



# Patient Guide & Welcome Kit



Owensboro  
Health

Specialty  
Pharmacy

[OwensboroHealth.org/SpecialtyPharmacy](https://OwensboroHealth.org/SpecialtyPharmacy)

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## Welcome

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

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

## Location

2200 East Parrish Avenue Building C  
STE LL102  
Owensboro, KY 42303

## Hours

### Specialty Pharmacy

Monday through Friday 8 a.m. - 5 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:

- Specialty Pharmacy Local: 270-713-9423
- Specialty Pharmacy Toll Free: 877-570-8026
- After-Hours Clinical Support: 877-570-8026

### Email:

- [Specialty.Pharmacy@OwensboroHealth.org](mailto:Specialty.Pharmacy@OwensboroHealth.org)

### Website:

- [OwensboroHealth.org/SpecialtyPharmacy](https://OwensboroHealth.org/SpecialtyPharmacy)

## Pharmacy Overview

Owensboro Health Specialty Pharmacy offers complete specialty pharmacy services to patients living in the Western Kentucky Region. Our services are designed to meet the needs of each of our patients. Our team of clinical pharmacists and technicians are specially trained in your condition.

### We provide:

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

## Patient Services

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

### Contact the specialty pharmacy at 270-713-9423 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 877-570-8026 if you have clinical questions or concerns about your medication that cannot wait until the next business day.

## Patient Management Program

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

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

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

For you to achieve maximum benefit from our PMP, please keep us informed of any concerns, problems, or changes in your response to therapy or ability to obtain therapy. For more information about the PMP, ask any member of the specialty pharmacy team by calling 270-713-9423 or emailing [Specialty.Pharmacy@OwensboroHealth.org](mailto:Specialty.Pharmacy@OwensboroHealth.org).

## Opting out

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

## Rights and responsibilities

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

1. The right to know about philosophy and characteristics of the PMP
2. The right to have personal health information shared with the PMP only in accordance with state and federal law
3. The right to identify the PMP team members, including their job title, and to speak with a team member's supervisor upon request
4. The right to speak to a health professional
5. The right to receive information about the PMP
6. The right to receive administrative information regarding changes in, or termination of, the PMP
7. The right to decline participation, revoke consent, or disenroll at any point in time
8. The responsibility to submit any necessary forms to participate in the program to the extent required by law
9. The responsibility to give accurate clinical and contact information and notify the PMP of changes in this information
10. The responsibility to notify your treating provider of your participation in the PMP, if applicable

## Language and Cultural Services

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

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

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

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

## Frequently Asked Questions

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

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

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

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

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

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

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

Once it is ready, we will contact you to schedule and arrange your delivery.

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

The specialty pharmacy will call you to:

- Discuss your prescription and copay amount
- Schedule the delivery or pick-up time
- Advise you of any delays in your order
- Review how to store your medication
- Verify your prescription insurance information

- Get documentation of your income to enroll you in financial assistance
- Provide counseling on your medicine
- Tell you we must transfer your prescription to another specialty pharmacy
- Notify you of any FDA recalls of your medicine

We will contact your provider:

- At your request
- When you are out of refills

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

Owensboro Health Specialty Pharmacy can accept and bill most insurance companies. Our team will work with your insurance company and provider to cover your prescription. We will assist you with getting financial help if needed. You will be responsible for paying your copayment or coinsurance when you order your medication. We will let you know the exact amount you need to pay.

We will provide you with the out-of-network price if:

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

For payment, we accept:

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

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

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

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

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

You can also pick up your prescription at the pharmacy at your convenience. Payment is required before your medication can be shipped or picked up from the pharmacy. Please call 270-713-9423 during our normal business hours if you have questions or need help.

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

If you have questions about the status of your order, please contact the pharmacy during normal business hours by calling 270-713-9423. You can also leave a message on our voicemail.

