- (k) in relation to information that is directly related to a current claim for workers' compensation benefits or to any proceeding before the workers' compensation commission or before any court proceeding relating to workers' compensation;
- (l) to the attorneys for a health care provider whenever that provider considers that release of information to be necessary in order to receive adequate legal representation;
- (m) by a health care provider to appropriate school authorities of disease, health screening and/or immunization information required by the school; or when a school age child transfers from one school or school district to another school or school district;
- (n) to a law enforcement authority to protect the legal interest of an insurance institution, agent, or insurance-support organization in preventing and prosecuting the perpetration of fraud upon them;
- (o) to a grand jury or to a court of competent jurisdiction pursuant to a subpoena or subpoena duces tecum when that information is required for the investigation or prosecution of criminal wrongdoing by a health care provider relating to his or her or its provisions of health care services and that information is unavailable from any other source; provided, that any information so obtained is not admissible in any criminal proceeding against the patient to whom that information pertains;
- (p) to the state board of elections pursuant to a subpoena or subpoena duces tecum when that information is required to determine the eligibility of a person to vote by mail ballot and/or the legitimacy of a certification by a physician attesting to a voter's illness or disability;

- (q) to certify the nature and permanency of a person's illness or disability, the date when that person was last examined and that it would be an undue hardship for the person to vote at the polls so that the person may obtain a mail ballot;
- (r) to the central cancer registry;
- (s) to the Medicaid fraud control unit of the attorney general's office for the investigation or prosecution of criminal or civil wrongdoing by a health care provider relating to his or her or its provision of health care services to then Medicaid eligible recipients or patients, residents, or former patients or residents of long term residential care facilities; provided, that any information obtained is not admissible in any criminal proceeding against the patient to whom that information pertains;
- (t) to the state department of children, youth, and families pertaining to the disclosure of health care records of children in the custody of the department;
- (u) to the foster parent or parents pertaining to the disclosure of health care records of children in the custody of the foster parent or parents; provided, that the foster parent or parents receive appropriate training and have ongoing availability of supervisory assistance in the use of sensitive information that may be the source of distress to these children;
- (v) a hospital may release the fact of a patient's admission and a general description of a patient's condition to persons representing themselves as relatives or friends of the patient or as a representative of the news media. The access to confidential health care information to persons in accredited educational programs under appropriate provider supervision shall not be deemed subject to release or transfer of that information; or
- (w) to the workers' compensation fraud prevention unit for purposes of investigation.