

BAPTIST HEALTH SPECIALTY PHARMACY



WELCOME PACKET

Welcome to our pharmacy. Enclosed you will find information about our specialty pharmacy patient services and support.





BAPTIST HEALTH®

PHARMACY

WELCOME TO OUR PHARMACY

Welcome to Baptist Health Specialty Pharmacy. Our services are designed to improve the lives of our patients receiving specialty care at Baptist Health. We are here to support you while you are taking your specialty medication, every step of the way. It can be stressful and confusing to start a new medication, and our team has the training and knowledge to help. We care about what you are going through, and we are here to help 24/7.

This welcome packet contains important details about our services. It also includes instructions on how to contact the pharmacy, your rights and responsibilities as a patient and helpful tips. Please review this information and keep it in case you need to refer to it in the future.

PHARMACY HIGHLIGHTS

- We provide community (retail) and specialty pharmacy services for our patients. This means you can fill your specialty medication and your regular, maintenance medications at our pharmacy.
- Dedicated pharmacists and care coordinators are available to meet with you during your specialty clinic provider appointments or by phone to provide ongoing support and answer your questions.
- Our team will contact you five to seven days before your next refill is due to make sure that you don't miss any doses of your medication and that you receive it on time.
- Clinical pharmacists regularly follow up to ask about your treatment and address any concerns, including side effects or medication interactions you may be experiencing.
- We work with your insurance company, drug manufacturer, and patient assistance programs to help you get your medication at the lowest possible cost.
- Our team coordinates free delivery of your medications directly to your home or another approved location, including any special packaging or handling your medication requires.
- Pharmacists with specialized training provide you with individualized medication counseling.
- We discuss with you how your treatment is affecting your quality of life and work with you to create a plan that will help you reach the goals you have for your treatment.

Thank you for choosing Baptist Health Specialty Pharmacy as your pharmacy provider. We look forward to being a part of your healthcare team. If you have any questions, contact us at 502.253.5960 or 833.588.2419.

Sincerely,

Leslie Hurst, PharmD, BCACP
Associate Vice President,
Specialty Pharmacy & PBM Strategy

Nilesh Desai, MBA, BS, RPh, CPPS
Chief Pharmacy Officer

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CONTACT INFORMATION AND HOURS OF OPERATION

SPECIALTY PHARMACY CALL CENTER

Monday-Friday, 8:30 a.m.-5 p.m.
Phone 502.253.5960 or 833.588.2419

[BaptistHealth.com/Specialty](https://www.baptisthealth.com/Specialty)

AFTER-HOURS SUPPORT

For non-urgent matters or to request a refill after hours, you may call the pharmacy phone number listed above and follow the prompts to leave a message. The pharmacy team will contact you when the pharmacy opens.

Our pharmacies provide access to an after-hours pharmacist when the pharmacy is closed. This service is intended for urgent clinical or medication support outside of normal business hours. If you are experiencing an urgent issue, please follow the phone prompts and select the appropriate option to reach a pharmacist. If you are having a medical emergency, call 911.

HOLIDAY HOURS AND CLOSINGS

Baptist Health Pharmacy locations have modified hours or are closed on the following holidays. Our team will help make sure that you do not miss medication doses on 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)
- Christmas Day (December 25)

SPECIALTY MEDICATIONS AND CONDITION SUPPORT

SPECIALTY MEDICATIONS

Specialty medications are used to treat complex medical conditions such as multiple sclerosis, rheumatoid arthritis, hepatitis C, cancer and many others. These medications can require in-depth patient support for many reasons, including high-cost copays or lack of insurance coverage. Some specialty medications also require special storage needs (like refrigeration) or need to be administered in a special way (such as self-injection or on a strict dosing schedule). A specialty pharmacy dispenses these medications. Our team is trained and focused on providing complete support for specialty medications and resolving any questions or concerns you may have.

SPECIALTY CONDITION SUPPORT

Our pharmacists possess specialized training so that we can provide you with the support you need for your condition and treatment. To learn more about your condition or the available treatment, medications and support for your condition, you may visit our website at BaptistHealth.com/Specialty or reference the organizations below.

