

Ocilla Pharmacy

515 North Irwin Avenue, Ocilla, GA 31774 · (229) 468-5929 · ocillapharmacy1@gmail.com

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.

Effective Date: 08/31/2026

Privacy Contact: John Price, Pharmacist in Charge — (229) 468-5929, ocillapharmacy1@gmail.com

Our Commitment to Your Privacy

We know that information about your health is personal, and we're committed to protecting it. Every time you fill a prescription or receive a service here, we create a record of that care. We need that record to provide you with good service and to meet certain legal requirements. This notice applies to all records of care we generate, and it explains your rights along with our responsibilities regarding your health information.

Your Rights, At a Glance

You have the right to:

- Get a copy of your paper or electronic medical record
- Ask us to correct your medical record
- Request that we communicate with you confidentially
- Ask us to limit what information we share
- Get a list of everyone we've shared your information with
- Get a paper copy of this notice, even if you agreed to receive it electronically
- Name someone to act on your behalf regarding your health information
- File a complaint if you believe your privacy rights were violated

Your Choices, At a Glance

For certain uses of your information, you have both the right and the choice to tell us what to do. This includes whether we can:

- Share information with family, friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation

We will never share the following without your written permission: information used for marketing purposes, the sale of your information, or most sharing of psychotherapy notes. If we ever contact you for fundraising, you may tell us to stop at any time.

How We Typically Use and Share Your Information

- To treat you — sharing information with other professionals involved in your care.

- To run our pharmacy — using your information to manage your prescriptions and contact you when necessary.
- To bill for services — sharing information with your insurance plan so claims can be paid.

We're also permitted or required to share information in certain other circumstances that serve the public good, such as public health reporting, product recall or adverse reaction reporting, suspected abuse or neglect, organ donation coordination, workers' compensation claims, law enforcement requests, court orders and subpoenas, and compliance with state or federal law — including demonstrating our compliance with federal privacy law to HHS if asked.

Protections for substance use disorder records. If we maintain any of your substance use disorder patient records that are subject to 42 CFR Part 2, we will not use or disclose those records in a civil, criminal, administrative, or legislative investigation or proceeding against you unless you provide written consent, or we receive a court order accompanied by a subpoena. If we ever wish to use Part 2 information for fundraising outreach, we will give you clear advance notice and a choice about whether to receive it.

State law note: Georgia or other state laws may impose stricter limits on certain disclosures (for example, related to mental health or certain communicable disease records) than federal law requires. Please have legal counsel confirm whether any such state-specific provisions apply to this pharmacy and insert that language here.

Your Rights In Detail

Get a copy of your medical record

You can ask to see or receive an electronic or paper copy of your medical record and other health information we have about you. We will usually provide this within 30 days of your request, and may charge a reasonable, cost-based fee.

Ask us to correct your record

If you believe information we have about you is incorrect or incomplete, you can ask us to correct it. We may decline, but if we do, we'll explain why in writing within 60 days.

Request confidential communication

You can ask us to contact you in a specific way (for example, a particular phone number) or send mail to a different address. We will accommodate all reasonable requests.

Ask us to limit what we share

You can ask us not to use or share certain health information for treatment, payment, or operations. We aren't required to agree, particularly if it could affect your care, but if you pay out of pocket in full for a service, we will honor your request not to share that information with your insurer unless the law requires it.

Get a list of disclosures

You can request an accounting of the times we've shared your health information over the past six years, excluding routine disclosures for treatment, payment, and operations. The first request within a 12-month period is free.

Choose someone to act for you

If someone has authority to act on your behalf — for example, through a medical power of attorney or legal guardianship — that person can exercise your rights regarding your health information once we've confirmed their authority.

File a complaint

If you believe your privacy rights have been violated, you can file a complaint with us directly using the contact information at the top of this notice. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by mail to 200 Independence Avenue, S.W., Washington, D.C. 20201, by phone at 1-877-696-6775, or online at hhs.gov/hipaa/filing-a-complaint. We will not retaliate against you for filing a complaint.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you promptly if a breach occurs that may have compromised your information.
- We must follow the practices described in this notice and provide you a copy of it.
- We will not use or share your information beyond what's described here without your written permission, which you may revoke at any time by notifying us in writing.

Changes to This Notice

We may change the terms of this notice, and any changes will apply to all information we already have about you as well as anything we receive in the future. If we make material changes, an updated notice will be available at the pharmacy and, if we maintain a website, posted there as well.