

WINN-DIXIE STORES, INC. PHARMACY 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.

From time to time, your Winn-Dixie pharmacy (the "Pharmacy") uses and discloses confidential personal health information called protected health information ("PHI"). The Pharmacy is required to protect the privacy of your PHI and to provide you with notice of the Pharmacy's legal duties and privacy practices with respect to PHI. This Notice describes how the Pharmacy may use and disclose your PHI and certain rights you have with respect to your PHI. This Notice is required by the federal privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (the "HIPAA Privacy Rule").

Uses and Disclosures for Treatment, Payment and Health Care Operations. Pharmacy may use or disclose your PHI for the purposes of treatment, payment and health care operations, described in more detail below, without obtaining a specific written permission from you, known as an "authorization" under the HIPAA Privacy Rule.

For Treatment. Pharmacy may use and disclose PHI in the course of treating Pharmacy patients. For example, PHI obtained by the pharmacist will be used to dispense prescription medications to you. We will document in your record information related to the medications dispensed to you and services provided to you.

For Payment. Pharmacy may use and disclose PHI in order to bill and collect payment for the health care services provided to you. For example, we will disclose PHI to your health plan or pharmacy benefit manager to determine whether your prescription will be covered and the amount of your co-payment responsibility. We will disclose PHI to bill your health plan for the costs of prescription medications dispensed to you. The information on the bill may include information that identifies you, as well as the prescription medications you are taking.

For Health Care Operations. Pharmacy may use and disclose PHI as part of its general business operations as a pharmacy. For example, we may use or disclose PHI for purposes of the evaluation of the treatment and services you receive and the performance of our staff in caring for you; for obtaining legal, accounting, auditing and other services; and for general business management and administration.

Other Uses and Disclosures For Which Authorization is Not Required. In addition to using or disclosing PHI for treatment, payment and health care operations, Pharmacy may use and disclose PHI without your written authorization in certain circumstances in the following situations:

As Required by Law, For Law Enforcement, and in Judicial or Administrative Proceedings. Pharmacy may use and disclose PHI when required to do so by

applicable law. Pharmacy also may disclose PHI when ordered to do so in a judicial or administrative proceeding; in response to a subpoena or other lawful process in a judicial or administrative proceeding; in response to a warrant or summons issued by a judicial officer or a grand jury subpoena; in response to a request by an administrative agency; to identify or locate a suspect, fugitive, material witness, or missing person; when dealing with gunshot and other wounds; about criminal conduct; to report a crime, the location of the crime or victims, or the identity, description, or location of a person who committed a crime; or for other law enforcement purposes.

For Public Health Activities and Public Health Risks. Pharmacy may disclose PHI to government officials in charge of collecting information about births and deaths, preventing and controlling disease, reports of child abuse or neglect and of other victims of abuse, neglect, or domestic violence; to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition; and to report defects or problems in food, drugs or other products to persons subject to regulation by the U.S. Food and Drug Administration ("FDA").

For Health Oversight Activities. Pharmacy may disclose PHI to the government for oversight activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, and other proceedings or activities necessary for monitoring the health care system, government programs, and compliance with civil rights laws.

Coroners, Medical Examiners, and Funeral Directors. Pharmacy may disclose PHI to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent, determining a cause of death, or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.

Organ, Eye, and Tissue Donation. Pharmacy may release PHI to organ procurement organizations to facilitate donation and transplantation.

Research. Pharmacy may use and disclose PHI for medical research.

To Avoid a Serious Threat to Health or Safety. Pharmacy may use and disclose PHI, to law enforcement personnel or other appropriate persons, to prevent or lessen a serious threat to the health or safety of a person or the public.

Specialized Government Functions. Pharmacy may use and disclose PHI of military personnel and veterans under certain circumstances. Pharmacy may also disclose PHI to authorized federal officials for

intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the President or other authorized persons or foreign heads of state or to conduct special investigations.

