



# Welcome to Arnot Health Specialty Pharmacy

**Quality Specialty Care for You**

200 Madison Avenue  
Suite G1 (basement level)  
Elmira, NY 14901

(607) 367-7398

Arnot*Health*  
Specialty Pharmacy

# Contents

Welcome.....	3
Location .....	3
Hours.....	3
Specialty pharmacy.....	3
After-hours clinical support .....	3
Contact us.....	3
Pharmacy Overview.....	3
Patient Services.....	4
Patient Management Program.....	4
Opting out .....	4
Rights and responsibilities .....	4
Language and Cultural Services .....	5
Frequently Asked Questions .....	5
How is a specialty pharmacy different from a retail pharmacy?.....	5
How does my new prescription get to the pharmacy? .....	5
How do I know when I will receive it?.....	5
When will the specialty pharmacy contact me or my provider?.....	6
How do I pay for my medication? .....	6
How do I get a refill? .....	6
What should I do if I have questions about the status of my order?.....	7
Will the specialty pharmacy be able to fill all my medications?.....	7
Will you ever substitute my medication for a different one? .....	7
What should I do if my medication is recalled? .....	7
What should I do if I may be having an adverse (bad) reaction to my medication? .....	7
What should I do if I suspect a medication error? .....	7
What if I am not happy with the services I receive?.....	7
Patient Rights and Responsibilities.....	7
Patient rights .....	8
Patient responsibilities .....	8
Disposing of Medications and Supplies.....	8
Unused medications .....	8
Chemotherapy and hazardous drugs .....	9
Home-generated biomedical waste.....	9
Planning for an Emergency.....	9
Preparing with the pharmacy .....	9
Preparing at home .....	9
Responding .....	10
Evacuating your home .....	10
Reaching the pharmacy.....	10
Need help? .....	10
Wellness Tips .....	10
Washing your hands.....	10
When should you wash your hands?.....	10
How should you wash your hands? .....	10
Preventing the flu.....	11
How can you help stop the spread?.....	11
Resources .....	11
Notice of Privacy Practices.....	12
Assignment of Benefits and Release Information.....	19

# Welcome

Thank you for being a patient of Arnot Health Specialty Pharmacy.

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

## Location

200 Madison Avenue  
Suite G1 (basement level)  
Elmira, NY 14901

## Hours

***Specialty pharmacy:*** Monday through Friday 8:30 am to 5:00 pm

***After-hours clinical support***

24 hours per day, 365 days per year

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

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

## Contact us

- Phone: \_\_\_\_\_
  - Specialty Pharmacy Local: 607-367-7398
  - Specialty Pharmacy Toll Free: 1-888-840-2768
  - After-Hours Clinical Support: 607-367-7398
- Email: [specialtypharmacy@arnothealth.org](mailto:specialtypharmacy@arnothealth.org)

Website: [WEBSITE URL](#)

## Pharmacy Overview

Arnot Health Specialty Pharmacy offers complete specialty pharmacy services to patients living in the Elmira and neighboring areas. Our services are designed to meet the needs of each of our patients. Our team of clinical pharmacists and technicians are specially trained in your condition.

We provide:

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

## Patient Services

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

Contact the specialty pharmacy at 607-367-7398 if you have questions about:

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

Contact our after-hours clinical support at AFTER HOURS 607-367-7398 (Specialty) & 607-317-6398 (CDM) if you have clinical questions or concerns about your medication that cannot wait until the next business day.

## Patient Management Program

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

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

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

For you to achieve maximum benefit from our PMP, please keep us informed of any concerns, problems, or changes in your response to therapy or ability to obtain therapy. For more information about the PMP, ask any member of the specialty pharmacy team by calling 607-367-7398 or emailing [specialtypharmacy@arnohealth.org](mailto:specialtypharmacy@arnohealth.org).