Gynecology and Fertility Infertility

American College of Obstetricians
and Gynecologists
ACOG.org, 800.673.8844

Gastroenterology Crohn's disease, ulcerative colitis (UC), irritable bowel syndrome (IBS)

American College of Gastroenterology
GI.org/Patients, 301.263.9000

Dermatology Psoriasis, psoriatic arthritis, hyperhidrosis

American Academy of Dermatology
AAD.org/Public, 888.462.3376

Transplant American Transplant Foundation

AmericanTransplantFoundation.org,
303.757.0959

Cardiology American Heart Association

Heart.org, 800.242.8721

Rheumatology Rheumatoid arthritis, osteoarthritis, ankylosing spondylitis

Arthritis Foundation
Arthritis.org, 404.872.7100

American College of Rheumatology

Rheumatology.org, 404.633.3777

Neurology Multiple sclerosis (MS), migraine

Multiple Sclerosis Association of
America
MyMSAA.org, 800.532.7667

American Migraine Foundation

AmericanMigraineFoundation.org,
856.423.0043

Pulmonology Cystic fibrosis, pulmonary arterial hypertension (PAH), asthma

Cystic Fibrosis Foundation
CFF.org, 800.344.4823

Pulmonary Hypertension Association

PHAssociation.org, 800.748.7274

Global Initiative for Asthma

GlnAsthma.org

Oncology Cancer, leukemia, lymphoma

American Cancer Society
Cancer.org, 800.227.2345

Leukemia & Lymphoma Society

LLS.org, 800.955.4572

Infectious Diseases and Prevention Human immunodeficiency virus (HIV), PrEP, hepatitis C

Hepatitis Foundation International
HepatitisFoundation.org, 800.891.0707

Hepatitis C Association

HepCAssoc.org, 877.435.7443

Department of Health and Human Services

HIV.gov, 800.448-0440

Endocrinology and Metabolic Diabetes Lysosomal storage and hormone disorders, hyperlipidemia

American Diabetes Association
Diabetes.org, 800.342.2383

American Association of Clinical Endocrinology

AACE.com, 800.393.2223

PHARMACY AND SUPPORT SERVICES

SCOPE OF PHARMACY SERVICES

Baptist Health Specialty Pharmacy has access to and keeps a large variety of specialty medications in stock. If your medication is unavailable at our pharmacy, we will work with another pharmacy to make sure you receive your prescription. We will communicate any changes in dispensing location to your provider.

FILLING A NEW PRESCRIPTION

Our pharmacy team will work with you and your provider to make filling your prescriptions simple. Prescriptions are accepted by electronic prescribing, hard-copy prescription, fax, phone or in-person from your provider.

In most cases, your provider will electronically send your prescription to Baptist Health Specialty Pharmacy when your plan for treatment is determined in the office or clinic. After receiving your prescription, our team will enroll and welcome you into our Patient Management program and coordinate delivery or pick-up.

PRESCRIPTION REFILLS

Our team will call to remind you before your specialty refills are due to help you stay on track and make sure you never miss a dose. You can request a refill from your clinic team or check your prescription status:

- By speaking to a pharmacy team member or using the touchtone phone system:

Shared Services Pharmacy

Monday–Friday, 8 a.m.–6 p.m.
Saturday–Sunday, closed
502.565.0000

Lexington Community Pharmacy

Monday–Friday, 7 a.m.–5:30 p.m.
Saturday–Sunday, 8 a.m.–4:30 p.m.
859.639.3900

- By visiting the MyChart website at BaptistHealth.com/MyChart or using the mobile app.
 - MyChart, Baptist Health’s patient portal, allows you to manage your health 24/7 through your smartphone, tablet or computer. If you are not signed up for MyChart, it is fast, free and easy.
 - You can reach the dedicated Baptist Health MyChart Patient Support group at 502.253.4820.

PRESCRIPTION TRANSFERS

If you would like for your prescription to be transferred to another pharmacy, call and speak to a member of the pharmacy team. We will contact your preferred pharmacy to transfer and fill eligible medications at your request. Legal limitations may apply for some medications in which case a new prescription will need to be sent by your doctor.

PRIOR AUTHORIZATIONS AND APPEALS

Insurance companies use a prior authorization (PA) process to make sure you are taking preferred medications. They may require your provider or pharmacy to submit additional documentation before they will cover the cost of a medication. Our team will submit this necessary paperwork to your insurance company and follow up with you when a decision is made. You or your provider may disagree if your insurance company denies the prior authorization. Our team can work with you to submit an appeal on your behalf. If you receive notices from your insurance company during this process, share this information with your pharmacy team.

