



**university**  
health

# Specialty Pharmacy Patient Guide

# Important Numbers

In case of emergency, call 911

Specialty Pharmacy:

816-404-4200 *Option #5*

1-800-225-3005

Interpreting Services:

816-404-3280

Hospital Operator:

816-404-1000 (downtown)

Hospital Operator:

816-404-7000 (Lakewood)

Transportation:

816-404-3375

Missouri Health:

866-269-5927

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## Contact Information

Location: 2101 Charlotte Street, Kansas City, Missouri 64108

Phone: 816-404-4200, option #5 or 1-800-225-3005

Email: [SpecialtyPharmacy@tmcmcd.org](mailto:SpecialtyPharmacy@tmcmcd.org)

Website: [Universityhealthkc.org/services/pharmacy/specialty-pharmacy-program](http://Universityhealthkc.org/services/pharmacy/specialty-pharmacy-program)

To ensure your privacy, do not send medical information through e-mail.

## Hours of Operation

Hours: Monday through Friday 8:00 am - 4:30 pm

Closed: Saturday and Sunday (*Closed on New Year's Day, Martin Luther King, Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, the Day after Thanksgiving, Christmas Day*)

A licensed pharmacist is available 24 hours a day, 7 days a week, to discuss urgent matters by calling 816-404-4200 or 1-800-225-3005.

## Filling a Prescription

Your provider will send the prescription to University Health Pharmacy. Our staff will begin the process of enrolling you in our specialized patient management program service that includes education about how and when to take your medication, how to manage potential side effects, and ongoing clinical evaluation and support. The benefits you will receive from University Health Specialty Pharmacy's patient management program are optimized when you are willing to follow directions and are compliant to therapy. University Health Pharmacy's 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 and would like to opt out, please contact the pharmacy via phone, email, or in person.

## Refilling a Prescription

You may order refills by:

1. Stop by University Health Pharmacy located on the main floor of the University Health building at 2101 Charlotte Street, Kansas City MO 64108
2. Calling our specialty team at 816-404-4200 or 1-800-225-3005. When calling to request a refill, please allow two (2) business days for University Health Pharmacy to process and deliver your refill order.
3. Email one of our specialty pharmacists at [SpecialtyPharmacy@tmcmcd.org](mailto:SpecialtyPharmacy@tmcmcd.org).

If you have lost your medication or supplies, or if you need your prescription(s) in advance of travel, please call University Health Pharmacy, and our staff will work with you and your insurance company to ensure that your medications are covered and that there is no lapse in therapy.

## Insurance, Billing and Financial Assistance

Our team works with your insurance company to help get your specialty prescription 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 research various financial assistance programs available to possibly lower your drug therapy cost. We may ask you to fill out a patient medication assistance program authorization form in order to provide these services.

Some medicines need documentation for costs to be covered. This process is called a prior authorization. Our team has the expertise to process this paperwork, which may take a few business days to complete. Our team keeps you and your doctor informed throughout the process, especially if there are expected delays. If insurance denies coverage for your medicine, our team can help your doctor file an appeal.

If your insurance plan considers University Health Pharmacy an “out of network” pharmacy, we will inform you of the cost to fill your medicine with us in writing. Our staff will transfer your prescription to an “in network” pharmacy if there is a cost savings to you.

## Payment

All balances must be paid at the time services are rendered. We accept credit/debit cards, cash, personal checks, money orders and most flexible spending accounts.

If you get a check from your insurance company, you should send it to University Health Pharmacy with a copy of the Explanation of Benefits (also known as the EOB) statement you received. If you have any questions regarding this, please call us.



Specialty Pharmacy  
Expires 08/01/2023



Expires 2/14/2024

## **Pharmacist Assistance**

University Health Pharmacy's specialty pharmacists are trained on the medication you are taking, and they are here to answer your questions about your therapy and care plan. Our pharmacists have direct access to your doctors, nurses, and other providers, and will reach out to them if needed.

### **Pharmacists will:**

- Teach you how to take your medicine 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 administration difficulties or cost concerns.
- Work with your health care team to ensure your therapy is safe, effective and appropriate.

Please call one of our pharmacists if you have any questions regarding your treatment. A licensed pharmacist is available 24 hours a day, 7 days a week for any urgent needs relating to your medication.

After normal business hours, if you must leave a message, a pharmacist will promptly return your call, within no more than 30 minutes. In case of an emergency call 911.

