



SOMC
Specialty
 **Pharmacy**

Welcome Packet

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Welcome

Thank you for being a patient of Southern Ohio Medical Center 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

1248 Kinneys Lane
Portsmouth, Ohio 45662

Hours

Monday through Friday: 8:00 am – 5:00 pm

We are closed but offer on-call services on the following holidays:

- » 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: 740-250-2293
- » Email: somc@trellisrx.com
- » After-hours: Clinical support is provided 24 hours a day, 365 days a year by calling 740-250-2293.

Overview of our services

Southern Ohio Medical Center Specialty Pharmacy offers complete specialty pharmacy services to patient living in the Southern Ohio 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

Contact the specialty pharmacy at 740-250-2293 if you have questions about:

- » How to have a prescription filled
- » How to refill your medication
- » How to transfer a prescription to our pharmacy or to another pharmacy
- » Order status and order delays
- » Insurance coverage and prescription cost
- » Medication questions or concerns
- » Filing a complaint
- » Our Patient Management Program

Language and Cultural Services

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

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

We also focus on providing resources and education that support culturally competent to diverse patient populations. Please let a pharmacy staff member know if:

- » You need interpreter services' help
- » 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 than a retail pharmacy?

Specialty pharmacies are dedicated to ensuring the best possible outcome from your therapy. Some of the things we do include:

- » Enrollment in a patient management program
- » Ensuring you have access to your medication without any gaps in therapy. This includes:
 - Delivery of medication
 - Assisting with prior authorizations
 - Assisting with financial assistance
- » Partnering 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 listing of your current prescriptions
 - Screening for drug interactions and your condition

How does my new prescription get to the pharmacy? How do I know when to pick it up?

There are a few ways:

- » Your provider will send the prescription electronically when treatment is prescribed. This is most common.
- » Your provider will write a paper prescription.
- » Your provider will call in the prescription.

We can also contact your provider at your request, or when you are out of refills. We will fill your prescription once we receive and review your prescription, and reimbursement is arranged. Once it is ready, we will contact you to schedule the delivery.

When will the specialty pharmacy call me?

The specialty pharmacy will call you to:

- » Discuss your prescription and copay amount
- » Schedule the delivery, and let you know of a delay in your delivery for any reason
- » Review how to store your medication
- » Verify prescription insurance information
- » Get documentation of your income to enroll you in a program for financial help
- » Provide counseling on your medicine
- » Tell you that your prescription must be transferred to another specialty pharmacy
- » Notify you of any FDA recalls of your medicine
- » Notify you of delays in your order

How do I pay for my medication?

Southern Ohio Medical Center Specialty Pharmacy can accept and bill most insurance companies. Our team will work with your insurance company and provider to get the prescription covered. We will assist you with getting financial help if needed. You will be responsible for paying your copayment or coinsurance when you order your medication or refills. We will let you know the exact amount you need to pay. We will provide you with the out-of-network or cash price if:

- » You are out-of-network with our pharmacy
- » Would prefer to pay cash
- » Do not have insurance

For payment, we accept:

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

If for any reason you still owe a balance, the balance will need to be paid before your next refill.

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 dosage
- » Determine the shipment of your next refill

Payment is required before your medication can be shipped. You can also pickup your prescription at the pharmacy at your convenience. Please call 740-250-2293 during our normal business hours if you have questions or need help.

What do 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. You can also leave a message on our voicemail.

Will Southern Ohio Medical Center 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 due to manufacturer restrictions, back order, or other limitations, we will work with you and another pharmacy to make sure you receive your prescription medication.

If we cannot fill your prescription for any reason, we will transfer it to a pharmacy of your choice.

Will you ever substitute my medication?

If applicable, we will give you information about any less expensive generic substitutions for the medications we provide. You can either accept the generic substitution or request the brand name product. Note that if you select the brand name product and your prescriber has said a generic substitution is acceptable, you may have a much higher copay.