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

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

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

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

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

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

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

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

Symptoms that require urgent attention include:

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

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

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

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



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

We will attempt to resolve any concerns or issues you experience as quickly as possible. If you would like to file a complaint, please call 877-570-8026. If you still have concerns, you may contact the Pharmacy Management at 270-713-9423.

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

- Patient Experience Department at 270-417-2000
- Your insurance company
- Kentucky Board of Pharmacy at 502-564-7910 or <https://pharmacy.ky.gov/Pages/contact.aspx>
- Accreditation Commission for Health Care at 855-937-2242

## Patient Rights and Responsibilities

As a patient of Owensboro Health Specialty Pharmacy, you have the following rights and responsibilities. If you feel any of these rights have not been provided, please contact pharmacy management at 877-570-8026.

### Patient rights

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

- Choose a healthcare provider, if applicable
- Choose a physician provider, if applicable
- Receive appropriate care without discrimination and in accordance with physician's orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

## Patient responsibilities

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

## Disposing of Medications and Supplies

### Unused medications

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

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

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

Find more information at:

- [RXdrugdropbox.org](http://RXdrugdropbox.org)
- <http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>

## Chemotherapy and hazardous drugs

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

## Home-generated biomedical waste

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

### Needle-Stick Safety

- Plan for safe handling and disposal before use
- Do not use a needle more than once
- Never put the cap back on a needle once removed

- Throw away used needles immediately after use in a sharps container
- Keep out of the reach of children and pets
- Report any needle sticks or sharps-related injuries to your physician

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

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

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

Find more information at:

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

## **Planning for an Emergency**

### **Preparing with the pharmacy**

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

### **Preparing at home**

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

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

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

## Responding

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

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

## Evacuating your home

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

## Reaching the pharmacy

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

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

## Need help?

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

## Wellness Tips

### Washing your hands

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

### When should you wash your hands?

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

### How should you wash your hands?

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

### Preventing the flu

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

### How can you help stop the spread?

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

### Resources

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

## Notice of Privacy Practices Effective 12/31/2021

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

If you have any questions about this notice or want further information about the matters covered in this notice, please contact our Privacy Officer at the address or phone number at the bottom of this notice. You will receive a copy of the notice the first time you register for treatment with any of us. You will be asked to acknowledge in writing your receipt of this notice.

#### Who will follow this notice?

This notice applies to records of your care created or maintained by Owensboro Health, Inc. and by affiliated health care providers of Owensboro Health that are subject to HIPAA, including but not limited to Owensboro Health Regional Hospital, Owensboro Health Muhlenberg Community Hospital, Owensboro Health Twin Lakes Medical Center, clinics operated by Owensboro Health Medical Group and other affiliated providers (collectively referred to herein as "Owensboro Health," "we," "our" or "us"). The information privacy practices in this notice will be followed by us and:

- All health care professionals who treat you at any of our locations.
- All of our employees, staff, contractors, students, or volunteers.

#### Our pledge to you.

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by facility staff or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information found in the doctor's office. We are required by law to:

- Keep medical information about you private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Notify you following a breach of your unsecured medical information.
- Follow the terms of the notice that is currently in effect.

#### Changes to this Notice.

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change to our policies, we will change our notice and post the new notice in waiting areas, exam rooms, and on our website at [www.owensborohealth.org](http://www.owensborohealth.org). You can receive a paper copy of the current notice at any time by requesting one. The effective date is listed just below the title.

