

Notice of Privacy Practices
Effective Date: April 27, 2019

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.

ARx Patient Solutions, LLC. (d/b/a ARx Patient Solutions) is required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health information. Protected health information is information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. It also includes information about the provision of health care products and services to you, or payment for such products or services. This Notice of Privacy Practices ("Notice") describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. Disclosures of your protected health information for purposes described in this Notice may be in writing, orally, electronically, or by facsimile.

This Notice also describes your rights with respect to your protected health information.

We are required to provide this notice to you by the Health Insurance Portability and Accountability Act ("HIPAA").

We are also required to follow the terms of this Notice that is currently in effect.

How We May Use or Disclose Your Health Information

The following categories describe the different ways in which we may use and disclose your personal health information without your written authorization.

1. Treatment

We may use and disclose your health information to provide and coordinate the treatment, medications or other related services you receive. Your personal health information may be used by or disclosed to doctors, nurses, aides, or other healthcare providers who are involved in taking care of you. Additionally, we may use or disclose health information to manage or coordinate treatment, health care or other related services. For example, we may contact you regarding medications, supplies, refill reminders, product recalls, side effects, drug interactions, injection training, or other product or service recommendations, such as patient support programs or disease management information.

2. Payment

We may use or disclose your health information to bill and collect for the treatment and services and for other payment-related purposes. For example, we may contact your insurer, pharmacy benefit manager or other health care payer to determine whether it will pay for your medications, supplies or services. We may also use or disclose your health information to bill you or a third-party payer for the cost of the medications, supplies or services provided to you.

3. Health Care Operations

We may use or disclose your health information to carry out our own business planning and administrative operations. These uses and disclosures are necessary to help us maintain and improve the quality of the services we provide. Examples of operational activities include, but are not limited to, quality assessment and improvement, associate training, licensing, case management, and other administrative activities.

4. Individuals Involved in Your Care or Payment of Your Care

We may disclose health information about you to a relative, a friend, or any other person you may identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a pharmacy order, we may confirm whether or not the order has been filled. We will not share this information with these individuals if we are aware of your desire not to have this information shared.

5. Food and Drug Administration (FDA)

We may disclose to the FDA, or persons under the jurisdiction of the FDA, health information with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulatory product or activity. Examples include collecting or reporting adverse events, product defects or problems, or post-marketing surveillance information to enable product recalls, repairs or replacement.

6. Additional Reasons for Disclosure

We may use or disclose your health information in order to provide you with appointment and event reminders or information about treatment alternatives or other health-related services you may be interested in.

We may also use or disclose health information about you in support of:

- Law Enforcement – to federal, state and local law enforcement officials or in response to a court order, subpoena, warrant or other lawful process.
- Research – to researchers, provided measures are taken to protect your privacy.
- Business Associates – to persons who perform functions, activities or services for us or on our behalf that require the use or disclosure of health information and assure us they will protect the information.
- Industry Regulation – to boards of pharmacy, U.S. Department of Labor, U.S. Department of Health and Human Services, state insurance departments and other government agencies that may regulate us.
- Public Health and Safety – to address matters of public interest as required or permitted by law (e.g. abuse and neglect, threats to public health and safety, and national security) or to avert a serious threat to yourself or another person.
- Decedents – to a coroner, medical examiner or funeral director as consistent with applicable law.
- Organ and Tissue Donation – to entities engaged in the procurement, banking, or transplantation of organs for the purpose of organ or tissue donation and transplant.
- Worker's Compensation – to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.
- Specialized Government Functions – to military and veterans affairs or national security and intelligence activities.

Additional Reasons for Disclosure continued

- Legal Proceedings – We may disclose personal and health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.
- As Required by Law - when required to do so by federal, state or local law.

Disclosures That Require Your Authorization

1. Marketing

We must obtain your written authorization to use and disclose your health information for most marketing purposes.

2. Sale of Protected Health Information

We must obtain a written authorization from you for any disclosure of protected health information that constitutes a sale of protected health information.

