CHARLESTON CARE PHARMACY
2408 Ashley River Road, Ste R · Charleston, SC 29414 · (843) 576-4105 · rxmedcare.com

Notice of Privacy Practices

Health Insurance Portability and Accountability Act (HIPAA)

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: August 1, 2026

This Notice has no expiration date. It remains in effect until we revise or replace it.

Charleston Care Pharmacy is committed to protecting your privacy, and we take our responsibility for safeguarding your information seriously. We are required by law to maintain the privacy of your "Protected Health Information" ("PHI"), to give you this Notice describing our legal duties and privacy practices, and to follow the terms of the Notice currently in effect.

PHI is information we create or receive in the course of providing services to you that can identify you — for example, your name, address, date of birth, medical conditions, allergies, prescription and refill history, insurance information, and payment records.

If you have questions about this Notice, please contact our Pharmacy Department using the information at the end of this document.

How We May Use and Disclose Health Information About You

The categories below describe the ways we typically use and disclose health information. Not every use or disclosure is listed, but every use or disclosure we are permitted to make falls into one of these categories.

For Treatment

We use your PHI to fill, refill, and counsel you on your prescriptions, to check for drug interactions and allergies, and to provide clinical services such as immunizations, testing, medication therapy management, and health screenings. We may disclose PHI to physicians, nurses, prescribers, other pharmacies, and other health care providers involved in your care — for example, to contact a prescriber about a refill authorization or a therapy question.

For Payment

We may use or disclose your PHI to bill and collect payment for the products and services we provide. For example, we may share information with your insurer, health plan, pharmacy benefit manager, or another responsible party to verify coverage, obtain prior authorization, or submit a claim. We may also contact you about a payment or balance due.

For Health Care Operations

We may use and disclose your PHI for our day-to-day operations. Examples include reviewing the performance of our pharmacists and staff, quality assurance and error-prevention activities, training pharmacy students and interns, business planning, auditing, accreditation, and licensing activities. We may also access records from

prescribers, other pharmacies, and health information sources to make sure your medication profile is accurate and complete.

Appointment, Refill, and Health-Related Reminders

We may contact you by phone, mail, text message, or email to remind you that a prescription is ready or due for refill, to alert you to a possible drug interaction, or to tell you about health-related products, services, or treatment alternatives that may be of interest to you.

Business Associates and Service Providers

We contract with third parties to perform certain services for us. Examples include pharmacy dispensing and record-keeping software vendors, claims processors, billing and collection services, delivery and courier services, laboratory and diagnostic testing partners, clinical program and patient care service providers, accreditation and quality reporting vendors, data storage and IT support providers, and professional consultants.

These third parties, known as "Business Associates," may need access to your PHI in order to perform services for us. Before we share any of your information, each Business Associate must sign a written agreement requiring it to safeguard your PHI, to use and disclose it only as necessary to perform the service, to apply the same federal privacy and security protections we do, and to report any breach to us. Business Associates may not use or sell your information for their own purposes.

Laboratory, Testing, and Other Clinical Service Partners

We may work with outside laboratories, testing companies, and other clinical service partners so that we can offer services such as point-of-care testing, screening, specimen collection, pharmacogenomic testing, or clinical assessments. To provide these services, we may share the information necessary to order a test, collect or transport a specimen, obtain and interpret results, coordinate follow-up with you and your prescriber, and bill for the service.

Information shared with these partners is limited to what they need for that purpose. Where a partner is acting as a health care provider treating you, we share information with them for treatment, and their own privacy practices apply to the information they hold about you. Where a partner is performing a service on our behalf, they are a Business Associate and are bound by written agreement as described above. We do not share your information with any partner for that partner's own marketing purposes, and we do not sell your information.

Individuals Involved in Your Care or Payment for Your Care

Unless you object, we may disclose health information to a family member, friend, caregiver, or other person you have identified as involved in your care or in paying for your care — including a person who picks up a prescription on your behalf. In an emergency, or if you are not present or able to agree, our pharmacists may use their professional judgment to determine that a disclosure is in your best interest.

Disclosures Regarding Minors

If you are a minor, we may release your PHI to your parents or legal guardians when permitted or required by federal law and South Carolina law. In those cases we will follow South Carolina law governing disclosure of a minor's health information.

As Required by Law

We will disclose PHI when federal, state, or local law requires it.

South Carolina Prescription Monitoring Program

South Carolina law requires pharmacies to report dispensing data for controlled substances to the South Carolina Prescription Monitoring Program (SCRIPTS). We are also permitted to access the program's data to support safe dispensing.

Immunization Records and Public Health Registries

We may report immunizations we administer to the South Carolina immunization registry and to schools, and we may report other information to public health authorities as authorized or required by law.

Health Information Exchanges

We may participate in electronic health information exchanges that allow us to share your PHI with other treating providers and health plans for treatment, payment, and health care operations, in accordance with applicable law.

Public Health, Safety, and Oversight Activities

Federal and state law may require or permit us to disclose PHI to:

- Prevent or control disease, injury, or disability
- Report adverse drug reactions, product problems, or product defects to the FDA or a manufacturer
- Notify people of product recalls
- Notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease
- Report suspected abuse, neglect, or domestic violence to a government authority, to the extent required by law, when you agree, or when we believe disclosure is necessary to prevent serious harm
- Respond to health oversight agencies for audits, investigations, inspections, and licensure activities

To Avert a Serious Threat to Health or Safety

We may use and disclose PHI when necessary to prevent a serious and imminent threat to your health and safety or to the health and safety of the public or another person, and only to someone able to help prevent the threat.

