

**EXHIBIT A**

*The Health Insurance Portability and Accountability Act ("HIPAA")*

**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION  
ABOUT PATIENTS MAY BE USED AND DISCLOSED  
AND HOW PATIENTS CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

Rite Aid will ask you to sign an Acknowledgment that you have received this Notice of Privacy Practices ("Notice"). This Notice describes, in accordance with the HIPAA Privacy Regulation, how Rite Aid may use and disclose your protected health information to carry out treatment, payment or health care operations and for other specific purposes that are permitted or required by law. The Notice also describes your rights and Rite Aid's duties with respect to protected health information about you.

Rite Aid will store information provided by you in the computer system. That information will include your name, address, phone number and other identifying information. In addition, any information that you provide concerning drugs that you are taking, medical conditions you may have, allergies, and other matters affecting your health will be stored in the computer.

**TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

We will use your health care information to treat you. For example, we will use health care information to dispense prescription medications. We may also disclose your information to other health care providers for the purpose of treatment.

We will use your health care information to receive payment for products and services. For example, we may contact your third party payor (for example, insurer or pharmaceutical benefits manager) to determine whether your program will pay for your prescription. We will bill you and/or a third party payor for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include your identification, as well as the prescriptions you are taking.

We will use your health care information to carry out health care operations. For example, we may use information in your health record to monitor the quality of pharmacist performance and to train pharmacy personnel.

**USES AND DISCLOSURES THAT ARE EITHER PERMITTED OR REQUIRED BY THE REGULATION**

Using their judgement as health care professionals, our pharmacists may disclose your protected health information to a family member, other relative, close personal friend, or any person you identify as being involved in your health care.

We form contracts with some entities known as Business Associates to perform services for us. For example, we sometimes require Business Associates to sort insurance or other third party payor claims for submission to the actual payor. We may disclose protected health information to our Business Associates so that they can perform the job we asked them to do, then bill your third party payor for services rendered. We require the Business Associates to appropriately safeguard the protected health information.

We may contact you to provide refill reminders or information about treatment alternatives or other health related benefits and services that may be of interest.

#### **OTHER REQUIRED OR PERMITTED DISCLOSURES**

We may disclose your health care information to the following entities and/or under given circumstances:

- to the Food and Drug Administration (FDA) relative to adverse events regarding drugs, foods, supplements, and other health products or to post marketing surveillance to enable product recalls, repairs, or replacement;
- to public health or legal authorities charged with preventing or controlling disease, injury, or disability;
- to law enforcement agencies as required by law or in response to a valid subpoena or other legal process;
- to health oversight agencies (medical licensing boards, e.g.) for activities authorized by law such as audits, investigations, and inspections necessary for Rite Aid's licensure and for the government to monitor the health care system, etc.;
- in response to a court order, administrative order, subpoena, discovery request, or other lawful process by another person involved in a dispute involving a patient, but only if efforts have been made to tell the patient about the request or to obtain an order protecting the requested health care information;
- as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by law;
- whenever required to do so by law;
- 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 the patient's information;
- to a coroner or medical examiner when necessary, for example, to identify a deceased person or to determine a cause of death, or to funeral directors consistent with applicable law to carry out their duties;
- to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant, consistent with applicable law;
- to contact the patient for the purpose of fundraising;
- to notify, or assist in notifying, a family member, personal representative, or another person responsible for the patient's care, of the patient's location, or general condition;
- to a correctional institution or its agents, if a patient is or becomes an inmate of such an institution, when necessary for the patient's health or the health and safety of others;
- when necessary to prevent a serious threat to the patient's health and safety or the health and safety of the public or another person;
- as required by military command authorities, when the patient is a member of the armed forces, and to appropriate military authority about foreign military personnel;
- to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law;
- to authorized federal officials so they may provide protection to the president, other authorized persons, or foreign heads of state or conduct special investigations;
- to a government authority, such as a social service or protective services agency, if Rite Aid reasonably believes the patient to be a victim of abuse, neglect, or domestic violence, but only to the extent required by law, if the patient agrees to the disclosure, or if the disclosure is allowed by law and Rite Aid believes it is necessary to prevent serious harm to the patient or to 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 the patient.

#### **MORE STRINGENT LAWS**

If your state has a law or regulation that is more stringent than the HIPAA Regulation, please refer to the accompanying page where that more stringent law will be reflected.

