



Jennie Stuart
Health

Specialty Pharmacy
Welcome Packet

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Welcome

Thank you for being a patient of Jennie Stuart Specialty Pharmacy.

Our goal is to ensure patients and their caregivers receive the attention and support they need to be successful with their treatment. You can count on our guidance, compassion, and education throughout your therapy.

Location

320 West 18th Street, 1st Floor, Suite 1, Hopkinsville, KY 42240

Hours

Specialty Pharmacy

Monday through Friday 8:00 am - 5:00pm | (Closed one hour daily for lunch)

After-hours clinical support

24 hours per day, 365 days per year

We are closed but offer on-call services on the following holidays or their business observed date:

- New Year's Day (January 1)
- Memorial Day (last Monday in May)
- Independence Day (July 4)
- Labor Day (first Monday in September)
- Thanksgiving (fourth Thursday in November)
- Friday after Thanksgiving
- Christmas Day (December 25)

Contact us

Phone: Specialty Pharmacy: 270-887-0636 | After-Hours Clinical Support: 270-887-0636

Email: jsspecialtypharmacy@jsmc.org

Website: <https://www.jenniestuarthealth.org/Hospital-Based-Medical-Services/Pharmacy>



Pharmacy Overview

Jennie Stuart Specialty Pharmacy offers complete specialty pharmacy services to patients living in the Southwestern Kentucky/Northwestern Tennessee area). Our services are designed to meet the needs of each of our patients. Our team of clinical pharmacists and technicians are specially trained in your condition.

We provide:

- One-on-one counseling about your medication
- Refill reminders
- Free delivery of your specialty medications to the location of your choice
- Assistance with your benefits and financial assistance programs
- Information about your disease

Patient Services

We work with you and your provider throughout your therapy. Our role is to provide you prescribed specialty medications with the highest level of care.

Contact the specialty pharmacy at 270-887-0636 if you have questions about:

- Filling or refilling your medication
- Transferring a prescription to our pharmacy or another pharmacy
- Order statuses or order delays
- Insurance coverage and prescription costs
- Medications or concerns
- Filing a complaint
- Our patient management program

Contact our after-hours clinical support at 270-887-0636 if you have clinical questions or concerns about your medication that cannot wait until the next business day.

Patient Management Program

Our specialty pharmacy patients are automatically enrolled into our disease-specific specialty medication service, which is called the patient management program (PMP). This free program is designed to maximize your opportunity for a positive outcome and minimize any negative effects of your specialty therapy.

Specialty medications are often considered high risk due to their high cost, high frequency for side effects, and, in some cases, difficult administration processes. By participating in the PMP, our clinicians can:

- Monitor your response to therapy more closely
- Identify and respond to any side effects or other areas of concern more quickly
- Work with your provider to address these areas of concern
- Assist with access to Patient Assistance Programs and other financial assistance programs to ensure your access to the medications you need

For you to achieve maximum benefit from our PMP, please keep us informed of any concerns, problems, or changes in your response to therapy or ability to obtain therapy. For more information about the PMP, ask any member of the specialty pharmacy team by calling 270-887-0636 or emailing jsspecialtypharmacy@jsmc.org.

Opting out

Ongoing participation in the PMP is highly encouraged. However, you may choose to opt out of the PMP at any point in your therapy. You will still receive your refill reminder calls even if you opt out of the PMP. You may also choose to opt back into the program at any point. To opt out or back into the PMP, simply tell any pharmacy team member. They will connect you with the pharmacist to make the note in your electronic patient record.

Rights and responsibilities

As a participant in the PMP, you have the following rights and responsibilities. Some of these will overlap with your general patient rights and responsibilities found later in this packet.

