

PrEP Assistance

Select Pharmacy



DATE: _____ CLINIC: _____

PATIENT INFORMATION

ALL INFORMATION IS CONFIDENTIAL AND USED FOR CLINICAL PURPOSES ONLY

Patient Name		Preferred Name	
Main Phone	Alternative Phone	Date of Birth	Social Security #
Address		City, State, Zip	
Sex ☐ Male ☐ Female ☐ Intersex ☐ MtF Female ☐ FtM Male ☐ Other:			
Gender Identity ☐ Male ☐ Female ☐ Transgender ☐ Non-Binary ☐ Other:			Pronouns
Allergies		Current Medications	

IF INSURED

Insurance Company	
BIN	PCN
Member ID	
Rx Group	

INSURED PATIENT CHECKLIST:

- ☐ Complete "Patient Information" Section
- ☐ Complete "If Insured" Section
- ☐ Fax completed Avita PrEP Assistance Form
- ☐ Fax both sides of the patient's insurance card

NEXT STEPS:

- ☐ Send Avita the prescription when ready
- ☐ Avita will notify you and the patient with any updates and coordinate next steps.

IF UNINSURED

Annual Household Income
Number of People in Household
Notes

UNINSURED PATIENT CHECKLIST:

- ☐ Complete "Patient Information" Section
- ☐ Complete "If Uninsured" Section
- ☐ Fax completed Avita PrEP Assistance Form
- ☐ Fax last two pay stubs OR last year's tax return
- ☐ Fax Avita page 1 of the Gilead Advancing Access application with the prescriber's signature

NEXT STEPS:

- ☐ Avita will complete the Gilead Advancing Access application on the patient's behalf.
- ☐ Send Avita the prescription when ready
- ☐ Avita will notify you and the patient with any updates and coordinate next steps.



Acknowledgment Form

Notice of Privacy Practices

**Please complete & return this form to Avita Pharmacy in person,
by fax, or by mail using the enclosed envelope.**

Name (print)
Address
Address (continued)
City, State, Zip
Best Contact Number



I have received and understand the Notice of Privacy Practices



I also authorize the disclosure of my health information to the following individual(s):

1.	2.
3.	4.

_____	_____
Signature	Date



Avita Pharmacy
5551 Corporate Boulevard Suite 102
Baton Rouge, Louisiana 70808
Website: <http://www.avitapharmacy.com/>
Privacy Officer Email: compliance@longsrx.com
Privacy Officer's Telephone: (844)319-0646
Privacy Officer's Fax Number: (866)550-7485

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.

This Notice of Privacy Practices (the "Notice") describes the privacy practices of Avita Pharmacy pharmacies, including Avita Pharmacy retail outlets and <http://www.avitapharmacy.com/>. Avita Pharmacy is part of an affiliated group of pharmacies that are owned by Long's Drugs, Inc. This affiliated group of pharmacies treats itself as a single entity for purposes of using and disclosing health information about you.

Avita Pharmacy wants you to know that nothing is more central to our operations than maintaining the privacy of your personal health information ("PHI"). PHI is information about you that we obtain to provide our services to you and that can be used to identify you. It includes your name and other basic contact information as well as information about your health, medical conditions and prescriptions. We take our responsibility to protect this information very seriously.

Our Pledge Regarding Your Health Information. We are required by law to protect the privacy of your health information and to provide you with this Notice explaining our legal duties and privacy practices regarding your health information. We are also required to notify you in the event there is a breach of your PHI. Our pharmacy staff is required to protect the confidentiality of your PHI and will disclose your PHI to a person other than you or your personal representative only when permitted under federal or state law. This protection extends to any PHI that is oral, written, or electronic, such as prescriptions transmitted by facsimile, modem, or other electronic device. This Notice describes how we may use and disclose your PHI. In some circumstances, as described in this Notice, the law permits us to use and disclose your PHI without your express permission. In all other circumstances, we will obtain your written authorization before we use or disclose your PHI. This Notice also describes your rights and obligations we have regarding the use and disclosure of your PHI. Under federal and applicable state law, we are required to follow the terms of the Notice currently in effect. We are required to follow state privacy laws when they are stricter (or more protective of your PHI) than the federal law. If applicable, please see the state provisions at the end of this Notice.

