



**Specialty
Pharmacy**

Welcome Packet



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Welcome

Thank you for being a patient of LMH Specialty Pharmacy. Our goal is to ensure that 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

Moundbuilders Doctors Park, Building 4
1272 West Main Street, Suite 401
Newark, Ohio 43055

Hours

Specialty pharmacy

Monday through Friday, 8:00 a.m. to 4:30 p.m.

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: (220) 564-2570
- After-Hours Clinical Support: (220) 564-2570
- Email: lmhspecialtypharmacy@LMHealth.org
- Website: <https://www.lmhealth.org/Services-Facilities/Hospital-Services/Specialty-Pharmacy>

Pharmacy Overview

LMH Specialty Pharmacy offers complete specialty pharmacy services to patients living in the Licking County area. 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



LMH Specialty Pharmacy is accredited by the Accreditation Commission for Health Care (ACHC), which means that our levels of service, efficiency, and effectiveness meets or exceeds the standards set by this organization. You can expect to receive excellent personalized care from our expert pharmacists.

Patient Services

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

Contact the Specialty Pharmacy at (220) 564-2570 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 (220) 564-2570 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.

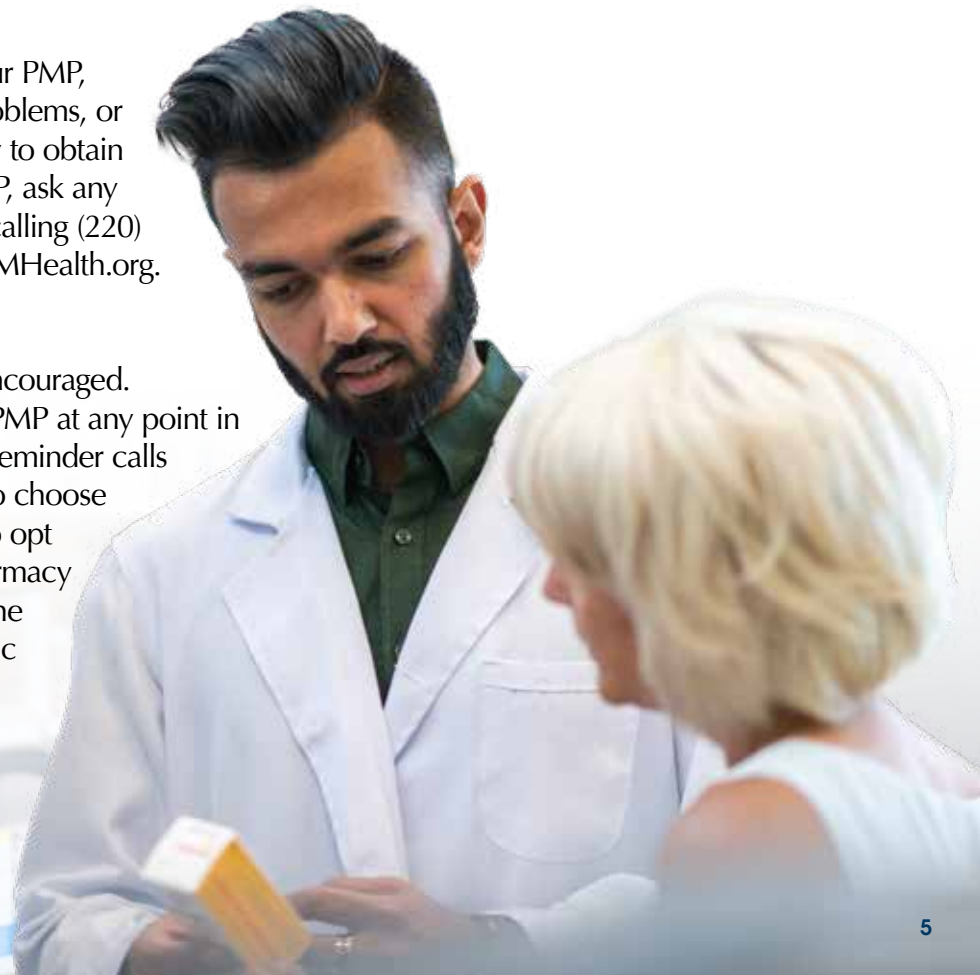
Specialty medications are often considered high risk due to their high cost, high frequency for side effects, and, in some cases, difficult administration processes. By participating in the PMP, our clinicians can:

