

Barney's Specialty Pharmacy



2604 Peach Orchard Road
Augusta, GA 30906
Phone: 706-798-5645 ext. 812
Fax: 762-585-9793

Patient Information Packet

Specialty Department Staff

Owner

Barry Bryant, RPh

Pharmacists

Vanessa Hoffman, PharmD, CGP

Ashley London, PharmD

Haylee Gamblin, PharmD

Technician

Lynn Smart

Chiquita Harold

Jean Morris

Mission Statement:

The mission of Barney's Pharmacy is to serve the greater Augusta area and neighboring cities with a Christian heart. We take pride in delivering superior customer service unmatched anywhere. We provide efficient, affordable services to our customers and community, driven by moral, ethical and compassionate business practices.

Nondiscrimination Policy:

Barney's Pharmacy accepts patient/clients whose needs can be met by the services it provides. Barney's Pharmacy complies with all federal, state, and local non-discrimination laws when accepting patients/clients for service. Eligibility for acceptance for services is not based on age, sex, race, nationality, ancestry, creed, sexual orientation, disability, diagnosis/infectious disease, ability to pay, or do-not-resuscitate status.

Barney's Pharmacy**Specialty Services****Location, Contact Information, & Hours of Operation**

2604 Peach Orchard Road
Augusta, Ga 30906

Phone #: (706) 798-5645 ext: 812

Fax #: (762) 585-9793

After Hours Emergency Phone #: 1-888-996-0570

Pharmacy Hours:

Monday – Friday 9am – 6pm

Saturday 9am – 2pm

Specialty Department Hours:

Monday – Friday 9am – 6pm

You may reach a specialty pharmacist and/or technician at the above numbers for any questions/concerns including, but not limited to obtain order status, claim information, medical questions, etc.

We are pleased to service patients from all over the CSRA. We have multiple Barney's Pharmacy locations including Fury's Ferry Rd in Augusta, Grovetown, Wrens, and Louisville, Georgia. If either of these locations is more convenient for you, ask your specialty representative if pick-up at an alternate Barney's Pharmacy is available for you.

Specialty Services:

Insurance and Financial Assistance Navigation

Pharmacist Clinical Review, Consultation, and Follow-Up

Courtesy Refill and Pick-up Reminders

Home Delivery (Richmond/Columbia Counties)

Common conditions provided for include, but are not limited to: human immunodeficiency virus (HIV), hepatitis C, autoimmune conditions (Crohn's disease/ulcerative colitis, rheumatoid arthritis, plaque psoriasis), transplant, hypercholesterolemia, cancer, cystic fibrosis, and more.

Pharmacy Services:

Medication Synchronization Program
Barney's Cares Savings Program
Convenience Packaging – Bubblepacks and Pouchpacks (Dawgbox)
Compounding
Immunizations
Durable Medical Equipment
Support Groups and Educational Classes
Wellness Wednesdays
Pastoral Care And more

After-Hours Services:

The after hours phone number is 1-888-996-0570. Please utilize this line for emergencies only that must be resolved before the store re-opens.

Complaint Procedure:

You have the right and responsibility to express concerns, dissatisfaction or make complaints about services you do or do not receive without fear of reprisal, discrimination or unreasonable interruption of services. The company telephone number is (706) 798-5645. When you call, ask to speak with the Pharmacy Manager or Administrator.

Barney's Pharmacy has a formal grievance procedure that ensures that your concerns shall be documented and reviewed within (24) hours and an investigation started within (5) calendar days. Every attempt shall be made to resolve all grievances within 14 days. You will be informed in writing of the resolution of the complaint/grievance.

If you feel the need to further discuss your unresolved concerns, dissatisfaction or complaints with other than Barney's Pharmacy staff, contact the Georgia State Office of the Attorney General, 40 Capitol Square, SW, Atlanta, Ga 30334

Phone:(404) 656-3300 **Fax:**(404) 657-8733.