### *Opting out*

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

### *Rights and responsibilities*

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

1. The right to know about philosophy and characteristics of the PMP
2. The right to have personal health information shared with the PMP only in accordance with state and federal law
3. The right to identify the PMP team members, including their job title, and to speak with a team member's supervisor upon request

4. The right to speak to a health professional
5. The right to receive information about the PMP
6. The right to receive administrative information regarding changes in, or termination of, the PMP
7. The right to decline participation, revoke consent, or disenroll at any point in time
8. The responsibility to submit any necessary forms to participate in the program to the extent required by law
9. The responsibility to give accurate clinical and contact information and notify the PMP of changes in this information
10. The responsibility to notify your treating provider of your participation in the PMP, if applicable

## Language and Cultural Services

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

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

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

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

## Frequently Asked Questions

### *How is a specialty pharmacy different from a retail pharmacy?*

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

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

### *How does my new prescription get to the pharmacy? How do I know when I will receive it?*

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

- Your provider will send the prescription electronically when treatment is prescribed. This is the most common method.
- Your provider will write a paper prescription and send it to the pharmacy via mail or fax.
- Your provider will call in the prescription.

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

Once it is ready, we will contact you to schedule the delivery. You can also pick up your prescription from the pharmacy at your convenience.

### ***When will the specialty pharmacy contact me or my provider?***

The specialty pharmacy will call you to:

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

We will contact your provider:

- At your request
- When you are out of refills

### ***How do I pay for my medication?***

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

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

For payment, we accept:

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

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

### ***How do I get a refill?***

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

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

You can also pick up your prescription at the pharmacy at your convenience. Payment is required before your medication can be shipped or picked up from the pharmacy. Please call 607-367-7398 (Specialty) & 607-317-6398 (CDM) during our normal business hours if you have questions or need help.

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

If you have questions about the status of your order, please contact the pharmacy during normal business hours by calling 607-367-7398. You can also leave a message on our voicemail.

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

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

### ***Will you ever substitute my medication for a different one?***

We will inform you if any less expensive generic substitutions are available for medications, we provide you. You can either accept the generic substitution or request the brand name product. If you request the brand name product, you may have a much higher copay.

### ***What should I do if my medication is recalled?***

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

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

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

### ***Symptoms that require urgent attention include:***

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

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

### ***What should I do if I suspect a medication error?***

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

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

We will attempt to resolve any concerns or issues you experience as quickly as possible. If you would like to file a complaint, please call 1-888-840-2768. If you still have concerns, you may contact the Specialty Pharmacy General Manager at 1-888-840-2768.

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

- Patient Experience Department at 1-888-840-2768
- Your insurance company
- New York State Board of Pharmacy at New York State 1-800-442-8106 and website: [New York State Board of Pharmacy](http://www.nysbar.org)
- Accreditation Commission for Health Care at (855) 937-2242

## **Patient Rights and Responsibilities**

As a patient of Arnot Specialty Pharmacy, you have the following rights and responsibilities. If you feel any of these rights have not been provided, please contact the Specialty Pharmacy General Manager at 607-367-7398.

## *Patient rights*

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

## *Patient responsibilities*

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

## **Disposing of Medications and Supplies**

### *Unused medications*

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

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

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



Find more information at:

RXdrugdropbox.org

<http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>

## ***Chemotherapy and hazardous drugs***

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

## ***Home-generated biomedical waste***

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

### **Needle-Stick Safety**

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

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

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

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

Find more information at:

- Centers for Disease Control and Prevention (CDC) Safe Community Needle Disposal, [cdc.gov/needledisposal](http://cdc.gov/needledisposal)

## **Planning for an Emergency**

### ***Preparing with the pharmacy***

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

### ***Preparing at home***

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

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

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

### *Responding*

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

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

### *Evacuating your home*

If the emergency requires you to evacuate, please take your medications with you. Remember to bring a cooler with ice bricks if any of your medication requires refrigeration. Once you evacuate to a safe space, notify us of your new location so we can ensure there are no gaps in your therapy. If you need medication, please call us as soon as possible, and we will do our best to assist you.