- 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 that 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 (220) 564-2570 or email lmhspecialtypharmacy@LMHealth.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 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. Services we provide include:

- Enrolling you in a patient management program
- Ensuring you have access to your medication without any gaps in therapy, including:
 - Scheduling prompt delivery of the medication
 - Assisting with prior authorizations
 - Helping with financial assistance
- Partnering with you and your provider to achieve therapy treatment goals through our patient management program
- Providing you with a thorough review of your medication, including:
 - Obtaining 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 that 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 co-pay 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?

LMH 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 also assist you with obtaining financial help, if needed. You will be responsible for paying your co-payment or co-insurance when you order your medication. We will let you know the exact amount you need to pay and 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

We accept the following payments:

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

Any remaining balance that you owe will need to be paid 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 from the pharmacy at your convenience. Payment is required before your medication can be shipped or picked up from the Specialty Pharmacy. Please call (220) 564-2570 during 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 Specialty Pharmacy during normal business hours by calling (220) 564-2570. 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 unable 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 that 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 co-pay.

What should I do if my medication is recalled?

If there is a recall on any of your medications, we will contact you with important information and provide any replacement doses as needed.

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

If you feel you are having an adverse drug reaction or experiencing symptoms that require urgent attention, you should go to the nearest emergency department or call 911.

Symptoms that require urgent attention include:

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

Please contact the Specialty Pharmacy on the next business day to inform us of the reaction you experienced 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 such 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 that I receive?

We will attempt to resolve any concerns or issues that you experience as quickly as possible. If you have concerns, you may contact the LMH Specialty Pharmacy Manager at (220) 564-2570. If you would like to file a complaint, please call the Process Improvement Department at (220) 564-4641.

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

- Your insurance company
- The State of Ohio Board of Pharmacy at (614) 466-4143
or visit pharmacy.ohio.gov
- The Accreditation Commission for Health Care at
(855) 937-2242

Patient Rights and Responsibilities

As a patient of LMH Specialty Pharmacy, you have the following rights and responsibilities. If you feel any of these rights have not been provided, please contact the LMH Specialty Pharmacy Manager at (220) 564-2570.

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 that 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, include an attending physician or pharmacy, 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.

1. 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.
2. Some medications can be disposed of in cat litter or used coffee grounds. Please contact the Specialty Pharmacy to determine if your medications are eligible for disposal in this manner.

Find more information at:

- RXdrugdropbox.org
- fda.gov/forconsumers/consumerupdates/ucm101653.htm

Chemotherapy and hazardous drugs

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

There are several drop-off locations that can safely dispose medications throughout the year. The list below provides Licking County police stations that accept unused and unwanted medications:

Location	Drop Box	Important Note
Hebron Police Department 934 West Main Street, Hebron	Yes	Only accepts tablets and capsules. Drop box is open Monday through Friday, 9:00 a.m. to 5:00 p.m.
Heath Police Department 1287 Hebron Road, Heath	Yes	Only accepts tablets and capsules. Drop box is available 24/7.
Johnstown Police Department 599 South Main Street, Johnstown	Yes	Drop box is available 24/7.
Licking County Sheriff's Office 155 East Main Street, Newark	Yes	Drop box is open Monday through Friday, 8:00 a.m. to 4:30 p.m.
Pataskala Police Department 623 West Broad Street, Pataskala	Yes	Only accepts tablets and capsules. Open Monday through Friday, 7:00 a.m. to 5:00 p.m.

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 must be taken with the disposal of these items. These precautions will protect you and others from injury and keep the environment safe and clean.