#### How we may use and disclose medical information about you.

- We may use and disclose medical information about you for treatment (such as sending medical information about you to a specialist as part of a referral or disclosure information about the treatment you received at our hospitals to your doctor, including through telemedicine) or within the Epic electronic medical record that is used to securely share patient records with other health care providers); to obtain payment for treatment (such as sending billing information to your insurance company or Medicare); and to support our health care operations (such as comparing patient data to improve treatment methods).
- **Affiliated Covered Entity.** We have designated ourselves as a single Affiliated Covered Entity under federal privacy, data breach, and security regulations. This means that we may share your medical information as necessary for treatment, payment, health care operations, and other purposes.
- **Medical Staff.** Because our hospitals are clinically integrated care settings, our patients receive care from hospital staff and from independent practitioners on the medical staff. These integrated care settings are Organized Health Care Arrangements (OHCA) and allow each hospital and its medical staff to share your medical information as necessary for treatment, payment, and health care operations as described above.
- **Shared electronic health records/health information.**
  - \* We use a shared electronic health record that allows our workforce and the workforce at other health care facilities to store, update, access and use your health information. For example, they may do so as needed at the time you are seeking care, even if they work at different clinics and hospitals. We do so so it is easier for your providers to access your health information when you are seeking care and to better coordinate and improve the quality of your care. For example, if your personal doctor takes part in the shared electronic health record, then he/she can see when you have visited other facilities and physicians that also participate in the shared electronic health record and the treatment you received.
  - \* If you receive care from more than one provider who enters information into the shared electronic health record, your health information will be combined into one record. Once information is combined, it cannot be separated in the future.
  - \* Our participation in the shared electronic health record makes us part of an OHCA. The participating OHCA has agreed, as permitted by law, to share and update your health information among themselves for purposes of treatment, payment or health care operations. This arrangement enables us to better address your health care needs. The organizations participating in the shared electronic health record OHCA are not in any way providing health care services mutually or on each other's behalf. They are separate health care providers and each is individually responsible for its own activities, including privacy laws, and all health care services it provides. For a list of the health care providers that participate in the shared electronic health record OHCA, please visit <https://www.owensborohealth.org/epic/physicians/provider-list>.
  - \* Kentucky Health Information Exchange. The Kentucky Health Information Exchange ("KHIE") makes patient health care information available electronically to the Kentucky Department for Medicaid Services, Kentucky State Laboratory, and certain health care providers who are covered by HIPAA and participate in the KHIE ("KHIE Participants"). KHIE Participants agree to KHIE's terms and conditions, including its security and privacy requirements, and agree to access the information for purposes of treatment, payment and health care operations according to applicable federal and state laws. A detailed description of KHIE can be found at <http://khie.ky.gov>. Making patient health care information available to participating health care providers through KHIE promotes efficient and quality health care for patients. We are a KHIE Participant. As such, we are able to obtain more complete information about our patients' medical histories when their health care information is available through KHIE. We make our patients' health care information available to other KHIE Participants who have a need to know it for purposes of treatment, payment and health care operations. You may choose not to allow your information to be available through the KHIE. Participation in the KHIE is not a condition of receiving care. However, if you decide not to make your information available to the KHIE, it may limit the information available to your health care providers. Your information is not stored with the KHIE. Rather, information is only pulled through the KHIE when participating providers request your information. Then, a copy of your information is stored with the receiving provider, much like a fax between health care providers. Please see [www.owensborohealth.org/epic/physicians/provider-list](http://www.owensborohealth.org/epic/physicians/provider-list) for more information about KHIE or decide not to make your information available through the KHIE.