1. The right to know about philosophy and characteristics of the PMP
2. The right to have personal health information shared with the PMP only in accordance with state and federal law
3. The right to identify the PMP team members, including their job title, and to speak with a team member's supervisor upon request
4. The right to speak to a health professional
5. The right to receive information about the PMP
6. The right to receive administrative information regarding changes in, or termination of, the PMP
7. The right to decline participation, revoke consent, or disenroll at any point in time
8. The responsibility to submit any necessary forms to participate in the program to the extent required by law
9. The responsibility to give accurate clinical and contact information and notify the PMP of changes in this information
10. The responsibility to notify your treating provider of your participation in the PMP, if applicable

Language and Cultural Services

We welcome diversity and comply with standards for language and cultural services. We can provide trained, qualified medical interpreters for our patients and their families at no cost to them. Interpreters can help ensure effective communication for those who are:

- Limited-English Proficient (LEP)
- Deaf/Hard of Hearing (HOH)
- Having other communication challenges

We also have resources to support culturally competent care for diverse patient populations. Please let a pharmacy team member know if:

- You need help from an interpreter service.
- You have a preferred language or mode of communication other than English.
- You have any other communication or cultural needs.

Frequently Asked Questions

How is a specialty pharmacy different from a retail pharmacy?

Specialty pharmacies are dedicated to ensuring your therapy provides the best possible outcome. Here are some of the things we do:

- Enroll you in a patient management program
- Ensure you have access to your medication without any gaps in therapy. This includes:
 - Scheduling prompt delivery of the medication
 - Assisting with prior authorizations
 - Helping with financial assistance
- Partner with you and your provider to achieve therapy treatment goals through our patient management program
- Provide you with a thorough review of your medication. This includes:
- Getting an accurate list of your current prescriptions
- Screening for disease-specific drug interactions

How does my new prescription get to the pharmacy?

How do I know when I will receive it?

There are a few ways we may receive your new prescription:

Your provider will send the prescription electronically when treatment is prescribed. This is the most common method.

Your provider will write a paper prescription and send it to the pharmacy via mail or fax.

Your provider will call in the prescription.

When we receive the prescription from your provider, we will review it, arrange reimbursement, and fill your medication.

Frequently Asked Questions (cont)

Convenient Pickup and Delivery Options

Once Your Prescription is ready, we offer several delivery options for your convenience:

- Pick-up in person at the Jennie Stuart Specialty pharmacy at 320 West 18th Street, 1st Floor, Suite 1, Hopkinsville, KY 42240
- Delivery - All medications will be delivered with no delivery fee. We will coordinate the delivery of your medication to your home or an approved alternate location. If your medication requires special handling or refrigeration, we will package and ship it accordingly.

When will the specialty pharmacy contact me or my provider?

The specialty pharmacy will call you to:

- Discuss your prescription and copay amount
- Schedule the delivery or pick-up time
- Advise you of any delays in your order
- Review how to store your medication
- Verify your prescription insurance information
- Get documentation of your income to enroll you in financial assistance
- Provide counseling on your medicine
- Tell you we must transfer your prescription to another specialty pharmacy
- Notify you of any FDA recalls of your medicine

We will contact your provider:

- At your request
- When you are out of refills
- To obtain new prescriptions and clarify prescriptions in question
- To suggest interventions in therapy after patient assessment
- To alert regarding recalled medications you may have received

How do I pay for my medication?

Specialty Medications are often expensive and require additional steps to be approved by insurance. Jennie Stuart Specialty pharmacy can accept and bill most insurance companies.

Our team will work with your insurance company and provider to cover your prescription.

If your co-payment is not affordable, we work with our financial support resources to attempt lowering your out of pocket expense. You will be responsible for paying your co-payment or coinsurance when you order your medication. We will let you know the exact amount you need to pay. We will provide you with the out-of-network price if:

- You are out-of-network with our pharmacy
- You prefer to pay in cash
- You do not have insurance

For payment, we accept:

- Credit cards
- Cash
- Personal checks
- Flexible spending or health savings accounts

Frequently Asked Questions (cont)

How do I get a refill?

A specialty pharmacy technician will contact you before your medication is scheduled to run out. We will:

- Check on your progress
- Ask about any side effects
- Verify your dosage
- Determine the shipment of your next refill

You can also pick up your prescription at the pharmacy at your convenience. Payment is required before your medication can be shipped or released from the pharmacy. Please call 270-887-0636 during our normal business hours if you have questions or need help.

What should I do if I have questions about the status of my order?

