



PATIENT WELCOME HANDBOOK

Specialty Pharmacy Services

Prepared For Patients, Caregivers, and Their Families



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FAQs

How can I fill a new prescription?

- Have your doctor electronically send a prescription.
- Have your doctor phone in a prescription at 740-326-3485 option 2
- Have your doctor fax your prescription 740-326-3486
- Mail new prescription to: KCH Specialty Pharmacy 1330 Coshocton Avenue Mount Vernon, OH 43050

How can I refill a prescription?

- Call 740-326-3485 option 1 during business hours Monday thru Friday 9:00 AM–5:30 PM EST.

How can I have a prescription transferred?

- Call 740-326-3485 option 3 during business hours Monday through Friday 9:00 AM–5:30 PM EST.
- Have your current pharmacy contact us at 740-326-3485.

How can I obtain my order status or delays?

- Call 740-326-3485 option 3 during business hours Monday through Friday 9:00 AM–5:30 PM EST.

What if my prescription is not covered by my insurance plan or has a deductible, co-pays, or co-insurance?

- Prior to the start of therapy, a Knox Specialty Pharmacy Insurance Verification Coordinator will discuss any potential financial responsibility and payment options with you. We will submit claims to your insurance carrier on the date we fill your prescription. If the claim is rejected, someone from our staff will contact you so that we can work together to resolve the issue. You may be required to pay a part of your medication cost in the form of a co-payment. Your co-payment can sometimes include a deductible or co-insurance that will need to be paid. We want to ensure there are no financial barriers to you getting your medication. Our staff will assist you with financial assistance options that include drug coupons, assistance from manufacturers, and funding from foundations if available.

How can I obtain the cash price of a prescription?

- Call 740-326-9485 option 3 during business hours Monday through Friday 9:00 AM–5:30 PM EST and a pharmacy representative will assist you.

How can I communicate a suspected medication issue, complaint, error, concern, or compliment requiring resolution/attention?

- Call 740-326-3485 option 3 to speak directly with a member of pharmacy staff.
- Emailing us at Specialty.Pharmacy@KCH.org
- By visiting our website at <https://www.kch.org/specialtypharmacy>
- Or by writing to: 1330 Coshocton Avenue Mount Vernon, OH 43050

SHARPS Disposal



Always Use A Sharps Container

Used sharps are hazardous waste. When not discarded properly, they can cut and infect others. Protect your community by always discarding your used sharps in a sharps disposal container.

FREE sharps containers may be available from your doctor, hospital, health insurance, or medication supplier. You can also buy a sharps container from your pharmacist or Online.

If You Cannot Get An FDA-Cleared Sharps Container, Follow These Guidelines:



Use an empty household container with these features:

- Stays upright
- Made of heavy-duty plastic
- Tight-fitting lid that cannot be punctured
- Does not leak

DO NOT USE: milk containers, water bottles, glass containers, or soda cans.

These containers can break or puncture easily.

Discarding a household container:

1. Close lid and tape shut. Label container.
2. Bring container to a sharps disposal program.



If you cannot find a disposal program, put container in center of full trash bag and discard in regular trash.*

*In some areas, it is illegal to dispose of sharps in the trash.

Please follow your community guidelines.

Always Remember

- **DO NOT** throw loose sharps in trash
- **DO NOT** put sharps in recycling
- **DO NOT** flush sharps down toilet
- **KEEP OUT** of reach of children

For information about rules and laws in your community, contact the Coalition for Safe Community Needle Disposal at: 800-643-1643.

Information gathered from FDA.GOV.



Dear Specialty Pharmacy Patient,

Welcome to Knox Specialty Pharmacy! It's a privilege to serve you for your specialty pharmacy needs.

Knox Specialty Pharmacy is a licensed pharmacy and is dedicated to maximizing the quality of life and dignity of the patients and clients we serve.

The Knox Specialty Pharmacy staff understands that your medical condition is complex and requires special knowledge when working with your medical provider and insurance company.

