

SPECIALTY **PHARMACY SERVICES**



Southeast
Medicine Shop



for patients, caregivers & families



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FAQs

How do I contact my care team?

A dedicated teams of professionals will be monitoring your therapy throughout your time with Southeast Health Specialty Pharmacy.

Business Hours:

Monday—Friday: 9:00 AM—5:30 PM

Urgent Concerns 24/7 Availability

Specialty Pharmacy:

Phone: 334-793-8116 option 2

Email: specialtypharmacy@southeasthealth.org

Website: www.southeasthealth.org/southeast-medicine-shop-home

*There is access to clinical staff 24 hours a day, 7 days a week. If anytime a clinical emergency comes up, we are on call 24 hours a day to help you!

How can I fill a new prescription?

- Have your doctor electronically send a prescription.
- Have your doctor phone in a prescription at 334-793-8116 option 4
- Mail new prescription to:

Southeast Medicine Shop
1108 Ross Clark Dir suite 160
Dothan, AL 36301

How can I refill a prescription?

- Call 334-793-8116 option 1 during business hours Monday thru Friday 9AM-5:30PM EST.

How can I have a prescription transferred?

- Call 334-793-8116 option 0 during business hours Monday thru Friday 9AM-5:30PM EST.
- Have your current pharmacy contact us at 334-793-8116.

How can I obtain my order status or delays?

- Call 334-793-8116 option 1 during business hours Monday thru Friday 9AM-5:30PM EST.

What if I have a change in insurance during the course of my therapy?

- It is the patient's responsibility to notify providers of any changes in their policy and coverage. Failure to do so may result in non-payment by the insurance company. Please notify Southeast Medicine Shop ASAP if there will be a change in your coverage.

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 Southeast Medicine Shop 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 334-793-8116 option 0 during business hours Monday thru Friday 9AM-5:30PM 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 334-793-8116 option 0 to speak directly with a member of pharmacy staff.
- Emailing us at: specialtypharmacy@southeasthealth.org
- By visiting our website at: www.southeasthealth.org/southeast-medicine-shop-home
- Or by writing to:

Southeast Medicine Shop
1108 Ross Clark Dir suite 160
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Can I return my medication and/ or supplies?

- The return of any medications or supplies for credit or reuse on another patient is prohibited by the state pharmacy board, best practices, safety, and infection control standards.

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:

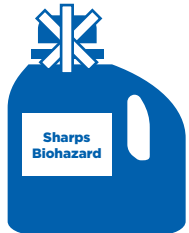
Use an empty household container with these features:

- 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 Southeast Health Specialty Pharmacy! It's a privilege to serve you for your specialty pharmacy needs.

Southeast Health 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 Southeast Health 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 Southeast Health 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.southeasthealth.org/southeast-medicine-shop-home, for more information about our services.





Business Hours:

Monday—Friday: 9:00 AM—5:30 PM

Urgent Concerns 24/7 Availability

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Email: specialtypharmacy@southeasthealth.org

Website: www.southeasthealth.org/southeast-medicine-shop-home

Your experience with Southeast Health 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 Southeast Health Specialty Pharmacy please call and ask to speak with a supervisor.

Southeast Health 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.

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

Sincerely,

The Southeast Health 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. Southeast Health Specialty Pharmacy welcomes your involvement in your care. With teamwork, we hope to give you the best experience possible.

Specialty Pharmacy

Southeast Health 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 Southeast Health 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 334-793-8116 option 2.

A Southeast Health 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 334-793-8116 option 2. We will mail you a pre-paid envelope to ship your medications to a disposal site to be properly destroyed.

Return of Medication

The 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 Southeast Health Specialty Pharmacy. Southeast Health 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.



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.



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



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. Southeast Health 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 adapters 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.

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.

- Have a key accessible near deadbolt-locked doors.
- 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 patient management program.
- Have personal health information shared with the patient management program, providers, and caregivers only in accordance with the state and federal law.
- Know the philosophy and characteristics of the patient management program.
- Receive administrative information regarding changes in or termination of the patient 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 Southeast Medicine Shop Pharmacy 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 services provided by Insert your pharmacy name.
- 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.