Workers' Compensation. Pharmacy may disclose PHI to comply with workers' compensation or other similar laws. These programs provide benefits for work-related injuries or illnesses.

Appointment Reminders; Health-related Benefits and Services; Marketing. Pharmacy may use and disclose your PHI to contact you and remind you of an appointment at Pharmacy, or of the need to refill a prescription, or to inform you of treatment alternatives or other health-related benefits and services that may be of interest to you, such as disease management programs. Pharmacy may use and disclose your PHI to encourage you to purchase or use a product or service through a face-to-face communication or by giving you a promotional gift of nominal value.

Disclosures to You or for HIPAA Compliance Investigations. Pharmacy may disclose your PHI to you or to your personal representative, and is required to do so in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI. Pharmacy must disclose your PHI to the Secretary of the United States Department of Health and Human Services (the "Secretary") when requested by the Secretary in order to investigate Pharmacy's compliance with the HIPAA Privacy Rule.

Disclosures to Individuals Involved in Your Health Care or Payment for Your Health Care. Unless you object, Pharmacy may disclose your PHI to a family member, other relative, friend, or other person you identify as involved in your health care or payment for your health care. Pharmacy may also notify those people about your location or condition. In some circumstances, Pharmacy may make the disclosures identified in this paragraph without first giving you an opportunity to agree or object, such as when your family member comes to the Pharmacy to pick up your filled prescription.

Other Uses and Disclosures of PHI For Which Authorization is Required. Other types of uses and disclosures of your PHI that do not fall within the categories generally described above will be made only with your written authorization, which you may revoke in writing at any time. Upon receipt of the written revocation of authorization, Pharmacy will stop using or disclosing your PHI, except to the extent necessary because we have already taken action in reliance on the authorization.

Regulatory Requirements. Pharmacy is required by law to maintain the privacy of your PHI, to provide

individuals with notice of its legal duties and privacy practices with respect to PHI, and to abide by the terms described in this Notice. Pharmacy reserves the right to change the terms of this Notice and its privacy policies, and to make the new terms applicable to all of the PHI it maintains. Before Pharmacy makes an important change to its privacy policies, it will promptly revise this Notice and post a new Notice. You have the following rights regarding your PHI:

You may request that Pharmacy restrict the use and disclosure of your PHI. Pharmacy is not required to agree to any restrictions you request, but Pharmacy will be bound by the restrictions to which it agrees, except in emergency situations.

You have the right to request that communications of PHI to you from Pharmacy be made by particular means or at particular locations. For instance, you might request that communications be made at your work address, or by e-mail rather than regular mail. Your requests must be made in writing and sent to the Health Privacy Office Winn-Dixie Stores, Inc., 5050 Edgewood Ct., Jacksonville, FL 32254. Pharmacy will accommodate your reasonable requests without requiring you to provide a reason for your request.

Generally, you have the right to inspect and copy your PHI that Pharmacy maintains, provided that you make your request in writing to the Health Privacy Office Winn-Dixie Stores, Inc., 5050 Edgewood Ct., Jacksonville, FL 32254. Pharmacy may deny your request to inspect and copy in certain circumstances. Within thirty (30) days of receiving your request (unless extended by an additional thirty (30) days), Pharmacy will inform you of the extent to which your request has or has not been granted. In some cases, Pharmacy may provide you a summary of the PHI you request if you agree in advance to such a summary and any associated fees. If you request copies of your PHI or agree to a summary of your PHI, Pharmacy may impose a reasonable fee to cover copying, postage, and related costs. If Pharmacy denies access to your PHI, it will explain the basis for denial and whether or not you have an opportunity to have your request and the denial reviewed.