Uses and Disclosures. Below are examples of how Federal law permits use or disclosure of your PHI for these purposes without your permission.

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members. PHI obtained by Avita Pharmacy will be used to dispense prescription medication. We will document information related to the medications dispensed and services provided in your record. We may contact you to provide treatment related services such as refill reminders, treatment alternatives (e.g., available generic products) and other health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Care. Your health information may also be disclosed as permitted by law to family members, friends, or personal representatives involved in your treatment and care to the extent you are unavailable and professional judgment as to the minimum necessary information to disclose will be used. For example, if we can reasonably infer that you agree, we may provide prescriptions and related information to your caregiver on your behalf.

Disclosures to Parents or Legal Guardians. If you are a minor, we may release your PHI to your parents or legal guardians when we are permitted or required under federal and applicable state law.

Payment. We may use your health information to seek payment from your health plan, from other sources of coverage such as your insurer, payor, automobile insurer, other agent, or from credit card companies that you may use to pay for services. We may have to share your PHI with that entity in order to determine whether it will pay for your prescription and the payment amounts. For example,

your health plan may request and receive information on the dates of service, the services provided, and the medical condition being treated. We may also contact you about a payment or balance due for prescriptions dispensed to you by a Avita Pharmacy.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of Avita Pharmacy, including to monitor the effectiveness and quality of our health care services, to provide customer services to you and to resolve complaints. We may transfer your PHI for purposes of carrying out pharmacy services if we buy or sell pharmacy locations. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality. We may also use your PHI to tell you about opportunities that may be of interest to you, such as benefits for preferred Avita Pharmacy customers or clinical research projects.

Business Associates. We use contractors, known as business associates, to provide certain services for us. These contractors are required by law and their agreements with us to protect your PHI in the same way we do.

Complying with the Law. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting. This includes sharing your information pursuant to state law, federal law, or with the Department of Health and Human Services to ensure that we are complying with federal privacy law.

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

Medical examiner or funeral director. We can share health information with a coroner, medical examiner, or funeral director when an individual dies. This may be done to assist in identifying a deceased person or to determine the cause of death, and to funeral directors to carry out their duties.

Workers' Compensation. We may disclose your PHI to the extent authorized and necessary to comply with laws relating to worker's compensation or similar programs established by law.

Law Enforcement and Other Government Requests. We can use or share your information for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services. If you are a member of the US armed forces or a foreign military, we may disclose your PHI as required by military command authorities if certain conditions are met, or similar process for. We may disclose your PHI to law enforcement purposes, to identify or locate a suspect, fugitive, material witness, or missing person; as certain information about death resulting from criminal conduct, about crimes on the premises or against a member of our workforce; and in emergency circumstances, to report a crime, the location, victims, or the identity, description, or location of the perpetrator of a crime.

National Security and Intelligence Activities. We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose your PHI to authorized federal officials so that they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations.

Responding to lawsuits and legal actions. We can use or share health information about you in response to a court or administrative order, or in response to a subpoena. For example, we may disclose your PHI in response to a court order, subpoena, warrant, or summons. If you are involved in a lawsuit or legal dispute, we may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.

We do not create or manage a hospital directory nor do we create or maintain psychotherapy notes.

Public health reporting. Your health information may be disclosed to public health agencies, including federal, state, or local authorities as required by law. We may also disclose your PHI to any other entity charged with preventing or controlling disease, injury, or disability for public health activities. For example, we are required to report certain communicable diseases to the state's public health department, and disclose personal information to help with product recalls, reporting suspected abuse, neglect, or domestic violence and preventing or reducing a serious threat to anyone's health or safety. We are required to report certain adverse reactions to medications. Additionally, we may have to report reactions to medications or other products to the U.S. Food and Drug Administration or other authorized entity, disclosures to notify individuals of recalls, exposure to a disease, or risk for contracting or spreading a disease or condition.