Handling needles safely:

- 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 provide you with a sharps container to use for disposal. After using your injectable medication, place all needles, syringes, lancets, and other sharp objects into the 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 may use a hard plastic or metal container with a screw-on top or other tightly securable lid, such as an empty coffee canister or liquid detergent container. Once the materials are in an appropriate receptacle, you may dispose of it in the trash at home. DO NOT place sharp objects, such as needles or syringes, into the trash unless first placed in a sharps container, and DO NOT flush down the toilet.

Find more information at:

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

Planning for an Emergency

Preparing with the Pharmacy

Planning ahead for an emergency or disaster will help us ensure that you have the medications you need. The Specialty Pharmacy may ask you where you will go if an emergency occurs, which could 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.

It is important to be aware of the natural disaster risks in your area and what to do if one occurs. 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 are open to the public during voluntary and mandatory evacuation times. They specialize in caring for patients with special medical needs and 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 ensure that you receive the supplies you need.

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

Evacuating your home

If the emergency requires evacuation, take your medications with you. Place any medications that need refrigeration into a cooler with ice packs. Once evacuated to a safe area, notify us of your new location so we can make sure there are no gaps in your therapy. If you need medication, please call the Specialty Pharmacy as soon as possible, and we will do our best to assist you.

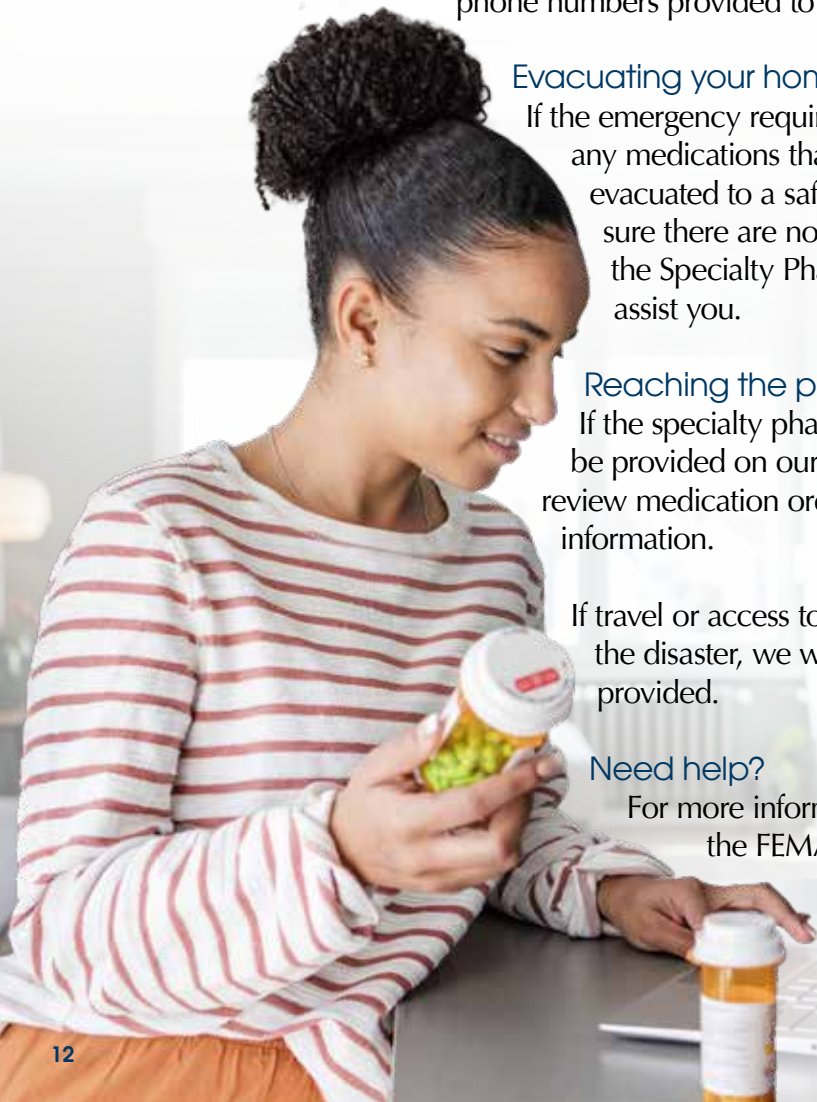
Reaching the pharmacy

If the specialty pharmacy must close due to a disaster, instructions will be provided on our answering service about how to contact our team, review medication orders, schedule deliveries, and receive other important information.

