



Welcome to
**PHARMACY
SERVICES**



MISSOURI DELTA
PHARMACY SERVICES



Page 2: Table of Contents

General Information – Page 3

Filling a Prescription – Page 3

Refill Reminders – Page 3

Refilling a Prescription – Page 4

Prescription Pick Up and Delivery – Page 4

Services Offered – Page 4

Insurance, Billing and Financial Assistance – Page 4

Payments – Page 5

Pharmacist Assistance – Page 5

Interpreter Services – Page 5

Medications Not Available at Pharmacy – Page 5

Frequently Asked Questions – Page 6

Patient Information – Page 7

Community Resources and Support – Page 7

Drug Recalls – Page 7

Accessing Medications in Event of Emergency or Disaster – Page 7

Patient Safety – Page 8

Patient Information on Emergency Preparedness – Page 9

Concerns and Complaints – Page 10

Rights and Responsibilities – Page 11

Notice of Privacy Practices – Page 12



General Information

Missouri Delta Medical Center Pharmacy provides specialty medication and services to patients in the state of Missouri.

Our team:

- Works with your doctor and insurance to get your medication covered
- Finds financial assistance to reduce your copay amount, if available
- Teaches you how to take your medication and address any concerns
- Coordinates timely pick-up or delivery of your medication

Contact Information

Location: 1008 N. Main (Entrance 6), Sikeston, MO 63801

Phone: (573) 472-7457, option 2

Toll Free: (833) 303-7457

Email: employeerx@missouridelta.com – Do not send medical information through email.

Website: <https://www.missouridelta.com/services/pharmacy>

Hours of Operation

Hours: 8 am to 4:30 pm

Closed: Saturday and Sunday

Closed Holidays: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day (Note: if a holiday falls on a Saturday, then the Friday before will be observed. If on a Sunday, then the next Monday will serve as the observed holiday.)

A licensed pharmacist is available 24 hours a day, 7 days a week, to discuss urgent matters. Call 833-303-7457 (toll-free) after normal business hours to speak to a pharmacist. In case of an emergency, call **9-1-1**.

Filling a Prescription

Your provider will send the prescription to Missouri Delta Medical Center Pharmacy. We will process the prescription and enroll you in our patient management program service, which includes education about how and when to take your medication, how to manage potential side effects, and ongoing clinical evaluation and support. The patient management program is provided to you at no additional cost and your participation is completely voluntary. If you do not wish to participate in the patient management program, please call us at (573) 472-7457, opt 2.

If you would like to use another specialty pharmacy, please call us and we will help transfer your prescription.

Refill Reminders

A team member will call you one (1) week before your medication is scheduled to run out

- To check your progress,
- To determine the delivery of your next refill, and
- To verify your therapy and get a new prescription if you do not have any refills left



Refilling a Prescription

You may order refills by:

1. Visiting the pharmacy at Missouri Delta Medical Center, 1008 N. Main, Sikeston, MO 63801. The pharmacy is located inside Entrance 6 (on the northwest side of the hospital) through the second door on the left.
2. Calling (573) 472-7457, opt 2. Please allow two (2) business days for processing.
3. Emailing us at employeeerx@missouridelta.com.

If you have lost your medication or supplies, or if you need your prescription(s) in advance of travel, please call Missouri Delta Medical Center Pharmacy. Our staff will work with you and your insurance company to get your medications covered and prevent a lapse in therapy.

Prescription Pick Up and Delivery

1. Pick Up: Medications that are ready can be picked up from Missouri Delta Medical Center Pharmacy during the following times:
 - a. Normal business hours: Monday – Friday, 8 am to 4:30 pm
 - b. After hours: Monday – Friday, 4:30 pm to 9 pm
 - c. Saturday and Sunday, 7 am to 7 pm
 - d. Holidays: 7 am to 5 pm
2. Delivery: Medications can be shipped to you, free of charge, if you live outside of Sikeston. Our team will schedule shipment of your specialty medication(s) to your home or an approved alternate location when needed. We are not able to ship to a P.O. Box. If you cannot accept the package, it can be left at your home or another approved location. We will also include any necessary supplies, such as sharps containers and alcohol swabs, at no cost to you. If your medication(s) require special handling or refrigeration, they will be packaged and shipped accordingly.