We are dedicated to providing you with the best experience possible. Here are some benefits that you will be receiving while on service with Knox Specialty Pharmacy:

- Access to specialized clinical staff 24 hours a day, 7 days a week
- Coordination of prior authorization with your insurance company
- Compliance monitoring
- Co-pay assistance
- Free mailing of medication
- Patient training and education
- Pharmacist counseling
- Refill reminders
- Enrollment in the Patient Management Program

The Patient Management Program provides benefits such as managing side effects, increasing compliance and medication adherence to drug therapy, increasing overall improvement of health, deeming there are no limitations such as patient non-compliance and lack of willingness to follow appropriate direction from the pharmacist and any other medical provider(s) involved directly in the patient's care. The patient can either call the pharmacy directly or write an opt-out statement to let the pharmacy staff know that they are choosing to opt out of the Patient Management Program.

You can also go to our website, www.kch.org/specialtypharmacy for more information about our services.





Business Hours:

Monday—Friday: **9:00 AM–5:30 PM**

Urgent Concerns 24/7 Availability

Specialty Pharmacy:

Phone: 740-326-3485 Option 5

Email: Specialty.Pharmacy@kch.org

Website: www.kch.org/specialtypharmacy

Your experience with Knox Specialty Pharmacy is very important to us. We want you to feel comfortable letting us know how we can better serve you, without fear of reprisal, discrimination or unreasonable interruption of services.

If you are not satisfied with any aspect of the service given by Knox Specialty Pharmacy, please call and ask to speak with a supervisor.

Knox Specialty Pharmacy has a formal complaint procedure that makes sure your concerns are reviewed and an investigation is started within 48 hours. You will be contacted within five business days with an update. Every effort will be made to resolve all complaints within 14 days. You will be informed in writing of the resolution of the complaint.

Knox Specialty Pharmacy looks forward to providing you with the best service possible. Thank you for choosing us.

Sincerely,

The Knox Specialty Pharmacy Team

Medication Safety

As a patient and/or family member, you are part of the health care team.

Your pharmacists and care team members, along with you and/or your family member(s), play a key role in making sure your therapy is successful.

Here are some important things to remember:

- Our pharmacists can help with any medication questions. Never hesitate to call with any questions or concerns.
- With the delivery of each new medication shipment, open the box and look at each dose to ensure the correct product and correct patient name is on the product. You are our last quality check to ensure the highest level of patient safety.

Before taking a dose of medication:

- Read the label and any information you have been given.
- Make sure that the medication you have is the one that your doctor ordered.
- If any of the information you have does not reflect what your doctor has told you, call your pharmacist.

For example:

Your doctor told you to take your medication 1 time daily but the label says to take it 2 times daily -- call your pharmacist.

- Check the product for any leakage, change in color or change in appearance.
- Be sure to store all medications as directed on the label and packaging.

If your medication has been stored improperly for any length of time, call one of our pharmacists for further instructions.

Taking an active role in safe medication use has many advantages. Not only will it help prevent medication errors, it will also make you a more informed health care consumer. Knox Specialty Pharmacy welcomes your involvement in your care. With teamwork, we hope to give you the best experience possible.

Specialty Pharmacy

Knox Specialty Pharmacy provides the most advanced medications that treat chronic, rare, or complex conditions found within the following specialties:

- Cardiology
- Dermatology
- Endocrinology
- Enzyme Replacement
- Gastroenterology
- Gynecology
- Hemophilia
- Hepatology & Infectious Disease
- Mental Health/ Substance Abuse
- Neurology
- Oncology
- Osteoarthritis
- Osteoporosis
- Rheumatology
- Urology

We know that hearing a diagnosis or starting a new medication can be difficult. We want you to know that we care about you and your health.

To give you the highest quality of care, a dedicated team of professionals will be monitoring your therapy. If at any time an emergency comes up, we are on-call 24 hours a day to help you.

Billing and Insurance

If you have questions about claims billed to your insurance company or your statement, please call and talk to a billing department team member.

If you have any questions about your insurance benefits or out of pocket costs, please call and talk to an insurance verification coordinator. Please notify us of any changes in your insurance.

