

Crawford W Long Pharmacy

Patient Health Information and Authorization

Name: _____ DOB: _____

Street Address: _____

Mailing Address (if different): _____

Phone: _____ Sex: Male Female

Allergies to Medications: YES NO (if yes, please list):

Insurance (please note: copy of the card needed): _____

I do hereby give Crawford W. Long Pharmacy authorization to use my Health Information in order to provide quality pharmacy care. I acknowledge the right to receive their HIPAA Privacy Policy upon request and do accept the terms listed therein.

Signed: _____ Date: _____

If this authorization is signed by a representative on behalf of the patient, please PRINT the following information:

Representative's Name: _____

Relationship to Patient: _____

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.

Crawford W. Long Pharmacy ("Crawford W. Long") is required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of Protected Health Information ("PHI") and to provide you with notice of our legal duties and privacy practices with respect to your PHI. Your PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. Your PHI includes your prescription records maintained by the Pharmacy. This Notice of Privacy Practices ("Notice") describes how we may use and disclose your PHI to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. This Notice also describes your rights with respect to your PHI. These procedures are in complete compliance with HIPAA. Crawford W. Long will ask you to sign an Acknowledgment that you have received this Notice.

Crawford W. Long is required to follow the terms of this Notice. We reserve the right to change the terms of our Notice and to make the new Notice provisions effective for all protected health information that we maintain. When we make changes in our Notice, copies of the revised Notice will be available on request. A copy will also be posted in our pharmacy.

HOW WE MAY USE AND DISCLOSE YOUR PHI

I. Uses And Disclosures Of PHI That Do Not Require Your Prior Authorization

Except where prohibited by federal or state laws that require special privacy protections, we may use and disclose your PHI for treatment, payment, and healthcare operations without your prior authorization as follows:

Treatment. We may use your health care information to treat you. For example, we may use health care information to dispense prescription medications. We may also disclose your information to other health care providers for the purpose of treatment.

Payment. We may use your health care information to receive payment for products and services. For example, we may contact your third party payor (for example, insurer or pharmaceutical benefits manager) to determine whether your program will pay for your prescription. We will bill you and/or a third party payor for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include your identification, as well as the prescriptions you are taking.

Health Care Operations. We may use your health care information to carry out health care operations. For example, we may use information in your health record to monitor the quality of pharmacist performance and to train pharmacy personnel.

Except where prohibited by federal or state laws that require special privacy protections, we may also use and disclose your PHI without your prior authorization for the following purposes:

Business Associates. We may form contracts with some entities known as Business Associates to perform services for us. For example, we may require Business Associates to sort insurance or other third party payor claims for submission to the actual payor. We may disclose your PHI to our Business Associates so that they can perform the job we asked them to do, then bill your third party payor for services rendered. Business Associates 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 care. Using their judgment as health care professionals, our pharmacists may disclose your PHI to a family member, other relative, close personal friend, or any person you identify as being involved in your health care. Additionally, we may disclose PHI to your "personal representative." If a person has authority by law to make health care decisions for you, we will generally regard that person as your "personal representative."

Food and Drug Administration (FDA). We may disclose your PHI to the FDA relative to adverse events regarding drugs, foods, supplements, and other health products or to post marketing surveillance to enable product recalls, repairs, or replacement.

Public Health. We may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability. In certain circumstances we may also report work related illnesses and injuries to employers for workplace safety purposes.

Health Oversight Activities. We may disclose your PHI to health oversight agencies (medical licensing boards, e.g.) for activities authorized by law such as audits, investigations, and inspections necessary for Crawford W. Long's licensure and for the government to monitor the health care system, etc.

As Required by Law. We may disclose your PHI whenever required to do so by law

Judicial and Administrative proceedings. We may disclose your PHI in response to a court order, administrative order, subpoena, discovery request, or other lawful process by another person involved in a dispute involving a patient, but only if efforts have been made to tell the patient about the request or to obtain an order protecting the requested health care information;

Law Enforcement. We may disclose your PHI to law enforcement agencies as required by law or in response to a valid subpoena or other legal process.

Coroners, Medical Examiners and Funeral Directors. We may disclose your PHI to a coroner or medical examiner when necessary, for example, to identify a deceased person or to determine a cause of death, or to funeral directors consistent with applicable law to carry out their duties.

Organ or Tissue Procurement Organizations. We may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant, consistent with applicable law.

Research. We may use your PHI to conduct research and we may disclose your PHI to researchers as authorized by law. However, before disclosing your PHI, the research project must be approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to protect your PHI.

To Avert a Serious Threat to Health or Safety. We may disclose your PHI when necessary to prevent a serious threat to the patient's health and safety or the health and safety of the public or another person.

Military and Veterans. We may disclose your PHI as required by military command authorities, when the patient is a member of the armed forces, and to appropriate military authority about foreign military personnel.

National Security, Intelligence Activities, and Protected Services for the President and Others. We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also release your PHI to authorized federal officials so they may provide protection to the president, other authorized persons, or foreign heads of state or conduct special investigations

Correctional Institutions. If you are or become an inmate of a correctional institution, we may disclose your PHI to the institution or its agents when necessary for your health or the health and safety of others.