What should I do if a medication is recalled?

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

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

If you feel you are having a bad drug reaction and are having symptoms that require urgent attention such as the ones below, you should be seen in a local emergency room or call 911.

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

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

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 there is an error with your medication, please contact us immediately. Ask to speak with the pharmacist or the specialty pharmacy supervisor.

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, call 740-250-2293. If you still have concerns, you may contact the director of ambulatory pharmacy services at 740-356-7847.

If we are unable to resolve your complaint, you may contact the:

- » Southern Ohio Medical Center Patient Experience Department at 740-356-8216 or 740-356-8390
- » Your insurance company
- » Ohio Board of Pharmacy at (614)466-4143
- » Accreditation Commission for Health Care at (855) 937-2242
- » URAC at 202-216-9010 Or www.uran.org/contact

Patient Management Program

Our specialty pharmacy patients are automatically enrolled into our disease-specific specialty medication services. This is called the patient management program (PMP). The 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 medications. This is because of 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, more
- » More quickly identify and respond to any side effects or other areas of concern
- » Work with your prescriber to address these areas of concern
- » Assistance with access to Patient Assistance Programs and other financial programs to ensure access to the medications you need

However, for you to achieve maximum benefit from our PMP we need our patients to keep us informed of any concerns, problems, or changes in the response to therapy or the ability to obtain therapy. The PMP is one of the many services we offer, and it is a free service we provide.

For more information about the PMP, ask any member of the specialty pharmacy team by calling 740-250-2293 or emailing SOMC@trellisrx.com.

Opting-out of the patient management program

Ongoing participation in the program is highly encouraged. However, you may choose to opt-out of the patient management program 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 opt back into the PMP, simply tell any staff member. They will connect you with the pharmacist to make the note in your electronic patient record.

Patient management program rights and responsibilities

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

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

Patient Rights and Responsibilities

As a patient of Southern Ohio Medical Center specialty pharmacy, you have the following right and responsibilities. If you feel any of these rights have not been provided, please contact the director of ambulatory pharmacy services at (740)250-2293.

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 care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible
- » Receive information about the scope of services that 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 client/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 client/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 client/patient property
- » Voice grievances/complaints regarding treatment or care or lack of respect of property, or 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, or lack of respect of property investigated
- » Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI)
- » Be advised on the agency'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 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 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 Your Medications and Supplies

How to dispose of your unused medications

If you need to dispose of unused medications, our staff will assist you in finding out dates and locations of prescription medication “Take-Back Programs.” Or the unused medications can be mixed into cat litter or used coffee grounds. Then place them in a sealed container. The sealed container can then be thrown out in your household trash.

Find more information at:

- » RXdrugdropbox.org
- » <http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>

How to dispose of chemotherapy or hazardous drugs

- » **DO NOT** throw chemotherapy or hazardous drugs in the trash or flush it down the toilet.

How to dispose of home-generated biomedical waste

This 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. This is to protect you and others from injury, and to keep the environment safe and clean. If your therapy involves the use of needles, we will give you a sharps container.

Needle-stick safety

- » 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 disposal container.
- » Plan for safe handling and disposal before use.
- » Keep out of reach of children and pets.
- » Report any needle sticks or sharps-related injuries to your physician.

Sharps containers

After using your injectable medication, place all needles, syringes, lancets, and other sharp objects into a sharps container. Do not place sharp objects, such as needles or syringes, into the trash unless they are in a sharp’s container. Do not flush them down the toilet. 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. For example, you could use an empty hard can or liquid detergent container.

Disposal of sharps

Check with your local waste management collection service or public health department to check disposal procedures for sharps containers in your area. You can also visit the Centers for Disease Control and Prevention (CDC) Safe Community Needle Disposal website at cdc.gov/needledisposal.