- We may use or disclose medical information about you without your prior authorization for several other reasons. These reasons include:
  - \* When required by law. We may use or disclose your medical information for the extent necessary to comply with the law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. If required by law, you will be notified of any such uses or disclosures.
  - \* For public health activities. We may disclose your medical information for public health activities and purposes to: (i) a public health authority that is permitted by law to collect or receive the information for the purpose of preventing or controlling disease, injury or disability; (ii) a public health authority or other governmental authority that is authorized by law to receive reports of child abuse or neglect; (iii) a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes of conducting or evaluating the safety or effectiveness of FDA-regulated products or activities such as collecting or reporting adverse events, dangerous products, and defects or problems with FDA-regulated products; (iv) a person who may be at risk of contracting or spreading a disease, if such disclosure is authorized by law; (v) your employer, for the purposes of conducting an evaluation of medical surveillance of the workplace or for the purposes of evaluating whether you have a work-related illness or injury; or (vi) your school, or your child's school, if the information is limited to proof of immunization and the school is required by law to have such proof prior to admitting you or your child. We will obtain and document your agreement to such disclosures.
  - \* When we believe you to be a victim of abuse or neglect. We may disclose your medical information if we believe that you have been a victim of abuse, neglect or domestic violence; or if the governmental or agency authorized to receive such information. In this case, if you do not agree to the disclosure, the disclosure will be made consistent with the requirements of applicable federal and state laws, and only if required or authorized by law.
  - \* For health oversight activities. We may disclose your medical information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and entities subject to the civil rights laws.
  - \* For judicial and administrative proceedings. We may use or disclose your medical information in the course of any criminal or civil or administrative proceeding, in response to an order of a court or administrative tribunal, or in certain conditions in response to a subpoena, discovery request or other lawful process not accompanied by an order of a court or administrative tribunal.
  - \* For law enforcement purposes. We may disclose your medical information for a law enforcement purpose to a law enforcement official if certain conditions are met:
    - \* So that coroners, medical examiners, and funeral directors can carry out their duties. We may disclose medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death, or performing other duties authorized by law. We may also disclose medical information to funeral directors, consistent with applicable law, where such information is necessary to carry out the funeral director's duties with respect to the deceased.
    - \* To facilitate organ, eye, or tissue donation and transplantation. We may disclose medical information to organ procurement organizations or other similar entities for the purpose of facilitating organ, eye, or tissue donation and transplantation.
  - \* For research purposes. We may use or disclose your medical information for research purposes, if certain conditions are met.
  - \* To avert a serious threat to health or safety. We may, consistent with applicable law and standards of ethical conduct, use or disclose medical information if we believe that the use or disclosure is necessary to prevent or lessen a serious threat to the health or safety of a person or the public; provided that, if a disclosure is made, it must be to a person(s) reasonably able to prevent or lessen the threat. We may also use or disclose medical information if we believe that the use or disclosure is necessary for law enforcement authorities to identify or apprehend an individual who: (i) admits to participation in a violent crime that we reasonably believe caused serious physical harm to the victim, or (ii) appears to have escaped from a correctional institution or lawful custody.
  - \* For military activities. We may use or disclose medical information of individuals who are Armed Forces personnel for activities deemed necessary to assure proper execution of military missions, provided certain conditions are met. We may also use or disclose medical information of individuals who are foreign military personnel to their appropriate foreign military authority for activities deemed necessary to assure proper execution of military missions, provided certain conditions are met.
  - \* For national security and intelligence activities. We may disclose medical information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act and implementing authority. We may also disclose medical information to authorized federal officials for the protection of the President or other persons, or for certain federal investigations.
  - \* For correctional institutions or other law enforcement custodians. Should you be an inmate of a correctional institution or be in the lawful custody of a law enforcement official, we may use or disclose your medical information to the institution or the official if necessary for your health, the health and safety of other inmates or law enforcement, and the safety of the institution at which you reside. An inmate does not have the right to the Notice of Privacy Practices.
  - \* For workers' compensation purposes. We may disclose your medical information to the extent authorized by or to the extent necessary to comply with laws relating to workers' compensation or to other similar programs established by law.
  - \* We may disclose medical information about you to a friend or family member who is involved in your medical care, or to a disaster relief authorities so that your family can be notified of your location and condition.
  - \* We may use or disclose your medical information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, about your location, general condition, or death.
  - \* If you are deceased, we may disclose medical information about you to a friend or family member who was involved in your medical care prior to your death, limited to information relevant to that person's involvement, unless doing so would be inconsistent with wishes you expressed to us during your life. We are required to protect your medical information in accordance with the HIPAA Privacy Rule for 50 years after your death.
  - \* There are some services provided to us through contracts with entities known as business associates. We will disclose your medical information to our business associates and allow them to create, use and disclose your information to perform their jobs for us. For example, we may disclose your medical information to an outside billing company who assists us in billing insurance companies. To protect your health information, however, we will seek assurances from the business associate that it has implemented appropriate safeguards to protect your information.
  - \* If you are admitted as a hospital patient, unless you tell us otherwise, we will list in the patient directory your name, location in the hospital, your general condition (good, fair, etc.) and your religious affiliation, and will release this information to anyone who asks about you by name. Your religious affiliation may be disclosed only to a clergy member, and even if they do not ask for you by name.