Medicare Prescription Drug Coverage & Your Rights

Your Medicare rights

You have the right to request a coverage determination from your Medicare drug plan if you disagree with information provided by the pharmacy. You also have the right to request a special type of coverage determination called an "exception" if you believe:



- you need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a "formulary;"
- a coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- you need to take a non-preferred drug, and you want the plan to cover the drug at a preferred drug price.

What you need to do

You or your prescriber can contact your Medicare plan to ask for a coverage determination by calling the plan's toll-free phone number on the back of your plan membership card or be going to your plan's website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan's notice will explain why coverage was denied and how to request an appeal if you disagree with the plan's decision.

Refer to your plan materials or call 1-800-Medicare for more information.

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB Control number. The valid OMB control number for this collection is 0938-0975. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850 CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g.,

Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.

Form CMS-10147 OMB Approval No. 0938-0975 (Expires: 02/28/2025)

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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 On Privacy Of Health Information 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 is required by the Privacy Regulations adopted pursuant to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) and as further amended on January 17, 2013, under the Omnibus Rule of 2013).

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide you with a revised notice at your first visit after the revision or electronically as permitted by applicable law. In all cases, we will post the revised notice on our website www.southeasthealth.org. We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future. We are required by law to protect the privacy of your health information.

We are also required to provide you with this notice, which explains how we may use information about you and when we can give out or "disclose" that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice. The effective date of this notice was April 14, 2003, and has been revised effective February 11, 2021.

The terms "information," "health information" or "medical information" or "PHI" in this notice include any information that we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for your health care.

Contact Information:

To exercise your rights, restrictions or requests, please direct your written correspondence to the following address and specify the facility or clinic where your information is on file:

Southeast Health Medical Center
Attn: HIPAA Privacy Officer
P.O. Box 6987

Dothan, Alabama 36301

If you have any questions about this notice or to file a privacy complaint, please contact the Southeast Health Privacy Officer at 334-793-8029.

Who will follow this notice:

This Notice of Privacy Practices describes the privacy practices of all Southeast Health Medical Center entities and of Southeast Health workforce members, students and volunteers working in its hospitals, clinics, doctors' offices and service departments. This notice also describes the privacy practices of affiliated providers - who are not employees of Southeast Health - while treating you in a Southeast Health facility unless they provide you with a notice of their own privacy practices regarding the use and disclosure of your medical information created in the affiliated provider's office. Southeast Health and members of our medical staff participate in an organized healthcare arrangement in which Southeast Health may share information about patients with each other as necessary to carry out their treatment, payment and healthcare operations related to the organized healthcare arrangement.

Our pledge regarding medical information:

We understand that medical information about your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Southeast Health. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care created or maintained by Southeast Health, whether made by Southeast Health personnel or your personal doctor while at Southeast Health. Your personal doctor and other doctors involved in your care may have different policies or notices regarding the doctor's use and disclosure of your medical. This notice is required by the Privacy Regulations adopted pursuant to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH)



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clinics, doctors' offices and service departments. This notice also describes the privacy practices of affiliated providers – who are not employees of Southeast Health – while treating you in a Southeast Health facility unless they provide you with a notice of their own privacy practices regarding the use and disclosure of your medical information created in the affiliated provider's office. Southeast Health and members of our medical staff participate in an organized healthcare arrangement in which Southeast Health may share information about patients with each other as necessary to carry out their treatment, payment and healthcare operations related to the organized healthcare arrangement.

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We understand that medical information about your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Southeast Health. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care created or maintained by Southeast Health, whether made by Southeast Health personnel or your personal doctor while at Southeast Health. Your personal doctor and other doctors involved in your care may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office.

This notice will tell you about the ways in which we may use and disclose medical information about you. We will also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure medical information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to medical information about you
- Follow the terms of the notice that is currently in effect.