MEDICATION DELIVERY

Baptist Health Specialty Pharmacy provides free medication delivery services. Our team will work with you to set up delivery times and locations that fit your needs. We can arrange shipment directly to your home or another approved location. If your medications require special handling or refrigeration, they will be packaged and shipped appropriately. We also offer a service to deliver your medications directly to your room if you are admitted to a Baptist Health hospital.

Our team makes every effort to deliver your medications on time in the event of expected or unexpected delays. There may be times when a disaster occurs or the pharmacy cannot obtain a medication from a supplier. We will work with our delivery partners, suppliers and your provider to help avoid delays in getting your medication. Baptist Health Specialty Pharmacy will notify you if a delay is anticipated so we can find the best solution.

FINANCIAL AND BILLING INFORMATION

PHARMACY NETWORK

Baptist Health Specialty Pharmacy can dispense for most commercial, Medicare, private insurance, and Kentucky Medicaid plans. If we know that our pharmacy is not included in your insurance network, we will share this information with you. You can contact your insurance plan to see if Baptist Health Specialty Pharmacy is a part of their pharmacy network.

FINANCIAL ASSISTANCE

Baptist Health Pharmacy is transparent about medication costs and prices. Our team will let you know your cost before dispensing your medication. You are responsible for final out-of-pocket



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costs or copayments. These costs must be paid before your medication is dispensed. You may request to know the cash price of any medication even if you are not paying the cash price. We can provide you with a cost breakdown of your medication, if requested. You may pay for medications with credit/debit cards, cash, and most flexible spending or health savings accounts (FSA/HSA).

PATIENT FINANCIAL RESPONSIBILITY

Baptist Health Pharmacy is transparent about medication costs and prices. Our team will let you know your cost before dispensing your medication. You are responsible for final out-of-pocket costs or copayment. These costs must be paid before your medication is dispensed. You may request to know the cash price of any medication even if you are not paying the cash price. We can provide you with a cost breakdown of your medication if requested. You may pay for medications with a credit or debit card, cash, and most flexible spending or health savings accounts.

PATIENT MANAGEMENT PROGRAM

PHARMACY NETWORK

When you fill a specialty medication with our pharmacy, you are automatically enrolled in our Patient Management program. This is a free service that will be discussed during your initial visit with the pharmacist. Services you can expect to receive while enrolled in the program include:

- A thorough initial assessment of your prescribed specialty medication with the pharmacist, who will work closely with your provider to ensure your medication is the best and safest choice for you.
- Individualized counseling and education on important details specific to your treatment.
- Regular clinical check-ins and refill reminder calls to help you stay on track with your dosing schedule, make any necessary adjustments, and understand how your treatment impacts your quality of life.
- 24/7 support for your medication questions or needs.
- Coordination of free delivery of your medications directly to your home or another approved location.
- Development of care plans that help you reach the goals you have for your treatment.
- Enrollment in manufacturer and patient assistance programs that you may qualify for to help you get your medication at the lowest possible cost.

BENEFITS

The Patient Management program helps you get the best possible results from your specialty medications and to better understand your medication(s) and condition(s). By participating in the Patient Management program, Baptist Health Specialty Pharmacy believes that you may gain the following potential health benefits:

- Better understanding of medication use and administration.
- Enhanced ability to consistently take your medication and avoid missed doses.
- Reduced risk for medication interactions and improved management of side effects.
- Closer partnership between you, your provider and your pharmacy.
- Expanded, 24/7 access to a healthcare professional for urgent medication questions and concerns.

LIMITATIONS

We hope you see value in these services and potential benefits of the Patient Management program. However, it is important to keep in mind the program is only as effective as:

- Your commitment to following the guidance of your provider and pharmacy team.
- Your motivation to be an active participant in the decisions and discussions that guide your care.
- Your willingness to provide information about any changes you experience and to alert us with any questions and concerns you may have.

While you may choose to opt out of this program at any time, we strongly recommend your continued enrollment due to the complexity of specialty medication therapies. If you would like to opt out of the Patient Management program, contact a member of our pharmacy team by phone, email, or stop by the pharmacy. If you choose to opt out of the program, you may reenroll at any time. Your enrollment status will not affect the care you receive at Baptist Health or your ability to fill your medications with us.