Proof of Delivery

The packing slip included in your delivery package provides you with an itemized list and quantity of medication you have received. The packing slip also serves as proof of delivery and is included as part of your medical record in the event your insurance provider requests this information. Insurance providers can audit medical records at any time for proof of delivery and can deny reimbursement if proof of delivery is not available.

A signature is required on your packing slip if delivered by a Knox Specialty Pharmacy driver. If you are not available to sign, the packing slip must be signed, dated and returned ASAP in the envelope provided in this folder. If you receive your shipment from UPS or another delivery company, the tracking number will suffice for proof of delivery.

Medication and Refills

If you have any problems/ questions with your medicine, please call and talk to a pharmacist.

To place an order for a refill, please call our specialty pharmacy at 740-326-3485 Option 5.

A Knox Specialty Pharmacy team member will talk to you prior to refilling your medication. Please notify us of any changes in your medical status.

Medication Emergencies

Storage of Medication

- Store all medicine away from children and pets.
- Check the label on all medicine for storage instructions.
- If your medicine needs to be refrigerated, please keep away from food and food spills.
- Refrigerated medicine should be placed in the refrigerator as soon as possible.
- Place the new medicine behind any previously delivered medicine you may still have in your refrigerator.
- Non-refrigerated medicine should be kept in a cool, dry place away from direct sunlight and above freezing temperatures.

Disposal of Medication

- Discard all used needles and syringes with needles in a puncture-resistant, hard plastic or metal container. An empty coffee can or empty detergent bottle with a screw-on cap can be used.
- Close the container with its original lid and secure with heavy duty tape.
- Place the tightly sealed container in a paper bag and throw it away with your household trash.
- Discard all used syringes without needles in double- bagged household trash.
- If you need to dispose of any oral medications you received from us that you no longer need, call our specialty pharmacy at 740-326-3485 Option 5. We will mail you a pre-paid envelope to ship your medications to a disposal site to be properly destroyed.

Return of Medication

Ohio State Board of Pharmacy prohibits the return of any medication to ANY pharmacy for credit and/or reuse for another patient.

Thermal coolers and ice packs cannot be returned to Knox Specialty Pharmacy. Knox Specialty Pharmacy delivery representatives are not allowed to remove these items from your home due to safety and infection control standards.



Hand Washing and Hand Sanitizers

Always wash your hands before getting your medication ready. Keeping hands clean through proper hand hygiene is one of the most important steps you can take to avoid getting sick and spreading germs to others. Many illnesses and conditions are spread by not washing hands with soap and clean, running water. If clean, running water is not available, use soap and available water. If soap and water are unavailable, use an alcohol-based hand sanitizer that has at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do NOT eliminate all types of germs and are NOT effective when hands are visibly dirty.



1 Turn on clean running water and wet your hands. Hot water may cause skin irritation, if you wash your hands often. Apply enough liquid soap to cover the whole surface of your hands and fingers.



2 Rub hands together to form a lather. Wash hands for at least 30 seconds. Make sure to thoroughly clean front & back of hands, fingers, and fingernails. Rinse the soap off completely with clean running water.



3 Dry your hands completely with a new unused paper towel. Cloth and reusable towels may harbor germs. Use your used paper towel to turn off the faucet and open the door before discarding.

Home Safety

Emergencies and environmental disasters can happen at any time. Knox Specialty Pharmacy will make every effort to continue services without interruption and to let you know where your delivery is during these emergencies. Please listen to radio and television for weather updates and emergency information/instructions.

Environmental Safety

- Torn, worn or frayed carpeting should be repaired or removed.
- Rugs, runners and mats should be secured to the floor with double-sided adhesive, rubber matting or be rubber-backed.
- Handrails and hand grips should be secure.
- A sturdy step stool should be used to reach items on high shelves.
- Always store heavy items on lower levels.