Lawsuits and Legal Disputes

We may disclose PHI in response to a court or administrative order, and in some cases in response to a subpoena, discovery request, or other lawful process.

Law Enforcement

We may disclose PHI to law enforcement officials for purposes permitted by law, such as responding to a court order, warrant, or grand jury subpoena, identifying or locating a suspect or missing person, or reporting a crime on our premises.

Military, Veterans, National Security, and Correctional Institutions

If you are a member of the armed forces, we may disclose PHI as required by military command authorities. We may also disclose PHI for national security and intelligence activities, to protective services, or to a correctional institution or law enforcement official if you are an inmate or in custody.

Workers' Compensation

We may disclose PHI as authorized by workers' compensation laws and similar programs that provide benefits for work-related injuries or illness.

Coroners, Medical Examiners, and Funeral Directors

We may disclose PHI to a coroner, medical examiner, or funeral director as necessary for them to carry out their duties.

Organ and Tissue Donation

Consistent with applicable law, we may disclose your PHI to organizations involved in the procurement, banking, or transplantation of organs and tissue.

Research and Clinical Studies

We may use or disclose your PHI for research when the research has been approved by an institutional review board or privacy board that has reviewed the proposal and established protocols to protect your privacy, or as otherwise permitted by law. This may include a limited review of records to prepare a research proposal or to determine whether patients who might qualify for a study exist.

We will obtain your written authorization before enrolling you in a research study or sharing your identifiable health information with a research partner for that study, unless an institutional review board or privacy board has waived that requirement in accordance with federal law. Participation is always voluntary, and declining will not affect the care or service you receive from us.

Uses and Disclosures That Require Your Written Authorization

The following uses and disclosures will be made **only with your written authorization**:

- Most uses and disclosures of psychotherapy notes
- Uses and disclosures for marketing purposes, other than face-to-face communications with you or a promotional gift of nominal value
- Any sale of your PHI
- Any communication to you about another company's product or service for which that company pays us — if we ever make such a communication, the authorization we ask you to sign will tell you that we are being paid
- Most other uses and disclosures not described in this Notice

Certain substance use disorder treatment records are also protected by additional federal restrictions (42 C.F.R. Part 2) and may require your specific consent before disclosure.

You may revoke an authorization at any time, in writing. Revocation stops future uses and disclosures but does not affect anything we already did in reliance on your authorization.

Your Rights Regarding Health Information About You

Although the pharmacy record itself is our property, the information in it belongs to you. You have the following rights:

Right to Inspect and Copy. With limited exceptions, you may review and obtain a copy of your health information. Submit your request in writing to our Pharmacy Department. If we maintain your records electronically, you may request an electronic copy, and you may ask us to send a copy to a person you designate. We will respond within 30 days and may charge a reasonable, cost-based fee for copying, mailing, or supplies.

Right to Amend. If you believe information in your record is incorrect or incomplete, you may ask us in writing to amend it. We may deny your request in certain circumstances, and if we do, we will explain why in writing and tell you how to submit a statement of disagreement.

Right to an Accounting of Disclosures. You may request a list of certain disclosures we made of your PHI, other than those made for treatment, payment, health care operations, or disclosures you authorized. Your request may cover up to six years.

Right to Request Restrictions. You may ask us to limit the PHI we use or disclose for treatment, payment, or health care operations, or to limit what we share with someone involved in your care. **We are not required to agree to most restrictions, but we must agree to one:** if you pay for an item or service in full and out of pocket, and you ask us not to share that information with your health plan, we will honor that request unless the disclosure is required by law.

Right to Request Confidential Communications. You may ask us to communicate with you about health matters in a specific way or at a specific location — for example, by mail to a particular address, or only by phone. We will accommodate reasonable requests and will not ask you why.

Right to Be Notified of a Breach. You have the right to be notified if a breach occurs that may have compromised the privacy or security of your health information.

Right to a Paper Copy of This Notice. You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

Right to Choose Someone to Act for You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise these rights on your behalf. We will verify their authority before taking action.

To exercise any of these rights, contact our Pharmacy Department at the address below.

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us in writing that we may. If you give us written permission, you may change your mind at any time.

Mobile Communications and Marketing

We respect your privacy in mobile communications. **No mobile information will be shared with third parties or affiliates for marketing or promotional purposes.** Text messaging originator opt-in data and consent will not be shared with any third party. Message and data rates may apply; you may opt out of text messages at any time by replying STOP.

Changes to This Notice

We reserve the right to change this Notice and to make the revised Notice effective for health information we already have about you as well as information we receive in the future. This Notice does not expire; it remains in effect until we revise or replace it. Whenever we make a material change, we will post the current Notice in the pharmacy and on our website, and copies will be available at the pharmacy counter on request. The effective date appears at the top of this Notice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us, with the South Carolina Board of Pharmacy, or with the U.S. Department of Health & Human Services. **You will not be penalized or retaliated against in any way for filing a complaint.**

Charleston Care Pharmacy — Pharmacy Department
2408 Ashley River Road, Ste R
Charleston, SC 29414
Phone: (843) 576-4105 | Fax: (843) 576-4108
Email: support@rxmedcare.com
Complaints to the pharmacy must be submitted in writing.

South Carolina Board of Pharmacy
S.C. Department of Labor, Licensing and Regulation
110 Centerview Drive, Columbia, SC 29210
Phone: (803) 896-4700 | Email: Contact.Pharmacy@llr.sc.gov
Complaint forms: llr.sc.gov/bop

U.S. Department of Health & Human Services, Office for Civil Rights
200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201
Phone: 1-877-696-6775
Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf

Contact Us

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Email: support@rxmedcare.com
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Attention: Pharmacy Department