MEDICATION AND PATIENT SAFETY

HEALTH STATUS AND MEDICATION CHANGES

If you have any changes with prescription or over-the-counter medications, make sure to let us know so that we can update your profile and check for medications that should not be taken together. If you have any new medications or food allergies, notify us to ensure that we have the most current and correct information on file. Please keep us updated on any condition, health status or nutrition changes so that we can be sure these do not affect your therapy.

ADVERSE REACTIONS OR SIDE EFFECTS

Contact the pharmacy or your provider for questions regarding possible adverse reactions to medications or treatments. Some side effects can be life-threatening. You should call 911 or visit your local emergency room for a serious reaction such as difficulty breathing, swelling of the lips/tongue or face, hives, severe pain or headache, bleeding, numbness or weakness, persistent vomiting, confusion or unconsciousness.



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MEDICATION DISPOSAL

To help reduce the chance that others may accidentally take or intentionally misuse unneeded or expired medications, you should dispose of them promptly when they are no longer needed. Options include medicine take-back programs, permanent collection sites, deactivation devices, and home disposal options under specific circumstances. Baptist Health offers take-back medication containers for safe disposal in select pharmacy locations. Contact your pharmacy team for additional information.

For more information on your best choices for disposal options, visit the FDA's medication safe disposal website at [fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines](https://www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines).

If you are using an injectable medication, it is important that you safely discard your supplies including syringes, lancets, or devices with needles. These supplies are referred to as sharps and should be placed in special sharps containers to protect you and others. Do not place sharps in the regular trash or flush down the toilet. If a sharps container is not available, a hard plastic or metal container with a tightly securable lid (for example, a laundry detergent bottle) can be used. Do not fill more than three-quarters of the container volume and reinforce the closure with heavy duty tape before discarding. Check with your local waste collection service or public health department to verify the disposal procedures for sharps containers in your area. You can also visit the FDA's website for safe methods of used needle disposal at [fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/best-way-get-rid-used-needles-and-other-sharps](https://www.fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/best-way-get-rid-used-needles-and-other-sharps).

MEDICATION ERRORS AND DRUG RECALLS

You should contact the pharmacy immediately if you believe an error was made with your medication. Never take any medication if you believe it is not the medication you were prescribed or you suspect it may be counterfeit.

Drug companies or the FDA issues recalls to protect the public from a product that may be harmful. Baptist Health Pharmacy closely monitors for recalled medications. We will contact you if a recall has been issued for a medication that you take. Not all forms of a recalled drug may be affected. We will provide you with instructions on how to proceed and make sure that you don't go without treatment. Contact the pharmacy if you believe a recall has been issued for your medication.

PATIENT RIGHTS AND RESPONSIBILITIES

Baptist Health encourages respect for the personal preferences and values of each individual. We consider you a partner in your care. When you are well informed, participate in treatment decisions, and communicate openly with your healthcare professionals, you help make your care as effective as possible. Baptist Health Specialty Pharmacy strives to provide the highest standard of care. As a patient receiving services at our pharmacy, you should understand your rights and responsibilities.

YOUR RIGHTS

- To have personal health information shared with the Patient Management program only in accordance with state and federal law where required or permitted.
- To identify the program's team members, including their job titles, and to speak with a supervisor if requested.
- To speak to a health professional, receive information about the Patient Management program, and have the option to decline participation or dis-enroll at any point in time by contacting the pharmacy.
- To receive fair and compassionate care at all times and under all circumstances.
- To be treated equally and receive the same level of care regardless of your race, color, national origin, religion, sex, gender identity, sexual orientation, age or disability.
- To retain your personal dignity and privacy, receive care sensitive to your personal feelings and need for bodily privacy, receive care in a safe setting, and to be free from abuse or harassment.
- To receive personalized treatment through an individual treatment plan and to participate in the development and implementation of your treatment plan.
- To maintain confidentiality of your clinical records and to access information contained within your medical record within a reasonable timeframe.
- To be informed of the pharmacy's requirements that affect your activities and behavior as a patient.
- To receive information in a clear manner and to request assistance if you have difficulty reading, hearing or speaking English.
- To make informed decisions regarding your care and be informed of your health status; be involved in care planning and treatment; be able to request or refuse treatment to the extent permitted by law; and be told of the medical consequences of your actions.
- To be informed of any out-of-pocket costs, such as deductibles, copays and coinsurance.
- To understand the amount covered by your insurance plan.
- To know how to contact the pharmacy team and what to do if an emergency arises.
- To involve family members and friends to participate in your care, as permitted by law.
- To express concerns or recommend changes to pharmacy services without fear of discrimination or retaliation, and to have any complaint promptly investigated.