Health Oversight Activities. We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for government monitoring of the health care system, government programs, and compliance with federal and applicable state law.

United States Department of Health and Human Services. Under federal law, we are required to disclose your PHI to the U.S. Department of Health and Human Services to determine if we are in compliance with federal laws and regulations regarding the privacy of information.

Notification. We may use or disclose your PHI to assist in a disaster relief effort so that your family, personal representative, or friends may be notified about your condition, status, and location.

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

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

As Required by Law. We must disclose your PHI when required to do so by applicable federal or state law.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for purposes other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization to the Long's Drugs Corporate, ATTN: Compliance Department, 111 Executive Center Drive, Suite 228, Columbia, South Carolina 29210. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization. Your revocation will become effective upon our receipt of your written notice.

Additional Uses of Information

Appointment or Refill reminders. Your health information will be used by our staff to send you appointment or refill reminders.

Information about treatments. Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you. We can use or share your information for health research.

We will never share your information for marketing purposes or sell your information to a third party unless you give us written permission.

Although we may not engage in the following activities, under federal or applicable state law, we are allowed to use or disclose your PHI without your permission for these purposes:

Research. Under certain circumstances, we may use or disclose your PHI for research purposes. However, before disclosing your PHI, the research project must be approved by an institution review board or privacy board that has reviewed the research proposal and established protocols to protect your PHI.

Your Choices. For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, tell us what you would like us to do, and we will follow your instructions. You have the right and the choice to tell us to:

Share information with your family, close friends, or others involved in your care.

Share information in a disaster relief situation.

Fundraising. Unless you request us not to, we will use your name and address to support our fundraising efforts. If you do not want to participate in fund-raising efforts, please check off the following box:

☐ Please do not use my information for fundraising purposes.

If you are not able to tell us your preference, for example, if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Your Rights. You have certain rights under the federal privacy standards. These include:

The right to ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

The right to choose to pay for a prescription or service in full out of pocket and restrict disclosure of PHI to a health plan for payment. We will say "yes" unless the law requires us to share the information.

Request Communications of PHI by Alternative Means or at Alternative Locations. The right to receive confidential communications concerning your medical condition and treatment. You can ask us to contact you in a specific way (for example, home or office phone) or send mail to a different address. To request confidential communication of your PHI

submit a written request to the Compliance Department (address provided below). Your request must state how, where, or when you would like to be contacted. We will comply with all reasonable requests.

The right to see and copy your protected health information or get an electronic copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Request an Amendment. If you feel that your PHI we maintain is incomplete or incorrect, you may request that we amend it. To request an amendment, submit a written request to the Compliance Department (address provided below). Requests must identify: (i) which information you seek to amend; (ii) what corrections you would like to make; (iii) why the information needs to be amended. We may say "no" to your request, but we will provide you with an explanation in writing within 60 days (with a possible 30-day extension). In our response, we will either (i) agree to make the amendment, or (ii) inform you of your denial, explain our reason, and outline appeal procedures. If denied, you will have the right to file a statement of disagreements with the decision. We will provide a rebuttal to your statement and maintain appropriate records of your disagreement and our rebuttal.

Receive an Accounting of Disclosures. You have the right to request a list (accounting) of how and to whom your protected health information has been disclosed in the six years prior to the date of your request where your PHI has been used for purposes other than treatment, payment or health care operations. This accounting will also exclude disclosures made directly to you, made with your authorization, made incidentally made to caregivers, made for notification purposes, and certain other disclosures. To obtain an accounting, submit a written request to the Compliance Department (address provided below). Request must specify the time period, not to exceed six years. We will respond in writing within 60 days of receipt of your request (with a possible 30-day extension). We will provide one accounting a year for free but will charge a reasonable cost-based fee if you ask for another one within 12 months. We will notify you in advance of the cost involved, and you may choose to withdraw your request at that time.