Other Uses and Disclosures of Health Information

Other uses and disclosures of health information not covered by this Notice will be made only with your written authorization. If you authorize us to use or disclose your health information, you may revoke the authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization; however, we will not reverse any uses or disclosures already made in reliance on your prior authorization.

Your Rights Regarding your Health Information

1. Right to a Paper Copy of This Notice

You may request a paper copy of this notice at any time, even if you previously agreed to receive an electronic copy, by contacting the Privacy Officer.

2. Right to Inspect and Copy

You have the right to inspect and copy your health information that may be used to make decisions about your care or payment for your care. Your request must be in writing, and there may be a fee for the cost of copying and/or mailing your request. In limited circumstances, your request to inspect and copy may be denied. Generally, if you are denied access to your health information, you may request a review of the denial.

3. Right to Request an Amendment

You may ask us to amend your health information if you believe it is inaccurate or incomplete. Your request must include the reason for amendment. If the request is denied, you may file a written statement of disagreement. Your request must be in writing.

4. Right to Request Restrictions

You may ask us to restrict the way we use or disclose your health information by making the request in writing. We will consider, but are not required to agree to, such requests. However, we must agree if you request that we not disclose health information to your health plan regarding a specific health care item or service for purposes of payment or health care operations and you have paid for the item or service in full out of pocket and the disclosure is not otherwise required by law.

5. Right to Request Confidential Communications

You may ask us to communicate with you in a certain way. For example, you can request that we only contact you using a certain method or at a certain location. We will accommodate reasonable requests. Your request must be made in writing and must specify how or where you wish to be contacted.

6. Right to Accounting of Disclosures

You may ask us to provide a list of certain disclosures of your health information that we have made to others, except for those necessary to carry out health care treatment, payment or operations and the disclosures you have authorized. Your request must be made in writing, and must specify the time period, which may not exceed six years.

7. Right to Breach Notification

You have the right to be notified if you are affected by a breach of unsecured protected health information.

Changes to This Notice

We reserve the right to change our practices and this Notice and to make the new Notice effective for all health information we maintain. We will post a copy of the current Notice in our locations and on our website. Upon request, we will provide any revised Notice to you.

Complaints

If you believe your privacy rights under this policy have been violated, you may file a written complaint with our Privacy Officer. Alternatively, you may voice your concern to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint.

Contact Information

If you have any questions about this Notice, please contact:

ARx Patient Solutions
Attn: Privacy Officer
P.O. Box 7351
Overland Park, KS 66207

THIS NOTICE DESCRIBES STATE LAWS THAT ARE MORE RESTRICTIVE THAN FEDERAL LAW AND HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

STATE LAW SUPPLEMENT

ALABAMA

Disclosure - Pharmacy Specific. We will not disclose your pharmacy prescription records to anyone without your authorization, except where it is in your best interest or where the law requires the disclosure.

Disclosure - Medicaid Specific.

For Medicaid recipients, we will disclose information pertaining to your treatment (including billing statements and itemized bills) only to:

1. the Medicaid Fiscal Agent;
2. the Social Security Administration;
3. the Alabama Vocational Rehabilitation Agency;
4. the Alabama Medicaid Agency;
5. insurance companies requesting information about a Medicaid claim filed by the provider, an insurance application, payment of life insurance benefits, or payment of a loan; or
6. other providers who need the information for treatment of a patient.

ARIZONA

Disclosure - Communicable Diseases. We will not disclose any confidential communicable disease-related information about an individual, except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure.

ARKANSAS

Disclosure - Communicable Diseases. We will not disclose any confidential communicable disease-related information about an individual, except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure. All AIDS-related information and reports are confidential and may only be released to a prosecuting attorney by way of a subpoena.

CALIFORNIA

Disclosure. California law limits disclosure of your medical information in ways that would otherwise be permitted under federal law.