YOUR RESPONSIBILITIES

- To provide accurate clinical and contact information and to notify our Patient Management program team of changes in this information.
- To notify your provider or treating physician of participation in the Patient Management program.
- To report unexpected changes in your condition or treatment plan to your pharmacy team, including any side effects and/or complications related to medication therapy.
- To understand the instructions for your ongoing treatment. If you believe you cannot follow through with your treatment, you are responsible for telling your pharmacy team.
- To ask questions when you do not understand information or instructions.
- To show consideration for the needs of other patients and the healthcare professionals involved in your care.



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- To follow any rules and regulations that affect your care at Baptist Health Pharmacy, including safety and infection control guidelines.
- To communicate any problems or concerns relating to your care to your pharmacy team.
- To provide accurate insurance and financial information, within the extent required by law and limited to the minimum necessary, if you wish to be enrolled in or receive financial assistance from a patient assistance program, grant or other organization.
- To accept responsibility for your actions and potential outcomes if you choose to refuse treatment or if you choose not to adhere to the prescribed treatment and/or services.

FEEDBACK AND COMPLAINTS

Your feedback helps us improve the care we provide. Our patient satisfaction survey is emailed directly to our patients two times per year. The survey can also be completed by scanning the QR code found on each prescription package you receive or any time on our website at BaptistHealth.com/Specialty. Please let us know what we do well and how we can improve.

YOUR FEEDBACK MATTERS

PROCESS TO SHARE COMPLAINTS

If you have a complaint about services at Baptist Health Pharmacy or have not received a satisfactory resolution to an issue, you may speak with a supervisor. Call your Baptist Health Specialty Pharmacy during regular business hours and ask to speak with the supervisor. You may also escalate your complaint to our system specialty pharmacy team by emailing us at BHSpecialtyPharmacySupport@BHSI.com.

If you do not receive an acceptable resolution to your complaint after taking the steps above, you may file appropriate complaints with the Utilization Review Accreditation Commission, the Accreditation Commission for Health Care, or the Kentucky Board of Pharmacy.

Utilization Review Accreditation Commission

Phone: 202.216.9010
URAC.org/File-A-Grievance

Accreditation Commission for Health Care

Phone: 855.937.2242
ACHC.org/Contact/

Kentucky Board of Pharmacy

Phone: 502.564.7910
Pharmacy.ky.gov/Pages/Grievance-Process.aspx

NOTICE OF PRIVACY PRACTICES

Baptist Health is committed to keeping patient information confidential and secure. In compliance with federal, state and local laws Baptist Health provides the following information:

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice describes the privacy practices of Baptist Healthcare System, Inc., Baptist Health Corbin, Baptist Health Floyd, Baptist Health Hardin, Baptist Health La Grange, Baptist Health Lexington, Baptist Health Louisville, Baptist Health Madisonville, Baptist Health Paducah, Baptist Health Richmond (collectively referred to as “Baptist,” “We,” “Our” or “Us”) when you are treated as a patient at one of these facilities. This Notice also applies to services provided at other locations by Baptist employees, contractors, volunteers, students or representatives, including but not limited to services in your home, diagnostic centers, urgent care centers, occupational medicine clinics, fitness centers, mobile health services, and critical care transport services.

We have an organized healthcare arrangement with the independent healthcare providers on our medical staffs, which include but are not limited to physicians, psychologists, certified nurse anesthetists, nurse practitioners and physician assistants. **Most of these providers are not employed by Baptist and are not agents for Baptist.** However, it is necessary for them to share information to manage your care and to improve our services. Those providers who participate in each facility’s organized healthcare arrangement agree to follow the terms of this Notice and are included in references to Baptist, We, Our or Us in this Notice. This Notice serves as a joint notice of privacy practices for these providers and Baptist. Unless these independent providers treat you at another facility not operated by Baptist, you will not receive separate notices from them. This Notice does not address the privacy practices of your physician or other provider when you see him or her in a private office setting.