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 your rights and make choices about your health information. We will make sure the person has authority and can act for you before we take any action.

Request a General Restriction. A general restriction is one that restricts or limits our use or disclosure of your PHI. To request a general restriction, you must identify in this requests: (i) what particular information you would like to limit; (ii) whether you want to limit use, disclosure, or both; and (iii) to whom you want the limits to apply. We will consider your request but are not required to agree. We have the right to terminate the restriction if: (i) you agree orally or in writing to terminate the restriction; or (ii) if we inform you of the termination, which becomes effective only for your PHI created or received after we inform you of the termination. To submit a general restriction, send a written request to the Compliance Department (address provided below).

Request a Plan Restriction. A plan restriction is one that meets the following three conditions: (A) it is to restrict disclosure of your PHI to a health plan for purposes of payment or health care operations; (B) the PHI relates solely to a health care item or service for which you, or someone on your behalf, has paid us in full; and (C) the disclosure is not otherwise required by law. If you wish to request a plan restriction, you must do so separately for each prescription and subsequent refill event, and must make your request at the pharmacy before your medication is dispensed. Otherwise the pharmacy will automatically submit the claim to your health plan on record, if any, for payment. We will not agree to a plan restriction unless we have first received payment in full for the item or service. We will also not agree to a plan restriction if by law we are required to submit PHI to the plan. If we do agree to a restriction, we will not apply the restriction in the event of an emergency. To submit a plan restriction, you must do so either in person at the pharmacy when you bring in your prescription or by telephoning the pharmacy before your prescription is sent to the pharmacy.

Obtain a Paper Copy of this Notice. You have the right to receive a printed copy of this notice at any time. You may do so by going to <http://www.avtapharmacy.com/> or contacting the Compliance Department. The address, telephone number, and facsimile number are set forth below.

Long's Drugs Inc.
Attn: Compliance Department
111 Executive Center Drive, Suite 225
Columbia, South Carolina 29210
Phone: (844) 319-0646
Fax: (856) 550-7485
Email: compliance@longsdr.com

Our Duties. We are required by law to maintain the privacy and security of your protected health information and to provide you with this notice of privacy practices.

We are required to abide by the privacy policies and practices that are outlined in this notice and give you a copy of it.

We are required to promptly notify affected individuals if a breach occurs that may have compromised your protected health information.

For more information visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticcepp.htm

Right to Revise Privacy Practices: As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any pharmacy visit. The new notice will also be available in our offices and on our website. The revised policies and practices will be applied to all protected health information we maintain. We will also post the revised Notice in our retail locations and on our website at www.avitapharmacy.com.

Request to Inspect Privacy Practices: You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that request to inspect access to your records by contacting our Compliance Officer at the address below. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

North Carolina State Specific Provisions

Disclosure – Pharmacy Records: We will not disclose or provide a copy of your prescription orders on file, except to:

- a. you;
- b. your parent or guardian or other person acting in loco parentis if you are a minor and have not lawfully consented to the treatment of the condition for which the prescription was issued;
- c. the licensed practitioner who issued the prescription or who is treating you;
- d. a pharmacist who is providing pharmacy services to you;
- e. anyone who presents a written authorization for the release of pharmacy information signed by you or your legal representative;
- f. any person authorized by subpoena, court order or statute;
- g. any firm, company, association, partnership, business trust, or corporation who by law or by contract is responsible for providing or paying for medical care for you;
- h. any member or designated employee of the Board of Pharmacy;
- i. the executor, administrator or spouse of a deceased patient;
- j. Board-approved researchers, if there are adequate safeguards to protect the confidential information; and
- k. the person who owns the pharmacy or his licensed agent.