## **Prescription Delivery**

You can pick up your medication(s) from University Health Pharmacy. Or, a free overnight delivery, via FedEx to your home, can be scheduled. FedEx delivers Monday through Saturday (Tuesday through Saturday if the medicine requires refrigeration). We also have access to a courier who can deliver the medication to you Monday through Friday. Signature upon receipt is requested; however, if you cannot accept the package, it can be left at your home or another approved location. We are not able to ship to a PO Box. Our team will coordinate delivery of your specialty medication(s) to your home or an approved alternate location when necessary.

We will also include any necessary supplies, such as sharps containers, alcohol swabs and bandages at no cost to you. If your medication(s) require special handling or refrigeration, they will be packaged and shipped accordingly.

University Health Pharmacy will make every effort to deliver your medication and supplies early if a weather warning is in place. A University Health Pharmacy team member will attempt to call our patients, in order of disaster priority, with any special instructions. Please make sure we have your secondary contact information on file to ensure we can reach you in case of an emergency or a delivery delay so there is no lapse in therapy. In addition, please let our staff know if your contact information changes.

## **Refill Reminders**

An ambulatory medication access coordinator or pharmacy technician will call you:

- One (1) week before your medication is scheduled to run out,
- To check your progress,
- To determine the shipment or delivery of your next refill, and
- To verify your therapy and get a new prescription if you do not have any refills left.

An ambulatory medication access coordinator or pharmacy technician will connect you to a clinical pharmacist if you have any questions or concerns about your therapy.

## **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**

University Health Pharmacy has access to most specialty medicines, but if our specialty pharmacy is unable to provide your medicine, our team works with both you and another pharmacy to ensure that you receive your medicine. Let us know if you want your prescription transferred to another pharmacy, and we will transfer your prescription on your behalf.



## **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. University Health Pharmacy focuses on providing these medications while providing you with excellent customer service and clinical support.

## **Will my insurance company let University Health Pharmacy dispense my medication?**

University Health Pharmacy can dispense for most insurance companies. Occasionally, 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, a member of the University Health Pharmacy team will contact you prior to shipping the medication to inform you of the substitution.

## **When should I contact University Health Pharmacy?**

You should call University Health Pharmacy 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 delivery.
- To start or stop a medication or if your dose changes.
- You have a reaction or allergy to your medicine.
- You would like additional information regarding your plan for therapy.
- If you suspect 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.



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**Is it important to take all my medication?**

Yes. Follow your doctor's instructions for both the amount of the medication you should take and the length of time you should take it. We understand that some medications may have unpleasant side effects or be difficult to administer. Our pharmacists are available to offer practical advice about dealing with these issues and can help you to contact your prescriber about the medical management of these side effects.

**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. Contact University Health Pharmacy or your doctor who prescribed the medicine to report the reaction.

**Can I return my prescription?**

Once your prescription is dispensed from the pharmacy it cannot be returned to the pharmacy. If you suspect your medication or device is defective, please call us and we will see if a new medication or device can be sent to you. If you believe the medication you are taking has been recalled, please call University Health Pharmacy, and our staff will assist you.

**How do I dispose of unused medications?**

For instructions on how to properly dispose of unused medications, please contact University Health Pharmacy or go to the below FDA websites for information and instructions:

- [www.fda.gov/forconsumers/consumerupdates/ucm101653.htm](http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm)
- [www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm](http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm)

## **Community Resources and Support**

University Health Pharmacy staff will ensure that you have access to and information from community resources to help you optimize your medication therapy and better manage your disease state. Visit our website at [www.trumed.org/services/pharmacy/specialty-pharmacy-program](http://www.trumed.org/services/pharmacy/specialty-pharmacy-program) for more information.

## **Drug Recalls**

University Health Pharmacy follows the drug recall guidelines by the FDA, the drug manufacturers and/or state and federal regulatory agencies. We contact you and your provider if a drug recall affects you.

## **Severe Weather and Disaster Information**

We make every effort to deliver your medicines and supplies early if there is a weather event. If we are unable to deliver your medicines or supplies, we will transfer your prescription to another pharmacy. If there is a disaster in your area, call 816-404-4200 or 1-800-225-3005 to tell us where to deliver your medicine. 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.



## **Adverse drug reactions**

Patients experiencing adverse drug reactions, acute medical symptoms or other problems should contact their primary care provider (PCP) or local emergency room, or call 911.

## **Hand-washing instructions**

Infections are serious. The best way to make sure you do not get an infection is to wash your hands often. Remember to always wash your hands before and after you prepare or handle any medication.