PROTECTING YOUR INFORMATION

We understand that certain information about you and your health is personal. We are committed to protecting medical, billing and other information about you. We create a record of the care and services you receive at or by Baptist. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice will tell you about the ways in which we use and disclose information about you. It also describes your rights and our duties regarding the use and disclosure of your information.

We reserve the right to change this Notice and make the revised or changed Notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice on Our website (BHSI.com) and it will be also be available at the Registration or Admitting department at all facilities covered by the Notice. The effective date of the Notice is located at the bottom of each page. We are required by law to (i) maintain the



privacy of medical information that identifies you, (2) give you this Notice of Our legal duties and privacy practices, and (3) follow the terms of our most current Privacy Notice.

USE AND DISCLOSURE OF INFORMATION ABOUT YOU

The following categories describe different ways that we are permitted to use and disclose medical information. These examples are not exhaustive.

- **For Treatment.** We may use your medical information to provide, coordinate or manage your healthcare and any related services. We may disclose your medical information to employees, students, volunteers, physicians, other healthcare providers and other individuals who are involved in providing treatment to you. For example, we may provide a physician who is treating you for a broken leg with information about another medical condition you may have, such as diabetes, because diabetes may slow the healing process. In addition, the physician may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. This type of information sharing may occur through the use of an Electronic Health Record or through our participation in an electronic health exchange designed to facilitate sharing patient information for treatment purposes. Different departments also may share medical information about you in order to coordinate the different services and products you need, such as prescriptions, lab work and X-rays. We also may disclose medical information about you to people outside of Baptist or Our organized healthcare arrangements who are involved in your medical care, such as home health agencies, nursing homes, physicians, medical device or equipment companies, pharmacists, ambulance service providers or others who provide services that are part of your care.
- **For Payment.** We may use and disclose information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about surgery you received at Baptist so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also share your information with companies that provide billing or collection services for us. We may allow companies to review information about you to evaluate your eligibility for receiving medical assistance, qualify you for such assistance, and arrange for payment. Also, we may disclose your information to another healthcare provider who provides treatment or services to you, such as an ambulance service, in order for that provider or service to receive payment.
- **For Healthcare Operations.** We may use and disclose information about you for healthcare operations. These uses and disclosures are necessary to provide quality healthcare and to support the daily activities related to healthcare. These uses and disclosures may occur through the use of an Electronic Health Record or through our participation in an electronic health exchange with other healthcare providers. These activities include but are not limited to quality assessment and improvement activities, utilization reviews, investigations, oversight or staff performance reviews, training programs, review and auditing, including compliance reviews and medical reviews, conducting or arranging for other health-related activities, underwriting and other insurance-related activities, business planning or development, and internal grievance resolution. For example, we may use medical information to review treatment and to evaluate the performance of our staff and independent healthcare providers who care for you. We may also

combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may disclose patient information to agencies or companies for accreditation, certification, licensing or credentialing activities. We may also combine the information we have with information from other facilities to compare how we are doing and to see where we can make improvements in the care and services we offer. We also may use or disclose patient information in conducting or arranging for legal, financial, auditing, risk management, consulting, management and administrative services. We may use or disclose your information in our fraud and abuse detection and compliance programs. In certain situations, we also may disclose your information to third parties for their own healthcare operations activities.