In the situations described below, we will disclose your medical information as follows:

1. the information may be disclosed to providers of health care, health care service plans, contractors or other health care professionals facilities for purposes of diagnosis or treatment of the patient. This includes, in an emergency situation, the communication of patient information by radio transmission or other means between licensed emergency medical personnel at the scene of an emergency, or in an emergency medical transport vehicle, and licensed emergency medical personnel at a health facility;
2. the information may be disclosed to an insurer, employer, health care service plan, hospital service plan, employee benefit plan, governmental authority, contractor or any other person or entity responsible for paying for health care services rendered to the patient to the extent necessary to allow responsibility for payment to be determined and payment to be made. If the patient is, by reason of a comatose or other disabling medical condition, unable to consent to the disclosure or medical information and no other arrangements have been made to pay for the health care services being rendered to the patient, the information may also be disclosed to a governmental authority to the extent necessary to determine the patient's eligibility for, and to obtain, payment under a governmental program for health care services provided to the patient. The information may also be disclosed to another provider of health care or a health care service plan as necessary to assist the other provider or health care service plan in obtaining payment for health care services rendered by that provider of health care or health care service plan to the patient;
3. the information may be disclosed to any person or entity that provides billing, claims management, medical data processing, or other administrative services for providers of health care or health care service plans or for any of the persons or entities specified above in paragraph (b). However, no information so disclosed may be further disclosed by the recipient in any way that would be violative of California laws governing the use and disclosure of medical information without authorization from the patient;
4. the information may be disclosed to organized committees and agents of professional societies or of medical staffs of licensed hospitals, licensed health care service plans, professional standards review organizations, independent medical review organizations and their selected reviewers, utilization and quality control peer review organizations, contractor's or persons or organizations insuring, responsible for, or defending professional liability that a provider may incur, if the committees, agents, health care service plans, organizations, reviewers, contractors or persons are engaged in reviewing the competence or qualifications of health care professionals or in reviewing health care services with respect to medical necessity, level of care, quality of care, or justification of charges;
5. a provider of health care or a health care service plan that has created medical information as a result of employment-related health care services to an employee conducted at the specific prior written request and expense of the employer may disclose to the employee's employer medical information that:
 1. is relevant in a lawsuit, arbitration, grievance, or other claim or challenge to which the employer and the employee are parties and in which the patient has placed in issue his or her medical history, mental or physical condition, or treatment, provided that information may only be used or disclosed in connection with that proceeding;
 2. describes functional limitations of the patient that may entitle the patient to *leave* from work for medical reasons or limit the patient's fitness to perform his or her present employment, provided that no statement of medical cause is included in the information disclosed;
6. unless the provider of health care or the health care service plan is notified in writing of an agreement by the sponsor, insurer, or administrator to the contrary, the information may be disclosed to a sponsor, insurer, or administrator of a group or individual insured or uninsured plan or policy that the patient seeks coverage by or benefits from, if the information was created by the provider of health care or the health care service plan as the result of services conducted at the specific prior written request and expense of the sponsor, insurer, or administrator for the purpose of evaluating the application for coverage or benefits;
7. the information may be disclosed to a health care service plan by providers of health care that contract with the health care service plan and may be transferred among providers of health care that contract with the health care service plan, for the purpose of administering the health care service plan. Medical information may not otherwise be disclosed by a health care service plan except in accordance with the provisions of this part;
8. the information may be disclosed to an insurance institution, agent or support organization of medical information if the insurance institution, agent, or support organization has complied with all requirements for obtaining the information pursuant to the requirements of the California Insurance Code provisions.
9. the information may be disclosed to an organ procurement organization or a tissue bank processing the tissue of a decedent for transplantation into the body of another person, but only with respect to the donating decedent for the purpose of aiding the transplant;

CALIFORNIA continued

10. the information may be disclosed to a third party for purposes of encoding, encrypting, or otherwise anonymizing data. However, no information may be further disclosed by the recipient in any way that would be unauthorized manipulation of coded or encrypted medical information that reveals individually identifiable medical information;
11. for purposes of disease management programs and services, information may be disclosed to any entity contracting with a health care service plan or the health care service plan's contractors to monitor or administer care of enrollees for a covered benefit, provided that the disease management services and care are authorized by a treating physician or to any disease management organization that complies fully with the physician authorization requirements, provided that the health care service plan or its contractor provides or has provided a description of the disease management services to a treating physician or to the health care service plan's or contractor's network of physicians.