How we may use and disclose your medical information:

The following categories describe different ways that we use and disclose medical information. For each

category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

- 1. For treatment.** We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to doctors, nurses, technicians or other personnel at Southeast Health (employed or approved by Southeast Health to participate in patient care at Southeast Health) who are involved in taking care of you at Southeast Health. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so we can arrange for appropriate meals. Different departments at Southeast Health also may share medical information about you in order to coordinate the care you need, such as prescriptions, lab work and X-rays. We may also disclose medical information about you to people outside of Southeast Health who may be involved in your medical care after you leave Southeast Health, such as family members and clergy. We may disclose information about your care to any doctor identified as a provider of medical care to you, even if that doctor is not a direct participant in a given episode of care at Southeast Health. For example, it is routine for Southeast Health to provide information about your care to your primary care provider (PCP). Southeast Health believes that family support is important to your care. Accordingly, at Southeast Health, there are many support service staff workers, such as social workers and chaplains, who are active participants in the care of families at Southeast Health, and these professionals routinely have access to and document in medical records.
- 2. For payment.** We may use and disclose your medical information so that the treatment and services you receive at Southeast Health 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 a procedure you received at Southeast Health so your health plan will pay Southeast Health or reimburse you. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- 3. For healthcare operations.** We may use and disclose your medical information for hospital operations. These uses and disclosures are necessary to run Southeast Health and make sure all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We also may combine medical information about many Southeast Health patients to decide what additional services Southeast Health should offer, what services are not needed, and whether certain new treatments are effective. We also may disclose information to doctors, nurses, technicians, medical students and other Southeast Health personnel for review and learning purposes. We also may combine the medical information we have with medical information from other healthcare providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you so others may use the medical information to study healthcare and healthcare delivery. Finally, we may share information about you with clinical managers or clinicians caring for other patients at Southeast Health if this information could be important to these individuals in order to protect other patients at Southeast Health or to comply with the regulations of governmental agencies.
- 4. With the Southeast Health medical staff.** Doctors and other healthcare providers who are members of the Southeast Health Medical Staff work together in an organized healthcare arrangement to provide medical services to patients. These teams may share patient health information with each other to carry out treatment, payment and healthcare operations relating to patients at Southeast Health.
- 5. Business associates.** During the course of providing treatment to you, obtaining payment for your care and conducting normal hospital operations, Southeast Health works with business partners. For example, Southeast Health works

with computer software and hardware companies. Though every reasonable attempt will be made by Southeast Health to limit access by business partners to patient information, it is impossible to prevent all such access. Therefore, Southeast Health requires all business partners to enter into contractual agreements that require these business partners to limit their access to patient information to that which is necessary or unavoidable. Furthermore, our contracts with business partners require that all access to patient information that does occur will be managed according to strict principles of confidentiality and privacy. These partners are required to follow the same privacy laws as Southeast Health, including protecting your medical information and taking appropriate measures in the event of a breach.

- 6. Appointment reminders.** Southeast Health may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Southeast Health.
- 7. Treatment alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that our staff have determined to possibly be of benefit to you.
- 8. Southeast Health services.** We may use your medical information to generate notices of additional services available to you at Southeast Health.
- 9. Marketing activities.** We must also obtain your written permission (authorization) prior to using your PHI to send you any marketing materials. We may not sell your PHI without your written authorization. However, we may communicate with you about some products or services related to your treatment, case management, care coordination, alternative treatments, therapies, healthcare providers or care settings without your permission. Marketing activities do not include a communication made to you to provide refill reminders or otherwise communicate about a drug or biologic that is currently being prescribed for you. Communications for activities such as providing information about a generic equivalent of a drug being prescribed to you, as well as adherence communications encouraging you to

take your prescribed medication as directed are excluded from marketing activities.

