

Additional Notice to Residents of

Ohio

Disclosure

Unless we have obtained your written consent, we will only disclose your pharmacy records to:

- (a) you;
- (b) the prescriber who issued the prescription or medication order;
- (c) certified/licensed health care personnel who are responsible for your care;
- (d) a member, inspector, agent, or investigator of the state board of pharmacy or any federal, state, county, or municipal officer whose duty 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;
- (e) an agent of the state medical board when enforcing the statutes governing physicians and limited practitioners;
- (f) an agency of government charged with the responsibility of providing medical care for you, upon a written request by an authorized representative of the agency requesting such information;
- (g) an agent of a medical insurance company who provides prescription insurance coverage to you, upon authorization and proof of insurance by you or proof of payment by the insurance company for those medications whose information is requested;
- (h) an agent who contracts with the pharmacy as a "business associate" in accordance with the regulations promulgated by the secretary of the United States department of health and human services pursuant to the federal standards for privacy of individually identifiable health information; or
- (i) in emergency situations, when it is in your best interest.