CONNECTICUT

Disclosure - Pharmacy Specific. We will not disclose information about pharmacy services rendered to you to third parties without your consent, except to the following persons:

1. the prescribing practitioner or a pharmacist or another prescribing practitioner presently treating you when deemed medically appropriate;
2. a nurse who is acting as an agent for a prescribing practitioner that is presently treating you or a nurse providing care to you in a hospital;
3. third party Payers who pay claims for pharmaceutical services rendered to you or who have a formal agreement or contract to audit any records or information in connection with such claims;
4. any governmental agency with statutory authority to review or obtain such information;
5. any individual, the state or federal government or any agency thereof or court pursuant to a subpoena; and
6. any individual, corporation, partnership or other legal entity which has a written agreement with the pharmacy to access the pharmacy's database provided the information accessed is limited to data which does not identify specific individuals.

Sale of Information. We will not sell your individually identifiable health information.

FLORIDA

Disclosure. We will not disclose your pharmacy records without your written authorization, except to:

1. you;
2. your legal representative;
3. the Department of Health pursuant to existing law;
4. in the event that you are incapacitated or unable to request your records, your spouse; and
5. in any civil or criminal proceeding, upon the issuance of a subpoena from a court of competent jurisdiction and proper notice to you or your legal representative, by the party seeking the records.

GEORGIA

Disclosure - Pharmacy Specific. Unless authorized by you, we will not disclose your confidential pharmacy prescription records to anyone other than you or your authorized representative, except to the following persons or entities:

1. the prescriber, or other licensed health care practitioners caring for you;
2. another licensed pharmacist for purposes of transferring a prescription or as part of a patient's drug utilization review, or other patient counseling requirements;
3. the Board of Pharmacy, or its representative; or
4. any law enforcement personnel duly authorized to receive such information.

Disclosure - HIV/AIDS Specific. We will not disclose AIDS confidential information, except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure.

HAWAII

Disclosure - HIV/AIDS Specific. We will not disclose any HIV/AIDS-related information, except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure.

IDAHO

Disclosure - Pharmacy Specific. We will not release your identifiable pharmacy prescription records to anyone other than you or your designee, unless requested by any of the following persons or entities:

1. the Board of Pharmacy, or its representatives, acting in their official capacity;
2. the practitioner, or the practitioner's designee, who issued your prescription;
3. other licensed health care professionals who are responsible for your care;
4. agents of the Department of Health and Welfare when acting in their official capacity with reference to issues related to the practice of pharmacy;
5. agents of any board whose practitioners have prescriptive authority, when the board is enforcing laws governing that practitioner;
6. an agency of government charged with the responsibility for providing medical care for you;
7. the federal Food and Drug Administration, for purposes relating to monitoring of adverse drug events in compliance with the requirements of federal law, rules or regulations adopted by the FDA; and
8. the authorized insurance benefit provider or health plan that provides your health care coverage or pharmacy benefits.

INDIANA

Disclosure - Pharmacy Specific. We will disclose your confidential pharmacy prescription records only when it is in your best interests, when the information is requested by the Board of Pharmacy or its representatives or by a law enforcement officer charged with the enforcement of laws pertaining to drugs or devices or the practice of pharmacy, or when disclosure is essential to our business operations.

IOWA

Disclosure - HIV/AIDS Specific. We will not disclose any HIV/AIDS-related information, except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure.

KENTUCKY

Disclosure - Pharmacy Specific. We will not disclose your pharmacy prescription records, or the nature of pharmacy services rendered to you without your express consent or without a court order, except to the following authorized persons:

1. members, inspectors, or agents of the Board of Pharmacy;
2. you, your agent, or another pharmacist acting on your behalf;
3. another person, upon your request;
4. licensed health care personnel who are responsible for your care;
5. certain state government agents charged with enforcing the controlled substances laws;

KENTUCKY continued

6. federal, state, or municipal government officers who are investigating a specific person regarding drug charges; and
7. a government agency that may be providing medical care to you, upon that agency's written request for information.

Use-Minimum Necessary. We will only use your information to provide pharmacy care.