In situations where marketing communications involve financial compensation, Southeast Health will obtain a valid authorization from you before using or disclosing PHI for such purposes. The disclosure will indicate that we are receiving financial compensation from a third party. Additionally, where we have an arrangement with a business associate (including a subcontractor) who receives financial compensation from a third party in exchange for making a communication about a product or service, such communication also requires your prior authorization.

- 10. Fundraising activities.** We may use and disclose your medical information to request your support for improving healthcare services that we provide to our community by contributing to Southeast Health Foundation. If you do not want to be contacted for this purpose, you have the right to opt-out of these communications by notifying the Southeast Health Privacy Officer in writing.
- 11. The Southeast Health directory.** We may include certain limited information about you in the Southeast Health directory while you are a patient at Southeast Health. This information may include your name, location in Southeast Health and your religious affiliation. The directory information, except for religious affiliation, also may be released to people who ask for you by name. Your religious affiliation may be given to clergy members, such as a priest or rabbi, even if they do not ask for you by name. This is so your family, friends and clergy can visit you at Southeast Health and so that we may provide appropriate spiritual support to you. If you do not wish for the fact that you are a patient at Southeast Health to be disclosed to someone asking about you, you can be designated as a "privacy patient." You may do this by simply asking your nurse to place such a designation by your name in the Southeast Health computer system. Locations with the primary purpose of treatment for substance abuse or psychiatric-related concerns will default all patients to "privacy patient" status and information will not be released via the Southeast Health Directory.

- 12. Members of the media.** A one-word condition

of you and your location may be released to members of the media only if the inquiry specifically contains your name. No information will be given to a member of the media if a request does not include your name.

13. Individuals involved in your care. We may release medical information about you to a friend or family member who is actively involved in your medical care. We also may release medical information to someone who helps pay for your care. This would be the minimum information necessary to facilitate payment.

14. Disaster relief. We may disclose medical information about you to any entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

15. Research. Under certain circumstances, we may use and disclose your medical information for research purposes, such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets privacy law requirements. We always require that researchers honor the confidential nature of your medical information. Finally, it is a requirement of all approved research studies that any publication of results contain full de-identification of the medical information; that is, in no way will a reader of the publication be able to identify you with the medical information disclosed in the publication. Where research involves the use or disclosure of psychotherapy notes, an authorization for a use or disclosure of psychotherapy notes may only be combined with another authorization for psychotherapy notes.

16. As required by law. We will disclose your medical information when required to do so by federal, state or local law.

17. To avert a serious threat to health or safety. We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or to the health and safety of others. Any disclosure, however, would only be to someone able to help prevent the threat. For example, if the Emergency Department of another hospital calls Southeast Health and requires information about you to treat you in

an emergency, the necessary information will be released to that emergency department.

Special situations:

18. Psychotherapy notes. Psychotherapy notes are notes recorded (in any medium) by a mental health professional for the purpose of documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session involving you and/ or your treatment. Psychotherapy notes are separated from the rest of the your medical record and exclude medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date. Psychotherapy notes may not be disclosed without your authorization except in the following limited circumstances:

- Use or disclosure in supervised mental health training programs for students, trainees or practitioners
- Use or disclosure by the covered entity to defend a legal action or other proceeding brought by the individual
- Use or disclosure that is required by law
- Use or disclosure that is permitted:
 - For legal and clinical oversight of the psychotherapist who made the notes
 - To prevent or lessen a serious and imminent threat to your health and safety and for the health or safety of the public

19. Organ and tissue donation, implants and selected pharmaceutical recipients. If you are an organ donor, we may release medical information to organizations that manage organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. If you are the recipient of an implant, a selected pharmaceutical or other invasive therapy involved in a safety review, we may release information to organizations, such as governmental agencies or pharmaceutical companies, when it is clearly in

the best interest of your health and safety.

20. Military and veterans. If you are a member of the armed forces, we may release your medical information as required by military command authorities. We also may release medical information about foreign military personnel to the appropriate foreign military authorities.

21. Workers' compensation. We may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

22. Public health activities. We may disclose your medical information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report reactions to medicines or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.