- **Activities of Our Organized Health Care Arrangement (OHCA).** Members of Our organized healthcare arrangements share information about you in order to provide quality treatment, to obtain payment for the services, and to carry out healthcare operations related to the arrangement. Most providers who participate in our organized healthcare arrangements are not agents for Baptist or each other. Baptist and participating providers are not responsible for each other's actions.
- **Appointment Reminders.** We may use and disclose your information to remind you of an appointment with us.
- **Treatment Alternatives, Health-Related Benefits and Services.** We may use and disclose your information to discuss treatment alternatives and health-related benefits or services that may be of interest to you, so long as We don't receive any payment in exchange for such communication.
- **Fundraising Activities.** We may use information about you to contact you in an effort to raise money to support Baptist and its operations. We may disclose information to a foundation related to Baptist or a Business Associate so that they may contact you with these giving opportunities. We are permitted to use and disclose limited information about you called demographic information, along with the dates you received services, your health insurance status, the department and/or practitioner who provided your services and outcome information. You have a right to opt out of receiving fundraising communications, and we will tell you how to stop receiving them in any fundraising communications we send.
- **Directory.** Our hospitals include limited information about you in the patient information directory, such as your name, location in the facility and general condition. We usually give this information to people who ask for you by name so that they can visit you in the hospital and generally know how you are doing. We also may include your religious affiliation in the directory and we share this limited information with clergy from the community. You are free not to share your religious affiliation with us if you do not want that information shared with clergy. We do not release this information if you are being treated on a psychiatric or substance abuse care unit. If you do not want your information included in our directory, please let Us know.
- **Individuals Involved in Your Care or Payment for Your Care.** As long as you do not object, we may share or discuss your medical information with family, friends or others involved in your care or payment for your care if your provider believes, in his or her professional judgment that it is in your best interest. Your provider may ask your permission, may tell you he or she plans to discuss



the information and give you an opportunity to object, or may decide, using his or her professional judgement, that you do not object. In such cases, your provider will discuss only the information that the person involved needs to know about your care or payment for your care. This does not apply to patients receiving treatment for certain conditions, such as substance/alcohol abuse. In addition, we also may disclose information about you to an organization or agency assisting in disaster relief efforts so that your family can be notified about your condition and location.

- **Research.** Medical research is vital to the advancement of medical science. We generally ask for your written authorization before using your health information or sharing it with others to conduct research. Under limited circumstances, we may use and disclose your health information without your authorization for health research. In the latter situations, we must comply with special processes required by law that reviews protections for patients involved in research, including privacy. Researchers may also contact you to see if you are interested in or eligible to participate in a study.
- **As Required By Law.** We will disclose information about you when required or authorized by state or federal law. For example, the Secretary of the Department of Health and Human Services may require that we disclose information to confirm our compliance with HIPAA and we have a legal obligation to comply with such requests under federal law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Such disclosure would be to the target of the threat or to someone able to help prevent the threat.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you if required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release information about you for workers' compensation or similar programs, as permitted or required by law. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose information about you for public health activities. These activities generally include but are not limited to the following, as permitted or required by law: (1) preventing or controlling disease, injury or disability; (2) reporting births and deaths; (3) collecting or reporting adverse events and product defects, tracking FDA-regulated products, and enabling product recalls, repairs or replacements; (4) notifying the appropriate government authority if We believe a patient has been the victim of abuse, neglect or domestic violence; and (5) notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include but are not limited to audits, investigations, inspections, licensure and certification. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. We may also disclose information about

you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute if we receive satisfactory assurances that attempts have been made to notify you or your attorney about the request or to secure a protective order. If you are involved in a lawsuit or dispute against Baptist, we may share your information as necessary to support Baptist's position and to obtain legal services.

- **Law Enforcement.** We may release information if asked by a law enforcement official: (1) in response to a court order, subpoena or warrant; (2) to identify or locate a suspect, fugitive, material witness or missing person; (3) about the victim of a crime; (4) about a death or health condition that We believe may be the result of criminal conduct; and (5) in emergency circumstances to report a crime or the identity, description or location of the person who committed the crime.
- **Coroners, Funeral Directors and Organ Donation.** We may disclose information to coroners or medical examiners for identification purposes, to determine the cause of death, or for them to perform other duties authorized by law. We may also release information to funeral directors as necessary for them to carry out their duties. We may use or disclose information for cadaveric organ, eye or tissue donation purposes.
- **Specific Government Functions.** In certain situations, federal laws authorize Us to use or disclose your medical information to facilitate specified government functions relating to military and veteran activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING INFORMATION ABOUT YOU