Fire and Electrical Safety

- Replace frayed cords.
- Cords should not be placed under furniture and rugs. Extension cords should not be overloaded.
- Electrical outlets should be grounded.
- Multiple outlet adaptors should not be used on electrical outlets.
- Do not use an outlet if it sparks or if smoke appears, or if it is very warm.
- Keep flashlights and extra batteries handy.
- Fire regulations recommend one smoke detector on each level of the home. Check batteries often.
- Develop an evacuation plan to exit the residence in the event of fire.
- Establish clear pathways to all of the exits. Do not block the exits with furniture or boxes.
- Have a key accessible near deadbolt-locked doors.

Weather-Related Emergency Tips

Power Outages

- If your power goes out, fill an ice chest with ice to store all refrigerated medications. Please call a pharmacist with any questions.

Flooding

- Go to high ground immediately; get out of areas that tend to flood.

Tornadoes

- Be prepared to move to the basement, in a corner along an outside wall or under the stairs.
- If there is no basement, go to the lowest level, in a bathroom, closet, inner hallway, or under the stairs.
- Stay away from doors and windows.

Winter Storms & Blizzards

- Keep an emergency supply of food and water in the home.
- Dress warmly and in layers.
- Conserve energy; close off unused rooms.
- Use caution when using kerosene and/or electric heaters.

- Chimneys should be inspected annually to avoid unsafe build up.
- Kerosene heaters, wood stoves and fireplaces should not be left unattended while in use.
- Do not smoke in bed.

Patient's Bill of Rights & Responsibilities

Patients have the right to:

- Be advised on policies and procedures regarding the disclosure of patient's records.
- Confidentiality and privacy of all information in the patient record and protected health information.
- Speak to a health professional.
- Identify the staff member of the program and their job title, and to speak with a supervisor of the staff member, if requested.
- Receive appropriate care without discrimination.
- Have one's property and person treated with respect, consideration, and recognition of patient's dignity and individuality.
- Voice grievance/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/services without restraint, interference, coercion, or reprisal and have the grievance/complaints investigated.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse) including injuries of unknown source and misappropriation of client/patient property.
- Be informed of any financial benefits when referred to an organization.
- Be informed in advance of care being provided and their financial responsibilities.
- Receive information about the scope of services provide and limitations on these services.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Receive information about Insert your pharmacy name and the therapy management program.
- Have personal health information shared with the therapy management program, providers and caregivers only in accordance with the state and federal law.
- Know the philosophy and characteristics of the therapy management program.
- Receive administrative information regarding changes in or termination of the therapy management program.
- Decline participation, revoke consent or disenroll at any point in time.

- Be fully informed about care/services to be provided, any modifications to the plan of care, and participate in the development and periodic revision of the plan of care.
- Be fully informed of one's responsibilities.

Your Responsibility as a Patient

- Give accurate and complete clinical, health and contact information and notify the Insert your pharmacy name staff of changes in this information.
- Submit any forms that are necessary to participate in the program, to the extent required by law.
- Notify the treating provider of participation in the patient management program
- Be honest and direct.
- Ask questions about anything you do not understand.
- Follow your treatment plan and accept the consequences if you do not.
- Be considerate of other patients and pharmacy staff.
- Know your health care team.
- Pay promptly for services or supplies delivered.
- Provide all requested insurance and financial information.
- Sign the required consent and release for insurance billing.

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.

Notice of Privacy Practices

AD-64 MAY16

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.

The terms of this Notice of Privacy Practices apply to Knox Affiliated Health Services operating as a clinically integrated health care

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The terms of this Notice of Privacy Practices apply to Knox Affiliated Health Services operating as a clinically integrated health care arrangement composed of Knox Community Hospital and the physicians and other licensed professionals seeing and treating patients at the hospital. The members of this clinically integrated health care arrangement work and practice at Knox Community Hospital, 1330 Coshocton Avenue, Mount Vernon, Ohio 43050. All of the entities and persons listed will share personal health information of our patients as necessary to carry out treatment, payment, and health care operations as permitted by law.