## **AUTHORIZED USE AND DISCLOSURE**

We will obtain your written Authorization before using or disclosing protected health information about you for purposes other than those listed above or otherwise permitted or required by law. You may revoke an Authorization in writing at any time. Such revocations must be made in writing. Forms for making revocations, which are available in Rite Aid pharmacies, should be completed and sent to the Privacy Office, Rite Aid, P.O. Box 3165, Harrisburg, PA 17105. Upon receipt of the written revocation, we will stop using or disclosing protected health information about you, except to the extent that we have already taken action in reliance on the Authorization.

## **THE PATIENT'S RIGHTS**

### **RESTRICTION REQUESTS**

You have the right to request that we restrict how your protected health information is used or disclosed in carrying out treatment, payment, or health care operations. Such requests must be made in writing to the Privacy Office, Rite Aid, P.O. Box 3165, Harrisburg, PA 17105. We are not required to agree to the requested restrictions. If however, we do agree to the requested restrictions, that agreement will be binding on us.

### **ALTERNATIVE MEANS OF COMMUNICATION**

You have the right to request that our communications to you concerning your health care information be made by alternative means or at alternative locations. For example, you may wish us to communicate in some way other than mailing to your home address or calling your home telephone number. Such requests must be made in writing to the Privacy Office, Rite Aid, P.O. Box 3165, Harrisburg, PA 17105. We will comply with a reasonable request for such an alternative.

### **ACCESS**

You have the right to inspect and obtain a copy of your protected health information. You have the right to access and copy protected information about you contained in the designated record set for as long as we maintain your protected health information. The designated record set usually will include prescription and billing records. To receive a copy of your protected health information, you must send a written request to the Privacy Office, Rite Aid, P.O. Box 3165, Harrisburg, PA 17105. Forms for making Access requests are available in our pharmacies. We may charge you a fee for the costs of copying, mailing, or other supplies that are necessary to grant your request. We may also deny your request to inspect and copy in limited circumstances. If you are denied access to your protected health information in most cases you may request that the denial be reviewed.

### **HEALTH CARE INFORMATION AMENDMENTS**

If you feel that the protected health information 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 protected health information. A request for an Amendment must be made in writing. Forms for making such requests, which are available in our pharmacies, should be completed and sent to the Privacy Office, Rite Aid, P.O. Box 3165, Harrisburg, PA 17105. You must include a reason that supports your request. In certain cases, we may deny the request. If the request for Amendment is denied, you have the right to file a statement of disagreement with the decision, and we may give a rebuttal to your statement.

### **ACCOUNTING**

For most purposes other than treatment, payment, or health care operations, you have the right to receive an Accounting of the disclosures we made, on or after April 14, 2003, of your protected health information. The Accounting will exclude disclosures we may have made directly to you, disclosures to friends or family members involved in your care, and disclosures for purposes you specifically authorized in writing. The right to receive an Accounting is subject to certain other exceptions, restrictions, and limitations. A request for an Accounting must be made in writing. Forms for making such requests, which are available in our pharmacies, should be completed and sent to the Privacy Office, Rite Aid, P.O. Box 3165, Harrisburg, PA 17105. The time period for the requested accounting must be specified and it may not be longer than six years. 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 within that period. We will notify you of the cost involved and you may choose to withdraw or modify the request at that time.

#### **NOTICE OF PRIVACY PRACTICES**

You have a right to receive a paper copy of this Notice from us upon request even if you have already received the Notice electronically (for example, on the Internet).

#### **RITE AID'S DUTIES**

Rite Aid takes its responsibility for maintaining your protected health information in confidence very seriously. Protected health information means information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. It also includes basic demographic information. We are required by law to maintain the privacy of protected health information and to provide you with a Notice of Privacy Practices including our legal duties with respect to protected health information. In addition, Rite Aid is required to abide by the terms of the Notice that is currently in effect.

We reserve the right to change the terms of our Notice and to make the new Notice provisions effective for all protected health information that we maintain. When we makes changes in our Notice, copies of the revised Notice will be available on request in all our pharmacies. A copy will be posted in all of our pharmacies and will be available on our web site at [www.riteaid.com](http://www.riteaid.com).