Victims of Abuse or Neglect. We may disclose your PHI to a government authority, such as a social service or protective services agency, if Crawford W. Long reasonably believes the patient to be a victim of abuse, neglect, or domestic violence, but only to the extent required by law, if you to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or to someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

Worker's Comp. We may Disclose your PHI as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by law.

Notification. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and your general condition.

Disaster Relief. We may use or disclose your PHI to organizations for purposes of disaster relief efforts.

II. Uses And Disclosures Of PHI That Require Your Prior Authorization

Specific Uses or Disclosures Requiring Authorization. We will obtain your written authorization for the use or disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI.

Other Uses and Disclosures. We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or otherwise permitted by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

GEORGIA LAW

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 medical pharmacist; (c) the Board of Pharmacy, or its representative; or (d) any other persons or governmental agencies authorized by law to receive such information. We may also disclose your confidential information without your consent pursuant to a subpoena or a court order issued and signed by a judge of an appropriate court. We 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.

YOUR HEALTH INFORMATION RIGHTS

Request a restriction on certain uses and disclosures of PHI. You have the right to request that we restrict how your protected health information is used or disclosed in carrying out treatment, payment, or health care operations. Such requests must be made in writing to the Privacy Office, Crawford W. Long Pharmacy, 86 N Public Sq. Jefferson, GA 30549. We are not required to agree to the requested restrictions, except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, is not required by law, and the PHI pertains solely to a health care item or service for which you, or a person on your behalf has paid in full.

Request communication of your PHI by alternative means. You have the right to request that our communications to you concerning your health care information be made by alternative means or at alternative locations. For example, you may wish us to communicate in some way other than mailing to your home address or calling your home telephone number. Such requests must be made in writing to the Privacy Office, Crawford W. Long Pharmacy, 86 N Public Sq. Jefferson, GA 30549. We will comply with a reasonable request for such an alternative.

Inspect and obtain a copy of your PHI. You have the right to inspect and obtain a copy of your protected health information. You have the right to access and copy protected information about you contained in the designated record set for as long as we maintain your protected health information. The designated record set usually will include prescription and billing records. To receive a copy of your protected health information, you must send a written request to the Privacy Office Crawford W. Long Pharmacy, 86 N Public Sq. Jefferson, GA 30549. Forms for making Access requests are available in our pharmacy. We may charge you a fee for the costs of copying, mailing, or other supplies that are necessary to grant your request. We may also deny your request to inspect and copy in limited circumstances. If you are denied access to your protected health information in most cases you may request that the denial be reviewed.

Request an amendment of PHI. If you feel that the protected health information we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an Amendment for as long as we maintain the protected health information. A request for an Amendment must be made in writing. Forms for making such requests, which are available in our pharmacy, should be completed and sent to the Privacy Office, Crawford W. Long Pharmacy, 86 N Public Sq. Jefferson, GA 30549. You must include a reason that supports your request. In certain cases, we may deny the request. If the request for Amendment is denied, you have the right to file a statement of disagreement with the decision, and we may give a rebuttal to your statement.

Receive an accounting of disclosures of your PHI. For most purposes other than treatment, payment, or health care operations, you have the right to receive an Accounting of the disclosures we made of your protected health information. The Accounting will exclude disclosures we may have made directly to you, disclosures to friends or family members involved in your care, and disclosures for purposes you specifically authorized in writing. The right to receive an Accounting is subject to certain other exceptions, restrictions, and limitations. A request for an Accounting must be made in writing. Forms for making such requests, which are available in our pharmacy, should be completed and sent to the Privacy Office, Crawford W. Long Pharmacy, 86 N Public Sq. Jefferson, GA 30549. The time period for the requested accounting must be specified and it may not be longer than six years. The first Accounting you request within a 12-month period will be provided free of charge, but you may be charged for the cost of providing additional Accountings within that period. We will notify you of the cost involved and you may choose to withdraw or modify the request at that time.

Obtain a paper copy of the Notice upon request. You have a right to receive a paper copy of this Notice from us upon request even if you have already received the Notice electronically (for example, on the Internet).

Notification of a breach. You have a right to be notified following a breach of your unsecured PHI, and we will notify you of any breach in accordance with applicable law.

FOR MORE INFORMATION OR TO COMPLAIN

If you have questions or would like additional information about our privacy practices, you may contact the Privacy Office at (770) 944-3331 or by writing to the Privacy Office, Crawford W. Long Pharmacy, 86 N Public Sq. Jefferson, GA 30549. Forms for filing a written complaint to Crawford W. Long are available at our pharmacy. If you believe your privacy rights have been violated, you can file a complaint with Crawford W. Long's Privacy Office or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

EFFECTIVE DATE

This Notice of Privacy Practices is effective as of February 4, 2014.

Acknowledgement of Receipt of Crawford W. Long Pharmacy's Notice of Privacy Practices

I _____ (printed name) have received Crawford W. Long Pharmacy's Notice of Privacy Practices.

Signature: _____ Date: _____

Please detach and return this Acknowledgement to Crawford W. Long Pharmacy, 86 N Public Sq. Jefferson, GA 30549.