- **State law restrictions on information regarding certain conditions.** Kentucky has more stringent laws than the HIPAA Privacy Rule with respect to HIV/AIDS status and mental health and chemical dependency, and Indiana has more stringent laws than the HIPAA Privacy Rule with respect to Medicaid information, communicable diseases, mental health, and substance abuse (we are allowed to disclose this information only under certain limited circumstances and/or to specific recipients). In addition, Indiana law generally requires your written authorization to disclose your identity in connection with a release of your medical information for our business purposes, unless essential to the purpose or to quality assurance or peer review. In situations in which these laws apply to your information, we will comply with these more stringent laws.

#### Fundraising

- We may use, or disclose to a business associate or to the Owensboro Health Foundation or any other institutionally-related foundation, the following information to contact you for our fundraising activities: your name, address, other contact information, age, gender and date of birth; the department(s) where you received services, your treating physician, your outcome information, your health insurance status, and the dates you received services. We raise funds to expand and support health-care services, educational programs, and research activities related to curing disease. You have the right to opt out of receiving our fundraising communications. If you opt out of receiving fundraising communications, you can always choose to opt back in with respect to specific campaigns or ask to be contacted for our fundraising efforts by calling us at 270-688-2113 or e-mailing us at [found@owensborohealth.org](mailto:found@owensborohealth.org). We do not condition treating you on your choice of whether to receive fundraising communications.

#### Authorizations required

- Certain uses and disclosures by us of your medical information require that we obtain your prior written authorization. These include:
  - \* **Psychotherapy Notes.** If Psychotherapy Notes are created for your treatment, most uses and disclosures of these notes will require your prior written authorization. "Psychotherapy Notes" means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of the individual's medical records. "Psychotherapy Notes" excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
  - \* **Marketing.** If we use or disclose your medical information for marketing purposes, we must first obtain your written authorization to do so, except if the communication is face-to-face by us to you, or is a promotional gift of nominal value.
  - \* **Sale of your medical information.** We will not sell your medical information without first obtaining your written authorization.

#### Other uses/disclosures of medical information.

- In any other situation not described in this notice, we are required to obtain your written authorization before using or disclosing your medical information to anyone except for the purposes described in this notice. You can later revoke that authorization by notifying us in writing of your decision. However, the revocation will not be effective (1) to the extent we took action in reliance on the authorization before receiving the revocation, or (2) if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