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 briskly together for at least 30 seconds.
5. Don't forget the in-between of your fingers.
6. Rinse your hands with warm water.
7. Dry your hands with a paper towel or clean cloth towel.
8. Turn off your faucet with the towel.
9. If you touch anything (your hair, for example), sneeze into your hands or feel that your hands may no longer be clean, wash your hands again before continuing with your care.

*If no water supply is available, use an alcohol-based antibacterial hand cleanser.*

## **Sharps and sharps disposal**

After using your injectable medication, place all needles, syringes and lancets and other sharp objects into a sharps container. Do not dispose of sharps in the trash unless they are contained within a sharps container. Do not flush them down the toilet. If a sharps container is not available, a hard plastic or metal container with a screw-on top or other tightly securable lid could be used. Before discarding, reinforce the top with heavy-duty tape. Do not use clear plastic or glass containers. Containers should be no more than three-quarters full.

Check with your local waste collection service or public health department to verify the disposal procedures for sharps containers in your area. You can also visit the Centers for Disease Control and Prevention (CDC) Safe Community Needle Disposal website at [www.cdc.gov/needledisposal](http://www.cdc.gov/needledisposal).

## **Needle-stick safety**

- Never replace the cap on needles.
- Throw away used needles immediately after use in a sharps disposal container.
- Plan for the safe handling and disposal of needles before using them.
- Report all needle sticks or sharps-related injuries promptly to your physician.

## **Patient Information on Emergency Preparedness**

We want you and your family to live in a safe environment. The following suggestions could help you prevent an injury within your home. Check every room in your house and make your home safer.

### **Falling – (*This is the way people are most often injured in their homes.*)**

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 to reduce your chance of falling.
3. Use a non-slip mat or install 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. If you have stairs in your home and have children, use baby gates at the top and bottom of the stairs.
6. Have all walkways well lighted and use night lights as needed.
7. Have a flashlight that works.

### **Poisoning**

1. Keep all hazardous materials and liquids out of the reach of children.
2. Keep medications out of the reach of children.
3. Know your local poison control number or dial 800-222-1222 if a poisoning occurs.

### **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 localized area, otherwise evacuate the building and notify the fire department once you are safe.
5. If relocation is necessary, please call University Health Pharmacy to alert us to 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. In disaster-prone areas, store food and extra bottled water. Have a battery-operated radio, flashlights and extra batteries. If you are on a nebulized medication or other medication that requires electricity to administer, please call your local electric company to report your special needs. They may be able to prioritize the restoration of your electricity.
2. Check for injuries.
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. Evacuate the area if necessary.
6. If evacuation is necessary, go to the nearest shelter and notify the organizers of any special needs you have. Please call University Health Pharmacy to alert us to your updated contact information and new medication delivery location to ensure that there is no lapse in therapy.

## **Power outage**

1. Notify your gas and electric companies if there is a loss of power. If you are on a nebulized medication or other medication that requires electricity to administer, please call your local electric company to report your special needs. They may be able to prioritize the restoration of your electricity.
2. Have a battery-operated radio, flashlights, batteries and/or candles available. (If you are on oxygen, turn it off before lighting candles.)

## **Winter storm**

1. Prepare an emergency kit with:
  - Water
  - Nonperishable food
  - Battery-operated radio
  - Flashlights and fresh batteries
  - First-aid kit, including prescription medicines
2. Keep a full charge in your cell phone.
3. Do NOT use your stove for heat. If your power goes out, use these items as heat sources:
  - Extra blankets, sleeping bags or warm winter coats, gloves and hats.
  - A wood-burning fireplace. (Be sure to keep a supply of dry firewood.)
4. Never use a charcoal grill or portable gas camp stove inside your home. Both of these items produce deadly fumes.

*Avoid using candles as they can lead to house fires. If you do use candles, never leave lit candles unattended.*

## Patient Complaint Policy

You have a right to voice grievances and recommend changes in care or services without fear of revenge or unreasonable interruption of services. There are several ways for you to inform us of your comments or concerns.

- Email us at [SpecialtyPharmacy@tmcmcd.org](mailto:SpecialtyPharmacy@tmcmcd.org).
- Share the concern with the staff involved or the manager in charge, either by phone or in person.
- Contact Guest Relations at 816-404-3325.

University Health Pharmacy has a formal complaint process that ensures your concerns, complaints and suggestions are reviewed and investigated within seven (7) business days of receipt. You are notified, either by phone or in writing, of our resolution. There is no retaliation for filing a complaint.

