

AdventHealth Outpatient Pharmacy and Specialty Program

Welcome Packet



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Welcome

We welcome you to **the AdventHealth Outpatient Pharmacy, a member of the AdventHealth family of care.** Starting a new treatment can be overwhelming and confusing. The AdventHealth Outpatient Pharmacy, we have a team and resources in place to maximize your comfort and give you peace of mind. the AdventHealth Outpatient Pharmacy

Our highly personalized services ensure that you receive the optimal benefit from your therapy. These services include:

- Coordination with your insurance company for prior-authorization
- Free delivery of your medications
- Access to a pharmacist 24 hours a day, seven days a week

If at any time you have further questions, please contact the pharmacy directly.

AdventHealth Outpatient Pharmacy Contact Information

Open Monday through Friday, 8 am to 6 pm
2501 North Orange Avenue, Suite 122 | Orlando, FL 32804
407-303-7405 | 1-844-548-0434 Toll Free | 407-303-2533 FAX
AHPharmacyCentralFL.com

Thank you for choosing the AdventHealth Outpatient Pharmacy. We're honored to help care for you.

Sincerely,

The AdventHealth Outpatient Pharmacy Team

**We are closed on weekends and major holidays, including New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. A pharmacist is available by phone 24 hours a day, year-round.*

**In case of an emergency, call 911.*



Specialty Pharmacy Services

We recognize that your needs may be complex, and this may be a stressful time. We are here for you. The AdventHealth Outpatient Pharmacy staff is dedicated to working closely with you and your health care team. Our primary goal is to provide you with quality care.

We will provide:

Personalized care

Our specialty-trained staff will work with you to discuss your treatment plan and address any questions or concerns you might have.

Collaboration with your doctor

We work directly with your doctors and other caregivers to make sure any issues you may be having with your treatment are addressed immediately.

Follow-up

Getting your medications and supplies quickly is important. We will be in regular contact with you during your treatment and will be your health care advocate.

Benefits check

We will help you explore all the treatment options and their costs. We also work with your insurer to provide you with a full explanation of your benefits.

Delivery

We offer fast and convenient delivery to your home or other preferred location. A staff member will contact you prior to your refill due date to coordinate the medications you need, update your insurance and medical records, and confirm a delivery date and address.

24/7 support

Our pharmacists are available 24 hours a day, seven days a week. We are always here to answer any questions or concerns you might have.

Please contact us if:

- You have questions or concerns about your medication
- You suspect a reaction or allergy to your medication
- There are any changes in how you use your medication
- Your contact information or delivery address has changed
- Your insurance information or payment method has changed
- You need to check the status of your delivery
- You need to reschedule or change your delivery
- You have any questions or concerns about our specialty pharmacy services

Our Patient-Management Program

The AdventHealth Outpatient Pharmacy will provide clinical services for all patients and additional services for those with certain disease states. All patients enrolled in the Patient-Management Program will have their prescriptions reviewed by a pharmacist for appropriateness and safety. Patients have the option to opt out of this program.

For more information, or to opt out, call 407-303-7405 or 1-844-548-0434.



Program Services

1. Initial patient assessment
2. Ongoing scheduled patient assessments
3. Care-plan development
4. Medication-management management based on clinical guidelines and best practice data
Clinical resources include:
 - Manufacturer package insert
 - Lexi-comp (provides evidence-based drug information)
 - National treatment guidelines
 - Current manufacturer educational material
 - Formulary restrictions based on insurance plan guidelines
5. Refill reminders will be provided by a pharmacy team member prior to the refill due date.
6. Medications will be delivered on a promised day to the patient, doctor's office or alternate location.

Additional Patient-Management Program Services

Additional services that may be provided based on your disease state and medication include, but are not limited to:

- Disease education
- Medication education
- Medication handling advice
- Assistance with access
- Medication administration
- Patient assessment
- Therapy evaluation
- Impediments to therapy
- Identification of at-risk patients

We will communicate with the appropriate members of the patient's health care team (prescriber, caregivers, health care providers) to provide coordinated care. This will be shared using acceptable methods to keep patient health information protected, including phone, FAX or electronic medical records (EMR). Communication with prescribers, payors or other health care team members can be conducted to discuss issues such as:

- Adverse events/intolerance
- Disease progression
- Noncompliance
- Reimbursement changes
- Appropriateness of therapy
- Medication delivery

You will be made aware of any changes to your therapy prior to your next medication refill.