Preparing for an Emergency

Know what to expect and what to do

Know what the most common emergencies are in your area, and what you should do if one occurs. If the emergency requires you to evacuate, please remember to take your medications with you. Don't forget ice bricks and a cooler if your medication requires refrigeration. Let us know where you have evacuated to so we can ensure there are no gaps in your therapy. If you were to miss your medication delivery for any reason, please call us as soon as possible and we will do our best to assist you.

Know where to go

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

Reaching us

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

If the emergency was unforeseen

We will try to locate you using the numbers you give us to determine your safety and location. If travel is restricted due to damage from the disaster, we will attempt to alert you through the alternate phone numbers you provide.

Your local Red Cross

Local law enforcement agencies, local news and radio stations usually provide excellent information and tips for planning.

An ounce of prevention...

We would much rather prepare you for an emergency ahead of time than wait until it has happened and then send you the supplies you need. To do this, we need you to give us as much information as possible before the emergency. We may ask you for the name and phone number of a close family member or a close friend or neighbor. We may ask you where you will go if an emergency occurs. Will you go to a shelter, a relative's home, or the hospital?

For more information

Visit the FEMA website at www.fema.gov.

Tips to Stay Well

Handwashing:

Keeping hands clean is one of the most important steps to staying well. Basic hand washing with soap and water will reduce the spread to germs significantly. Use hand sanitizer if you do not have access to clean water.

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 or cleaning up 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?

- » Wet your hands with clean, running water (warm or cold). Turn off the tap. Apply soap.
- » 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.
- » Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- » Rinse your hands well under clean, running water.
- » Dry your hands using a clean towel or air dry them.

Preventing getting the flu

Flu affects millions of people every year. While many people get better at home, an estimate 250,000 people a year are admitted to the hospital. Unfortunately, more than 18,000 people may die.

Prevention

- » Get a flu shot.
- » Cover your cough.
- » Try to stay away from others that are sick.
- » Stay home.
- » Avoid touching your eyes, nose, and mouth.
- » Clean and disinfect areas that could be contaminated.

Resources:

- » www.cdc.gov/flu
- » www.cdc.gov/handhygiene

Notice of Privacy Practices

At Southern Ohio Medical Center, we take extra measures to protect your health information. 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.

Southern Ohio Medical Center is a health system that includes a hospital, urgent care centers, home health care, physician offices, and many health care professionals. This Notice of Privacy Practices applies to Southern Ohio Medical Center (SOMC) and the SOMC Medical Staff as an organized healthcare arrangement (hereafter referred to as “SOMC”).

Our health care providers work together to provide the best care to their patients. As allowed by law and only if needed, health information is shared to provide the best treatment, arrange for payment and improve how SOMC provides care in the future. The purpose of this notice is to tell you how SOMC shares your information and how you can find out more about our information sharing practices. You may receive this notice in advance of a hospital visit, or you may receive it at the visit location when you arrive. On the consent for treatment form for this visit, you will be asked to acknowledge review/receipt of this Notice of Privacy Practice.

SOMC has a legal duty to protect your health information

By law, SOMC must keep your health information private and tell you that we are doing so. This includes your past, present, or future health information (your condition, care provided to you, or payment). SOMC must follow the terms of this notice. If they change, SOMC will change the notice so you will be aware of the changes. You can get a copy of any revised notice by contacting the SOMC Privacy Officer. Contact information is listed in the last section of this notice.

SOMC may use and disclose (share) your health information

For Treatment/Care. SOMC may use and share your health information for your treatment or care.