We will make every effort to deliver your medication and supplies early if a weather warning is in place. We will attempt to call our patients, in order of disaster priority, with any special instructions. Please make sure we have your current phone number and a secondary contact number on file to ensure we can reach you in case of an emergency or a delivery delay so there is no lapse in therapy.

Services Offered

Insurance, Billing and Financial Assistance

Our team works with your insurance company to help get your specialty medication covered. You may have to pay a copay each time a medicine is filled. We will tell you the exact amount you need to pay. The copay amount for a specialty pharmacy medication may still be high, despite having your insurance company pay for most of the cost. Our team will help find financial assistance programs to help lower the cost. We may ask you to fill out a patient medication assistance program authorization form in order to provide these services.

Some medications need paperwork to be completed for the insurance to cover the cost. This process is called prior authorization. Our team has the expertise to process this paperwork, which may take a few business days to complete. We will keep you and your doctor informed throughout the process, especially if there are expected delays. If insurance denies coverage, we can help your doctor file an appeal.

If your insurance plan considers Missouri Delta Medical Center Pharmacy an “out of network” pharmacy, we will inform you of the cost to fill your medication with us. Our staff will transfer your prescription to an “in network” pharmacy if that will save you money.



Payments

Balance must be paid prior to your medication being dispensed. We accept credit/debit cards, cash, personal checks, money orders and most flexible spending accounts.

Pharmacist Assistance

Our pharmacists are trained on the medication you are taking and will answer your questions about your therapy and care plan. They have direct access to your doctors, nurses, and other providers, and will reach out to them if needed. Please call and speak to our pharmacists if you have any questions about your treatment.

Pharmacists will:

- Teach you how to take your medication correctly and consistently and share why it's important.
- Ensure that you know how to use injectable medications.
- Help you understand and manage side effects and drug interactions.
- Discuss any problems you may have, such as difficulties taking your medication or cost concerns.
- Work with your health care team to ensure your therapy is safe, effective and appropriate.

Our patient management program is designed to help you get the most out of your specialty medication.

Benefits of being in our program include:

- Improved knowledge of medication usage and administration
- Improved medication adherence by creating a plan to help patients not miss doses
- Improved ability to manage potential or difficult side effects
- Greater self-management of medications and medical condition
- Improved coordination of healthcare services through the collaboration of your pharmacist and doctor

While our team can help you get the most out of your therapy, only your doctor can diagnose your condition and prescribe medication. You should keep your appointments with your doctor and take your medication as prescribed to avoid complications and get the best results from your therapy. It is also important that you share correct and up to date information with our team about other medications you are taking, allergies, and any changes to your health.

Interpreter Services

If you are deaf, hearing impaired or if English is not your primary language, an interpreter is available. There are special services available if you are visually impaired as well.

Medications not available at Pharmacy

Missouri Delta Medical Center Pharmacy has access to most specialty medicines, but if our specialty pharmacy is unable to provide your medication, our team will work with both you and another pharmacy to ensure that you receive your medicine. Let us know if you want to get your medication from another pharmacy and we will transfer your prescription.



Frequently Asked Questions

What is a specialty pharmacy?

A specialty pharmacy provides complex and costly medications, usually requiring special storage and handling that may not be available at your local pharmacy. The medications are injected, taken by mouth or infused. Sometimes, these medications have side effects that require monitoring by a trained pharmacist. Missouri Delta Medical Center Pharmacy focuses on providing these medications while providing you with excellent customer service and clinical support.

Will my insurance company let Missouri Delta Medical Center Pharmacy dispense my medication?

Missouri Delta Medical Center Pharmacy can dispense for most insurance companies. Sometimes your insurance company will require the use of another pharmacy. In these instances, we will transfer your prescription and have the new pharmacy contact you.

Will you ever substitute my medication with another?

From time to time, it is necessary to substitute generic drugs for brand name drugs. This could occur due to your insurance company preferring the generic be dispensed or to reduce your copay. If a substitution needs to be made, we will contact you prior to shipping the medication to inform you.

When should I contact Missouri Delta Medical Center Pharmacy?