#### Your rights regarding medical information about you.

- You have the right to look at and to get a copy of your medical records and billing records that we maintain or that are maintained for us, when you submit a written request. If the information is maintained electronically and if you request an electronic copy, we will provide you with an electronic copy in the form and format requested by you, if it is readily producible in that form and format (if it is not, then we will agree with you on a readable electronic form and format). You can direct us to transmit the copy directly to another person if you submit a signed written request to our Privacy Officer below that identifies the person to whom you want the copy sent and where to send it. In If you request copies, we may charge a reasonable cost-based fee for the labor involved in copying the information, the supplies for creating the paper copy or the cost of the portable media, postage, and providing a summary of your records, if you request a summary. If we deny your request to review or obtain a copy of your medical or billing records, you may submit a written request for a review of that decision.
- If you believe that information in your medical or billing records is incorrect or of important information is missing, you have the right to request that we correct the records, by submitting a request in writing to our Privacy Officer that provides your reason for requesting the amendment. We could deny your request to amend a record for a number of reasons, including: if the information was not created by us; if it is not part of the information maintained about you by or for us; or if we determine that record is accurate and complete. You may submit a written statement of disagreement with our decision not to amend a record.
- You have the right to a list of those instances where we have disclosed medical information about you, except in certain instances. These exceptions include: disclosures for treatment, payment and health care operations; disclosures made to you; disclosures incident to a use or disclosure permitted or required by the HIPAA Privacy Rule; disclosures authorized by you; disclosures for our directory; disclosures to persons involved in your care or to disaster relief authorities; disclosures for national security and intelligence purposes; disclosures to correctional institutions or law enforcement officials; disclosures that are a part of a limited data set; and disclosures occurring more than six years prior to the date of your request. You must submit a written request to our Privacy Officer to obtain the list of those instances where we have disclosed medical information about you. The request must state the time period desired for the accounting, which must be less than a six-year period from the date of the request. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.
- You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We will inform you of our decision on your request. Requests should be submitted in writing to our Privacy Officer whose address is listed at the end of this notice. We must comply with a request from you not to disclose your medical information to a health plan, if the purpose for the disclosure is not related to treatment, and the health care items or services to which the information applies (such as a genetic test) have been paid for out-of-pocket and in full; otherwise, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. Except for restrictions that we must comply with relating to health plans, we may terminate our agreement to a restriction at any time by notifying you in writing, but our termination will only apply to information created or received after we sent you the notice of termination, unless you agree to make the termination retroactive.
- You have the right to receive a paper copy of this notice upon request.
- You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home or by notifying us in writing of the specific purpose or location for us to use to communicate with you. We may condition our agreement on information as to how payment will be handled and specification of an alternate address or other method of contact.

#### Complaints

- If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer (listed below). You may also contact our Compliance Department at (270) 691-8240 or the Owensboro Health Hotline, a 24-hour hotline, at 1-855-652-1920. You may also send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Officer can provide you the address. Under no circumstances will you be penalized or retaliated against for filing a complaint.

#### Nondiscrimination & Accessibility

Owensboro Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, disability, or sex.

**Español (Spanish)**  
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-270-417-2000 (TTY: 1-270-688-3719).

**繁體中文 (Chinese)**  
注意：如果您使用繁體中文，您可以免費獲得語言協助服務。請致電：1-270-417-2000 (TTY: 1-270-688-3719)。

**မြန်မာစာ (Burmese)**  
သတိပြုရန် - သတိပြုရန် သိသည့် မြန်မာစာကို လိုအပ်ပါက အခမဲ့ဘာသာစကား အကူအညီ အဖွဲ့သို့ သတိပြုရန် ခေါ်ဆိုနိုင်ပါသည်။ ဖုန်းနံပါတ် 1-270-417-2000 (TTY: 1-270-688-3719) သို့ ခေါ်ဆိုပါ။

Questions? Please call:  
(270) 417-6990

Owensboro Health  
Privacy Officer

1201 Pleasant Valley Road  
Owensboro, KY 42303  
Fax (270) 417-6827  
[privacy@owensborohealth.org](mailto:privacy@owensborohealth.org)



