

COTTRILL'S PHARMACY, INC.

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 Health Insurance Portability and Accountability Act ("HIPAA) contains provisions regarding the privacy of your medical information that became effective for pharmacies nationwide on April 14, 2003. Cottrill's Pharmacy, Inc. ("Cottrill 's" or "We") has always taken great care to protect the privacy of your medical information. Therefore, the HIPAA privacy provisions will not result in many changes that you will notice.

HIPAA does require that we provide you with this Notice of Privacy Practices. It also requires that we obtain your signature acknowledging that this Notice was given to you.

This Notice contains important information regarding the uses and disclosures of your medical information that Cottrill's is permitted or required by law to make. This Notice also discloses your rights, and Cottrill's obligations with regards to your medical information. At the end of this Notice is information about who you can contact if you have any questions or if you have a problem to report.

PERMITTED USES AND DISCLOSURES FOR THE PURPOSES OF TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

We may use or disclose your medical information to carry out treatment, payment, or health care operations. Examples of these uses and disclosures are:

Treatment We may use or disclose your medical information in communications with your physician's office regarding the medicines that have been prescribed for you.

Payment We may use or disclose your medical information to your insurance company to obtain payment for your prescriptions under your insurance coverage.

Health Care Operations We may use or disclose your medical information in conducting internal reviews to evaluate the quality of service that was provided to you.

OTHER PERMITTED USES AND DISCLOSURES

The following is a list of other uses or disclosures of your medical information that we are permitted or required by law to make:

1. Communication with Family or Caregiver. When in our professional judgment such communication is appropriate, we may disclose to a family member or other relative, close personal friend, or any other person you identify, your medical information that is relevant to that person's involvement in your care, or payment related to your health care.
2. Business Associates. We may contract with business associates to perform certain services for or on behalf of Cottrill's. So that these business associates can perform those services, we may have to disclose your medical information to the business associates. We will require our business associates to appropriately safeguard your medical information.
3. Treatment Alternatives. We may contact you regarding treatment alternatives and/or other health related benefits and services that may be of interest to you.
4. Food and Drug Administration (FDA). We may disclose your medical information to the FDA relative to adverse events with respect to drugs, food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.
5. Workers Compensation. We may disclose your medical information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs established by law.
6. As Required by Law. We may use or disclose your medical information when required to do so by law. Examples of such situation include (but are not limited to) uses or disclosures:
 - To public health or legal authorities charged with preventing or controlling disease, injury or disability;
 - To law enforcement officials for law enforcement purposes;
 - To health oversight agencies, including audits, investigations, and inspections, as required for our licenser or by the government to monitor the health care system, government programs and compliance with civil rights law;
 - To government authority (such as social services or protective services agency) if we reasonably believe you are the victim of abuse, neglect or domestic violence.

- Otherwise required by law, including but not limited to court or administrative order, discovery request, subpoena, or other legal process.
7. To Other Health Care Providers. We may use or your medical information when contacted by another health care provider who states that they have your request and consent to transfer your records to them.
 8. To Avert a Serious Threat to Health or Safety. We may use or disclose your medical information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

We will not use or disclose your medical information for purposes other than those mentioned above or as otherwise permitted or required by law without your written consent. Your authorization can be revoked by you at time in writing, and the revocation will be effective upon receipt of the written revocation by Cottrill 's.

YOUR RIGHTS WITH RESPECT TO YOUR MEDICAL INFORMATION

1. You have the right to request restrictions on the uses and disclosures that may be made of your medical information by sending a request in writing to the Privacy Officer (see below). We are not required to agree to any requested restriction.
2. You have the right to request in writing the desire to receive communications of your medical information by an alternative means or at an alternative location. For example, to ensure the confidentiality of your medical information you may wish to be contacted at a different telephone number or to have written materials mailed to a different mailing address. Written requests should be sent to the Privacy Officer.
3. You have the right to request to inspect or obtain a copy of your medical information maintained by Cottrill 's. We may require such requests be made in writing and if you wish this information to be delivered to someone other than yourself you will have to provide Cottrill's with your written authorization. A reasonable cost-based fee may be charged to comply with such requests.
4. You have the right to request that Cottrill 's amend your medical information when you believe it is incomplete or incorrect. Such request must be sent to the Privacy Officer in writing and state in reasonable detail the reason for the requested amendment.

5. You have the right to request an accounting of the disclosures that Cottrill's has made of your medical information. You must complete a Request for Accounting of Disclosures form and submit that completed form to the Privacy Officer. You can obtain a Request for Accounting of Disclosures at the pharmacy at Cottrill's, or you may contact the Privacy Officer for a copy of the form.

COTTRILL'S DUTIES

1. We are required by law to maintain the privacy of your medical information. We must also provide you with this notice of Privacy Practices so you are aware of Cottrill's legal duties and privacy practices with respect to your medical information.
2. We are required to abide by the terms of the Notice of Privacy Practices currently in effect.
3. We reserve the right to change the terms of this Notice of Privacy Practice and to make the terms of the revised Notice of Privacy Practices effective for all your medical information that we maintain. Any revised Notice of Privacy Practices will be available upon request and posted in the waiting area in Cottrill 's pharmacy area.

FOR ADDITIONAL INFORMATION OR TO REPORT A PROBLEM

If you have any questions or if you would like additional information, please contact Cottrill's Privacy Officer (address and telephone number below). If you feel your privacy rights have been violated, you may complaint to Cottrill's by contacting the Privacy Officer (see below), or you may contact the Office for Civil Rights, U.S. Department of Health and Human Services. , Jacob Javits Federal Building, 26Federal Plaza,-Suite 3312, New York, New York 10278 (or by e-mail at OCRComplaint@hhs.gov) You will not be retaliated against for filing a complaint.

PRIVACY OFFICER

Gail Wesolowski
Cottrill's Pharmacy, Inc.
4919 Ellicott Road
Orchard Park, NY 14127
(716) 508-8481

EFFECTIVE DATE

The effective date of this Notice of Privacy Practices is April 14, 2003.