

**TOPS MARKETS, LLC
NOTICE OF PRIVACY PRACTICES**

Effective Date: September 23, 2013

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 pharmacy operations of Tops Markets, LLC and affiliates, including each Tops Pharmacy location. Whenever you visit or receive services from one of our Pharmacy locations, you can expect the privacy of your protected health information to be protected as described in this Notice.

Your protected health information, or "PHI", means information about you related to your past, present or future physical or mental health or condition and related health care services, including the dispensing of pharmaceutical products to you. We are required by law to maintain the privacy of your PHI, to provide you this detailed Notice of our legal duties and privacy practices relating to your PHI, and to abide by the terms of the Notice that is currently in effect. We are also required to notify you in the event the privacy of your PHI is breached.

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

Uses and disclosures of PHI for treatment, payment and health care operations are permitted by the federal Privacy Rule. The following lists various ways in which we may use or disclose your 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 PHI 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 PHI 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.

II. OTHER SPECIFIC USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

The following lists various other ways in which we may use or disclose your PHI without your authorization.

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 are not permitted to sell PHI to third parties or conduct certain marketing activities, however, without your written authorization.

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 PHI 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.

In addition to the disclosures described above, we may make the following disclosures, subject to conditions and limits in federal and state law.

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 PHI 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.

Fundraising. We may use your PHI to contact you for fundraising activities. However, you will be given an opportunity to opt out of receiving such communications from us.

III. USES AND DISCLOSURES WITH YOUR AUTHORIZATION

Except as described in this Notice, we will use and disclose your PHI 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 PHI for the purposes covered by that Authorization, except where we have already relied on the Authorization. The following lists some of the ways in which we may use or disclose your PHI with your written Authorization.

Marketing. We may disclose your PHI for certain marketing activities only with your written Authorization. An example of marketing activities includes the Pharmacy, or a third party on our behalf, calling or otherwise contacting you to encourage you to use a specific product. Refill reminders, however, are not considered marketing unless we are paid more than our reasonable costs to provide the refill reminders.

Sale of PHI. We are not permitted to sell your PHI without your written Authorization, which must include a statement acknowledging that we will be paid for the disclosure of your PHI. Tops Pharmacy does not currently sell any PHI.

Immunization Records. With your consent, we may disclose immunization records about you or a minor for whom you are a parent or legal guardian, to a school that is required by law to have such records. To consent to a disclosure of immunization records, please complete and submit the Immunization Record Consent form, available on our website at www.topsmarkets.com, or from any Tops Pharmacy location.

IV. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Listed below are your rights regarding your PHI. Each of these rights is subject to certain requirements, limitations and exceptions. You may only exercise these rights by completing a HIPAA Request Form and submitting the form by e-mail to privacyofficer@topsmarkets.com or by U.S. Mail to Tops Markets, LLC, Attention: Privacy Officer, P.O. Box 1027, Buffalo, New York 14240. HIPAA Request Forms are available on our website at www.topsmarkets.com or at any Tops Pharmacy.

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

We are not required to agree to your requested restriction, except that we must agree to a request to restrict disclosures to your health plan for payment or health care operations purposes, as long as the PHI relates solely to a health care item or service that you or someone else (other than your health plan) on your behalf has paid for in full. 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 PHI, subject to some exceptions. Your request must be made in writing. In most cases we may charge a reasonable fee for our costs in preparing, 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 your PHI, 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 will need to complete and submit a HIPAA Request Form.

Request Amendment. You have the right to request amendment of your PHI 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 will need to complete and submit a HIPAA Request Form.

Request an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your PHI. 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, complete and submit a HIPAA Request Form, stating a time period 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. We will notify you of our costs and you may choose to withdraw or modify your request at that time.

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 will need to complete and submit a HIPAA Request 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.

V. 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 Officer at (716)635-5274.

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 any Tops Pharmacy, or download a copy from our website at www.topsmarkets.com. HIPAA Complaint Forms must be e-mailed to the Tops Privacy Officer at privacyofficer@topsmarkets.com, or mailed to Tops Markets, LLC, Attention: Privacy Officer, PO Box 1027, Buffalo, NY 14240.

VI. 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.

VII. DISCLOSURES PERMITTED/PROHIBITED IN CERTAIN STATES

Tops Pharmacy operates 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 and III of our Notice. Certain disclosures listed in Section II 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.

New York and Pennsylvania: HIV

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.

Pennsylvania: Substance abuse

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.

Vermont: In certain circumstances, unless we have your consent or a court order, we will not disclose your information or the nature of services rendered to you, except to the following persons:

1. You, your agent, or another pharmacist acting on your behalf;
2. The practitioner who issued the prescription drug order;
3. Certified or licensed health care personnel who are responsible for your care;
4. A Board of Pharmacy or federal, state, county, or municipal officer that enforces state or federal law relating to drugs or devices, pursuant to an investigation of a designated drug or person; or
5. A government agency responsible for providing medical care for you, upon a written request by an authorized agency representative.

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