We are required by law to maintain the privacy of our patients' personal health information and to provide patients with notice of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all personal health information maintained by us. You may receive a copy of any revised notices at the Emergency Department registration, Central Registration, front desk or the hospital web site at www.kch.org or a copy may be obtained by mailing a request to Privacy Officer, Knox Community Hospital, 1330 Coshocton Avenue, Mount Vernon, OH 43050.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

Your Authorization

You have a right to expect that Authorization will be obtained from you regarding uses and disclosures of personal health information when required. Authorization is required for most uses of psychotherapy notes, uses and disclosures of personal health information for marketing purposes and disclosures that amount to the sale of personal health information. Other uses and disclosures not described in this Notice of Privacy Practices will only be made with authorization from you. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

Uses and Disclosures for Treatment

We will make uses and disclosures of your personal health information as necessary for your treatment. For instance, doctors and nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, etc. We may also release your personal health information to another health care facility or professional who is not affiliated with our organization but who is or will be providing treatment to you. For instance, if, after you leave the hospital, you are going to receive home health care, we may release your personal health information to that home health care agency so that a plan of care can be prepared for you.

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Uses and Disclosures for Payment

We will make uses and disclosures of your personal health information as necessary for the payment purposes of those health professionals and facilities that have treated you or provided services to you. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment.

Uses and Disclosures for Health Care Operations

We will use and disclose your personal health information as necessary, and as permitted by law, for our health care operations which include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your personal health information for purposes of improving the clinical treatment and care of our patients. We may also disclose your personal health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

Our Facility Directory

We maintain a facility directory listing the name, room number, general condition and, if you wish, your religious affiliation. Unless you choose to have your information excluded from this directory, the information, excluding your religious affiliation, will be disclosed to anyone who requests it by asking for you by your full name e.g. John Smith. This information, including your religious affiliation, may be also be provided to members of the clergy. You have the right during registration to have your information excluded from this directory and also to restrict what information is provided and/or to whom.

Family and Friends Involved In Your Care

With your approval, we may from time to time disclose your personal health information to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited personal health information with such individuals without your approval. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Business Associates

Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times It may be necessary for us to provide certain of your personal health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

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Fundraising

We may use and disclose your protected health information for fundraising purposes only as permitted by federal privacy regulations and relevant to Ohio laws. We may contact you to donate to a fundraising effort for or on our behalf. You have the right to "opt-out" of receiving fundraising materials/communications. You may call the Marketing Department at Knox Community Hospital and make your wishes known that you would like to "opt out" indicating that you do not wish to receive

fundraising materials or communications from us. You may also request a pre-printed, pre-stamped envelope from the Marketing Department and send a statement that you do not wish to receive fundraising materials or communications from us.

Appointments and Services

We may contact you to provide appointment reminders or test results. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your personal health information from us by alternative means or at alternative locations. For instance, if you wish appointment reminders to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication in writing and may send your request to Health Information Management, Knox Community Hospital, 1330 Coshocton Avenue, Mount Vernon, OH 43050.

Health Products and Services

We may from time to time use your personal health information to communicate with you about health products and services necessary for your treatment, to advise you of new products and services we offer, and to provide general health and wellness information.

Research

In limited circumstances, we may use and disclose your personal health information for research purposes. For example, a research organization may wish to compare outcomes of all patients that received a particular drug and will need to review a series of medical records. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by representations of the researchers that limit their use and disclosure of patient information.

Other Uses and Disclosures

- We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization.
- We may release your personal health information for any purpose required by law;
- We may release your personal health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- We may release your personal health information as required by law if we suspect child abuse or neglect; we may also release your personal health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- We may release your personal health information to the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;

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- We may release your personal health information to your employer when we have provided health care to you at the request of your employer to determine workplace-related illness or injury; in most cases you will receive notice that information is disclosed to your employer;
- We may release your personal health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- We may release your personal health information if required to do so by subpoena or discovery request; in some cases

you will have notice of such release;

- We may release your personal health information to law enforcement officials as required by law to report wounds and injuries and crimes;
- We may release your personal health information to coroners and/or funeral directors consistent with law;
- We may release your personal health information if necessary to arrange an organ or tissue donation from you or a transplant for you;
- We may release your personal health information if in limited instances if we suspect a serious threat to health or safety;
- We may release your personal health information, if you are a member of the military as required by armed forces services; we may also release your personal health information if necessary for national security or intelligence activities; and
- We may release your personal health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.
- We may release proof of immunization to a school when the State or law requires the school obtain this information prior to admitting the student. We will obtain oral agreement from the appropriate individual (or parent, guardian etc.) prior to disclosing proof of immunization.