You should call us if:

- Your address, telephone number or insurance information has changed.
- You have any questions regarding the status of your prescription.
- You have concerns regarding how you take your medication.
- You need to reschedule or check the status of your shipment.
- You need to start or stop a medication or if your dose changes.
- You have a reaction or allergy to your medicine.
- You would like more information about your plan for therapy.
- If you need to report a suspected medication issue or if you believe an error in shipping or dispensing has occurred.
- If you notice your medication has been recalled by the FDA.

You should also contact us with any other questions or concerns. Our staff is happy to assist you with your specialty pharmacy needs, including:

- Working with another specialty pharmacy to get your medications delivered.
- Helping you get access to medications during an emergency or disaster.
- Providing you with tools to manage your therapy, including education materials and consumer advocacy support.

Is it important to take all my medication?

Yes. Follow your doctor's instructions for how much medication you should take and the length of time you should take it. We know some medications may have unpleasant side effects or be difficult to administer. Our pharmacists are available to offer advice on dealing with these issues and can help you to contact your doctor.

What do I do if I have an adverse reaction to the medication?

Call 911 or have someone drive you to a hospital emergency room if the reaction appears serious or life threatening. Make sure to tell us about it as well as your doctor who prescribed the medication.



Can I return my medication?

Once your medication is dispensed from the pharmacy, it cannot be returned to the pharmacy. If you suspect your medication is defective or recalled, please call us and we will assist you.

How do I dispose of unused medications?

Contact your local health department or go to the below FDA websites for information:

- www.fda.gov/forconsumers/consumerupdates/ucm101653.htm
- <https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know>

Patient Information

Community Resources and Support

We will ensure that you have access to information from community resources to help you optimize your medication therapy and better manage your disease state. Visit our website for more information.

Drug Recalls

Missouri Delta Medical Center Pharmacy follows the drug recall guidelines by the FDA, the drug manufacturers and/or state and federal regulatory agencies. We will contact you and your provider if a drug recall affects you.

Accessing Medications in Event of Emergency or Disaster

We make every effort to deliver your medications and supplies early if there is a weather event. If we are unable to deliver your medications or supplies, we transfer your prescription to another pharmacy. If there is a disaster in your area, call (573) 472-7457, opt. 2 to tell us where to deliver your medication. Be sure to let us know when you return to your home. Make sure your contact information on file is up to date to avoid delay or disruption in your therapy.



Patient Safety

Adverse drug reactions

Call 911 for emergencies. Contact us or your doctor for non-urgent drug reactions.

Hand-washing instructions

Wash your hands for 30 seconds with soap and warm water before and after you handle any medication. If water is not available, use hand sanitizer.

1. Collect the supplies:
 - Soap
 - Paper towels or a clean cloth towel
2. Wet your hands with warm water.
3. Place a small amount of soap on your hands.
4. Rub your hands together for at least 30 seconds, including in between your fingers.
5. Rinse your hands with warm water.
6. Dry your hands with a paper towel or clean cloth towel.
7. Turn off your faucet with the towel.

Sharps and sharps disposal

After using your injectable medication, place all needles, syringes and lancets and other sharp objects into a sharps container. You can also use a hard plastic or metal container with a screw-on top or secure lid. Do not throw sharps in the trash unless they are in a sharps container. Do not flush them down the toilet. Once the container is three-quarters full, use heavy-duty tape and tape the top to the container before throwing the container away. Do not use clear plastic or glass containers.

Check with your local waste collection service or public health department on how to throw away sharps containers in your area. You can also visit SafeNeedleDisposal.org.

Needle-stick safety

- Never put the cap back on the needles.
- Throw away needles right after using them into a sharps disposal container.
- Report all needle sticks or sharps-related injuries promptly to your physician.

Falling

1. Keep the floor clean. Promptly clean up spills.
2. If you use throw rugs, place them over a rug liner or choose rugs with non-skid backs.
3. Use a non-slip mat or place adhesive strips in your tub or shower.
4. Tuck away telephone, computer and electrical cords out of walkways.
5. All stairs and steps need handrails.
6. Have all walkways well lighted and use night lights as needed.



Patient Information on Emergency Preparedness

Poisoning

1. Keep all dangerous items and medications out of the reach of children.
2. For emergencies, call Poison Control at (800) 222-1222.