# OWENSBORO HEALTH, INC. PATIENT AUTHORIZATION RECORD

Document Type: Hospital Consent Paper

1. **CONSENT TO TREATMENT.** I voluntarily consent to care involving routine diagnostic tests, procedures and medical treatment as ordered by my admitting and attending physician. I acknowledge that in life threatening emergencies treatment may include administration of universal donor blood that lacks completion of some compatibility testing. I also agree that, as part of the medical procedures or tests that may be performed during my hospital stay, I may be tested for HIV infection, hepatitis or other blood-borne infectious diseases if a physician orders the test for diagnostic purposes or in the event of exposure to health care personnel. I understand that the use of telemedicine may be used in the course of my treatment and by providing my signature below, I hereby consent to the use of telemedicine in my medical care. I am under the care and supervision of my attending physician and it is the responsibility of my physician, not Owensboro Health, Inc. or any of its affiliated entities (hereinafter referred to as OHI) or its employees, to obtain my informed consent to medical or surgical treatment. No one has guaranteed the results that may be obtained from my care.
2. **OTHER PRACTITIONERS AND HEALTH CARE EDUCATION.** I understand and acknowledge that most physicians furnishing services to me, including, but not limited to, the radiologist, pathologist, anesthesiologist and emergency department physician, as well as residents and medical students, are not employees or agents of OHI and may be involved in my care. I further understand and agree that there are other health care providers in the Hospital including, but not limited to, certified registered nurse anesthetists, nurse practitioners, registered nurses, physician assistants, physical therapists, occupational therapists, surgical technicians, and psychologists, who may render care to me, and who are NOT employees or agents of the Hospital but who are independent contractors or employees of an independent contractor. I agree that the signing of this document does not in any way imply that OHI is responsible for or assumes any liability for the activities of any physician or practitioner who is not its employee. As independent contractors, these physicians and other health care providers may bill me separately for their services. I also understand that, from time to time, students in health care occupations, including but not limited to nursing, physical therapy, radiation therapy, and laboratory sciences, may observe and participate in my care at OHI in a supervised environment and I agree that, by signing this document, I am consenting to such student observation and participation.
3. **PATIENT RIGHTS.** Hospital patients have specific rights under state and federal law. I acknowledge receipt of information concerning patient rights under state law to make decisions about health care, including the right to refuse treatment, to formulate an advance directive, and the transmission and prevention of AIDS and HIV infection. I understand that photographs, videotapes or other images of me or parts of my body may be recorded to document my care, for treatment purposes, or for patient identification and safety purposes, and I consent to this. I understand that such images may be released to my physician/surgeon for treatment purposes.
4. **PERSONAL BELONGINGS.** I understand that OHI shall not be responsible for my personal belongings. If I wish to keep items with me in the hospital, I can ask that they be placed in the hospital safe or, if I am staying in a hospital room, I can put them in my room safe. OHI reserves the right to confiscate any illegal substances, paraphernalia, alcoholic beverages, firearms or weapons of any kind located on OHI property.
5. **NOTICE OF PRIVACY PRACTICES.** OHI and Affiliate Entities' Notice of Privacy Practices states how OHI may use and disclose medical information. I acknowledge that I have received the OHI and Affiliated Entities' Notice of Privacy Practices.
6. **ASSIGNMENT OF BENEFITS.** By signing below, I agree to direct payment to OHI of any third-party benefits otherwise payable to or on my behalf for the care OHI provides to me, including emergency services if rendered. Payment to OHI by a third-party payor shall discharge the payor of any and all obligations under my policy to the extent of such payment. I agree to pay for all charges that are not covered or paid by any third-party payor to the extent allowed by law. If my bill must be turned over to a collection agency, I agree to pay OHI attorney's fees and collection expenses. If I have a credit balance, it can be applied to any open balances within Owensboro Health, Inc. or any of its affiliates, including Owensboro Health Medical Group, Inc.
7. **BILLING.** In order to permit OHI to bill for the services it has provided to me, I agree to furnish or arrange to have furnished to OHI any and all information needed to process my insurance claim and, if I have no insurance coverage, a signed agreement to make payment arrangements. I authorize OHI to receive from the Social Security Administration any Medicare eligibility information necessary to process my account. OHI must receive verification from my insurance company as to the amount of coverage under my policy for hospital services. I further agree to pay Owensboro Health for any and all services rendered and expenses incurred by the patient. I, as the responsible person on this account, understand that bills are payable in full upon rendering of treatment. Subject to OHRH's charity care and financial assistance policies, delinquent accounts may be turned over to a collections agency and in the event legal action is required in order to enforce payment on this account, I will pay all court costs, expenses, attorney's fees and other costs incurred and/or expended as a result of such proceedings. If you feel you may be eligible to receive financial assistance/charity care, please call one of our financial counselors at (270) 685-7501.
8. **INSURANCE AND EMPLOYERS.** I hereby authorize OHI to disclose information about my care to my insurance company for the purpose of obtaining payment for the services I receive. I acknowledge and agree that if my medical condition appears to be a work-related injury, OHI may provide information about my care to my employer or its worker compensation insurance carrier, if applicable, as necessary to collect payment for services rendered.
9. **FOR MEDICARE RECIPIENTS ONLY.** I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and/or the Medicare program or its intermediaries or carriers or to the Professional Review Organization any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. My signature below only acknowledges the receipt of "An Important Message from Medicare" from OHI on the admission date listed below and does not waive any of my rights to request a review or make me liable for payment.
10. **MOBILE CONSENT.** By supplying my home phone number, mobile phone number, email address, and any other personal contact information, I authorize my health care provider to contact me at the address or phone number I've supplied (even if such number is registered on any "Do Not Call" list) for the purpose of notifying me of a pending appointment, a missed appointment, overdue wellness exam, balances due, bill payment options, lab results, patient surveys, or any other healthcare related conversations. Mobile messages may be sent using an automated technology, including an auto dialer, automated system, or automatic telephone dialing system. I also agree that my provider, its affiliates, and any third-party service providers may send me messages, or interpret messages, regarding the foregoing topics and that such messages and/or calls may be made or placed using different telephone numbers or short codes. I understand that standard data and message rates may apply and I am responsible for any message and data rates imposed by my mobile provider. I consent to receiving multiple messages per day or more than three messages per week from my healthcare provider, when necessary. I consent to detailed messages being left on my voice mail, answering system, or with another individual if I am unavailable. I understand that I am not required to give consent to these telemarketing messages as a condition of purchasing any property, goods, or services. I may opt-out of the messages at any time. To stop receiving text messages, I must reply STOP to any text message from my provider. I may continue to receive text messages for a short period while my request is processed and I may receive a one-time opt-out confirmation message.
11. **ARTIFICIAL INTELLIGENCE AND HEALTH PRIVACY.** Owensboro Health is using a new technology that uses artificial intelligence to generate clinical notes based on recorded audio of patient visits. This technology significantly reduces the amount of time your clinician spends on documentation and allows more time for providing care to you. All documentation is reviewed and approved by your clinician to ensure the accuracy and completeness of your medical record. The recording and associated documentation may also be used for the further improvement of the technology. Your participation is voluntary, and your care will not be conditioned on providing consent. My signature below acknowledges my consent to the recording of my visit today as well as any future visits. I understand that I may revoke consent to the recording of future visits up until it is relied upon.