23. Health oversight activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

24. Lawsuits and disputes. If you are involved in a lawsuit or a dispute, we may disclose your information in response to a court or administrative order. We also may disclose your medical information in response to a subpoena, search warrant, discovery request or other lawful process by someone else involved in the dispute.

25. Law enforcement. We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness or missing person
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct at Southeast Health
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime

26. Coroners, medical examiners and funeral directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release medical information about Southeast Health patients to funeral directors as necessary to carry out their duties.

27. National security and intelligence activities. We may release your medical information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

28. Protective services for the president and others. We may disclose your medical information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

29. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your medical information 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 individuals housed

in the correctional institution.

30. Breaches. In the event of a known or suspected violation of your privacy, we may disclose facts including some patient information to you, investigating authorities, and/or the U.S. Department of Health and Human Services. We may also share information regarding the breach with the news media, but would not provide them with any identifiable information about you.

31. Health information exchange. Southeast Health participates in certain Health Information Exchanges (HIEs). A full list of these arrangements can be found on our website <https://www.southeasthealth.org/privacy-practices/> or may be obtained by calling the Southeast Health Privacy Officer at 334-793-8029. We may share information that we obtain or create about you with other participating health care providers or other health care entities, such as your health plan or health insurer, as permitted by law, through these HIEs. The information we share could include your complete medical history, diagnoses, notes, test results, current medications, allergies, immunizations, and other clinical information vital to your care. Certain demographic information used to identify you, such as name, birth date and address, might also be shared. We may also receive and maintain medical information about you from other physicians who have provided you with medical care. Providers need access to as much useful information as possible while treating their patients. The ability to view your medical history helps providers make better decisions about your care. For example, if you are admitted to a hospital on an emergency basis and cannot provide important information about your health condition or that you have been seen by your primary care physician, the information made available through these HIEs will help those who need to treat you to be able to see your health information held by another participating provider. When it is needed, ready access to your health information means better care for you.

Your rights regarding your medical information:

You have the following rights regarding your medical information that we maintain:

1. Right to inspect and copy. You have the right to

inspect and obtain a copy of medical information that may be used to make decisions about your care. This includes medical and billing records in physical form or electronic copy. To inspect and/or copy medical information that may be used to make decisions about you, you must submit your request in writing to the manager of Medical Records at Southeast Health (or his/her designee). If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain, very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by Southeast Health will review your request and the denial. The person conducting the review will not be the person who denied your original request. We will comply with the outcome of the review.

2. Right to request third-party disclosure. You have the right to request that information regarding your care be sent to a third party. Your request must be signed, in writing and must clearly designate the third party to whom Southeast Health should send the requested information. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

3. Right to amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to change the information. You have the right to request a change for as long as the information is kept by or for Southeast Health. To request a change, your request must be made in writing and submitted to the Southeast Health Privacy Officer.

Due to the technology used to store information and the laws requiring Southeast Health to retain information in its original text, Southeast Health may not be able to permanently delete information, even if it is identified as incorrect. If Southeast Health decides that it should correct or add information, it will correct or add information to your records and note that the new information takes the place of the old information. The old information may remain in your record. Southeast Health will tell you when the information has been added or corrected. Southeast Health will also tell

its business associates that need to know about the change to your protected health information.

Your request for amendment must provide a reason to support your request outlining what information needs to be changed and why the information is incorrect. We may deny your request for a change 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:

- Was not created by us, unless the person or entity that created the information is no longer available to make the change
- Is not part of the medical information kept by or for Southeast Health
- Is not part of the information which you would be permitted to inspect and copy Is already accurate and complete

If your request is denied, Southeast Health will send communication of the denial in writing. The denial will explain why your request was denied and your right to submit a written statement of why you disagree with Southeast Health denial. Southeast Health denial will also tell you how to submit a complaint to Southeast Health or to the Secretary of the Department of Health and Human Services. If you send Southeast Health a written statement of disagreement with the denial, Southeast Health can file a written reply to your statement. Southeast Health will provide you with a copy of any written reply. If you file a written statement disagreeing with the denial, Southeast Health must include your request for an amendment, the denial, and your written statement of disagreement and any reply when Southeast Health discloses the protected health information that you asked to be changed. Even if you do not send Southeast Health a written statement explaining why you disagree with the denial, you can ask that your request and Southeast Health denial be attached to all future disclosures of the protected health information that you wanted changed.

