

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY PRIME THERAPEUTICS AND ITS SUBSIDIARIES, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Prime Therapeutics recognizes that your health information is personal, and we are committed to protecting it. Prime Therapeutics' use and disclosure of your health information is also very important to our ability to provide you with quality care, and to comply with certain laws. This Notice applies to Prime Therapeutics' uses and disclosures of individually identifiable Protected Health Information ("PHI") received or created by Prime Therapeutics as a healthcare provider under the Standards for Privacy of Protected Health Information disseminated under the Health Insurance Portability and Accountability Act of 1996, subject to applicable state laws.

I. WE ARE LEGALLY REQUIRED TO SAFEGUARD YOUR PHI.

Prime Therapeutics is required by law to:

- A. Maintain the privacy of your PHI;
- B. Provide you with this Notice; and
- C. Comply with this Notice.

II. FUTURE CHANGES TO OUR PRIVACY PRACTICES AND THIS

NOTICE. Prime Therapeutics reserves the right to change its privacy practices and to make any such change applicable to your PHI obtained before the change. If a change in our practices is material, we will revise this Notice to reflect the change. You may obtain a copy of any revised Notice by contacting Prime Therapeutics' Privacy and Compliance Department, or on our website at www.primetherapeutics.com.

III. OUR USES AND DISCLOSURES OF YOUR PHI.

The law permits us to use and disclose your PHI for purposes of providing treatment, obtaining payment and for certain operations related to healthcare.

A. Permitted Uses and Disclosures:

1. Treatment: We may use and disclose your PHI to provide treatment to you or for the treatment activities of another healthcare provider. For example:

We may disclose your PHI to physicians, pharmacists, nurses, and other healthcare providers and suppliers who are involved in your care for purposes of your treatment.

Please refer to the notice of privacy practices of your benefit plan or other healthcare provider with respect to the uses and disclosures of PHI received or created by Prime Therapeutics in the course of performing services for or on behalf of such health plan or other healthcare provider.

2. Payment: We may also use or disclose your PHI in order to receive payment for treatment provided to you by Prime Therapeutics or for the payment activities of another entity. For example:

We may use your PHI to create the bills that we submit to the insurance company or health plan sponsor to receive payment for the services we provide to you.

3. Healthcare Operations: We may also use or disclose your PHI for our operations related to healthcare. For example:

We may use your PHI to evaluate the quality of care you received from us, or to evaluate the performance of those involved with your care.

We may use and disclose your PHI in conducting data analysis for purposes of providing information and data to your plan sponsor, new program development and providing services to improve outcomes and effectively manage prescription drug costs.

In addition, we may also disclose your PHI to another healthcare provider, health insurance plan, or healthcare clearinghouse for purposes of their operations related to healthcare. However, we will only do so if they have or have had a relationship with you and if the PHI they request pertains to that relationship. In addition, we will disclose your PHI to these third parties for limited purposes only, such as conducting quality improvement activities, reviewing the performance of a healthcare provider, or training purposes.

B. Uses and Disclosures That Require Us to Give You the Opportunity to Object. Unless you object, we may provide relevant portions of your PHI to a family member, friend, or other person you indicate is involved in your healthcare or in helping you get payment for your healthcare. In an emergency or when you are not capable of agreeing or objecting to these disclosures, we will disclose PHI as we determine is in your best interest, but will advise you of such use and disclosure after the emergency, and give you the opportunity to object to future disclosures to family and friends. Unless you object, we may also disclose your PHI to persons performing disaster relief notification activities.

C. Certain Other Uses and Disclosures Which Do Not Require Your Authorization. The law allows us to use and disclose PHI without your authorization in the following circumstances:

1. When Required by Law. We use and disclose PHI when we are required to do so by federal, state or local law.

2. For Public Health Activities. We use and disclose PHI when we are so required to by public health and other government authorities. For example:

We may be required to disclose information to the Federal Food and Drug Administration (FDA) relative to adverse events with respect to medications, products, product recalls, defects or replacements.

3. For Reports About Victims of Abuse, Neglect or Domestic Violence. We will use and disclose your PHI in reports about victims of abuse, neglect, or domestic violence only if we are required or authorized by law to do so, or if you otherwise agree.

4. To Health Oversight Agencies. We will use and disclose PHI as requested by government agencies who have authority to audit or investigate our operations.

5. For Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may use and disclose your PHI in response to a subpoena or other lawful request, but only if efforts have been made to tell you about the request or to obtain a court order that will protect the PHI requested.

6. To Law Enforcement. We may use and disclose PHI if asked to do so by a law enforcement official, in the following circumstances: (a) in response to a court order, subpoena, warrant, summons or similar process; (b) to identify or locate a suspect, fugitive, material witness or missing person; (c) to provide information about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (d) about a death we believe may be due to criminal conduct; (e) about criminal conduct at our facility; and (f) in emergency circumstances, to report a crime, its location or victims, or the identity, description or location of the person who committed the crime.

7. To Coroners, Medical Examiners and Funeral Directors. We may use and disclose PHI to facilitate the duties of coroners, medical examiners and funeral directors.

8. To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI to someone who can help prevent a serious

threat to your health and safety or the health and safety of another person or the public.

9. For Specialized Government Functions. We may use and disclose your PHI for specialized government functions. For example, we may use and disclose your PHI to authorized federal officials for intelligence and national security activities.

10. To Workers' Compensation or Similar Programs. We may use and disclose your PHI to workers' compensation or similar programs in order for you to obtain benefits for work-related injuries or illness.