If you have questions about the status of your order, please contact the pharmacy during normal business hours by calling 270-887-0636. You can also leave a message on our voicemail.

Will the specialty pharmacy be able to fill all my medications?

We have access to and stock a wide range of specialty medications. If we are not able to obtain your medications for any reason, we will transfer your prescription to another pharmacy of your choice. Our team will work with you to ensure you receive all your medications.



Frequently Asked Questions (cont)

Will you ever substitute my medication for a different one?

It is Kentucky's law we provide the lowest cost generic product we have in stock, unless the patient or provider prefers a brand name product. We will inform you if any less expensive generic substitutions are available for medications we provide you. You can either accept the generic substitution or request the brand name product. If you request the brand name product, you may have a much higher copay.

What should I do if my medication is recalled?

If there is a recall on any of your medications, we will contact you with important information and provide any replacement dose(s) as needed.

What should I do if I suspect a medication error?

Medication errors are serious matters that need to be addressed as soon as they are discovered. If you suspect an error with your medication, please contact us immediately and ask to speak with the pharmacist or the specialty pharmacy manager.

What should I do if I may be having an adverse (bad) reaction to my medication?

If you feel you are having a bad drug reaction or experiencing symptoms that require urgent attention, you should go to a local emergency room or call 911.

Symptoms that require urgent attention include:

- Shortness of breath
- Skin rash
- Hives
- Fever
- Swelling
- Wheezing

Please contact the pharmacy on the next business day and let us know of the reaction and any steps you may have taken.

What if I am not happy with the services I receive?

We will attempt to resolve any concerns or issues you experience as quickly as possible. If you would like to file a complaint, please call 270-887-0636. If you still have concerns, you may contact the Senior Director of Specialty and Ambulatory Operations at 901-232-2441. If we are unable to resolve your complaint, you may contact:

- Jennie Stuart's Patient Care Advocate at 270-887-6847
- Your insurance company
- Kentucky Board of Pharmacy at 502-564-7910 or <https://pharmacy.ky.gov/Pages/Grievance-Process.aspx>
- Accreditation Commission for Health Care at (855) 937-2242
- URAC at 202-216-9010 or www.uran.org/contact

Patient Rights and Responsibilities

As a patient of Jennie Stuart Specialty Pharmacy, you have the following rights and responsibilities. If you feel any of these rights have not been provided, please contact the Senior Director of Specialty and Ambulatory Operations at 901-232-2441.

Patient rights

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
- Be informed in advance, both orally and in writing, of the charges associated with care/service, including payment expected from third parties and any charges for which the patient will be responsible
- Receive information about the scope of services the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of patient rights under state law to formulate an Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of patient property
- Voice grievances/complaints regarding treatment, care, or lack of respect of property and recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished and have lack of respect of property investigated
- Have all Protected Health Information (PHI) and other information contained in the patient record kept private and confidential
- Be advised on the pharmacy's policies and procedures regarding the disclosure of clinical records
- Choose a healthcare provider, including an attending physician, if applicable
- Receive appropriate care without discrimination and in accordance with physician's orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

Patient responsibilities

- Submit forms that are necessary to receive services
- Provide accurate medical and contact information and provide notice of any changes
- Notify the treating provider of participation in the services provided by the organization
- Notify the organization of any concerns about the care or services provided

Disposing of Medications and Supplies

Unused medications

If you need to dispose of unused medications, there are two available options.

You can dispose of unused prescriptions at a medication “Take-Back Program.” Our team will assist you in finding the dates and locations of such events.

You can also dispose of unused medications at home by mixing them into cat litter or used coffee grounds and placing the mixture in a sealed container. The sealed container can then be thrown out in your household trash.

Find more information at:

- <https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know>

Chemotherapy and hazardous drugs

You may NOT dispose of chemotherapy and other hazardous drugs by throwing them in trash or flushing them down the toilet.