### *Reaching the pharmacy*

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

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

### *Need help?*

For more information on emergency preparations and responses, visit the FEMA website at [www.fema.gov](http://www.fema.gov).

## **Wellness Tips**

### *Washing your hands*

Keeping your hands clean is one of the most important steps in staying well. Basic hand washing with soap and water significantly reduces the spread of germs. If you do not have access to clean water, use hand sanitizer instead.

When should you wash your hands?

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

How should you wash your hands?

1. **Wet** your hands with clean, running water (warm or cold). Turn off the tap. Apply soap.

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

### ***Preventing the flu***

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

How can you help stop the spread?

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

### ***Resources***

- [www.cdc.gov/flu](http://www.cdc.gov/flu)
- [www.cdc.gov/handhygiene](http://www.cdc.gov/handhygiene)

# 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.

If you have any questions about this notice, please contact the Arnot Health Privacy Officer at (607) 737- 4469 or Director of Health Information Management (607) 737-4208.

## I. WHO WILL FOLLOW THIS NOTICE?

This notice describes the privacy practices of Arnot Health. (AH). The four entities which make up AH are:

- Arnot Ogden Medical Center;
- Ira Davenport Memorial Hospital;
- St. Joseph's Hospital; and
- Arnot Medical Services at all of its sites.

Each of the above AH entities will follow this notice, including:

- Any health care professional authorized to enter or view information into your AH medical record.
- All AH departments and units.
- Any member of a volunteer group we allow to help you while you are receiving care from AH.
- All employees, and other AH personnel or representatives.

## II. OUR PLEDGE REGARDING MEDICAL INFORMATION:

AH understands that medical information about you and your health is personal and we are committed to protect medical information about you. We create a record of the care and services you receive at AH. 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 generated by AH, whether made by AH personnel or your personal doctor. Your personal doctor if outside of AH, may have different policies or notices regarding the doctor's use and disclosure of your medical information created or maintained in the doctor's office or clinic. This notice will tell you about the ways in which AH may use and disclose medical information about you, as well as your rights and certain obligations we have regarding the use and disclosure of medical information. State law may provide additional restrictions on the use and disclosure of certain information such as HIV/AIDS-related information and mental health information. AH will follow such requirements.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to your medical information;
- follow the terms of the notice that is currently in effect; and
- notify you of a breach of unsecured protected health information (PHI).

## III. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

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 the categories. AH entities covered by this notice will share medical information with each other as necessary to carry out treatment, payment, and health care operations to the extent authorized under law.

- For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to AH personnel who are involved in taking care of you at AH and to other non-AH doctors, nurses, technicians, medical students, or other persons involved with your treatment. 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 that we can arrange for appropriate meals. Different AH departments may also share medical information about you in order to coordinate the different services you need, such as prescriptions, lab work, and x-rays. AH also may disclose medical information about you to people outside AH who may be involved in your medical care after you leave AH, such as family members, clergy, or others we use to provide services that are part of your care.
- **For Payment.** AH may use and disclose medical information about you so that the treatment and services you receive at AH may be billed to 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 AH 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 to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** AH may use and disclose medical information about you for AH's operations. These uses and disclosures are necessary to run AH and make sure that 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 may also combine medical information about our patients to decide what additional services AH should offer, what services are not needed, and whether certain new treatments are effective. AH may also disclose information to doctors, nurses, technicians, medical students, and other AH personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. AH may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Appointment Reminders.** AH may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care with AH.
- **Treatment Alternatives.** AH may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** AH may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** AH may use medical information about you to contact you in an effort to raise money for AH and its operations. We may disclose medical information to a foundation related to AH so that the foundation may contact you in raising money for AH. We only would release contact information, such as your name, address, phone number, and the dates you received treatment or services with AH. You have the right to request that AH does not contact you for fundraising efforts and opt out of receiving these communications by calling: AH Foundation at (607) 737-7004 or the Chief Privacy Officer at (607) 737-4469.