If travel or access to the Specialty 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 [fema.gov](https://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. Alcohol-based hand sanitizer may be used when there is no access to soap and water.

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** hands with clean, running water, and apply soap.
2. **Lather** hands by rubbing together with soap, making sure to lather the back of the hands, between the fingers, and under the nails.
3. **Scrub** hands for at least 20 seconds. Singing “Happy Birthday” twice from beginning to end serves as a good timer.
4. **Rinse** hands well under clean, running water.
5. **Dry** hands using a clean towel, use the towel to turn off the water, and then discard the towel.

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

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



Notice of Privacy Practices

Effective February 1, 2020

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

This notice applies to your healthcare records created or obtained by Licking Memorial Health Systems' (LMHS) Hospital, physician practices, home health and community care services, and by members of our medical staff. This notice explains how LMHS may use and share your protected health information.

Licking Memorial Health Systems is required to:

- Maintain the privacy of your protected health information
- Give you notice of our legal duties and privacy practices
- Notify you in the unlikely event of a breach of your protected health information
- Follow the terms of this Notice so long as it remains in effect

Should you have any questions about this notice, please call the LMHS Compliance Department Privacy Hotline at (220) 564-4636.

How We May Use and Disclose (Share) Your Protected Health Information

For each category of use or disclosure listed below, we will explain what we mean and may give examples. Not every use or disclosure in a category will be listed.

Treatment	We may use and disclose your protected health information as necessary for your treatment. For instance, doctors, nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions, to plan a course of treatment for you that may include procedures, medications, tests, etc. We may also release your protected health information to another healthcare facility or professional who is not affiliated with our organization, but who is or will be providing treatment to you. For instance, if, after you leave the Hospital, you are going to receive home health care, we may release your protected health information to that home health care agency so that a plan of care can be prepared for you.
Payment and Patient Contact	We may use and disclosure your protected health information as necessary for payment purposes of the treatment and services you receive at LMHS. For instance, we may forward information regarding your medical procedures and treatment to your insurance company or other third party to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for payment. We may notify 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.
Health Care Operations	We may use and disclose your protected health information as necessary, and as permitted by law, for our healthcare operations which include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your protected health information for purposes of improving the clinical treatment and care of our patients. We may also disclose your protected health information to another healthcare facility, healthcare professional, or health plan for such things as quality assurance and case management, but only if that facility, professional or plan also has or had a patient relationship with you.
Business Associate	Certain aspects and components of our services are performed through contracts with outside persons or organizations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.
Appointment Reminders	We may contact you to provide an appointment reminder for treatment and medical care that you have scheduled at the Hospital or one of our physician offices.