Fire and burn prevention

1. Have smoke detectors in the home and replace the batteries at least once a year.
2. Test each smoke detector once a month.
3. Have a fire plan and be sure all family members know what to do if there's a fire.
4. Place covers over electrical outlets.
5. Check to make sure your water heater is set no higher than 120 degrees Fahrenheit.
6. Keep children away from the stove and never leave the stove unattended while cooking.
7. Keep matches and lighters out of the reach of children.

Fire

1. Rescue anyone from immediate danger.
2. If you are safe, alert the fire department. Otherwise evacuate the area.
3. Turn off oxygen (if applicable) and try to contain the fire by closing off any access such as doors.
4. Attempt to extinguish the fire only if it is in a small area. Otherwise, evacuate the building and notify the fire department once you are safe.
5. If you have to relocate, please let us know of your updated contact information and new medication delivery location to ensure that there is no lapse in therapy.

Natural disasters (flood, earthquake, or tornado)

1. Store extra food, bottled water, and supplies.
2. Have a battery-operated radio, flashlights and extra batteries.
3. Check your home for any gas or water leaks and turn off appropriate valves.
4. Stay away from windows or broken glass. Wear shoes at all times.
5. Do NOT use your stove for heat. If your power goes out, use these items as heat sources:
 - a. Extra blankets, sleeping bags or warm winter coats, gloves and hats.
 - b. A wood-burning fireplace. (Be sure to keep a supply of dry firewood.)
6. Evacuate the area if necessary.
7. Notify us of address changes during evacuation.

Power outage

1. Notify your gas and electric companies if there is a loss of power or any special medical needs.
2. Have a battery-operated radio and extra batteries.
3. Use flashlights instead of candles for safety.



Concerns and Complaints

You have a right to voice concerns and recommend changes in care or services without fear. Contact us by:

- Email: employeex@missouridelta.com
- Phone: (573) 472-7457 opt. 2
- In Person: 1008 N. Main, Sikeston, MO 63801

Complaints and concerns are reviewed and investigated within five (5) business days of receipt. You will be notified, either by phone or in writing, of our resolution.

If Missouri Delta Medical Center Pharmacy cannot resolve your concern, you may contact:

- Missouri Board of Pharmacy, 3605 Missouri Boulevard, Jefferson City, MO 65109, (573) 751-0091, MissouriBOP@pr.mo.gov
- Office of Quality Monitoring for The Joint Commission, 800-994-6610, complaint@jointcommission.org
- Medicare beneficiaries may also submit complaints regarding concerns of quality of care or coverage decisions by calling 1-800-MEDICARE.
- Missouri Delta Medical Center Pharmacy is an accredited specialty pharmacy. You may also contact the Accreditation Commission for Healthcare (ACHC) 139 Weston Oaks Ct., Cary, NC 27513, customerservice@achc.org Toll-free: (855) 937-2242



Rights and Responsibilities

Patients have the right to:

- Have personal health information shared with the patient management program only in accordance with state and federal law,
- Identify the program's staff members, including their job titles, and to speak with a staff member's supervisor if requested.
- Speak to a health professional.
- Receive information about the patient management program.
- Decline participation, or disenroll, at any point in time.
- 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 of care/service being provided and their financial responsibility
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI)
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records
- Choose a healthcare provider, including an attending physician, if applicable
- Receive appropriate care without discrimination in accordance with physician's orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

Patients have the responsibility to:

- Give accurate clinical information and to notify the patient management program of changes in this information.
- Notify the treating prescriber of their participation in the patient management program.
- Submit forms that are necessary to receive services.
- Maintain any equipment provided.
- Notify the organization of any concerns about the care or services provided.



NOTICE OF PRIVACY PRACTICES

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

Section A: Who will Follow This Notice?

This notice applies to Missouri Delta Medical Center (hereafter referred to as 'Provider') Privacy Practices and its affiliates including any workforce member authorized to create medical information referred to as Protected Health Information (PHI) which may be used for purposes such as treatment, payment, and healthcare operations. These workforce members may include:

- All departments and units of the Provider
- Any member of a volunteer group
- All employees, staff, and other Provider personnel
- Any entity providing services under the Provider's direction and control will follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment, or healthcare operational purposes described in this notice.