- **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a hospital patient, unless you object. If we are providing emergency medical care to you, we will offer you the opportunity to object as soon as you are able. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. We use the directory so your family, friends and clergy can visit you in the hospital and generally know how you are doing.
- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, AH may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in AH. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before AH uses or discloses medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave AH. .
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical 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. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as 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 medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Public Health Risks.** We may disclose medical information about you 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 child abuse or neglect;
  - to report reactions to medications 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; or
  - 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 if you agree or when required or authorized by law.

- **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 health care 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 medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested, and to the extent permitted by law.

#### IV. SPECIAL SITUATIONS

- **Law Enforcement.** To the extent authorized by law, 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 AH; and
  - 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.
- **Coroners, Medical Examiners and Funeral Directors.** AH 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 may also release medical information about AH patients to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorize federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

- **Security Clearances.** We may use medical information about you to make decisions regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the Department of State who need access to that information for these purposes.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for AH to provide you with health care; (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.

## V. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you. Please contact AH's Director of Health Information Management at (607) 737-4208 if you have questions about the following rights. The address to use to exercise these rights in writing is:

Arnot Health.  
 Director of Health Information Management  
 555 St. Joseph's Boulevard  
 Elmira, NY 14901

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Director of Health Information Management, at the address above. 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 health care professional chosen by AH will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Amend.** If you feel that medical 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 AH. To request an amendment, your request must be made in writing and submitted to the Director of Health Information Management, at the address above. In addition, you must provide a reason that supports your request.
- We may deny your request for an amendment 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 amendment;
  - Is not part of the medical information kept by or for AH;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of disclosures we made of medical information about you. To request this list, you must submit your request in writing to the Director of Health



Information Management, at the address above. Your request must state a time period which may not be longer than the six years prior to your request. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. 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 the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Generally, we are not required to agree to your request to restrict how we use and disclose your medical information. Except however, if you request we restrict the disclosure of your medical information to a health plan (your health insurer) related to services or items we provide to you and you pay us out-of-pocket in full, we must agree to your request, unless we are required by law to disclose the information. Please Note: This restriction will apply only when requested and services are paid in full. Future services without a restriction request and for which no out-of-pocket payment is received will be billed per provider and health plan policy, which may include current provider notes that reference prior treatments or services previously restricted. For other restrictions we agree to, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Director of Health Information Management, at the address above. 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; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- **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 can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Director of Health Information Management, at the address above. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **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. If you agree to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of this notice, contact the Director of Health Information Management, at (607) 737-4208.

## **VI. CHANGES TO THIS NOTICE**

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 (revised) notice at AH locations and on our Web site at: [www.arnohealth.org](http://www.arnohealth.org). The notice will contain the effective date at the end of the notice. In addition, each time you register at or are admitted to AH for treatment or health care services as an inpatient or outpatient, upon your request we will offer you a copy of the current notice in effect.

## **VII. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with AH by contacting the Privacy Officer at (607) 737- 4469, or the Director of Health Information Management at (607) 737- 4208. To better serve you, we ask that you put your complaint in writing and send to:

Arnot Health  
Privacy Officer  
600 Roe Avenue  
Elmira, NY 14905

You may also complain to the Secretary of the US Department of Health and Human Services.

You will not be penalized or retaliated against for filing a complaint.

## **VIII. OTHER USES OF MEDICAL INFORMATION.**

The following uses and disclosures of your medical information will only be made with your written permission:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of medical information for marketing purposes; and
- Disclosures that would be considered a sale of medical information.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will only be made with your written permission.

If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

AH will notify you by mail to your most recent address on record after a breach of unsecured PHI.

Original Effective date: April 14, 2003;  
Revised June 10, 2013.  
Revised October 18, 2019

File name NPP2019  
In Compliance Drive

# Assignment of Benefits and Release Information

<INSERT HEALTH SYSTEM'S APPLICABLE RELEASE FORM>

Arnot*Health*  
**Specialty Pharmacy**

200 Madison Avenue  
Suite G1 (basement level)  
Elmira, NY 14901

Monday through Friday 8:30 A.M. to 5 P.M.

607-367-7398