ACHC's complaint process, please contact ACHC's Complaints Department at **(855) 937-2242**

**BARNEY'S PHARMACY
2604 PEACH ORCHARD ROAD
AUGUSTA, GA 30906
706-798-5645**

**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.**

DATE OF NOTICE: APRIL 1ST, 2003

SECTION A: Uses and Disclosures of Protected Health Information

1. Under applicable law, we are required to protect the privacy of your individual health information (information we refer to in this notice as "Protected Health Information"). We are also required to provide you with this Notice regarding our policies and procedures regarding your Protected Health Information and to abide by the terms of this notice, as it may be updated from time to time.

We are permitted to make certain types of uses and disclosures under applicable law for treatment, payment, and healthcare operations purposes. We may obtain information to dispense prescriptions and for the documentation of pertinent information in your records that may assist us in managing your medication therapy or your overall health. For treatment purposes, such use and disclosure will take place in providing, coordinating, or managing healthcare and its related services by one or more of your providers, such as when your pharmacist consults with your physician or a specialist regarding your medications, treatment or condition.

For payment purposes, such use and disclosure will take place to obtain or provide reimbursement for providing pharmaceutical care services, such as when your case is reviewed to ensure that appropriate care was rendered. For reimbursement purposes, your Protected Health Information may be disclosed to one or several intermediaries employed by your plan sponsor including but not limited to insurers, pharmacy benefits managers, claims administrators and computer switching companies.

For healthcare operations purposes, such use and disclosure will take place in a number of ways, including for quality assessment and improvement; provider review and training; underwriting activities; reviews and compliance activities; and planning, development, management and administration. Your information could be used, for example, to assist in the evaluation of the quality of care that you were provided.

We store some of your Protected Health Information in electronic computer files. We backup our electronic records daily on-site, and employ other precautions to safeguard the integrity of your Protected Health Information. In spite of these precautions it is possible but unlikely that a computer crash or other technological failure could cause the loss of data. In addition reasonable safeguards are employed to protect your Protected Health Information stored on electronic media.

In addition, we may contact you to provide refill reminders, health screenings, wellness events, inoculations, vaccinations or information about treatment alternatives or other health-related benefits and services that may be of interest to you. In addition, we may disclose your health information to your plan sponsor. In addition we may contact you for the purpose of fund raising activities.

We may use and disclose your Protected Health Information, without your authorization when the pharmacy needs to contact a physician or physician's staff and is permitted or required to do so without individual written authorization. We may use and disclose your Protected Health Information if we are contacted by another pharmacy who states they have your request and consent to transfer pharmacy records to them.

From time to time we may employ the services of business associates who may assist us in one or more tasks and who may use, change or create Protected Health Information. Business associates are required to comply with all the privacy regulations on your behalf.

We may disclose Protected Health Information about you without your authorization to comply with workers compensation laws, as required by law enforcement, legal proceedings, public health requirements, and health oversight activities and as required by law.

Other uses and disclosures will be made only with your written authorization, and you may revoke your authorization by notifying us as described in Section B.

2. You may ask us to restrict uses and disclosures of your Protected Health Information to carry out treatment, payment, or healthcare operations, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care or payment for your care. However, we are not required to agree to your request.
3. You have the right to request the following with respect to your Protected Health Information: (i) inspection and copying; (ii) amendment or correction; (iii) an accounting of the disclosures of this information by us (we are not required to account to you for disclosures made for treatment, payment, operations, disclosures to you, disclosures to your care givers, for notifications or as otherwise excluded by law); and (iv) the right to receive a paper copy of this notice upon request. We may require you to pay for this request to cover our costs of copying, labor and postage.

In addition, you may request, and we must accommodate the request, if reasonable, to receive communications of Protected Health Information by alternative means or at alternative locations. To make this request please contact, in writing:

BARNEY'S PHARMACY
ATTN: Melissa Miller, Privacy Officer
2604 Peach Orchard Road
Augusta, Ga. 30906

