TOPS MARKETS, LLC

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Tops Markets, LLC and our affiliates have a firm and long-standing commitment to protecting our customers' privacy. This Notice describes the privacy protections in place for our pharmacy-related services. Throughout this Notice, we use the term "Pharmacy" to refer to the health care components of Tops Markets, LLC, including Tops Pharmacy. Whenever you visit or receive services from one of these Pharmacy locations, you can expect the privacy of your health information to be protected as described in this Notice.

We are required by law to maintain the privacy of your health information, to provide you this detailed Notice of our legal duties and privacy practices relating to your health information and to abide by the terms of the Notice that currently is in effect.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

Uses and disclosures of health information for treatment, payment and health care operations are permitted by the federal Privacy Rule and authorized by the signature log you sign at the pharmacies. The following lists various ways in which we may use or disclose your Protected Health Information ("PHI") for these purposes.

For Treatment. We will use and disclose your PHI in providing you with Pharmacy services and may disclose information to other providers involved in your care. For example, our Pharmacy associates will use your health information to dispense prescription medications to you in accordance with your provider's orders. We may contact your provider to discuss your prescription, possible drug interactions, or other concerns.

For Payment. We may use and disclose your PHI for our billing and payment purposes, or for the billing and payment needs of another health care provider. We may disclose your health information to your representative, to an insurance or managed care company, Medicare, Medicaid, another third party payer, or another health care entity. For example, we may contact your health plan to confirm your coverage for certain prescription medications or the amount of your co-payment.

For Health Care Operations. We may use and disclose your PHI as necessary for our health care operations, such as management, personnel evaluation, education and training. For example, we may use and disclose your PHI to review the quality of our services.

Prescription Reminders. We may use or disclose PHI to remind you that your prescriptions are ready to be picked up at the Pharmacy or that it is time for you to refill your prescription.

Treatment Alternatives and Health-Related Benefits and Services. We may use or disclose your PHI to inform you about treatment alternatives and health-related benefits and services that may be of interest to you. We will not sell lists of pharmacy customers or other PHI to third parties for marketing purposes, however.

II. SPECIFIC USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

The following lists various ways in which we may use or disclose your PHI.

To the Patient or their Personal Representative for their own use. On request, we will disclose your PHI to you or your Personal Representative (a person who is authorized by law to act on your behalf with respect to health care matters).

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose PHI about you to a family member, close personal friend or other person who is involved in your care or payment for your care, or we may disclose PHI to notify a family member about your general condition or location. Unless a family member has legal authority to act on your behalf, we will only disclose information relevant to that family member's involvement in your care.

As Required By Law. We may use or disclose your PHI when required by law to do so.

Health Oversight Activities. We may disclose your PHI to a health oversight agency, such as the Board of Pharmacy, for activities authorized or required by law, such as audits, investigations and inspections or for activities involving government oversight of the health care system.

Business Associates. We may disclose your protected health information to a contractor or service provider (known as a "business associate") that needs the information in order to perform services for the Pharmacy and that agrees to protect the confidentiality of this information.

III. PERMITTED DISCLOSURES OF YOUR HEALTH INFORMATION.

In addition to the disclosures described above, we may make the following disclosures, subject to conditions and limits in federal and state law. Note: in some circumstances disclosures listed below may be required by law, and so are also covered in Section II above.

Public Health Activities. We may disclose your PHI to a public health authority charged with, for example, preventing or controlling disease, injury or disability.

Reporting Victims of Abuse, Neglect or Domestic Violence. If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your PHI to notify a government authority, if authorized by law or if you agree to the report.

To Avert a Serious Threat to Health or Safety. When necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person, we may use or disclose PHI, limiting disclosures to someone able to help lessen or prevent the threatened harm.

Judicial and Administrative Proceedings. We may disclose your PHI in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

Law Enforcement. We may disclose your PHI for certain law enforcement purposes, including, for example, to comply with reporting requirements; to comply with a court order, warrant, or similar legal process; or to answer certain requests for information concerning crimes.

Research. We may use or disclose your PHI for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may release your PHI to a coroner, medical examiner, and funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

Disaster Relief. We may disclose limited PHI about you to a disaster relief organization.

Military, Veterans and other Specific Government Functions. If you are a member of the armed forces, we may use and disclose your PHI as required by military command authorities. We may disclose

health information for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.

Workers' Compensation. We may use or disclose your PHI to comply with laws relating to workers' compensation or similar programs.

Inmates/Law Enforcement Custody. If you are under the custody of a law enforcement official or a correctional institution, we may disclose your PHI to the institution or official for certain purposes including the health and safety of you and others.

IV. USES AND DISCLOSURES WITH YOUR AUTHORIZATION

Except as described in this Notice, we will use and disclose your health information only with your written Authorization. You may revoke an Authorization in writing at any time. If you revoke an Authorization, we will no longer use or disclose your health information for the purposes covered by that Authorization, except where we have already relied on the Authorization.

V. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Listed below are your rights regarding your health information. Each of these rights is subject to certain requirements, limitations and exceptions. Exercise of these rights may require submitting a written request to the Pharmacy. At your request, the Pharmacy will supply you with the appropriate form to complete. You have the right to:

Request Restrictions. You have the right to request restrictions on our use or disclosure of your health information for treatment, payment, or health care operations. You also have the right to request restrictions on the health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care.

We are not required to agree to your requested restriction (except that if you are mentally competent, you may restrict disclosures to family members or friends). If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment or in accordance with federal and state law.

Access to Personal Health Information. You have the right to inspect and obtain a copy of your clinical or billing records or other written information that may be used to make decisions about your care, subject to some exceptions. Your request must be made in writing. In most cases we may charge a reasonable fee for our costs in copying and mailing your requested information.

We may deny your request to inspect or receive copies in certain circumstances. If you are denied access to health information, in some cases you have a right to request review of the denial. This review would be performed by a licensed health care professional who did not participate in the decision to deny.

- **Note: requests at the Pharmacy for copies of your prescription records, such as for tax submission purposes, are not treated as formal Requests for Access and are handled directly by the Pharmacy. If you wish to exercise your right to access your PHI, you should ask the pharmacist for a special "HIPAA Request for Access" form.**

Request Amendment. You have the right to request amendment of your health information maintained by the Pharmacy for as long as the information is kept by or for the Pharmacy. Your request must be made in writing and must state the reason for the requested amendment.

We may deny your request for amendment if the information (a) was not created by the Pharmacy, unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for the Pharmacy; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete, as determined by the Pharmacy.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

- **Note: simple requests at the Pharmacy, such as changing your address or insurance information, are not treated as formal Requests for Amendment and are handled directly by the Pharmacy. If you wish to exercise your right to request amendments to your PHI, you should ask the pharmacist for a special "HIPAA Request for Amendment" form.**

Request an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your health information. This is a listing of disclosures made by the Pharmacy or by others on our behalf, but does not include disclosures for treatment, payment and health care operations, disclosure made pursuant to your Authorization, and certain other exceptions.

To request an accounting of disclosures, you should ask the pharmacist for a special "HIPAA Request for Accounting" form, stating a time period beginning after April 13, 2003 that is within six years from the date of your request and listing the location of all pharmacies for which you are requesting an accounting. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

Request Confidential Communications by Alternative Means. You have the right to request that we communicate with you concerning your health matters in a certain manner. We will accommodate your reasonable requests.

- **Note: simple requests at the Pharmacy, such as calling a patient at an alternate location when a prescription is ready, are not treated as formal Requests for Confidential Communications and are handled directly by the Pharmacy. If you wish to exercise your right to request confidential communications by alternative means, you should ask the pharmacist for a special "HIPAA Request for Confidential Communications" form.**

Request a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time.

VI. FOR FURTHER INFORMATION OR TO FILE A COMPLAINT

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the Pharmacy Privacy Representative at (717) 240-1544.

If you believe that your privacy rights have been violated, you may file a complaint in writing with the Pharmacy or with the Office of Civil Rights in the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint.

To file a complaint with the Pharmacy, you may request a HIPAA Complaint Form at your store, or contact the Privacy Representative listed above.

VII. CHANGES TO THIS NOTICE

We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all health information already received and maintained by the Pharmacy as well as for all health information we receive in the future. We will provide a copy of the revised Notice upon request.

DISCLOSURES PERMITTED/PROHIBITED IN CERTAIN STATES

Tops Markets, LLC operate pharmacies in numerous states and complies with the applicable laws of each state. This page lists some of the general provisions of law in the states in which we operate. These laws contain certain conditions, and are subject to change and interpretation. Generally, all states permit uses and disclosures in accordance with Sections I, II and IV of our Notice. Certain disclosures listed in Section III may be limited by state law, depending on the circumstances and the interpretation given to state law. In some states you also may have additional protections for certain specially protected categories of information. The applicability and interpretation of these state laws will vary depending on the particular law and the circumstances involved.

HIV: **New York, Ohio and Pennsylvania**
We may not disclose certain confidential HIV or AIDS information about an individual, except with the individual's written authorization or when authorized or required by state or federal law.

Substance abuse: **Pennsylvania**
We may not disclose certain confidential information relating to an individual who is obtaining or has obtained treatment for drug or alcohol abuse or dependence, except with the individual's written authorization or when authorized or required by state or federal law.

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Acknowledgment of Receipt of Notice of Privacy Practices

If you did not provide your signature acknowledging receipt of this Notice at the pharmacy, please complete the section below, tear off this portion and return it to the pharmacy from which you obtained your prescription:

By signing below, I acknowledge that I have received a copy of the Tops Pharmacy's Notice of Privacy Practices:

_____ _____ _____
Name of Customer Signature Date

_____ _____
Pharmacy Name / Address Prescription Number

If signed by the patient's Personal Representative, please print your name and describe your relationship to the customer or other authority to act:

_____ _____
Print Name Relationship to patient