Health Information Exchange	Your protected health information may be disclosed to an approved Health Information Exchange to facilitate your health care. Only authorized individuals may access and use your protected health information from the Health Information Exchange. For example, your healthcare providers may use this electronic network to securely access your health records. You may opt-out of the Health Information Exchange by contacting the Medical Records Department/Health Information Department at (220) 564-4102 or one of your physician offices where your records are located.
Facility Directory	We maintain a facility directory listing your name, room number, general condition and, if you wish, your religious affiliation. Unless you choose to have your information excluded from this directory, this information, except for your religious affiliation, will be disclosed to anyone who requests it by asking for you by name. This information, including your religious affiliation, may also be provided to members of the clergy. During registration you may exclude your information from this directory and also reasonably restrict what information is provided and/or to whom.
Others Involved in Your Care	With your approval, we may disclose your protected health information to designated family, friends, and others who are involved in your care or in payment of your care to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts to locate a family member or other persons that may be involved in some aspect of caring for you.
Health-related Benefits and Services	We may inform you of health-related benefits or services that may be of interest to you. If we receive payment for making these communications, you may opt out of receiving them by notifying LMHS in writing or via email at: CORP@LMHealth.org.
Fundraising	We may contact you to donate to a fundraising effort for or on our behalf. You have the right to opt out of receiving fundraising materials/communications and may do so by sending your name and address with a statement that you do not wish to receive fundraising materials from us to the LMHS Development Department.
As Required by Law	We may disclose your protected health information when required to do so by law. This includes notifying the Ohio Department of Health about cases involving post-abortion complications, occupational diseases or poisoning, and cancer cases.
Law Enforcement Purposes	We may disclose your protected health information to a law enforcement official for law enforcement purposes, including the following: in response to a court order, subpoena, summons or similar process; to identify or locate a suspect, fugitive, material witness or missing person; about a victim of crime; about a death that we believe may be the result of criminal conduct; about criminal conduct that we believe occurred on our property; or in response to a medical emergency to alert law enforcement to a crime, the location or victim(s) of the crime, and the identity, description and location of the person who committed the crime.
Research	We may use and disclose your protected health information for research purposes. For example, a research organization may wish to compare outcomes of all patients who received a particular drug and will need to review a series of medical records. In all cases where your authorization has not been obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by representations of the researchers that limit their use and disclosure of patient information.
Organized Drug and/or Alcohol Program	Alcohol and substance use disorder (SUD) records maintained by Shepherd Hill, a department of Licking Memorial Hospital, are protected by law. Generally, Shepherd Hill, may not disclose to a person outside the program that you attend a drug or alcohol program, or disclose any information identifying you as receiving treatment for SUD unless: (1) you consent in writing; (2) the disclosure is allowed by a court order; or (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Federal law and regulations do not protect any information about a crime committed by you either at our facility or against any person who works for the facility, or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to the appropriate state or local authorities.

Other Uses and Disclosures	<p>We are permitted or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization. We may release your protected health information for the following reasons:</p> <ul style="list-style-type: none"> • For public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations • If we suspect child abuse or neglect; we may also release your protected health information if we believe you to be a victim of abuse, neglect, or domestic violence • We may release immunization records to a student's school but only if parents or guardians (or the student if not a minor) agree either orally or in writing • To the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls • To a government oversight agency conducting audits, investigations, or civil or criminal proceedings; • To coroners and/or funeral directors so that they can carry out their duties • If necessary to arrange an organ or tissue donation from you or a transplant for you • If we suspect a serious threat to health or safety • To a correctional institution or law enforcement official if you are an inmate of a correctional institution or in the custody of a law enforcement official • If you are a member of the military, as required by armed forces services, and if necessary for national security or intelligence activities • To your employer when we have provided health care to you at the request of your employer to determine workplace-related illness or injury; in most cases you will receive notice that information is disclosed to your employer • We may release the results of HIV testing or diagnosis under certain conditions as permitted under Ohio law • To workers' compensation agencies if necessary for your workers' compensation benefit determination
How Your Health Information Is Maintained	<p>We may maintain your protected health information in a variety of ways, including paper, digital or electronic records. Your records may be stored on-site at our facilities, on our internal computer system, or on a cloud-based server.</p>

Authorization to Disclose Medical Information

Except as described in this Notice, you must give us permission to use or disclose your protected health information. If you provide us permission to use or disclose your protected health information, 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 that we have already made with your permission and that we are required to retain our records of the care that we provided to you.