4. We may use your name to reference your prescriptions and pharmaceutical care services. You may be required to sign a signature log form to acknowledge receipt of service, to acknowledge receipt of this Notice and the disclosure of Protected Health Information as outlined herein. This information may be disclosed by us to other persons who ask for you or your prescriptions by name. You may restrict or prohibit these uses and disclosures by notifying a pharmacy representative orally or in writing of your restriction or prohibition. We are not required to honor those requests. We are able to provide treatment services to you even if you object to sign the acknowledgment of the receipt of this Notice or if we decide not to honor a request regarding the information in this document. In the event of an emergency or your incapacity, we will do in our reasonable judgment what is consistent with your known preference, and what we determine to be in your best interest. We will inform you of any such uses or disclosures if uses and disclosures would require your signed authorization under such circumstances and give you an opportunity to object as soon as practicable.
5. We may disclose to one of your family members, to a relative, to a close personal friend, or to any other person identified by you, Protected Health Information that is directly relevant to the person's involvement with your care or payment related to your care. In addition we may use or disclose the Protected Health Information to notify, identify, or locate a member of your family, your personal representative, another person responsible for care, or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you object to this use or disclosure, we will do in our judgment what is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your healthcare. We will also use our judgment and experience regarding your best interest in allowing people to pick-up filled prescriptions, or other similar forms of Protected Health Information.
6. We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all Protected Health Information we maintain. You may receive a copy of this Notice by contacting us as outlined in Section B or upon the receipt of pharmacy care services.
7. If you believe that your privacy rights have been violated, you may complain to us at the location described in Section B or to the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. You will not be retaliated against for filing a complaint.

BILL OF PATIENT RIGHTS AND RESPONSIBILITIES

Clients have a right to be notified in writing of their rights and obligations before treatment has begun. The client's family or guardian may exercise the client's rights when the client has been judged incompetent. Providers have an obligation to protect and promote the rights of their clients, including the following rights.

Rights

As the patient/caregiver, you have the RIGHT to:

Be treated with dignity and respect.

Confidentiality of patient records and information pertaining to a patient's care.

Be advised on company's policies and procedures regarding the disclosure of clinical records.

The patient has the right to access, request amendment to, and receive an accounting of disclosures regarding his or her own health information as permitted under applicable law.

Be presented with information at admission in order to participate in and make decisions concerning your plan of care and treatment.

Be notified in advance the types of care, frequency of care, and the clinical specialty providing care.

Be notified in advance of and participate in any change in your plan of care and treatment.

Be provided equipment/medication and service in a timely manner.

Be notified in advance of your financial responsibility for the medication/services being provided.

Receive an itemized explanation of charges.

Be informed of company ownership.

Be able to identify visiting personnel members through proper identification.

Express grievances without fear of reprisal or discrimination and have grievances/complaints investigated.

Receive respect for the treatment of one's property.

Refuse or discontinue service within the confines of the law and be informed of the consequences of this action

Be informed of potential reimbursement for services under Medicare, Medicaid, or other third party insurers based on the patient's condition and insurance eligibility (to the best of the company's knowledge).

Be notified within 30 working days of any changes in charges for which you may be liable.

Be admitted for service only if the company can provide safe, professional care at the scope and level of intensity needed, if the company is unable to provide care then the company will provide alternative resources.

Receive essential information in a language or method of communication that you understand.

Each patient has a right to have his or her cultural, psychosocial, spiritual and personal values, beliefs and preferences respected.

Patients have the right to be free from mental, physical, sexual and verbal abuse, neglect and exploitation.

Choose a healthcare provider.

Be informed of financial benefits when referred to an organization.

Be informed of patient rights under state law to formulate an Advanced Directive, if applicable.

Be fully informed of one's responsibilities.

Responsibilities

As the patient/caregiver, you are RESPONSIBLE for:

Notifying the Company of change of address, phone number, or insurance status.

Notifying the Company when service or equipment is no longer needed.

Notifying the Company when you will not be available for services.

Notifying the Company in a timely manner if extra equipment or services will be needed.

Participation as agreed in the plan of care/treatment.

Notify the Company of any change in condition, physician orders, or physician.

Notifying the Company of an incident involving clinicians or equipment/medication.

Notifying the Company in a timely manner prior to discharge.

Meeting the financial obligations of your health care as promptly as possible.

Providing accurate and complete contact and medical information about present complaints, past illnesses, hospitalizations, medications, and other matters pertinent to your health and notify the Company of any changes in contact or medical information

Submit forms necessary to receive services.

Notify your treating provider of participation in the services provided by the Company.

Maintain any equipment provided.

Notify the company of any concerns about the care or services provided.

Your actions if you refuse treatment or do not follow the plan of care.