MAINE

Disclosure. We will not disclose your health care information for fundraising purposes or to coroners or funeral directors, without your authorization.

Disclosure - Communicable Diseases. We will only disclose patient identifiable communicable disease information to the Department of Human Services for adult or child protection purposes or to other public health officials, agents or agencies or to officials of a school where a child is enrolled, for public health purposes. In a public health emergency, as declared by the state health officer, we may also release your information to private health care providers and agencies for the purpose of preventing further disease transmission.

MASSACHUSETTS

Disclosure - Medicaid Specific. For Medicaid recipients, we will restrict disclosure of your information to purposes directly connected with the administration of the Medicaid program.

MICHIGAN

Disclosure - Pharmacy Specific. Unless authorized by you, we will not disclose your pharmacy prescription record or equivalent record on file, except to the following persons:

1. you, or another pharmacist acting on your behalf;
2. the authorized prescriber who issued the prescription, or a licensed health professional who is currently treating you;
3. an agency or agent of government responsible for the enforcement of laws relating to drugs and devices; or
4. a person authorized by a court order

Disclosure - HIV/AIDS Specific. We will not disclose AIDS-related information about an individual except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure.

MINNESOTA

Disclosure - Pharmacy Specific. We will not disclose your pharmacy prescription orders or the contents thereof, except to:

1. you, your agent, or another pharmacist acting on your behalf or your agent's behalf;
2. the licensed practitioner who issued the prescription;
3. the licensed practitioner who is currently treating you;
4. a member, inspector, or investigator of the board or any federal, state, county, or municipal officer whose duty it is to enforce the laws of this state or the United States relating to drugs and who is engaged in a specific investigation involving a designated person or drug;
5. an agency of government charged with the responsibility of providing medical care for you;
6. an insurance carrier or attorney on receipt of written authorization signed by you or your legal representative, authorizing the release of such information; and
7. any person duly authorized by a court order.

Disclosure. Unless we have obtained your oral or written consent, we will not disclose the nature of pharmaceutical services rendered to you, except as follows: -

1. pursuant to an order or direction of a court;
2. to other pharmacies;
3. to you; or
4. drug therapy information to your physician.

MISSOURI

Disclosure - Pharmacy Specific. Unless specifically authorized by you, we will not release your pharmacy records to anyone other than:

1. you or any other person authorized by you to receive the information;
2. the authorized prescriber who issued the prescription order, or a licensed health professional who is currently treating you;
3. in response to lawful requests from a court or grand jury;
4. a person authorized by a court order;
5. to transfer medical or prescription information between pharmacists as provided by law; or
6. government agencies acting within the scope of their statutory authority.

Disclosure - Medicaid Specific. For Medicaid recipients, we will restrict disclosure of your information to purposes directly related to your treatment, for promotion of improved quality of care, and to assist with an investigation, prosecution, or civil or criminal proceeding related to the administration of the Medicaid program.

Disclosure - HIV/AIDS Specific. We will not disclose any HIV/AIDS-related information, except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure.

MONTANA

Disclosure - Children's Health Insurance Program Specific. For CHIP participants, we will restrict disclosure of your information to purposes related to the administration of the CHIP program.

Disclosure - Medicaid Specific. For Medicaid recipients, we will only use your information for purposes related to administration of the Montana Medicaid program. We will not disclose your information without your written consent, except to state authorities.

Disclosure - Sexually Transmitted Diseases Specific. We will not disclose information concerning persons infected, or reasonably suspected to be infected with a sexually transmitted disease, except to:

1. personnel of the Department of Public Health and Human Services;
2. a physician who has obtained the written consent of the person whose record is requested; or
3. a local health officer.