All conversations with you or your health care team will be documented in your profile.

As a patient enrolled in the patient management program, you have the right to:

- Have personal health information shared only in accordance with state and federal law
- Identify the program's staff members, including their job title, and speak with a staff member's supervisor if requested
- Speak to a health professional
- Receive information about the patient management program
- Decline participation or disenroll at any point in time

As a patient enrolled in the patient management program, you have the responsibility to:

- Give accurate clinical and contact information, and provide notification when there is a change
- Notify the treating prescriber of their participation in the patient management program

Reasons for Discharge From the Patient-Management Program

The patient may be discharged from the Patient-Management Program if:

- Therapy is discontinued
- Therapy is completed
- Patient requests to be removed from program
- Patient's care is transferred to another pharmacy



Obtaining Medications and Services

How to Fill a New Prescription

Your prescriber will send your new prescription to the AdventHealth Outpatient Pharmacy either electronically or by FAX. If you have any questions regarding your prescriptions, please contact us at 407-303-7405 or 1-844-548-0434.

How do I refill my prescriptions?

To make it easy, a member of the pharmacy team will contact you to schedule delivery of your refill. You can also call the pharmacy directly at 407-303-2559 and enter your prescription number into the IVR system. If the prescription has no refills remaining and there are no changes in the strength or dose, the AdventHealth Outpatient Pharmacy will contact the prescriber requesting a refill authorization. You also can contact the prescriber for a new prescription.

Prescription Transfers

If our pharmacy is unable to service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care.

Delivery and Storage of Your Medication

We deliver medication to your home, doctor's office or to an alternative location at no cost to you. We will also include other supplies as necessary. For specialty medications, we coordinate all refills to make sure that you are available to receive the shipment. Please note, we require confirmation of the delivery address and date from you before we will send the medication. If your medication requires refrigeration or controlled room temperature, we will ship it in special packaging that will maintain the appropriate temperature throughout the shipping process. Once you receive the package, take the medication out of the box and refrigerate if your medication requires it. Please contact us if the package looks damaged or is not in the correct temperature range.

Medication Order Status and Delays

Our pharmacy team will keep you informed of the status of your order, including delays. You may contact us regarding order status.

Returns

In the event your medication needs to be returned to the AdventHealth Outpatient Pharmacy, please contact us at **407-303-7405** or **1-844-548-0434** prior to returning it.

Once your return has been set up:

1. Re-package the medication in the appropriate shipping material.
2. Contact the courier to schedule pick up or drop off at a designated shipping location.

Mailing Address

AdventHealth Outpatient Pharmacy
2501 North Orange Avenue, Suite 122
Orlando, FL 32804

The Billing Process

Medication Cost

Our pharmacy team works together with your insurance company to get the best financial results for you. If your insurance company does not cover the entire amount, you will be responsible for the remainder of the cost. This cost is called a copayment or copay. We will tell you the exact amount you need to pay. We will help you make your therapy plan as affordable as possible.

What if I can't afford my medicine?

Our pharmacy team has knowledge of and access to many financial assistance programs. These include manufacturer discount coupons, disease-management foundations and charities. If you are eligible, we will help enroll you in these programs.

Additional Tools and Resources

Interpreter Services

You may ask for an interpreter if you are deaf, hearing impaired or if English is not your primary language.

Education

We will provide educational resources regarding your condition and medication use at no additional charge.

Patient Advocacy Support

We are here to serve you, and we want to help you get the most out of your specialty medication therapy. If you have a question or problem, please contact us immediately, and let us try to resolve the situation. Listed below are a few resources dedicated to helping patients learn more and connect with support groups and organizations dedicated to those with certain health conditions. In addition to education, these organizations can provide valuable support to patients dealing with complex and difficult health care needs.