Section B: Protection of Protected Health Information

This notice applies to all of the records of your care at Missouri Delta Medical Center and will tell you about the ways in which we may use and disclose your medical information. This notice will also describe your rights and certain obligations Missouri Delta Medical Center has regarding the use and disclosure of medical information.

We understand that medical information about you and 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 the Provider. We need this record to provide you with quality care and to comply with certain legal requirements.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Missouri Delta Medical Center is required by law to keep protected health information (PHI) private. PHI is any health information that identifies you, including information such as your name, address, telephone number, and any information created by your healthcare providers for treatment, billing, or payment. Missouri Delta Medical Center is committed to the protection of your PHI and will make reasonable efforts to keep your PHI confidential as required by law. Missouri Delta Medical Center is also required to provide you with this notice of our privacy practices. We take this commitment seriously and will work with you to comply with your right to receive certain information under HIPAA.

The Privacy Rule requires a covered entity that maintains a web site providing information about the covered entity's services or benefits to prominently post its notice of privacy practices on its web site. We may e-mail our notice of privacy practices to an individual if the individual agrees to receive an electronic notice of privacy practices (although the individual always retains the right to receive a paper copy of the notice of privacy practices upon request). We will make the latest notice (i.e., the one that reflects any changes in privacy policies) available at our office or facility for individuals to request to take with them, and post it in a clear and prominent location at the facility.

Section C: Standard Use and Disclosure of Your Medical Information

Missouri Delta Medical Center and physicians with staff privileges may use your medical information to provide you with medical treatment and services, to receive payment for those services, and in daily health care operation in the following ways without your permission:

Treatment: Missouri Delta Medical Center may disclose your medical information to those involved in your treatment on an as-needed basis. For Example: Information taken by a nurse, physician or other member of your health care team will be documented in your record and used to decide the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a following health care provider with copies of various reports that should help him or her in treating you once you are discharged from this hospital.

Payment: Missouri Delta may be required to use or disclose your medical information for payment or billing purposes. For Example: A bill may be sent to you or a third-party payer such as Medicare, Medicaid, your insurance company, workman's compensation, etc. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. 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. We may release medical information about you to someone who helps pay for your care, unless you object and ask us not to provide this information to specific individuals, in writing.

Health Care Operations: Missouri Delta Medical Center may also use and disclose your medical information in our everyday health care operations. For Example: Members of the Medical Staff, the Risk or Quality Management Director, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. Also, the state, JCAHO, and auditors may see your information in the course of a survey for accreditation, licensure, or audit of financial records. We may also remove information that identifies you from your medical record so others may use it to study health care and health care delivery without learning a patient's identity.

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include services in the radiology and laboratory departments. When these services are contracted, we may release your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services provided. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Communication Barriers: We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.

Section D: Standard Uses or Disclosures of Your Medical Information to Which You May Object

Unless you object in writing to the Privacy Officer at Missouri Delta Medical Center, MDMC will also use or disclose your health information for purposes described in this section. Refer to the "Contacting Missouri Delta Medical Center" section at the end of this notice.

Hospital Directory: We may include certain limited information about you in the Facility Directory while you are a patient of the Provider. This information may include your name, location in the Provider, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The Provider 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 do not ask for you by name. This is so your family, friends, and clergy can visit you in the Provider and generally know how you are doing. You may opt out of this Directory by providing a written request at the time of admission or registration.

Notification/Emergencies: In an emergency, health care professionals, using their best judgment, may release your medical information to a family member, relative, friend, or any other person you identify, that pertains to their involvement in your care or payment related to your care. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat you.

Disaster Relief: We may use or release health information to a public or private party authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating the uses of releases described in **Notification** above. Privacy requirements apply to the extent that we may use professional judgment to determine they do not interfere with the ability to respond to the emergency circumstances.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Health Information Exchange (HIE): We may make your protected health information available electronically through a secure health information exchange service to facilitate the exchange of your health information between and among other healthcare providers or other health care entities for your treatment, payment, or other healthcare operations purposes. This means we may share information we obtain or create about you with outside entities (such as hospitals, physician offices, pharmacies, or insurance companies) or we may receive information they create or obtain about you (such as medication history, medical history, or other information) so each of us can provide better treatment and coordination of your healthcare services. You have the right to opt-out of participation in the Health Information Exchange.