IV. OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION. Other uses and disclosures of your PHI that are not covered by this Notice or permitted by the laws that apply to us will be made only with your written authorization. If you give us written authorization for a use or disclosure of your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the purposes specified in the written authorization, except that we are unable to take back any disclosures we have already made with your permission. In addition, we can use or disclose your PHI after you have revoked your authorization for actions we have already taken in reliance upon your authorization. We are also required to retain certain records of the uses and disclosures made when the authorization was in effect.

V. YOUR RIGHTS RELATED TO YOUR PROTECTED HEALTH INFORMATION. You have the following rights:

A. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us to limit how we use and disclose your PHI, as long as you are not asking us to limit uses and disclosures that we are required or authorized to make by the Secretary of the Federal Department of Health and Human Services, related to any of the disclosures described in Section III above. Any such request must be submitted in writing to our Privacy Officer. We are not required to agree to your request. If we do agree, we will put it in writing and will abide by the agreement except when you require emergency treatment.

B. The Right to Choose How We Communicate With You. You have the right to ask that we send information to you at a specific address (for example, at work rather than at home) or in a specific manner (for example, never by telephone). We must agree to your request as long as it would not be disruptive to our operations to do so. You must make any such request in writing, addressed to our Privacy Officer.

C. The Right to See and Copy Your PHI. Except for limited circumstances, you may look at and copy your PHI if you ask in writing to do so. Any such request must be addressed to our Privacy and Compliance Department which will respond to your request within 30 days (or 60 days if the extra time is needed). In certain situations we may deny your request, but if we do, we will tell you in writing of the reasons for the denial and explain your rights with regard to having the denial reviewed. If you ask us to copy your PHI, we may charge you a reasonable amount as allowed by law. Alternatively, we may provide you with a summary or explanation of your PHI, as long as you agree to that and to the cost, in advance.

D. The Right to Correct or Update Your PHI. If you believe that the PHI we have about you is incomplete or incorrect, you may ask us to amend it. Any such request must be made in writing and must be addressed to our Privacy and Compliance Department and must tell us why you think the amendment is appropriate. We will not process your request if it is not in writing or does not tell us why you think the amendment is appropriate. We will act on your request within 60 days (or 90 days if the extra time is needed), and will inform you in writing as to whether the amendment will be made or

denied. If we agree to make the amendment, we will ask you to tell us who else you would like us to notify of the amendment.

We may deny your request if you ask us to amend information that:

1. was not created by us, unless the person who created the information is no longer available to make the amendment;
 2. is not part of the PHI we keep about you;
 3. is not part of the PHI that you would be allowed to see or copy;
- or
4. is determined by us to be accurate and complete.

If we deny the requested amendment, we will tell you in writing how to submit a statement of disagreement or complaint, or to request inclusion of your original amendment request in your PHI.

E. The Right to Receive a List of the Disclosures We Have Made. You have the right to receive a list of instances in which we have disclosed your PHI. The list will not include disclosures we have made for treatment, payment, and healthcare operations purposes described in Section III, those made directly to you or your family or friends, for disaster notification purposes, or those that were made per an authorization from you. Neither will the list include disclosures we have made for national security purposes or to law enforcement personnel, or disclosures made before April 14, 2003. Your request for a list of disclosures must be made in writing and be addressed to our Privacy and Compliance Department. We will respond to your request within 60 days (or 90 days if the extra time is needed). The list we provide will include disclosures made within the last six years unless you specify a shorter period. A standard fee will be charged each time a list is requested.

F. The Right to Receive a Paper Copy of This Notice. You have the right to request a paper copy of this Notice. You may obtain a paper copy by contacting:

Prime Therapeutics
Attn: Legal and Compliance
1305 Corporate Center Drive
Eagan, Minnesota 55121-1204

VI. COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Federal Department of Health and Human Services. To file a complaint with us, put your complaint in writing and address it to our Privacy Officer. Prime Therapeutics will not retaliate against you for filing a complaint. You may also contact our Privacy Officer if you have questions or comments about our privacy practices.

**Privacy Officer, Toll Free: 888.849.7840
Email: privacy@primetherapeutics.com**

Prime Therapeutics
1305 Corporate Center Drive
Eagan, Minnesota 55121-1204

Effective Date: January 1, 2003
Last updated: January 3, 2011

Prime Therapeutics is a mail order pharmacy and a pharmacy benefit manager for several health plans. As a mail order pharmacy, Prime Therapeutics is required to send a notice regarding privacy practices to individuals who use its services.

Acknowledgement of Receipt of Notice of Privacy Practices

By signing and returning this form, I acknowledge receipt of the Notice of Privacy Practices of Prime Therapeutics LLC.

Name _____

Member ID _____

Street Address _____

City _____ State _____ Zip _____

Signature _____ Date _____
(Patient or Personal Representative of Patient)

If signed by a Personal Representative of Patient, please indicate your relationship to the Patient and your authority to act on behalf of the Patient.

Relationship _____

Authority to act on behalf of the Patient _____

Please **mail** your completed and signed Acknowledgement sheet to:

Prime Therapeutics LLC
Privacy and Compliance Department
1305 Corporate Center Drive
Eagan, MN 55121-1204

Or, you may **email** your Acknowledgement to: **privacy@primetherapeutics.com**.

Please include all information listed above and the following statement in your email:

I acknowledge receipt of the Notice of Privacy Practices of Prime Therapeutics LLC.