Complaints: If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concern to:

HIPAA Compliance Officer
Long's Drugs Corporate
111 Executive Center Drive, Suite 228
Columbia, South Carolina 29210

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You may also file a complaint with the U.S. Department of Health and Human Service Officer for Civil Rights by sending a letter to 200 Independence Avenue, S.W. Washington, D.C. 20201, calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. **You will not be penalized or otherwise retaliated against for filing a complaint.**

Contact Person: The name and address of the person you can contact for further information concerning our privacy practices is:

Long's Drugs Inc.
ATTN: Director of Corporate Compliance
111 Executive Center Drive, Suite 228
Columbia, South Carolina 29210
Phone: (844) 319-0646
Fax: (866) 550-7485
Email: compliance@longsdrugs.com

Effective date: This Notice was last revised November 1, 2001; May 15, 2005; September 1, 2014; and February 15, 2017.

Referral Form and Release of Information

Date: _____ **Client Name** _____

Referred By: AASC **Client Address:** _____

Client DOB: _____ **Client Phone:** _____

Referred to:

☐ WC Health Dept	☐ WC Bridge Counselor	☐ AASC Client Services
☐ DC Health Dept	☐ DC Bridge Counselor	☐ Project Respect
☐ OC Health Dept	☐ Duke Hepatology	☐ CRCS
☐ Planned Parenthood	☐ UNC Hepatology	☐ Project Style
☒ Other Type of Referral: _____		

Note:
This Release Shall
Be Deemed Invalid
If More Than One
Provider is Checked
To the Left

Information Attached:
(Check All That Apply)

☒ HIV Test Results	☐ Hepatitis B Results	☐ Other Lab Results: _____
☒ Syphilis Test Results	☒ Hepatitis C Results	
☒ G/C Test Results	☐ Medical Reports	
☐ Other Type of Information: _____		
☐ REFERRED FOR PRESUMPTIVE TREATMENT BASED ON SYMPTOMS – NO TESTS CONDUCTED AT THIS LOCATION		

The purpose of this Release of Information is to ensure proper tracking and documentation of referrals provided by the Alliance of AIDS Services – Carolina to individuals infected with or living with one or more communicable diseases and/or conditions.

To this end, I hereby authorize and release the service provider identified above to provide copies of my medical records and treatment to the Alliance of AIDS Services – Carolina. Information covered by this release specifically includes, *but is not limited to*:

- Appointment dates and Times, including Missed Appointments;
- Recommended course of treatment; and
- Patient's Level of Medical Compliance.

Any information not described above *must be relevant and directly related to referral documentation and tracking* in order to be covered and allowed under this release.

This release shall be valid for no more than one (1) year from the date of signature, below, and may be revoked by me at any time by verbal statement.

Client's Signature _____
Date

Witness Name _____
Date

Witness' Signature

All information contained on this form and/or all attachments hereto are proprietary and confidential information and are protected, as such, by Law. If you have received this information in error, please immediately contact the person shown at the top of this form on the line, "Referred By:" and then destroy all copies in your possession. Failure to do so may result in criminal charges and penalties.



3109 Poplarwood Ct Suite 200 | Raleigh, NC 27604 | tel 919-834-2437 | fax 919-896-7441 | www.aas-c.org

PrEP Consent Form Authorization for Release of Health Information

Client Name: _____ **Date of Birth:** _____

Client Address: _____

I, _____ hereby authorize The Alliance of AIDS Services – Carolina to release my health information regarding my care and treatment, including confidential HIV related information, to the North Carolina State PrEP Program.

Health information may include records, my results, testing dates, desire to engage in PrEP, and other information related to my PrEP referral. I understand that information released may be shared verbally, electronically, or in writing.

My signature below indicates that I understand what information will be released and the need for the information. Signing this authorization is voluntary. I further understand that the information to be released may include information regarding HIV/AIDS. In addition, information related to HIV/AIDS is protected under federal regulations and cannot be released without my written consent unless otherwise provided in the 42 Code of Federal Regulations Part 2.

This consent will expire _____, not more than 3 years from the date of signature.

I understand I may revoke this consent in writing at any time, but that it will remain valid except to the extent that action has already been taken based on this authorization.

Signature of Client

Date