#### **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions or would like additional information about our privacy practices, you may contact the Privacy Office at (717) 761-2633 or by writing to the Privacy Office, Rite Aid, P.O. Box 3165, Harrisburg, PA 17105. Forms for filing a written complaint to Rite Aid are available at our pharmacies. If you believe your privacy rights have been violated, you can file a complaint with Rite Aid's Privacy Office or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

#### **EFFECTIVE DATE**

This Notice of Privacy Practices is effective as of April 14, 2003.

**EXHIBIT B**

Dear Valued Customer:

Your Rite Aid Pharmacist is committed to providing you with the most advanced pharmacy care possible.

The information that you fill out in this brochure is vital to enhance your health. The more you tell us, the better we can serve you. This information is the foundation of a personal health profile we maintain for you, so our LifeCheck<sup>SM</sup> Computer can help prevent harmful drug interactions with prescriptions or OTC medications you may be taking.

You're committed to staying healthy, and Rite Aid wants to be there with you every step of the way. We want to give you the best care you can get and we're continually working to make this possible. From ongoing training programs for our pharmacists to 24-hour convenient service, we are always going out of our way to make your life easier.

Although you have the right not to disclose your medical history, Rite Aid would like to assure you that we respect and protect your privacy. We encourage you to completely fill out this form and return it to your pharmacist so that we can give you the kind of personal care that you and your family deserve.

Your health is important, to you and to us. We hope to earn your trust and to become your pharmacy for life. Because with us, it's personal.

Sincerely,

Your Rite Aid Pharmacist

## Rite Aid Pharmacy

Rite Aid is always investing in new technology and pharmacist training to deliver the outstanding pharmacy care that you deserve.

### Rite Advice<sup>®</sup>

Written information on dosage, side effects and potential drug interactions is included with every prescription.

### Convenient Refills

Refills are just a call or a click away. Use Refills by Phone or Internet Refills 24 hours a day and know exactly what time your refill will be ready.

- *Refills by Phone* – call the phone number located on your prescription bottle and follow the automated instructions.
- *Internet Refills* – log on to [riteaid.com](http://riteaid.com) powered by [drugstore.com](http://drugstore.com) and click "refill now."



With us, it's personal.

PATIENT INFORMATION &  
HEALTH CARE SOLUTIONS

You're serious  
about your health.

So are we.



Fill out this brochure with your medical history to help your pharmacist provide you with the most complete, personalized service possible.



With us, it's personal!

CONFIDENTIAL

# Patient Information — Medical Information



Please check the appropriate box(es)

## Patient Name

\_\_\_\_\_  
Last First Middle Initial

\_\_\_\_\_  
Street or P.O. Box Apt.#

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Date of Birth (Month/Day/Year)

Gender (circle one) **MALE** **FEMALE**

If you have children in your household, to prevent accidental drug poisoning, please specify child resistant packaging.

**Would you like us to dispense your medications in child resistant packaging?**

YES  NO

## Prescription Insurance

YES  NO

If yes, name cardholder \_\_\_\_\_

## Cardholder's Name

\_\_\_\_\_  
Relationship to cardholder (circle one)  
(Cardholder, spouse, child, dependent parent, disabled dependent, full-time student, other)

## KNOWN ALLERGIES AND DRUG REACTIONS

- No known allergies/drug reactions
- Aspirin
- Cephalosporins (ex. Ceclor, Keflex)
- Codeine
- Erythromycin
- Penicillins
- Sulfa drugs
- Tetracyclines
- Xanthines (ex. Theophylline)

Other allergies and drug reactions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of prescriptions you are currently taking which were NOT purchased in this store \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PHARMACISTS COMMENTS

This information is requested by your Rite Aid Pharmacist as required by state regulation so that he or she can provide appropriate pharmacy services to you. This information will be kept confidential. Since health information may change periodically, please notify your Rite Aid Pharmacist of any changes in medications (prescription and non-prescription), allergies, drug reactions or health conditions.

\_\_\_\_\_  
Signature Date

## HEALTH CONDITIONS

- Angina
- Anemia
- Arthritis
- Asthma
- Blood clotting disorders
- Blood pressure, high
- Breast feeding
- Cancer
- Diabetes
- Heart conditions
- Kidney disease
- Liver disease
- Lung disease
- Parkinson's disease
- Pregnancy
- Ulcers

Other health conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of non-prescription medications you are currently taking \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature DO NOT WISH TO COMPLETE THIS FORM Date

RAC001575