

**CoastRx Pharmacy**  
**Notice of Privacy Practices**

Effective Date: 3/18/2026

This Notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

**Your Rights Regarding Your Health Information**

You have the following rights regarding your health information:

**1. Right to Inspect and Copy**

You have the right to inspect and obtain a copy of your health information that we maintain, including in electronic format where available.

To request access, please submit a written request to CoastRx Pharmacy at the address listed at the end of this notice. A reasonable, cost-based fee may apply.

**2. Right to Amend**

If you believe that information we have about you is incorrect or incomplete, you may request an amendment.

We may deny your request if we determine the information is accurate and complete or was not created by us. If denied, you may submit a written statement of disagreement.

**3. Right to Request Restrictions**

You have the right to request restrictions on certain uses and disclosures of your health information.

We are not required to agree to your request, but if we do, we will comply unless the information is needed for an emergency situation.

**However, if you pay out-of-pocket in full for a service or item, you may request that we not disclose that information to your health plan, and we are required to honor that request.**

**4. Right to Confidential Communications**

You have the right to request that we communicate with you in a certain way or at a certain location to maintain your privacy.

We will accommodate reasonable requests.

**5. Right to an Accounting of Disclosures**

You have the right to request an accounting of disclosures of your health information made by us for purposes other than treatment, payment, or healthcare operations.

This accounting will include disclosures made within the past six (6) years.

**6. Right to a Paper Copy of this Notice**

You have the right to receive a paper copy of this notice upon request, even if you have agreed to receive it electronically.

**7. Right to Be Notified of a Breach**

You have the right to be notified in the event of a breach of your unsecured health information.

**How We May Use and Disclose Your Health Information**

We may use and disclose your health information for the following purposes:

**1. Treatment**

We may use and disclose your health information to provide, coordinate, or manage your healthcare and any related services. This may include communication with other healthcare providers involved in your treatment.

**2. Payment**

We may use and disclose your health information to bill and collect payment for the treatment and services we provide to you. For example, we may share information with your insurance company to process claims.

**3. Healthcare Operations**

We may use and disclose your health information for purposes of healthcare operations, which may include quality assessment, case management, accreditation, training, and other administrative functions.

**4. Required by Law**

We may disclose your health information as required by federal, state, or local law.

**5. Public Health and Safety**

We may disclose your health information to public health authorities to prevent or control disease, injury, or disability, report adverse drug events, or notify appropriate authorities of suspected abuse or neglect.

**6. Family and Friends**

We may disclose your health information to family members, relatives, or close friends involved in your care or payment for your care **if you agree, do not object, or in certain circumstances when you are unable to respond.**

**7. Research**

Under certain circumstances, we may use or disclose your health information for medical research purposes, subject to applicable approvals.

**8. Organ and Tissue Donation**

We may share health information with organizations involved in organ or tissue donation and transplantation.

#### **9. Health Oversight Activities**

We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, or inspections.

#### **10. Legal and Judicial Proceedings**

We may disclose health information in response to a court order, subpoena, or other legal process.

#### **11. Law Enforcement**

We may disclose health information to law enforcement in certain circumstances, such as to report a crime or assist in an investigation.

#### **12. Emergency Situations / Serious Threat**

We may disclose health information in emergencies or when necessary to prevent a serious and imminent threat to health or safety.

#### **Uses and Disclosures Requiring Authorization**

We will obtain your written authorization before using or disclosing your health information for:

- Marketing purposes
- The sale of your health information
- Any uses or disclosures not described in this Notice

You may revoke your authorization at any time in writing.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your health information and to provide you with this notice.
- We will notify you in the event of a breach of your unsecured health information.
- We must follow the terms of this Notice of Privacy Practices. We reserve the right to change the terms of this notice and will notify you of any changes. Updated notices will be made available upon request and on our website.

## **Complaints**

If you believe your privacy rights have been violated, you can file a complaint with our practice or with the U.S. Department of Health and Human Services at:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Phone: 1-877-696-6775

You will not be retaliated against for filing a complaint.

## **Contact Information**

If you have any questions or concerns regarding this Notice of Privacy Practices, please contact us at:

CoastRx Pharmacy  
1105 Broad Ave Unit A  
Gulfport, MS 39501  
Phone: 228-203-6892  
Email: [info@coastrx.net](mailto:info@coastrx.net)