For example:

- *Doctors, nurses, hospital chaplains, and other staff involved in your care will use information in your chart (medical record) so that SOMC can provide you with the best care.*
- *If you are being treated for a knee injury, SOMC may share your health information with the physical therapy staff so they can help plan your activity.*
- *SOMC may also share your health information with another health care facility or professional not associated with us but who will be providing treatment or care to you. A specific example, if you leave this health care facility to receive home health care, SOMC may share your health information with that home health care agency so that your treatment and care plan can be prepared for you.*
- *For Payment of Your Treatment. SOMC may use and share your health information if needed for payment purposes.*

For example:

- *SOMC may share information about your tests and care with your insurance company to arrange payment for services provided to you. However, you have the right to restrict certain disclosures to your insurance company if you have paid for the item or services in full out of your own pocket. SOMC may use your information to prepare a bill to send to you or to the person responsible for your payment.*
- *SOMC may share your health information with our business partners that help us with things like billing and claims. These businesses MUST protect the privacy of your information.*
- *For payment purposes, SOMC may share your health information with other health care professionals who have treated you or provided services to you, even though they may not be associated with us.*

For Health Care Operations. SOMC may use and share your health information, as necessary and as permitted by law, to help improve care and operate the hospital (such as improving clinical care, staff evaluations, managing our business, auditing, legal services, accreditation, and licensing).

For example:

- *SOMC may use and share your health information to evaluate the care the staff provides.*
- *SOMC may need to share health information with our business partners that help us with our health care operations. These businesses MUST protect the privacy of your information.*
- *SOMC may also share your health information with other health care professionals, facilities, and health plans to help them improve their care and operations, but only if they also have a patient-relationship with you.*

For Fundraising. SOMC may use health information to raise funds for our hospitals/centers. Money raised is used to improve and support health care and educational programs that SOMC provides to the community. SOMC may contact you to donate to a fundraising effort. You have the right to “opt-out” so that you do not get fundraising information. You can opt-out upon request during the registration process or by calling toll-free 1-877-356-7662 and ask for ext. 2794.

For Appointment Reminders and Health-Related Benefits or Services. SOMC may use health information to send appointment reminders or test results.

Health Products and Services. SOMC may use your health information to let you know about our health products and services, those necessary for your care, to tell you of new products and services we offer, and to give you general health and wellness information.

For Workers’ Compensation. SOMC may share your health information to workers’ compensation agencies if needed for a benefit determination.

When Services are Requested by Your Employer. SOMC may share your health information with your employer when we have provided care to you at the request of your employer. In most cases, you will get a notice that information has been sent to your employer.

For Some Government Functions. SOMC may share your health information if needed:

- If you are a veteran or in the military.
- For national security or security activities.

For Research. SOMC may share your health information for research when it is approved by our institutional review board with special rules to ensure privacy.

For Purposes of Organ Donation. SOMC may share your health information if needed to arrange for organ or tissue donation from you or to give a transplant to you.

For Health Oversight Activities. By law, SOMC must share your health information as needed with a government agency doing audits, investigations, and civil or criminal proceedings.

For example:

- SOMC will share information to help the government when it investigates a health care provider or organization.

For Public Health Activities. SOMC may share your health information for public health activities, such as reporting diseases, injuries, births, deaths, and looking into disease outbreaks. For deceased patients, by law and only if needed, SOMC must share your health information with coroners and funeral directors.

For Legal Cases or Law Enforcement (at the Federal, State and Local Level). SOMC may share your health information as needed:

- To report wounds, injuries and crimes;
- If SOMC suspects child abuse or neglect;
- If SOMC believes you are a victim of abuse, neglect, or domestic violence;
- To the Food and Drug Administration to report medicine adverse reactions, product defects, or product recalls;
- Under court order;
- To avoid a serious threat to the health or safety of one person or the public.

For marketing or sale. Health Care Providers like SOMC may market or sell non-identifiable health information without consent. Any identifiable health information or psychotherapy notes may not be sold without the patient's consent.

YOU HAVE THE CHANCE TO OBJECT (“OPT OUT”) TO THE FOLLOWING USES AND DISCLOSURES

Our Facility Directory. SOMC has a facility directory that lists the name, hospital, room number, room phone number, general condition, and religion of each patient, if provided. This information is only shared with clergy (not employed with this facility) or people (visitors/callers) who ask for you by name. You have the right to have your information excluded from this directory.

