

HIPAA & Privacy Policy

Augusta Pharmacy is committed to maintaining your privacy, and we take our responsibility for safeguarding this information very seriously. Augusta Pharmacy is required by law to provide you with this Notice so that you will understand how we may use or share your “Protected Health Information” (“PHI”) or simply “health information.” PHI is information we obtain to provide services to you and that can identify you. PHI includes your name, medical conditions, health information, and other information we use to provide your prescriptions. We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact Augusta Pharmacy.

How we may use and disclose protected health information about you

The following categories describe the ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

For Treatment

PHI obtained from Augusta Pharmacy will be used in order to dispense your prescription medications. We may disclose health information about you to doctors, nurses, or other health care providers who are involved in taking care of you.

For Payment

We may use or disclose your PHI to your insurer, payor, or other agent in order to bill and collect payment for items or services we provided to you. For example, we may contact your insurance company, health plan, or another third party to obtain payment for services we provided to you. We may also contact you about a payment or balance due.

For Health Care Operations

We may use and disclose health information about you for our day-to-day health care operations. For example, we may use your PHI to monitor the performance of the staff and pharmacists providing treatment and services to you. We may use your PHI to continually improve the quality and effectiveness of the health care products and services that we provide to you. We may search various data providers and other health care providers in order to ensure we have accurate medical records as a means to ensure the highest quality care.

Other allowable uses of your health information

Business Associates

We may contract with third parties to perform certain services for us, such as billing services, copy services, or consulting services. These third-party service providers, referred to as Business Associates, may need to access your PHI to perform services for us. They are required by contract and law to protect your PHI and only use and disclose it as necessary to perform their services for us.

Individuals Involved in Your Care or Payment for Your Care

Unless you object, we may disclose health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. Additionally, our pharmacists, using their professional judgment, may disclose PHI to other health care professionals or providers who are directly involved in your care and treatment.

Disclosures to Parents or Legal Guardians

If you are a minor, we may release your PHI to your parents or legal guardians when we are permitted or required under federal and applicable state laws. In those cases, Augusta Pharmacy will follow state laws regarding disclosure of a minor's PHI.

As Required By Law

We will disclose health information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.

Organ and Tissue Donation

Consistent with applicable law, we may disclose your PHI to organizations engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Military and Veterans

If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

Research

We may use your PHI to conduct research, and we may disclose your PHI to researchers as authorized by law. For example, we may use or disclose your PHI as part of a research study when the research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Workers' Compensation

We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Reporting

Federal and state laws may require or permit Augusta Pharmacy to disclose certain health information related to the following:

- Prevention or control of disease, injury, or disability
- Reporting reactions to medications or problems with products; adverse drug reactions
- Notifying people of recalls of products
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease
- We may disclose PHI about you to a government authority if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

Your rights regarding health information about you

Although your health record is the property of Augusta Pharmacy, the information belongs to you. You have the following rights regarding your health information:

Right to Inspect and Copy

With some exceptions, you have the right to review and copy your health information. You must submit your request in writing to Augusta Pharmacy: Privacy Office. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

Right to Amend

If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for Augusta Pharmacy. You must submit your request in writing to Augusta Pharmacy: Privacy Office.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations.

Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use or disclose about you.

Right to Request Alternate Communications

You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically.

Changes to this notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in Augusta Pharmacy and on the website.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Augusta Pharmacy or with the **Georgia Board of Pharmacy**. To file a complaint with Augusta Pharmacy, contact Augusta Pharmacy: Privacy Office. All complaints must be submitted in writing. You will not be penalized for filing a complaint. You also have the right to file a complaint with the **US Department of Health & Human Services (HHS)** and the applicant pharmacy.