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

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 Notice of Privacy Practices (the "Notice") describes the privacy practices of CVS/Caremark related to protected health information. If you have any questions about this Notice, please contact the Privacy Office at 1-888-209-9618.

We are required to provide you with this Notice as required by law. This Notice will inform you of: how we may use and disclose your Protected Health Information; how we protect your information; your rights to access, amend, restrict, or decline to accept your PHI; and your options regarding this Notice.

Our Privacy Practices:
- We use your health information to provide you with the health care service you have requested.
- We will use your health information to conduct billing and payment, account management, and marketing activities.
- We may share your health information with a designated representative of the U.S. Government.
- We may disclose your health information to a health care clearinghouse as required by law.
- We will disclose your health information to family, friends, or other persons you identify by name or by using code, as long as you author this disclosure in writing.

Confidential and Highly Proprietary

You have the following rights with respect to your PHI:
- Obtain a paper copy of the Notice upon request. To obtain a copy of your Notice, please contact the CVS/Caremark Privacy Office.
- You have the right to inspect and copy your PHI for purposes related to your health care treatment, payment, or health care operations. To inspect or copy your PHI, submit a written request to the CVS/Caremark Privacy Office.
- You must verify your identity to request that your PHI be disclosed to you or another person.
- You have the right to request a restriction on certain uses and disclosures of your PHI. You have the right to request a limitation on the disclosure of your PHI to family, friends, or other persons you identify by name or by using code, as long as you author this disclosure in writing.
- You have the right to request that your PHI be disclosed only to a health care provider for treatment purposes.
- You have the right to request a correction or amendment of your PHI as required by law.
- You have the right to request an accounting of disclosures of your PHI as required by law.
- You have the right to receive a paper copy of this Notice upon request.
- You have the right to request additional notices of privacy practices as required by law.
- You have the right to file a complaint with the Secretary of the United States Department of Health and Human Services if you believe your rights have been violated.
- CVS/Caremark reserves the right to make changes to this Notice, effective upon receipt of written notice.

To the extent that this Notice differs from the current Notice, the current Notice will apply.}

TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS:

Below are examples of how federal law permits use or disclosure of your PHI for treatment purposes without your permission:

1. Treatment: Disclosing medical records. PHI obtained by CVS/Caremark will be used in accordance with the treatment, payment, and health care operations as described in this Notice.
2. Payment: We may use and disclose your PHI for payment-related purposes. We may use or disclose your PHI to an insurance carrier when you are applying for health coverage.

OTHER SPECIAL CIRCUMSTANCES:

We are permitted under federal and applicable state law to use or disclose your PHI without your permission only in certain circumstances, as described below:

Business arrangements: We provide services through business arrangements with other companies. Federal law requires us to enter into business associate contracts to ensure that PHI is used or disclosed by CVS/Caremark and by law.

Individually identifiable health information: We collect information about you, your health status, and your treatment. This information is protected by law and cannot be used or disclosed for purposes other than treatment, payment, and health care operations.

Disclosures to persons with a legal duty to disclose: We may disclose your PHI to persons with a legal duty to disclose. This includes supervisors, doctors, and other health care providers as required by law.

Worker's compensation: We may disclose your PHI to the state worker's compensation program established by law.

You have the following rights with respect to your PHI:
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- You have the right to inspect and copy your PHI for purposes related to your health care treatment, payment, or health care operations. To inspect or copy your PHI, submit a written request to the CVS/Caremark Privacy Office.
- You must verify your identity to request that your PHI be disclosed to you or another person.
- You have the right to request a restriction on certain uses and disclosures of your PHI. You have the right to request a limitation on the disclosure of your PHI to family, friends, or other persons you identify by name or by using code, as long as you author this disclosure in writing.
- You have the right to request an accounting of disclosures of your PHI as required by law.
- You have the right to receive a paper copy of this Notice upon request.
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