NEVADA

Disclosure - Pharmacy Specific. We will not disclose the contents of your prescriptions or disclose any copies of your prescriptions, other than to you, except to:

1. the practitioner who issued the prescription;
2. the practitioner who is currently treating you;
3. a member, inspector or investigator of the Board of Pharmacy, an inspector of the FDA, or an agent of the investigation division of the department of public safety;
4. an agency of state government charged with the responsibility of providing medical care for you;
5. an insurance carrier, on receipt of your written authorization or your legal guardian authorizing the release of information;
6. any person authorized by an order of a district court;
7. a member, inspector, or investigator of a professional licensing board that licenses the practitioner who orders the prescriptions filled at the pharmacy; and
8. other registered pharmacists for the limited purpose of and to the extent necessary for the exchange of information regarding persons suspected of misusing prescriptions to obtain excessive amounts of drugs or failing to use a drug in conformity with the directions for its use, or taking a drug in combination with other drugs in a manner that could result in injury to that person.
9. a peace officer employed by a local government for the limited purpose of and to the extent necessary to investigate an alleged crime committed at the pharmacy and reported by an employee or to carry out a search warrant or subpoena issued pursuant to a court order.

Disclosure - Communicable Diseases. We will not disclose any personal information about an individual who has, or is suspected of having, a communicable disease, without the individual's written consent, except as follows:

1. for statistical purposes, as long as the identity of the person is not discernible from the information disclosed;
2. in a prosecution for a violation or a proceeding for an injunction brought pursuant to the communicable disease laws;
3. in reporting the actual or suspected abuse or neglect of a child or elderly person;
4. to any person who has a medical need to know the information for his own protection or for the well-being of a patient or dependent person, as determined by the health authority in accordance with regulations of the state board of health;
5. pursuant to specified statutes that require the reporting of certain test results;
6. if the disclosure is made to the department of human resources and the person about whom the disclosure is made has been diagnosed as having AIDS or an illness related to HIV and is a recipient of or an applicant for Medicaid;
7. to a fireman, police officer or person providing emergency medical services if the board has determined that the information relates to a communicable disease significantly related to that occupation and the information is disclosed in the manner prescribed by the state board of health; and
8. if the disclosure is authorized or required by specific statute.

NEW HAMPSHIRE

Disclosure - Pharmacy Specific. We will only disclose your pharmacy prescription records if:

1. we have obtained your permission to do so;
2. it is an emergency situation and it is in your best interest for us to disclose the information; or
3. the new law requires us to disclose the information.

Sales or Marketing. We will not use, release, or sell your identifiable medical information for the purposes of sales or marketing of services or products unless you have provided us with a written authorization permitting such activity.

NEW MEXICO

Disclosure - Pharmacy Specific. Unless we receive a written consent from you, we will not disclose your confidential information to anyone other than you or your authorized representative, except to the following persons or entities:

1. pursuant to the order or direction of a court;
2. to the prescriber or other licensed practitioner caring for you;
3. to another licensed pharmacist where it is in your best interest;
4. to the Board of Pharmacy or its representative or to such other persons or governmental agencies duly authorized by law to receive such information;
5. to transfer a prescription to another pharmacy as required by the provisions of patient counseling;
6. to provide a copy of a nonrefillable prescription to you;
7. to provide drug therapy information to physicians or other authorized prescribers for their patients; or
8. as required by the provisions of the patient counseling regulations.

NORTH CAROLINA

Disclosure - Pharmacy Specific. We will not disclose or provide a copy of your prescription orders on file, except to:

1. you;
2. your parent or guardian or other person acting in loco parentis if you are a minor and have not lawfully consented to the treatment of the condition for which the prescription was issued;
3. the licensed practitioner who issued the prescription or who is treating you;
4. a pharmacist who is providing pharmacy services to you;
5. anyone who presents a written authorization for the release of pharmacy information signed by you or your legal representative;
6. any person authorized by subpoena, court order or statute;
7. any firm, company, association, partnership, business trust, or corporation who by law or by contract is responsible for providing or paying for medical care for you;
8. any member or designated employee of the Board of Pharmacy;
9. the executor, administrator or spouse of a deceased patient;
10. Board-approved researchers, if there are adequate safeguards to protect the confidential information; and
11. the person who owns the pharmacy or his licensed agent.

NORTH DAKOTA

Disclosure - Pharmacy Specific. We will not disclose the nature of the pharmacy services we provide to you to anyone other than you, without first obtaining your oral or written consent, except that we may disclose such information:

1. to other pharmacies;
2. to your physician; or
3. as ordered or directed by a court.