Health Information Exchanges

We participate in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We, and other providers, may allow access to your health information through the Health Information Exchange for treatment, payment, or healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying the Health Information Management Department (740-393-9051)

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RIGHTS THAT YOU HAVE

Access to Your Personal Health Information

You have the right to copy and/or inspect much of the personal health information that we retain on your behalf. Usually, this includes medical and billing records, but does not include psychotherapy notes. All requests for access must be made in writing and signed by you or your representative. We will charge you a fee if you request a copy of the information. We will also charge for postage if you request a mailed copy and will charge for preparing a summary of the requested information if you request such summary. You may obtain an access request form, including fees, from Health Information Management.

We may deny your request to inspect and copy your personal health information in certain very limited circumstances. If you are denied access to your personal health information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Amendments to Your Personal Health Information

You have the right to request in writing that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary.

You may obtain an amendment request form from Health Information Management.

Accounting for Disclosures of Your Personal Health Information

You have the right to receive an accounting of certain disclosures made by us of your personal health information after April 14, 2003. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from Health Information Management. The first accounting in any 12-month period is free; you will be charged a fee of \$50.00 for each subsequent accounting you request within the same 12-month period. We have 30 days to fulfill your request for an accounting of disclosures.

Restrictions on Use and Disclosure of Your Personal Health Information

You have the right to restrict certain disclosures of personal health information to a health plan if you are paying out of pocket, in full, for the healthcare item or service. You have the right to request other restrictions on certain of our uses and disclosures of your personal health information for treatment, payment, or health care operations. A restriction request form can be obtained from Health Information Management. Except for a request to restrict disclosures to a health plan when you have paid out-of-pocket in full for the items or services received from us, we are not required to agree to your restriction request but, will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction by sending such termination notice to Health Information Management.

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Notification of a Breach

We are required by law to notify you of a breach (a use or disclosure that was not permitted by law) of unsecured personal health information if it is determined that the breach may affect you.

Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Knox Community Hospital, Attention: Health Information Management, 1330 Coshocton Road, Mount Vernon, OH 43050. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Electronic Health Record

You have the right to obtain a copy of your personal health information in an electronic format and you may request to have the information transmitted to a designated person. You may be charged a fee for the transmission of this information. Deceased Individuals. We will comply with requirements for privacy of personal health information for a period of 50 years following the date of death of an individual. Personal health information may be released for research purposes as permitted by law; and to family members and others who were involved in the care or payment for care of the decedent prior to death, unless doing so is inconsistent with any known prior expressed preference of the individual.

Complaints

If you believe your privacy rights have been violated, you can file a written complaint with the Patient Advocate, Knox Community Hospital, 1330 Coshocton Avenue, Mount Vernon, OH 43050. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue S.W., Washington D.C. 20201 in writing within



180 days of a violation of your rights. There will be no retaliation for filing a complaint.

Acknowledgment of Receipt of Notice. You will be asked to sign an acknowledgment form that you received this Notice of Practice Practices.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact:

Privacy Officer

Knox Community Hospital

1330 Coshocton Avenue, Mount Vernon, OH 43050

740-393-9888

Privacy.Officer@kch.org

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As a patient you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means. Knox Community Hospital has the right to make revisions to this Notice of Privacy Practices at any time.

EFFECTIVE DATE

This Notice of Privacy Practices is effective May 12, 2016.



Connect with Us

Phone Number: 740-326-3485 Option 5

Fax: 740-326-3486

Email: Specialty.Pharmacy@kch.org

Address: 1330 Coshocton Ave., 3rd Floor, Mount Vernon, OH 43050

Follow Knox Pharmacy Services   

Serving You Throughout Ohio!

We are available for questions and support
Monday–Friday from 9:00 AM–5:30 PM.

Urgent Concerns 24/7 Availability