If University Health Pharmacy cannot resolve your patient care or safety concern, you may contact:

- |  |  |
|--|--|
| • Accreditation Commission for Health Care<br>(ACHC) 855-937-2242<br>139 Weston Oaks Ct.<br>Cary, NC 27513 | • State Health and Human Services<br>Office of Quality Monitoring for<br>The Joint Commission,<br>800-994-6610, <a href="mailto:complaint@jointcommission.org">complaint@jointcommission.org</a> |
|--|--|

Medicare beneficiaries may also submit complaints regarding concerns of quality of care, coverage decisions and premature discharge by mailing.

## Patient Rights and Responsibilities

As a specialty pharmacy patient, you have the right to:

- Receive information about University Health Pharmacy's patient management program, including its philosophy and characteristics.
- Have personal health information shared with the patient management program only in accordance with state and federal law.
- Identify University Health Pharmacy staff members, including job titles, and to speak with a supervisor if requested.
- Speak to a health professional.
- Receive information about the patient management program.
- Receive administrative information regarding changes in, or termination of, the patient management program.
- Decline participation, revoke consent, or disenroll at any point in time.
- To help us better serve you, please:
  - Submit any forms that are necessary to participate in the patient management program, to the extent required by law.
  - Give accurate clinical and contact information, and to notify the patient management program of changes in this information.
  - Notify your treating provider of your participation in our patient management program, if applicable.

# YOUR RIGHTS AS A PATIENT

## Access – You have the right to:

- Receive medically necessary treatment and the appropriate level of care regardless of age, race, ethnicity, religion, culture, color, national origin, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, or source of payment for care.
- Obtain other services for your needs such as social services (including protective services), spiritual health services, financial counseling, etc.
- View your medical and billing records within a reasonable time frame and access, request amendment to and obtain information on the disclosures of your medical records according to law and regulations.
- Accept or refuse medical care and be informed of the possible consequences of any such decision.
- Have a family member or representative of your choice and your own physician promptly notified of your admission to the hospital.
- Receive interpreting services, such as qualified sign language interpreters, and auxiliary aids and services at no cost to you. If you need these services, please contact Guest Services.

## Respect – We will:

- Listen to you and treat you with respect.
- Respect your cultural and personal values, beliefs, and preferences.
- Talk with you and answer any questions you may have about your plan of care.
- Respect your right to confidentiality and the privacy of your medical records in adherence to the federal Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules.
- Tell you who we are and our role as a part of your care team.
- Tell you why you are here and how we will be able to help you feel better.
- Provide you with the highest level of privacy and dignity that we can.

## Safety – We will:

- Care for you in a safe and clean environment.
- Protect you from all forms of abuse, neglect, or harassment.

- Provide care that is free from restraint or seclusion, except when needed to protect your safety or the safety of others.

## Involvement in Your Care – You have the right to:

- Receive communication in a way that is easy for you to understand.
- Be involved in treatment decisions, your care and discharge plans, make informed decisions, and be informed of unanticipated outcomes.
- Have any concerns regarding care or treatment reviewed and addressed.
- Have your pain managed.
- Make end-of-life decisions and request staff document and follow those requests.
- Designate someone to speak on your behalf if you are unable to make decisions about your care.
- Participate in research or experimental treatments and clinical trials.

## Your visitors – Most patients have the right to:

- Have visitors of your choice, including a spouse, domestic partner, same-sex domestic partner, family member or friend.
- Withdraw your consent to be visited by any visitor at any time.

## Voice Concerns

- If you feel that we have not honored your rights as a patient, or if you believe TMC discriminated against you or violated your (or someone else's) civil rights, conscience rights, privacy rights, or religious freedom rights, please notify your physician or nurse so we can work together to resolved your concerns.
- You may also contact Guest Services:
  - Hospital Hill: 816-404-3325
  - Lakewood: 816-404-7840
  - Behavioral Health: 816-404-6032
- You can file a grievance in person or by mail, fax, or email:
  - Guest Services
  - 2301 Holmes Street
  - Kansas City, Missouri 64108
  - Fax# 816-404-3326
  - email: [guestservices@tmcmcd.org](mailto:guestservices@tmcmcd.org)

# YOUR RIGHTS AS A PATIENT

After regular business hours, please contact the Director of Shift Operation by calling the operator at 816-404-1000 (Hospital Hill) or 816-404-7000 (Lakewood).