Fundraising: If we intend to use your medical information for fundraising purposes, we will inform you of such intent and that you have a right to opt out of receiving fundraising communications. We may use information about you to contact you in an effort to raise money for the Provider and its operations. We may disclose information to a foundation related to the Provider so that the foundation may contact you in raising money for the Provider. We would only release contact information such as your name, address, and phone number and the dates you received treatment or services at the Provider. If you do not want the Provider to contact you for fundraising efforts, you must notify us in writing. You will be given the opportunity to 'opt-out' of these communications.

Section E: Uses and Disclosures of Your PHI that Does Not Require Your Consent

Missouri Delta may also share your medical information without your permission for the following reasons:

Public Health activities/Food and Drug Administration: 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

- 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

Government Authorities/As Required By Law/Law Enforcement/Administrative Proceedings: We will disclose medical information about you as required by federal, state, or local law about persons who may be victims of abuse, neglect, or other crime. Information may be released 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 the Provider; 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.

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.

Prison Inmates: Information can be released to the correctional facility in which the inmate resides for the following purposes: 1) for the correctional facility to provide the inmate with healthcare; 2) to protect the health and safety of the inmate or the health and safety of others; or 3) for the safety and security of the correctional facility.

Special Government Circumstances: Your medical information may be released for circumstances involving military or veterans activities; national security and intelligence activities; protective services for the President; medical suitability determinations; law enforcement custodial situations; and government programs providing public benefits

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.

Workman's Compensation: Disclosing information necessary to comply with Workers Compensation laws or purposes.

Coroner, Medical Examiner, Funeral Director: 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 may also release medical information about patients of the Provider to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation: Consistent with applicable law, we will release health information to organ procurement organizations or other entities involved in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

Prevention of an Immediate Health and Safety Threat: 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.

Research: Under certain circumstances, we may disclose medical information about you related to a research project when a waiver of authorization has been approved by the Investigational Research Body (IRB). All research projects 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 we use or disclose 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 the Provider. 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. We will almost always generally ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the Provider.

Section F: Additional Information That May Be Shared With You about Products/Services That Relate To Your Treatment without an Authorization

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the Provider. We may also provide prescription refill reminders.

Treatment Alternatives: We 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: We may use and disclose medical information to tell you about health & related benefits or services that may be of interest to you.

Section G: Uses and Disclosures That Require Your Consent

We will not use your protected health information for any purposes not specifically allowed by Federal or State laws or regulations without your written authorization; specifically the following types of uses and disclosures of your medical information require an authorization:

Psychotherapy Notes: We must have your written permission before we can release medical information contained within psychotherapy notes.

Marketing: We must have your written permission before we can accept payment for the use and disclosure of your PHI for marketing purposes.

Sale of PHI: We cannot sell your PHI without your written permission, except we may be paid our costs (i.e. labor, supplies, postage) to provide PHI to public health/other purposes permitted by HIPAA.

Immunizations: We will comply with requests received for proof of immunizations from schools as required by Missouri law to have such proof prior to admitting the individual. Verbal authorization is required.

E-mail Use: E-mail will only be used for communications with you following this organization's current policies and practices and with your permission. The use of secured, encrypted e-mail is encouraged.

An authorization may be revoked prospectively at any time by written revocation.

Section H: You're Rights

Request a Restriction: You may request a restriction on the protected health information that Missouri Delta Medical Center uses or discloses about you for payment, treatment or health care operations. We require that any requests for use or disclosure of medical information be made in writing. In some cases

we are not required to agree to these requests, however if we agree to them we will abide by these restrictions. We will always notify you of our decisions regarding restriction requests in writing.

You have the right to request, in writing, a limit on disclosures of your PHI to family members or friends who are involved in your care or the payment for your care. For example, you could ask that we not use or disclose information about a surgery you had. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply, for example, disclosures to your spouse.

If you pay in full for a health care item or service out-of-pocket you may request that Missouri Delta Medical Center not disclose PHI about that health care item/service to your health plan. In this instance, Missouri Delta Medical Center will not disclose PHI about that service to the health plan unless we are required to do so by law. It is your responsibility to alert Missouri Delta Medical Center if this is your intention before the health care item or service is performed so that written authorization can be obtained and full payment can be collected at that time.

