

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 Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Privacy Notice describes how we may use and disclose your individually identifiable health information, known as “protected health information,” to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your “protected health information” means information about your diagnosis, treatment, medications and related medical information. Your protected health information also includes payment, billing, and insurance information. Your protected health information is stored electronically and is subject to electronic disclosure.

This Privacy Notice applies to, **New Drug Loft Pharmacy and VLS Pharmacy**. **New Drug Loft Pharmacy and VLS Pharmacy** are separate pharmacies and do not share data, including your protected health information, except as permitted by law between separate providers and described in more detail below in Section I. Any reference to “the pharmacy,” “we,” “us,” or “our” in this Privacy Notice shall refer separately to **New Drug Loft Pharmacy and VLS Pharmacy**.

I. Uses and Disclosures of Protected Health Information

We may use and disclose your protected health information for purposes described below.

A. Treatment. We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your protected health information to your physician for consultation regarding your medications, treatment or condition.

B. Payment. We may use and disclose your protected health information for payment purposes, including submitting claims and related information so that we may be paid for the items and services we provide. For example, we may need to disclose information to your health insurance company, pharmacy benefits manager, or related entity to get prior approval for a drug or medication, to determine whether you are eligible for benefits, or to determine whether a particular medication is covered under your health plan. We may also disclose information to another provider involved in your care for the other provider’s payment activities.

C. Operations. We may use or disclose your protected health information for health care operations to facilitate the function of the pharmacy and to provide quality care to all patients. Health care operations include such activities as: quality assessment and improvement activities, employee review activities, training programs including those in which students, trainees, or practitioners in health care learn under supervision, accreditation, certification, licensing or credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs, and business management and general administrative activities. In certain situations, we may also disclose protected health information to another provider or health plan for their health care operations.

II. Other Uses and Disclosures

We may use or disclose your protected health information without your permission or authorization the following purposes or in the following situations:

A. When Legally Required. We will use and disclose your protected health information when we are required to do so by any federal, state or local law.

B. When There Are Risks to Public Health. We may use and disclose your protected health information for public health activities, including for purposes of collecting or reporting adverse events and product defects, tracking FDA regulated products, enabling product recalls, repairs or replacements to the FDA and conducting post marketing surveillance.

C. To Report Suspected Abuse, Neglect Or Domestic Violence. We may notify government authorities if we believe that an individual is the victim of abuse, neglect or domestic violence. We will make this disclosure only when required or authorized by law or when the individual agrees to the disclosure.

D. To Conduct Health Oversight Activities. We may disclose your protected health information to assist in investigations and audits, eligibility for government programs, and similar activities.

E. In Connection With Judicial and Administrative Proceedings. We may disclose information in response to an appropriate subpoena, discovery request or court order.

F. For Law Enforcement Purposes. We may disclose information needed or requested by law enforcement officials or to report a crime on our premises.

G. To Coroners, Funeral Directors, and for Organ Donation. We may disclose information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.

H. For Research Purposes. We may use or disclose your protected health information for approved research purposes.

I. In the Event of a Serious Threat to Health or Safety. We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

J. For Specified Government Functions. In certain circumstances, we may use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

K. For Worker's Compensation. We may release your health information to comply with worker's compensation laws or similar programs.

L. To Business Associates. We may disclose your protected health information to third parties known as "Business Associates" that perform various activities (e.g. legal services, delivery of goods) for us and that agree to protect the privacy of your protected health information.

M. Messages. We may contact you to provide refill reminders or for billing or collections and may leave messages on your answering machine, voice mail or through other methods.

N. Others Involved in Your Care. Unless you object, we may disclose to your family members or others involved in your care or payment for your care, information relevant to their involvement in your care or payment for your care or information necessary to inform them of your location and condition. For example, we may allow someone to pick up your prescription for you. We may also disclose your protected health information to disaster relief agencies so they may assist in notifying those involved in your care of your location and general condition. You may object to such disclosure. If you are not present, you are incapacitated, or there is an emergency circumstance, we may, in the exercise of our professional judgment, determine that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care.

III. Uses and Disclosures Which You Authorize

Other than as stated above, we will not disclose your health information other than with a written authorization from you or your personal representative. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your protected health information for marketing purposes or sell your protected health information, unless you have signed an authorization.

IV. Your Rights

You have the following rights regarding your health information. You may exercise these rights by submitting a written request to the Privacy Officer at the contact information listed at the end of this Privacy Notice:

A. The right to inspect and copy. You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that we use for making decisions about you. We may deny your request to inspect or copy your protected health information in limited circumstances. We may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request. If your information is stored electronically and you request an electronic copy, we will provide it to you in a readable electronic form and format if it is readily producible in the format you request.

B. The right to request a restriction. You may ask us not to use or disclose your protected health information for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Privacy Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request except for requests to limit disclosures to your health plan for purposes of payment or health care operations when you have paid for the medications covered by the request out-of-pocket and in full and when the uses or disclosures are not required by law. We will notify you if we deny your request to a restriction.

C. The right to request to receive confidential communications. You have the right to request that we communicate with you in certain ways such as at an alternative address or through alternative means. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request.

D. The right to request amendments. You may request an amendment of your protected health information if you believe such information is inaccurate or incomplete. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

E. The right to receive an accounting. You have the right to request an accounting of certain disclosures of your protected health information made by the pharmacy. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Privacy Notice. We are also not required to account for certain disclosures such as those you requested or that you authorized. Your request should specify the time period sought for the accounting. We are only required to maintain an accounting of disclosures of your protected health information for six years from the date of disclosure. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

F. The right to obtain a paper copy of this notice. Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically. You may also obtain a copy of the current version of our Privacy Notice at the following websites:

For New Drug Loft Pharmacy –

Newdrugloft.com

For VLS Pharmacy –

Vlspharmacy.com

V. Our Duties

We are required by law to maintain the privacy of your health information and to provide you with this Privacy Notice of our duties and privacy practices. If we discover a breach by us or our Business Associates

involving your unsecured protected health information, we are required to notify you of the breach by letter or other method permitted by law. We are required to abide by terms of this Privacy Notice as may be amended from time to time. We reserve the right to change the terms of this Privacy Notice and to make the new provisions effective for all future protected health information that we maintain. If we change our Privacy Notice, we will provide a copy of the revised Privacy Notice to you or your personal representative upon request.

VI. Complaints

You have the right to express complaints to us and to the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the pharmacy by contacting the pharmacy's Privacy Officer verbally or in writing, using the contact information below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

Contact Person/Privacy Officer

The contact person for all issues regarding patient privacy and your rights under the federal privacy standards is the Privacy Officer. Information regarding matters covered by this Privacy Notice can be requested by contacting the Privacy Officer.

For New Drug Loft Pharmacy:

1103 Lexington Ave New York, NY 10075

Attn: Privacy Officer

For VLS Pharmacy

4402 5th Ave Brooklyn NY 11220

This Privacy Notice is effective May 31, 2016