- **Right of Access.** You have the right to inspect and obtain a copy of information that we maintain about you. Usually, this includes medical and billing records, but does not include certain other types of records. You have the right to request a copy of the information in an electronic format. If possible, we will provide the information in the electronic format you request. If we are unable to produce the information in the electronic format you request, we will offer you the information in another electronic format. To inspect or request a copy of the available records, you must submit your request in writing to the Health Information Management ("HIM") or Medical Records department of the facility that treated you. Under certain circumstances, we may charge you a fee for copying and mailing your records, and for supplies used to create the copy which may include the cost of portable media if you have requested the information in electronic format. We may deny your request to inspect or obtain a copy in certain limited circumstances. If you are denied access to information, you may request that the denial be reviewed in certain circumstances.
- **Right to Amend.** If you feel that information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for



as long as the information is kept by or for us. To request an amendment, you must submit a written request, along with a reason that supports your request, to the HIM or Medical Records department of the facility that treated you. We may deny your request if it is not in writing or does not include a reason to support the request. In addition, We may deny your request if you ask Us to amend information that (1) was not created by Us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the medical information kept by or for Us; (3) is not part of the information that you would be permitted to inspect and copy; or (4) is already accurate and complete as originally stated.

- **Right to Receive an Accounting.** You have the right to receive an accounting or list of certain disclosures made by us, upon your request. This right does not apply to disclosures (1) made to you or in response to an authorization form signed by you; (2) for national security or intelligence purposes; (3) for a facility directory; (4) made to your friends or family members involved in your care; (5) that are incident to a permitted use or disclosure; (6) made to correctional institutions or in law enforcement custodial situations; (7) made as part of limited data set as permitted by HIPAA; and (8) to carry out treatment, payment and healthcare operations. To request an accounting, you must submit your request in writing to the HIM or Medical Records department of the facility that treated you. The request may not cover a time period longer than six years prior to the date of the request. The first list you request within a 12-month period will be free. For additional lists, we may charge you a reasonable fee.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the information that we disclose to someone who is involved in your care or the payment for your care, like a family member or friend. Your request must be submitted in writing to the HIM or Medical Records department of the facility that treated you. Your request must state the specific restriction requested and to whom you want the restriction to apply. In most cases, we are not required to agree to a requested restriction. However, we are required to agree when you ask us to refrain from disclosing your information to a health plan if the disclosure would be for the purpose of payment or healthcare operations, and if the information pertains solely to a healthcare item or service that you have paid for in full and out of pocket. If we agree to a restriction or limitation, we will comply with your request unless the information is needed to provide emergency treatment.
- **Right to Request 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 may ask that we contact you only at work or by mail. To request confidential communications, you must make your request in writing to the Registration, Admitting, HIM or Medical Records department at the facility that treated you.
- **Right to Receive Breach Notifications.** You have a right to receive notifications from Us if the privacy or security of your protected health information is breached.
- **Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may obtain a paper copy of Our current Notice by contacting the Registration or Admitting department at all facilities.

OTHER USES OF MEDICAL INFORMATION REQUIRING YOUR WRITTEN AUTHORIZATION

Certain uses and disclosures of your protected health information are only permitted with your written permission by signing an authorization form. These include most uses and disclosures of psychotherapy notes, certain uses and disclosures of your protected health information for marketing communications, and disclosures that constitute the sale of your protected health information.

Other uses and disclosures of information not covered by this Notice or the laws that apply to Us will be made only with your written permission by signing an authorization form. If you give Us authorization to use or disclose information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization. We are unable to take back any disclosures We have already made with your permission. We are required to retain our records of the care that we provided to you.

OTHER STATE AND FEDERAL LAWS

Special restrictions may apply under state or federal law for uses and disclosures concerning certain sensitive information, such as information pertaining to mental health, substance abuse diagnosis or treatment, HIV/AIDS-related testing and treatment, or sexually transmitted diseases. When special restrictions apply to your health information, we will use and disclose the information in compliance with the applicable law.



NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY

Baptist Healthcare System and all of its programs and activities are available regardless of race, color, age, national origin, religion, sex, disability, or any other status protected by federal, state or local law. Services are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, blind, or with other sensory impairments. A full range of assistive and communication aids are available to persons who are deaf, hard of hearing, blind, experience other sensory impairments, or persons with limited English proficiency. If you require accessibility or communication aids, please tell the receptionist, your nurse, or your care provider. Persons with hearing and speech impairments can contact Baptist Health facilities by using the Kentucky Relay Service, a toll-free telecommunication device for the deaf (TDD). For voice to TDD, call 800.648.6057. For TDD to voice, call 800.648.6057.

WELCOME PACKET