Request Confidential Communication: You may request to receive your PHI by alternative means or at an alternative location if you reasonably believe that other disclosure could pose a danger to you. For Example: You may only want to have PHI sent by mail or to an address other than your home. While we are not required to agree to all requests, Missouri Delta Medical Center will accommodate all reasonable requests for confidential communications. Your request must specify how or where you wish to be contacted.

Request Access: You have the right to access, inspect, and obtain a copy of the medical information that may be used to make decisions about your care, with a few exceptions. Usually, this includes medical and billing records, but may not include psychotherapy notes. We may deny your request to inspect or obtain a copy of your medical information in certain limited circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by the Provider 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.

Request an Amendment: You have the right to request an amendment of your PHI held by Missouri Delta Medical Center if you believe that information is incorrect or incomplete. Your request must be in writing and sent to the Privacy Officer using the "Contacting Missouri Delta Medical Center" section of this notice and must give a reason(s) in support of the proposed amendment. You have the right to request an amendment for as long as the information is kept by or for the Provider. In certain cases, Missouri Delta Medical Center 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 a request for amendment may be denied if you ask 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 the Provider;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Request for 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. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically, if available).

To be Notified of a Breach: We are required to notify you under the HIPAA rules by first class mail or by e-mail (if we offered and you have indicated a preference to receive information by e-mail), of any breaches of unsecured PHI as soon as possible, but in any event, no later than 60 days following the

discovery. "Unsecured Protected Health Information" is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users.

Missouri State Breach- Section 407.1500 may also require breach notification of individuals. This organization will notify you as soon as possible of discovered breaches of unsecured protected or personal information consistent with the rules that apply to that breach.

Notification of a breach is required to include the following information:

- A brief description of the breach, including the date of the breach and the date of its discovery, if known;
- A description of the type of Unsecured Protected Health Information involved in the breach;
- Steps you should take to protect yourself from potential harm resulting from the breach;
- A brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
- Contact information, including a toll-free telephone number, e-mail address, web site or postal address to permit you to ask questions or obtain additional information.

In the event the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on the home page of our web site or in a major print or broadcast media. If the breach involves more than 500 patients in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 patients, we are required to immediately notify the Secretary of HHS. We are also required to submit an annual report to the Secretary of a breach that involved less than 500 patients. We will report breaches of over 1000 patients to credit monitoring agencies as required by FIPA.

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. <http://www.missouridelta.com/>

Section I: Changes to This Notice

Missouri Delta Medical Center has the right to change this notice. Changes may be effective for any current health information about you and any information that may be obtained in the future. Changes to this notice will also be effective for all health information Missouri Delta maintains about you. The most recent copy of this notice will be available anywhere you register for services. You can also contact the Missouri Delta Privacy Officer to obtain the most recent copy of this notice.

Section J: Complaints

Missouri Delta Medical Center takes the privacy and security of your protected health information very seriously. If you believe that your privacy rights have been violated, please contact Missouri Delta Privacy Officer so we may investigate and try to correct the problem. You also have the right to file a complaint with the Department of Health and Human Services.

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>. Missouri Delta Medical Center will not treat you differently or prevent you from receiving care if you decide to report a complaint.

Section K: Organized Healthcare Arrangement (OHCA)

The Provider, the independent contractor members of its Medical Staff (including your physician), and other healthcare providers affiliated with the Provider have agreed, as permitted by law, to share your health information among themselves for purposes of treatment, payment or healthcare operations,

enabling us to better address your healthcare needs. Providers participating in an Organized Healthcare Arrangement may share the same Notice of Privacy Practices.

Section L: Contacting Missouri Delta Medical Center Privacy Officer

Missouri Delta Privacy Officer can be reached by phone, email or mail.

Phone: (573)472-7628 or (573)472-7630

Email: privacyofficer@missouridelta.com

Mailing Address:
Missouri Delta Medical Center Privacy Officer
1008 N. Main St.
Sikeston, Missouri 63801

You can request a paper copy of this notice by contacting Missouri Delta's Privacy Officer or from the area where you received your services.

EFFECTIVE: 4/14/2003
Rev. 04/2013, 08/2014, 03/2015, 4/7/2017