I, \_\_\_\_\_ (print name), agree that a copy of this patient authorization record may be used in place of the original copy. If I am eligible for TRICARE benefits, I acknowledge that I have received a copy of the "Important Message from TRICARE." I acknowledge that I have read and understood all of the information above and I have had the opportunity to ask questions and have them answered to my satisfaction. I agree to all of the conditions for admission to OHI described above. If I am not the patient, I certify that I am authorized by law to agree to these conditions of admission on the patient's behalf.

Date \_\_\_\_\_ Patient/Parent/Guardian/Power of Attorney \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**This facility does not discriminate against any patient because of HIV status, race, creed, color, national origin, or because a patient is covered by a program such as Medicaid or Medicare.**  
**A COPY OF THIS DOCUMENT IS TO BE DELIVERED TO THE PATIENT AND ANY OTHER PERSON WHO SIGNS THIS DOCUMENT**

REVISED 10/17/2024 ADMT17



**Owensboro  
Health**

**Specialty  
Pharmacy**

2200 E. Parrish Ave.  
Building C  
STE LL102  
Owensboro, KY 42303

## **Hours**

Monday–Friday, 8 a.m.–5 p.m.

## **Contact us**

### **Phone:**

Specialty Pharmacy Local: 270-713-9423  
Specialty Pharmacy Toll Free: 877-570-8026  
After-Hours Clinical Support: 877-570-8026

### **Email:**

[Specialty.Pharmacy@OwensboroHealth.org](mailto:Specialty.Pharmacy@OwensboroHealth.org)

[OwensboroHealth.org/SpecialtyPharmacy](https://OwensboroHealth.org/SpecialtyPharmacy)