- | | |
|--|-----------------------|
| • National Coalition for Cancer Survivorship | 1-877-NCCS-YES |
| • Hepatitis C Careline | 1-800-532-5274 |
| • MS Advocate for Change | 1-800-344-4867 |
| • RA Advocate 101 | 1-800-283-7800 |
| • Crohn's and Colitis Advocacy Network | 1-800-932-2423 |
| • Human Growth Foundation | 1-800-661-5550 |
| • National Psoriasis Foundation | 1-800-723-9166 |

To learn more about consumer protection and advocacy services, you may visit the following website:

National Association of
ConsumerAdvocates.org

National Hotline for Mental Health Crisis and Suicide Prevention

- **1-800-273-TALK (8255)**

Patient Safety

Adverse Drug Reactions

If you are experiencing any adverse or allergic drug reactions, acute medical symptoms or other issues, contact your doctor or local emergency room, or call 911. Should you experience an adverse reaction to your medication, please contact the pharmacy as soon as possible so we can discontinue the medication in your profile.

Drug Recalls

If your medication is recalled, the pharmacy will contact you with further instructions as directed by the FDA or drug manufacturer.

Proper Disposal of Sharps

Place all needles, syringes and other sharp objects into a sharps container. This can be provided by our pharmacy for a fee if you are prescribed an injectable medication. There are also programs that are provided by several drug manufacturers that supply sharps containers. If applicable, the pharmacy staff will help you coordinate this service.

Needle Safety

- Never replace the cap on needles.
- Throw away needles in a sharps container immediately after use. Report all needle sticks or sharps-related injuries to your doctor right away.

Proper Disposal of Unused Medications

If no disposal instructions are given on the prescription labeling, follow the steps outlined below for at-home disposal:

- Remove the medications from their original containers and mix them with something undesirable, such as used coffee grounds, dirt or cat litter. This makes the medicine less appealing to children and pets, and unrecognizable to someone who might intentionally go through the trash looking for medications.
- Put the mixture in something you can close (a resealable zipper storage bag, empty can or other container) to prevent the medication from leaking or spilling out.

- Throw the container in the garbage.
- Scratch out all your personal information on the empty medicine packaging to protect your identity and privacy. Throw the packaging away.
- If you have a question about your medicine, ask your health care provider or pharmacist. For additional information or to find an authorized collection site in your community, visit the following website.

[Where and How to Dispose of Unused Medicines | FDA](#)

Hand-Washing/Infection Control Instructions

The best way to prevent infection is to wash your hands. Germs are all around us, including on the body. The hands are especially likely to gather germs. Always wash your hands before and after you prepare or handle any medication(s).

Follow these simple steps for proper hand-washing:

- Wet hands with warm water.
- Place a small amount of soap on hands.
- Rub hands together for at least 30 seconds.
- Make sure to clean under the nails and between the fingers.
- Rinse hands with warm running water.
- Dry with a paper towel or a clean cloth.

Hand Sanitizers

Alcohol-based hand sanitizers can quickly reduce the number of germs when soap and water are not available. Follow these instructions to use properly:

- Apply a small amount of hand sanitizer to the palm of one hand.
- Rub your hands together until they are dry.
- Be sure to cover all the surfaces of your hands.

NOTE: Hand sanitizers are not effective when hands are visibly dirty.

Home Safety – Patient Education

Below are a few simple tips to make your home safe, decrease hidden hazards and help prevent injuries within your home.

Poisoning

Medications can be dangerous when they are not taken as directed and should only be taken by the person named on the prescription. It is important to store medications properly to avoid any poisoning accidents:

- Store medications in their original containers and out of reach of children.
- Use child-resistant packaging and replace caps tightly.
- Never refer to medications as “candy” in front of children.
- If a poisoning is suspected, dial 1-800-222-1222 for Poison Control.