Instead, please return unused chemotherapy or hazardous drugs to your providers office or pharmacy for disposal. You can also contact the providers below for further information

Christian County Health Department
1700 Canton Street
Hopkinsville, KY 42240
270887-4160

Christian County Solid Waste Department
511 S. Main St.
Hopkinsville, KY 42240
270-887-4137



Disposing of Medications and Supplies (cont)

Home-generated biomedical waste

Home-generated biomedical waste is any type of syringe, lancet, or needle used in the home to inject medication or draw blood. Special care needs to be taken with the disposal of these items. These precautions will protect you and others from injury and keep the environment safe and clean.

Needle-Stick Safety

- Plan for safe handling and disposal before use
- Do not use a needle more than once
- Never put the cap back on a needle once removed
- Throw away used needles immediately after use in a sharps container
- Keep out of the reach of children and pets
- Report any needle sticks or sharps-related injuries to your physician

If your therapy involves the use of needles, we will give you a sharps container to use for disposal. After using your injectable medication, place all needles, syringes, lancets, and other sharp objects into a sharps container. Check with your local waste management collection service or public health department to determine disposal procedures for sharps containers in your area.

If a sharps container is not available, you can use a hard plastic or metal container with a screw-on top or other tightly securable lid instead. For example, you could use an empty hard can or liquid detergent container. Once the materials are in an acceptable container, you may dispose of it in the trash at home.

You should NOT place sharp objects, such as needles or syringes, into the trash unless they are in a sharps container, and you should NOT flush them down the toilet.

Find more information at:

- www.pharmacy.ky.gov/Businesses/
- Centers for Disease Control and Prevention (CDC) Safe Community Needle Disposal, cdc.gov/needledisposal

Planning for an Emergency

Preparing with the pharmacy

We would much rather prepare you for an emergency ahead of time than wait until it has happened. We may ask you where you will go if an emergency occurs, which may be a shelter, home of a friend or relative, or hospital. We may also ask you for the name and phone number of a close family member, friend, or neighbor to use as an alternative contact.

Preparing at home

Know what to expect, where to go, and what to do

You should know what the most common emergencies are in your area and what to do if one occurs. Your local emergency resources, such as the Red Cross, law enforcement agencies, and news and radio stations, usually provide excellent information and tips for planning.

One of the most important pieces of information you should know is the location of the closest **special needs** shelter. These shelters open to the public during voluntary and mandatory evacuation times. They specialize in caring for patients with special medical needs. They are usually the safest place to go if you cannot get to the home of a friend or family member.

Responding

When you expect an emergency might occur, please contact us. Providing us as much information as possible will help us ensure you receive your needed supplies.

If you do not contact us before or during a known emergency, we will attempt to contact you. We will use the phone numbers you provided us to try to determine your location and safety.

Evacuating your home

If the emergency requires you to evacuate, please take your medications with you. Remember to bring a cooler with ice bricks if any of your medication requires refrigeration. Once you evacuate to a safe space, notify us of your new location so we can ensure there are no gaps in your therapy. If you were to not receive your medication for any reason, please call us as soon as possible, and we will do our best to assist you.

Reaching the pharmacy

If the specialty pharmacy must close due to a disaster, we will provide instructions on contacting our team, reviewing medication orders, scheduling deliveries, and receiving other important information on our answering machine message.

If travel or access to the pharmacy is restricted due to damage from the disaster, we will attempt to alert you through the phone numbers you provided.

Need help?

For more information on emergency preparations and responses, visit the FEMA website at www.fema.gov.



Wellness Tips

Washing your hands

Keeping your hands clean is one of the most important steps in staying well. Basic hand washing with soap and water significantly reduces the spread of germs.

If you do not have access to clean water, use hand sanitizer instead.

When should you wash your hands?

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers and cleaning up or helping a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

How should you wash your hands?

1. Wet your hands with clean, running water (warm or cold). Turn off the tap. Apply soap.
2. Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

Preventing the flu

The flu affects millions of people every year. While many people recover from the flu at home, an estimated 250,000 people are admitted to the hospital each year. Unfortunately, more than 18,000 people die annually due to the flu.

How can you help stop the spread?