Family and Friends Helping In Your Care. With your approval, SOMC may share your health information with your family, friends, or other caregivers that help with your care or payment of your care. SOMC may share health information with an agency that is helping in disaster relief efforts so that they may find your family or caregiver.

All Other Uses and Disclosures Need Your Prior Written Authorization. In any situation not mentioned in section II or III, SOMC will ask for your written authorization before using or sharing your health information. If you sign an authorization form, you can later cancel that authorization (in writing) to stop any future uses.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The Right to Access Your Own Health Information. You have the right to copy and look at most of your health information that SOMC keeps on your behalf.

- All requests to copy and look at your health information must be made in writing and signed by you or your legal representative. You may get an access request form from the Health Information Management Department.
- If there is a cost, SOMC will tell you in advance. SOMC may charge you for copying the health information, postage (if mailed) and/or a summary or explanation of the health information.

The Right to Change your Health Information. If you think there is a mistake in your health information or that information needs to be added, you can request that SOMC amend (change) your health information.

- You must make a written request and state your reason for amending your health information. Contact Health Information Management for an amendment form.
- If SOMC approves your request, we will place the amendment form in your medical record, tell you that we have done it, and tell others that need to know about the change.
- SOMC may deny your request if the existing health information is correct and complete, or, was not created by us. If your request is denied, SOMC will tell you, in writing, with the reason(s) for the denial. SOMC will explain your right to file a written statement of disagreement with the denial.

The Right to a Listing of Certain Disclosures of Your Health Information. You have the right to get a list of when SOMC shared your health information and to whom.

The list will include:

- the date and to whom (with the address, if known) health information was disclosed
- the reason and type of health information shared.

This list will not include disclosures:

- made for treatment, payment, health care operations, or directly to you, to your family, or in our facility directory,
- that you have already authorized in writing,
- for national security purposes,
- for corrections or law enforcement staff, or
- before April 14, 2003.

Written requests must be signed by you or your legal representative. Contact Health Information Management for an accounting request form. The first list in any 12-month period is free.

The Right to Ask For Limits on Using and Sharing Your Health Information. You have the right to ask that SOMC limit how we use and share your health information for treatment, payment, or health care operations. You may not limit the uses that SOMC are allowed to do by law.

- SOMC is not obligated to agree to your request but we will try to abide by your request.
- SOMC has the right to end an agreed-to limitation if we believe that ending it is needed or that the limit will be hard to complete. You will be informed.

You can end an agreed-to limit by sending a written termination notice (signed by you or your legal representative) to the Health Information Management Department.

The Right to Choose How SOMC Sends Health Information to You. You have the right to ask that SOMC send information on you to a different address or in a different method (e.g. via phone, e-mail) We must agree to your request as long as it can easily be done.

The Right to be Notified Following a Breach of your Protected Health Information. You have the right and SOMC has the duty to inform you of any instance where your protected health information is breached and/or released without your consent.

WHAT TO DO IF YOU FEEL YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED

If you feel your privacy rights have been violated or you disagree with a decision SOMC has made about access to your health information, you may file a complaint in writing or by calling the:

- SOMC Privacy Officer (see contact information below).
- You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. within 180 days of a violation of your rights. SOMC will take no retaliation if you file a complaint.

For More Information About This Notice. If you have questions or need further help with this Notice, you may contact or write to the Southern Ohio Medical Center, Privacy Officer, Health Information Management, 1805 27th Street, Portsmouth, OH 45662.

(740-356-8243). As a patient you have the right to get a paper copy of this Notice of Privacy Practices, even if you have asked for a copy by e-mail or other means.

Effective Date: This Notice of Privacy Practices is effective (April 14, 2003) and revised (May 7, 2013).

Assignment of Benefits and Release Information

 Pharmacy Services

Southern Ohio Medical Center

Very Good things are happening here