Your Rights Regarding Medical Information about You

You have the following rights regarding medical information we maintain about you:

Access to Your Protected Health Information	<p>You have the right to inspect and copy much of your health information that we retain on your behalf. If you request a copy of your medical record, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. If there is a cost, we will tell you in advance. You have the right to obtain an electronic copy of your health information that exists in an electronic format and you may direct that the copy be transmitted directly to an entity or person designated by you, provided that any such designation is clear, conspicuous, and specific with complete name and mailing address or other identifying information. To inspect or copy medical information or to request a review of denied access you may contact the Medical Records/Health Information Department in writing or by phone at (220) 564-4132, one of your physician offices, or our Home Care Services Department at (220) 564-1860, wherever your records are located.</p>
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Your Rights Regarding Medical Information about You

You have the following rights regarding medical information we maintain about you:

Changes to Your Protected Health Information	You have the right to request the protected health information we maintain about you be amended or corrected. We are not obligated to make all requested amendments, but will give each request careful consideration. All amendment requests must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction. If an amendment or correction is made by us, we may also notify others who work with us and who have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from the Medical Records/Health Information Department or from one of your physician offices where your records are located.
Right to Receive Confidential Communications	You have the right to receive confidential communications by alternative means or at an alternative location. We will accommodate all reasonable requests. This request may be conditioned on the receipt of additional payment information or clarification. Your request must be made in writing and submitted to the Medical Records/Health Information Department or to one of your physician offices where your records are located.
Right to Accounting of Disclosures	You have the right to receive an accounting of disclosures made by us of your protected health information. This right does not apply to disclosures made for purposes of treatment, payment, or healthcare operations. Requests must be made in writing, signed by you or your representative, and submitted to the Medical Records/Health Information Department or to one of your physician offices where your records are located. The first accounting in any 12-month period is free. You may be charged a fee for each additional accounting you request within the same 12-month period. When you request an accounting of disclosures, the accounting will not include disclosures for treatment, payment, and healthcare operations. Accounting will be limited to six years prior to the date of your request.
Right to Request Restrictions	You have the right to request restrictions on certain uses and disclosures of your protected health information for treatment, payment, or healthcare operations. A restriction request form can be obtained from the Medical Records/Health Information Department or from one of your physician offices. In many cases, we are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction by sending such termination notice to the Medical Records/Health Information Department or to your personal physician. We will honor any request to restrict disclosures to your health plan or insurance if the information to be disclosed pertains solely to a healthcare item or service provided by LMHS for which you have paid out-of-pocket in full.

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 that we already have about you as well as any information that we receive in the future. We will post a copy of the current notice. The notice will contain the effective date on the first page, in the top right-hand corner. You may request a copy of the current notice at any time from an LMHS registrar, your LMHS physician practice, or an LMHS community care or Home Care Services staff.

Complaints

If you believe your privacy rights have been violated, or if you disagree with a decision we made about access to your health information, you may file a complaint by calling the LMHS Compliance Department Privacy Hotline at (220) 564-4636 or writing to:

Licking Memorial Compliance Department
1320 West Main Street
Newark, Ohio 43055

You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

1768-0025
02/01/2020

Consent to Treatment, Release of Information and Assignments

Financial	Assignment of Insurance Benefits and Guarantee of Account In consideration of hospital services received or to be received, I assign all benefits to Licking Memorial Hospital. This assignment shall be irrevocable. I hereby guarantee payment of any and all hospital charges not covered by the aforementioned assignment. I agree to immediately forward to Licking Memorial Hospital all health insurance or third-party payments, including any settlements or judgments that I receive for my care and treatment at Licking Memorial Hospital. I agree that I am responsible for the full payment of my bill, regardless of any partial payment that Licking Memorial Hospital receives, even if such payment is restrictively endorsed or purported to be payment in full by me or my health insurance or third-party payer.
	Medicare Patient's Rights Record of Signature I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I request that payment of authorized benefits be made on my behalf. I authorize the Social Security Administration to release to Licking Memorial Hospital information regarding my Medicare entitlement.
	Non-Covered Services I understand that services rendered to me may not be covered under Medicare, Medicaid, other insurances or payors. These services may include but are not limited to, mammography, routine PAP test, dietary instruction, hearing evaluation or hearing aid, cosmetic surgery and dental surgery. They may also include services that my physician determined were medically necessary, but were later determined non-covered by the paying agency.
	Price Information I understand that I am entitled to Hospital price information as stated in Section 3727.42 of the Ohio Revised Code. This pricing information may be obtained, free of charge, by contacting Patient Financial Services at 220-564-1500 or by visiting the Licking Memorial Health Systems website at www.LMHealth.org.
	Financial Assistance Information I understand that I am entitled to receive a copy of the Licking Memorial Health Systems Financial Assistance Policy. A copy will be provided to me upon request.
Valuables	Billing for Physician Services I understand that fees for the professional services provided to me by physicians or advanced practice providers will be billed separately from the hospital bill.
	Patient Contact I understand that in order for Licking Memorial Hospital to service my account or to collect any amounts I may owe, Licking Memorial Hospital or any of their affiliates may contact me by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in charges to me. I understand that I may also be contacted through the use of emails, using any e-mail address I provide. Methods of contact may include using pre-recorded / artificial voice messages and / or use of an automatic dialing device, as applicable. I understand my consent to patient contact is not a condition of obtaining health care services. I understand that I may revoke my consent to be contacted regarding any debt that I may owe. For more information about revoking my consent, contact Patient Financial Services at 220-564-1500.
	Student Participation I understand that Licking Memorial Hospital is affiliated with educational programs and other healthcare professionals in training. I give my permission for student participation in the delivery of my care that may include the viewing of my medical records to appropriately care for me.
	Release of Responsibility for Patient's Valuables I understand that I am responsible for all valuable and personal items such as money, clothing, jewelry, dentures, eyeglass, etc. that I retain in my possession while I am a patient. I understand that I have been advised not to bring any personal items or valuables with me during my stay. I understand that Licking Memorial Hospital and its employees are not responsible for the loss of or damage to my personal property.
	Consent to Treatment I am requesting that health care services be provided to me, or my minor child, at Licking Memorial Hospital. I voluntarily consent to the administration and performance of all customary examinations, tests, and procedures including photographs, images, and video recordings relating to my condition and/or identification that are deemed necessary by the health care providers treating me. I understand that should any hospital or emergency personnel, physician, or other person be exposed to my blood or body fluids, my blood will be tested for blood borne infections including Hepatitis B and C as well as HIV/AIDS. I understand that the practice of medicine and surgery is not an exact science and that no guarantee or assurance has been made as to the results that may be obtained. I understand that my medical care and treatment may be provided by physicians and other healthcare professionals, such as physician assistants and nurses, necessary for my treatment based upon a physician's order or within the healthcare professionals scope of practice.
Treatment	I understand that pharmacists, who participate in a consult agreement with my treating physician(s), may be used to manage my drug therapy. I understand that the pharmacists will communicate with my treating physician(s), as needed, regarding my drug therapy. I understand that I can ask my pharmacist or treating physician questions about the consult agreement or my drug therapy at any time. I consent to having my drug therapy managed by pharmacists. I understand that I have the right, at any time, to decline to have my drug therapy managed by a pharmacist or to withdraw from a physician-pharmacist consult agreement arrangement by notifying my pharmacist or treating physician.
	<input type="checkbox"/> I have been notified about Licking Memorial Health Systems Privacy Practices. I have been offered and/or received a copy of the Notice of Privacy Practices. The Notice of Privacy Practices explains how Licking Memorial Health Systems may use and disclose my confidential health information. I, on behalf of myself or my minor child, have read, understand and consent to the statements made on this form. The undersigned is the patient, patient's legal guardian or the patient's legal representative and is authorized to execute and accept the above terms. Patient (or patient's legal representative) signature: X Date: Time: Relationship to patient: <input type="checkbox"/> Self <input type="checkbox"/> Other : _____

Please place patient label here



Licking Memorial Hospital

Consent To Treatment,
Release of Information
and Assignments

[illegible]



**Licking Memorial
Health Systems**

LMHealth.org

1731-5000
02/13/2024