- You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:
  - U.S. Department of Health and Human Services
  - 200 Independence Avenue, SW
  - Room 509F, HHH Building
  - Washington, D.C. 20201
  - 1-800-368-1019, 800-537-7697 (TDD)
  - Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- You also have the option of contacting an outside organization with your concerns.

Missouri Department of Health  
and Senior Services  
Health Standards and Licensure Section  
P.O. Box 570  
Jefferson City, Missouri 65102  
573-751-6303 or 800-392-0210

Missouri Department of Mental Health  
P.O. Box 687  
Jefferson City, Missouri 65102  
800-364-9687

## The Joint Commission

- At [www.jointcommission.org](http://www.jointcommission.org), using the "Report a Patient Safety Event" link.
- By fax to 630-792-5636.
- By mail to The Office of Quality and Patient Safety (OQPS), The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181.

## Your Responsibilities as a Patient or Visitor

So we can provide you with patient-centered, high-quality care and services, we ask that you always:

- Keep the hospital a quiet and restful place.
- Respect the rights, privacy and property of other patients and staff. Follow TMC's rules and regulations, including the tobacco-free, alcohol-free and drug-free policy.

- Refrain from foul, threatening or inappropriate language.
- Refrain from hitting or threatening a family member, a patient or staff.
- Refrain from bringing a weapon into the facility.
- Ask questions of your healthcare team when you don't understand something.
- Adhere to the care plan your medical team has developed for you.
- Be on time for your medical appointments or call in advance to reschedule.
- Provide a copy of your advance directive at every visit.
- Fulfill your financial obligations for your healthcare as promptly as possible.
- Provide accurate and complete information in order for TMC to receive payment for services.

## Your Personal Belongings

TMC does not assume responsibility for the loss of any personal belongings brought with you to TMC. Please send all valuable items such as cell phones, jewelry, watches, money and credit cards home. If you have personal belongings you are unable to send home, inform staff who will contact the TMC Security Department.

## Interpreting Services

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 816-404-3280 (TTY: 816-404-0002).

## Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 816-404-3280 (TTY: 816-404-0002).

## Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 816-404-3280 (TTY: 816-404-0002)。

## Arabic

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 816-404-3280 (رقم هاتف الصم والبكم: 816-404-0002).



# PRIVACY PRACTICES

## **Your Information. Your Rights. Your Responsibilities.**

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.

### **Your Rights.**

#### **You have the right to:**

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communications
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices.**

#### **You have some choices in the way that we use and share information as we:**

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental healthcare
- Market our services
- Raise funds

### **Our Uses and Disclosures**

#### **We may use and share your information as we:**

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address worker's compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights.

### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record:

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record:

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Request confidential communications:

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### Ask us to limit what we use or share:

- You can ask us not to use or share certain health information for treatment, payment, or our healthcare operations.
- If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### Get a list of those with whom we’ve shared information:

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

- We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice:

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

#### Choose someone to act for you:

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated:

- You can complain if you feel your rights have been violated by mail to the Compliance/Privacy Officer at 2301 Holmes, Kansas City, MO 64108, by email at [TMCCompliance@tmcmcd.org](mailto:TMCCompliance@tmcmcd.org) or by calling the Compliance Concern Line: 1-866-494-3600.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices.

### For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us.

Tell us what you want us to do, and we will follow your instructions.

#### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

#### In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Psychotherapy notes, unless otherwise required by law.

#### In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## How do we typically use or share your health information?

We typically use or share your health information in the following ways.

### Treat you

We can use your health information and share it with other healthcare professionals who are treating you. *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

### Run our organization

We can use and share your health information to run our hospital system, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

### Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan or payor so we can be paid for our services.*

### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### Help with public health and safety issues:

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### Do research:

We can use or share your information for health research.

### Comply with the law:

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### Respond to organ and tissue donation requests:

We can share health information about you with organ procurement organizations.

### Work with a medical examiner or funeral director:

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### Address workers' compensation, law enforcement, and other government requests:

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions:

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

We participate in health information exchanges and may use or disclose your information with those health information exchanges. A health information exchange is an electronic method to share medical information about your care with other healthcare providers who have an established treatment relationship with you. You may obtain more information about the exchange or begin the opt-out process by contacting TMC Health Information Management at 816-404-3125.

We may contract with outside businesses to provide some services for us. For example, we may use the services of transcription or billing agencies. Under such contracts, we may share your medical information with them to do the job we have asked them to do. These contracts require businesses to protect the medical information we share with them.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, at our facilities, and on our web site ([www.trumed.org](http://www.trumed.org)).