4. Right to an accounting of disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of your medical information. Exceptions:

Disclosures as a result of a valid authorization and disclosure to individuals made as part of activities 1 to 17, 23, 25 and 30 above may not be available (every therapist, nurse, etc. involved in your care, every audit of care provided, etc.) and may not, therefore, be included in the accounting of disclosures provided to you. To request this list or accounting of disclosures, you must submit your request in writing to the Southeast Health Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 26, 2003. The first list you request within a 12-month period will be free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost prior to providing the list, and you may choose to withdraw or modify your request at that time before any costs are incurred.

5. Right to request restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or who pays for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had to a specific family member who is not a legal guardian. We are not legally required to agree to all of your requests. In particular, we will not agree if we have any concern that this could compromise our ability to provide appropriate care to you. To request restrictions, you must make your request in writing to the Southeast Health Privacy Officer. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; (3) to whom you want the limits to apply. We will inform you of our decision.

You also have the right to request that we not share certain information with your health plan, if you pay in full, out of pocket, for those health care items or services (to ensure that we don't automatically bill your health plan for

these services or items, you will need to notify Southeast Health staff before receiving these services or items if you want this restriction).

6. Right to request confidential

communications. You have the right to request that we communicate with you about your 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. We will make reasonable efforts to comply. We reserve the right to take back our agreement should we feel this is necessary to protect you. To request confidential communications, you must make your request in writing to the Southeast Health Privacy Officer. We will not ask you the reason for your request. We will make reasonable efforts to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

7. Right to a paper copy of this notice.

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.southeasthealth.org, or to obtain a paper copy of this notice, contact the Southeast Health Privacy Officer at 334-793-8029.

8. Right to be notified following a breach of unsecured medical information.

You have a right to and will receive notifications of breaches affecting your medical information. A breach means the access, use or disclosure of your unsecured protected health information in a manner not permitted under HIPAA. If this occurs, you will be provided information about the breach, information about the steps Southeast Health has taken to minimize harm as a result of the breach and how you can lessen any harm as a result of the breach.

We reserve the right to change this notice. We reserve the right to 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 at Southeast Health and on our website at www.southeasthealth.org. In addition, each time you register at or are admitted to Southeast Health for treatment or healthcare services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

Complaints:

If you believe your privacy rights have been violated, contact a Southeast Health patient representative to assist you in filing a written complaint to the Southeast Health Privacy Officer.

All complaints must be in writing.

You may also send a written complaint to the U.S. Department of Health and Human Services at:

Region IV, Office for Civil Rights, DHHS
61 Forsyth Street, SW, Suite 16T70, Atlanta, GA 30303
FAX 404-562-7881

Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.

You will not be penalized in any way for filing a complaint.

Other uses of medical information:

Other uses and disclosures of medical information not covered by this notice or state or federal laws that apply to Southeast Health will be made only with your written permission. If you provide us permission to use or disclose your medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your medical information for the reasons covered by your written authorization. Southeast Health is unable to take back any disclosures we have already made prior to your revocation of permission to disclose.

Effective Date: 04/14/13

Revised: 09/23/13; 10/01/18, 02/11/21

Changes to this notice:



Connect with Us

Phone Number: 334-793-8116 option 2

Fax: 334-712-3701

Email: specialtypharmacy@southeasthealth.org

Address: 1108 Ross Clark Circle Dothan, Alabama 36301

Follow Southeast Health



**Serving you throughout southeast Alabama,
southwest Georgia & the Florida Panhandle!**

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

Urgent Concerns 24/7 Availability