- Get a flu shot
- Cover your cough
- Try to stay away from others who are sick
- Stay home when you feel sick
- Avoid touching your eyes, nose, and mouth
- Clean and disinfect potentially contaminated areas

Resources

www.cdc.gov/flu

www.cdc.gov/handhygiene

Assignment of Benefits

Notice of Privacy Practices Acknowledgement

I acknowledge that Jennie Stuart Medical Group has provided or offered me a copy of its Notice of Privacy Practices, which I have the right to decline. The Notice of Privacy Practices provides a description of how the practice may use and disclose my protected health information, as well as other rights I have regarding my health information.

Responsible Party Signature

Date

Assignment of Benefits

All professional services rendered are charged to the patient and due at the time of service, unless other arrangements have been made in advance with our business office. Necessary forms will be completed to file for insurance carrier payments.

I hereby assign all medical and surgical benefits, to include major medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s), including Medicare, private insurance and any other health / medical plans, to issue payment check(s) directly to Jennie Stuart Medical Group for medical services rendered to myself and/or my dependents regardless of my insurance benefits, if any. I understand that I am responsible for any amount not covered by insurance.

Responsible Party Signature

Date

Financial Agreement

Thank you for choosing Jennie Stuart Medical Group as your healthcare provider. We are dedicated to providing you the most efficient, quality care and service possible. Your understanding of our financial policy is an essential element to your care. If you have any questions regarding any aspect of our policy, please feel free to present your question to our billing department.

Full payment is due at the time of service. If you have insurance and have signed the Assignment of Benefits statement, we will bill your insurance carrier for you if we are a provider on your plan. An insurance policy is a contract between the patient and the insurance company. We cannot guarantee payment of your claims. Reduction or denial of insurance claims does not relieve your financial obligation. You are responsible for know what services are covered under your plan and which costs you are required to pay.

I understand that I am financially responsible for all charges whether they are covered by insurance. Balances are due within thirty (30) days of the billing statement date and eligible for collections after 90 days. All uninsured patient must pay the balance in full prior to service, unless prior arrangements have been make with our business office.

I agree that if this account is not paid when due, and JSMG should retain an attorney or collection agency for collection, I agree to pay all the collection fees of any collection agency, which shall be based on a percentage at a maximum rate of 30% of the amount due at the time your account is placed with a collection agency, and all costs and expenses incurred for any collection efforts on your account, including reasonable attorney's fees incurred by the collection agency. This contract shall cover all medical treatment and services until revoked by either party in writing.

I understand that I will be financially responsible for any return check fees in addition to the amount of the check.

I understand that JSMG requires a charge for medical forms and / or copies of medical records that I request to be completed and I am responsible for payment.

I agree to pay all co-payments and deductibles at the time service is rendered.

Responsible Party Signature

Date

Consent for Treatment Agreement

PATIENT: _____

TO OUR PATIENTS: The Hospital is fully committed to safeguarding the privacy and legal rights of all patients. Federal Law requires that, before you receive treatment, we explain your rights and responsibilities while a patient The Hospital. These rights include the use and release of protected health information outlined in full in our Notice Privacy Practices.

I have received (or been offered and declined) the Notice of Privacy Practices, Advance Directive Information and the Patient Bill of Rights explaining how my personal health information is used and understand my individual rights related to this information.

Patient Initials* _____

A. AUTHORIZATION FOR TREATMENT. I authorize the Hospital, its employees, agents and any physicians caring for me to treat me in ways they judge as beneficial to me. I further authorize the Hospital, its employees, agents and any physicians caring for me to render such further treatment as may later be required on a follow-up basis, without further authorization. I understand my treatment may include tests, examinations, video and photography, medical and surgical equipment. No guarantees have been made to me about the outcome of this treatment.

B. AUTHORIZATION AS TO BODY FLUIDS. I understand that while I am hospitalized or receiving outpatient services, a health care worker may accidentally be exposed to my blood or body fluids. If this occurs, I authorize the Hospital, its agents or employees, and any physicians caring for me, to remove a blood sample from me to test for infectious agents such as HIV or Hepatitis. There will be no charge to me for this testing. I acknowledge these tests will become part of my personal medical record and that the Hospital is required to confidentially report all positive test results to the State Board of Health.

