

VI WAITING

02-25-2008

PROMISED: 08:44p

02-25-2008

Scripts: 01

CVS/pharmacy #5083 Ph:954.349-9323

CUSTOMER RECEIPT

324 L. RACE RD
WESTON, MA 01886
33326-0000



07 0205977 00 0001000

Date:02-25-2008 DAW:0

Rx: 205977 00

VILLANUEVA, SANDRA

48 CIRRILO DRIVE, COLCHESTER, CT 06415-0000

Ph:860.537-1755

DOB:11-24-1977

AVIANE-28 TABLET BRR

BARR

TAKE AS DIRECTED

NDC:00555-9045-58 Days Supply: 28 Refills: 9 Qty:28 TA

Prscrbr: GREEN APRN,SHAY

TP: 4000 GR:UHEALTH

AUTH#OPTP7NH

PAID PRESCRIPTION

PAY: \$10.00

Caps:Y

Please note that an important notice related to privacy of your personal healthcare information has been printed on the reverse of this receipt. Please review the provided information carefully.

CVS/pharmacy requests that you acknowledge receipt of this notice by signing the store's acknowledgement log or you may sign the coupon below and mail to the CVS Privacy Office at the address set forth on the Notice.

If you have any questions or concerns please feel free to contact the CVS Privacy Office in writing or by calling 1-800-287-2414.



CVS/pharmacy

Acknowledgement

I _____ (printed name)
have received CVS/pharmacy's Notice of Privacy Practices.

Signature: _____

Date: _____

Please detach and return this Acknowledgement to your local CVS/pharmacy or to the address specified on the Notice.

CVS/pharmacy

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.

This Notice of Privacy Practices (the "Notice") describes the privacy practices of CVS/pharmacy including CVS retail outlets, CVS.com, and CVS ProCare retail outlets.

CVS/pharmacy wants you to know that nothing is more central to our operations than maintaining the privacy of your health information ("Protected Health Information" or "PHI"). PHI is information about you, including basic information that may identify you and relates to your past, present, or future health or condition and the dispensing of pharmaceutical products to you. We take this responsibility very seriously.

Our Pledge Regarding Your Health Information

We are required by federal and applicable state law, regulations, and other authorities to protect the privacy of your health information and to provide you with this Notice. Our pharmacy staff is required to protect the confidentiality of your PHI and will disclose your PHI to a person other than you or your personal representative only when permitted under federal or state law. This protection extends to any PHI that is oral, written, or electronic, such as prescriptions transmitted by facsimile, modem, or other electronic device. This Notice describes how we may use and disclose your PHI. In some circumstances, as described in this Notice, the law permits us to use and disclose your PHI without your express permission. In all other circumstances, we will obtain your written authorization before we use or disclose your PHI.

This Notice also describes your rights and the obligations we have

a crime, the location, victims, or the identity, description, or location of the perpetrator of a crime.

As required by law: We must disclose your PHI when required to do so by applicable federal or state law.

Judicial and administrative proceedings: If you are involved in a lawsuit or a legal dispute, we may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Public health: We may disclose your PHI to federal, state, or local authorities, or other entities charged with preventing or controlling disease, injury, or disability for public health activities. These activities may include the following: disclosures to report reactions to medications or other products to the U.S. Food and Drug Administration or other authorized entity; disclosures to notify individuals of recalls, exposure to a disease, or risk for contracting or spreading a disease or condition.

Health oversight activities: We may disclose your PHI to an oversight agency for activities authorized by law, including audits, investigations, and inspections, as necessary for our licensure and for government monitoring of the health care system, government programs, and compliance with federal and applicable state law.

United States Department of Health and Human Services ("HHS"): Under federal law, we are required to disclose your PHI to HHS to determine if we are in compliance with federal laws and regulations regarding the privacy of health information.

Although we may not engage in the following activities, under federal or applicable state law, we are allowed to use or disclose your PHI without your permission for these purposes:

Research: Under certain circumstances, we may use or disclose your PHI for research purposes. However, before disclosing your PHI, the research project must be approved by an institutional review board or privacy board that has reviewed the research proposal

limited circumstances, such as if we have reasonably determined that providing access to PHI would endanger your life or safety or cause substantial harm to you or another person. If we deny your request, we will notify you in writing and provide you with the opportunity to request a review of the denial.

- **Request an amendment of PHI.** If you feel that your PHI is incomplete or incorrect, you may request that we amend it for as long as we maintain the PHI. To request an amendment, submit a written request to the **CVS/pharmacy Privacy Office**. Requests must identify: (i) which information you seek to amend, (ii) what corrections you would like to make, and (iii) why the information needs to be amended. We will respond to your request in writing within 60 days (with a possible 30-day extension). In our response, we will either: (i) agree to make the amendment, or (ii) inform you of our denial, explain our reason, and outline appeal procedures. If denied, you have the right to file a statement of disagreement with the decision. We will provide a rebuttal to your statement and maintain appropriate records of your disagreement and our rebuttal.
- **Receive an accounting of disclosures of PHI.** After April 14, 2003, you have the right to request an accounting of your PHI disclosures for purposes other than treatment, payment, or health care operations. This accounting will also exclude disclosures: made directly to you, made with your authorization, made incidentally, made to caregivers, made for notification purposes, and certain other disclosures. To obtain an accounting, submit a written request to the **CVS/pharmacy Privacy Office**. Requests must specify the time period, not to exceed six years. We will respond in writing within 60 days of receipt of your request (with a possible 30-day extension). We will provide an accounting per 12-month period free of charge, but you may be charged for the cost of any subsequent accountings. We will inform you in advance of the cost involved, and you may choose to withdraw or modify your request at that time.

Request communications of PHI by alternate