

HealthSmart Pharmacy - Claremont

Notice of Privacy Practices

Effective Date: March 26, 2025

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.

Our Responsibilities

HealthSmart Pharmacy is committed to protecting your health information. We are required by law to:

- Maintain the privacy of your protected health information (PHI)
 - Provide you with this notice of our legal duties and privacy practices
 - Abide by the terms of this notice
 - Notify you in case of a breach of unsecured PHI
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How We May Use and Disclose Your Health Information

The following categories describe how we may use and disclose your PHI without your written authorization:

- 1. Treatment:** We may use or disclose your PHI to provide, coordinate, or manage your health care, such as filling prescriptions, consulting with your doctor, or contacting you about medication refills.
 - 2. Payment:** We may use or disclose your PHI to obtain payment for your health care services, such as billing your insurance company.
 - 3. Health Care Operations:** We may use or disclose your PHI for pharmacy operations, such as quality assessment, training, licensing, and other business operations.
 - 4. Required by Law:** We will disclose your PHI when required by federal, state, or local law.
 - 5. Public Health and Safety:** We may disclose your PHI to prevent or control disease, report adverse drug reactions, or to the FDA regarding the quality and safety of medications.
 - 6. Law Enforcement & Legal Proceedings:** We may disclose PHI for law enforcement purposes or in response to a court order, subpoena, or other legal process.
 - 7. Workers' Compensation:** We may release your PHI for workers' compensation or similar programs.
 - 8. Health Oversight Activities:** We may disclose your PHI to health oversight agencies for audits, investigations, inspections, and licensure.
 - 9. Coroners, Medical Examiners, and Funeral Directors:** We may release your PHI to help them carry out their duties.
 - 10. Military and National Security:** If you are a member of the armed forces, we may release PHI as required by military command authorities.
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Your Rights Regarding Your Health Information

You have the following rights with respect to your PHI:

- 1. Right to Inspect and Copy:** You may request access to your health records. Requests must be in writing.
- 2. Right to Amend:** If you feel that your health information is incorrect or incomplete, you may request an amendment in writing.

3. Right to an Accounting of Disclosures: You may request a list of certain disclosures of your PHI made in the past six years.

4. Right to Request Restrictions: You may request restrictions on how we use or disclose your PHI. We are not required to agree to your request unless it involves a disclosure to a health plan and you paid out-of-pocket in full for the service.

5. Right to Request Confidential Communications: You may request that we communicate with you in a certain way or at a certain location.

6. Right to a Paper Copy of This Notice: You may request a paper copy of this notice at any time.

Changes to This Notice

We reserve the right to change this notice at any time. The revised notice will be effective for all PHI we maintain. The current notice will be posted at our pharmacy, on our website and available upon request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health & Human Services. You will not be penalized for filing a complaint.

To file a complaint with HealthSmart Pharmacy, contact:

Privacy Officer

HealthSmart Pharmacy – Claremont

Andrea Busbee

3119 N Oxford St, Claremont, NC 28610

828-459-2149

healthsmartclaremont@hfmgmt.com

To file a complaint with the U.S. Department of Health & Human Services, visit:

<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

Contact Us

If you have questions about this notice or your health information, please contact:

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