C. ASSIGNMENT OF BENEFITS. I request that payment of authorized benefits be made to The Hospital on my behalf for all services furnished to me including physician services. I authorize any holder of medical or other information about me to release to Medicare and its agents, any insurance company, any third party payor, state agency, or any governmental or private payor responsible for paying such benefits any information needed determine these benefits or benefits for related services. In consideration of Hospital services rendered.

I agree to pay The Hospital for all charges not covered by any third party payor. I understand that I am personally responsible for any non-covered Medicare, Medicaid, or TriCare/CHAMPUS items or services that are statutorily non-covered such as self-administered drugs, etc.

I agree, in order for the Hospital to service my account or to collect any amounts I may owe, the Hospital may contact me by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in charges to me. The Hospital may also contact me by sending text messages or emails, using any information provided. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing devices.

D. PERSONAL VALUABLES. I understand the Hospital maintains a small safe to store money and valuables. I agree that the Hospital will not be liable for the loss of or damage to, any of my personal property and/or money unless it has been deposited with the Hospital to be kept in this safe.

E. CONDITIONS OF PARTICIPATING IN THE PATIENT PORTAL. Access to the secure web portal is an optional service and the Hospital may suspend or terminate it at any time and for any reason. I agree to not hold the Hospital or any of its staff liable for network infraction beyond their control. If I have any questions about information contained in the medical record on the Hospital's patient portal I understand that I should contact my primary care provider.

I authorize the Hospital to transmit portions of my medical record to the Hospital's secure provided to me by a message to this email address:

Email* _____

Consent for Treatment Agreement (cont)

PATIENT: _____

F. PATIENT NAME AND LOCATION LIST. By law The Hospital may release the following patient directory information to anyone who asks:

- The fact that I am a patient at the Hospital or in the Emergency Department.
- A one-word statement of my condition (Good, Fair, Serious, Critical)

If I do not want this information released, I can ask not to give it out. If I do this, staff cannot give any information about me to anyone, including my family, friends or clergy. Staff cannot tell people that I am here or put phone calls through to me.

The Hospital may release patient directory information about me.

Yes _____ No _____ Patient Initials* _____

I CERTIFY I HAVE READ THE ABOVE PROVISIONS AND ACCEPT THEIR TERMS.

PATIENT

(Patient's Signature')

(Date and Time)

(Witness' Signature)

ASSUMPTION OF SIGNATURE FOR PATIENT

_____, have signed for _____
(Print Name) (Patient's Name)

The patient could not sign because _____
(E.g. Minor or Unconscious)

(Signature or Phone Consent) (Relationship to Patient, e.g. Parent/Spouse) (Date and Time:)

(Witness's Signature)

(Date and Time)

(Witness's Signature)

(Date and Time)

Privacy Notice

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.**

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

YOUR RIGHTS

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- 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.

Privacy Notice (cont)

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can 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.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you a paper copy promptly.

Choose someone to act for you

- If you have a 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 this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us or by using the information in this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [hhs.gov/ocr/privacy/hipaa/complaints/](https://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

Privacy Notice (cont)

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, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and 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
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and 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.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan, so it will pay for your services.

Privacy Notice (cont)

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or Federal law requires it, including with the Department of Health and Human Services if it wants to see that we're complying with Federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Address workers' compensation, law enforcement and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in a response to a court or administrative order, or in response to a subpoena.

Privacy Notice (cont)

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know 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.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: [hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

OTHER INSTRUCTIONS FOR NOTICE

- Effective date July 1, 2019
- Privacy Official – Privacy Officer, HIM Department, Jennie Stuart Health, PO Box 2400, Hopkinsville, KY 42240, Phone: 270-887-0236.
- We will never share any substance abuse treatment records without your written permission.
- The members of the medical staff of Jennie Stuart Medical Center are members of an Organized Health Care Arrangement and will abide by the JSH Notice of Privacy Practices as well as JSH privacy and security policies while practicing in our facility.
- This notice applies to Jennie Stuart Medical Center and Jennie Stuart Medical Group.

Jennie Stuart Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 270-887-0101.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 270-887-0101.



JennieStuart

Health

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