If you believe that your PHI maintained by Pharmacy contains an error or needs to be updated, you have the right to request that Pharmacy correct or supplement your PHI. Your request must be made in writing to the Health Privacy Office Winn-Dixie Stores, Inc., 5050 Edgewood Ct., Jacksonville, FL 32254, and it must explain why you are requesting an amendment to your PHI. Within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), Pharmacy will inform you of the extent to which your request has or has not been

granted. If your request is denied, Pharmacy will provide you a written denial that explains the reason for the denial and your rights to: (i) file a statement disagreeing with the denial; (ii) if you do not file a statement of disagreement, submit a request that any future disclosures of the relevant PHI be made with a copy of your request and Pharmacy's denial attached; and (iii) complain about the denial.

You generally have the right to request and receive a list of the disclosures of your PHI Pharmacy has made at any time during the six (6) years prior to the date of your request (but not before April 14, 2003). The list will not include disclosures for which you have provided a written authorization, and does not include certain uses and disclosures to which this Notice already applies, such as those: (i) for treatment, payment, and health care operations; (ii) made to you; (iii) to persons involved in your health care; (iv) for national security or intelligence purposes; or (v) to correctional institutions or law enforcement officials. You should submit any such request to the Health Privacy Office Winn-Dixie Stores, Inc., 5050 Edgewood Ct., Jacksonville, FL 32254, and within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), Pharmacy will respond to you regarding your request. Pharmacy will provide the list to you at no charge, but if you make more than one request in a year you will be charged a fee for each additional request.

You have the right to receive a paper copy of this notice upon request, even if you have agreed to receive this notice electronically. You can receive a copy of this notice at our Web site, www.winn-dixie.com. To obtain a paper copy of this notice, please contact the Health Privacy Office Winn-Dixie Stores, Inc., 5050 Edgewood Ct., Jacksonville, FL 32254.

You may complain to Pharmacy if you believe your privacy rights with respect to your PHI have been violated, by contacting the Health Privacy Office Winn-Dixie Stores, Inc., 5050 Edgewood Ct., Jacksonville, FL 32254 and submitting a written complaint. Pharmacy will not penalize you or retaliate against you for filing a complaint regarding Pharmacy's privacy practices. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services.

If you have any questions about this notice, please contact the Health Privacy Office Winn-Dixie Stores, Inc., 5050 Edgewood Ct., Jacksonville, FL 32254.

Effective Date: August 9, 2010

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This Addendum describes State laws governing the Pharmacy's use of your health information. The Pharmacy will comply with the applicable State law instead of the HIPAA Privacy Rule to the extent the State law provides greater privacy protection, or gives you more rights regarding your health information, than does the HIPAA Privacy Rule.

ALABAMA

1. Disclosure. The Pharmacy will not disclose your professional records to anyone without your authorization, except where it is in your best interest or where the law requires the disclosure.

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

- a. the Medicaid Fiscal Agent;
- b. the Social Security Administration;
- c. the Alabama Vocational Rehabilitation Agency;
- d. the Alabama Medicaid Agency;
- e. 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
- f. other providers who need the information for treatment of a patient.

FLORIDA

1. Disclosure. The Pharmacy will not disclose your pharmacy records without your written authorization, except to:

- a. you;
- b. your legal representative;
- c. the Department of Health pursuant to existing law;
- d. in the event that you are incapacitated or unable to request your records, your spouse; and
- e. 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

1. Disclosure. Unless authorized by you, we will not disclose your confidential information to anyone other than you or your authorized representative, except to the following persons or entities:

- a. the prescriber, or other licensed health care practitioners caring for you;
- b. another licensed pharmacist for purposes of transferring a prescription or as part of a

- c. patient's drug utilization review, or other patient counseling requirements;
- c. the Board of Pharmacy, or its representative; or
- d. any law enforcement personnel duly authorized to receive such information.

2. Lawful Process. The Pharmacy may also disclose your confidential information without your consent pursuant to a subpoena issued and signed by an authorized government official or a court order issued and signed by a judge of an appropriate court.

3. HIV/AIDS. The Pharmacy 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.

LOUISIANA

No supplemental State law material. Please refer to the Notice of Privacy Practices.

MISSISSIPPI

No supplemental State law material. Please refer to the Notice of Privacy Practices.