Emergency Preparedness

Please prioritize your safety. The pharmacy is available to help with your medication needs during this time. In the event of a disaster in your area, please contact our pharmacy to instruct us on how to deliver your medication. This will ensure your therapy is not interrupted. We will make every effort to deliver your medications and supplies early if a weather warning is in place. We will attempt to contact our patients — in order of disaster priority — with any special instructions. Please make sure your contact information is up to date and on file to avoid disruption in your therapy.

Here are some tips for planning ahead in case of an emergency:

- Know the evacuation routes in your area.
- Have emergency or first-aid kits available in your home and car.
- Keep extra water bottles and nonperishable snacks on hand.
- Maintain an up-to-date emergency contact list.
- Keep your medications stocked and stored in a safe place.
- Store important documents in a safe place.

In the event of a power outage, and you have a medication that requires refrigeration, please call our pharmacy to speak directly to one of our pharmacists. They can provide guidance on how to handle your medication during this time and advise you on necessary steps.

More information about emergency preparedness is available at [American Red Cross | Help Those Affected by Disasters](#)

In case of an emergency, please call local police or dial 911.

Concerns or Complaints

If you are not completely satisfied with the care or services we have provided, we want to know about it. Call us with any concerns or problems with your medications or services at 407-303-7405 or 1-844-548-0434. If you wish to file a written complaint, you may do so using this form. If a complaint cannot be resolved verbally over the phone, it will be addressed via our company's policies and procedures regarding complaints through a formal process, where we will address your concern within five (5) business days. If your concern cannot be resolved by our pharmacy team, please call the AdventHealth Hotline at 888-924-8433.

The following agencies may also be contacted.

Accreditation Agency

Accreditation Commission for Healthcare (ACHC)
139 Weston Oaks Court
Cary, NC 27513
Toll-Free: 855-937-2242
Local: 919-785-1214
FAX: 919-785-3011

Utilization Review Accreditation
Commission (URAC)

1220 L St NW Ste 900
Washington, DC 20005
202-216-9010

<https://www.urac.org/contact/file-a-grievance/>

National Association of Boards of Pharmacy (NABP)
1600 Feehanville Drive
Mount Prospect, IL 60056
847-391-4406
help@nabp.pharmacy

Complaints concerning the practice of pharmacy may be filed with the governing state board of pharmacy listed below:

Florida Board of Pharmacy
Department of Health
4052 Bald Cypress Way, Bin C-04
Tallahassee, FL 32399-3258
850-488-0595



AdventHealth Patient Rights and Responsibilities

Summary of the Patient's Rights and Responsibilities

Federal and state law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the Florida Patient Rights law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

Patient Rights

General Rights

- A patient has the right to impartial access to medical treatment or accommodations, regardless of age, sex, race, color, national origin, ethnicity, religion, handicap, culture, language, physical or mental disability, socioeconomic status, sexual orientation, gender identity or expression, or source of payment.
- A patient has the right to be treated with courtesy and respect, with an appreciation of his or her cultural and personal values, beliefs, preferences and individual dignity, and with the protection of his or her right to and need for privacy.
- A patient has a right to religious and spiritual accommodation.
- A patient has the right to be free from neglect, harassment, exploitation, verbal, physical, mental, and sexual abuse to receive care in a safe setting.
- A patient has a right to have his or her allegations, observations and suspected cases of neglect, exploitation, and abuse reported to appropriate authorities based on the hospital's evaluation of the suspected events as required by law.
- A patient has the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff and to be subjected to restraint or seclusion only by trained staff to ensure the immediate physical safety of the patient, a staff member, or others and to have it discontinued at the earliest possible time.
- A patient has the right to bring any person or receive or deny visitors of his or her choosing to the patient-accessible areas of the health care facility or provider's office to accompany the patient while the patient is receiving inpatient or outpatient treatment or is consulting with his or her health care provider, unless doing so would risk the safety, rights, or health of the patient, other patients, or staff of the facility or office or cannot be reasonably accommodated by the facility or provider.
- A patient has the right to know what rules and regulations apply to his or her conduct.

Quality of Care and Decision-Making

- A patient has the right to have a family member or representative of his or her choice and his or her physician notified promptly of his or her admission to the hospital.
- A patient has the right to know who is providing medical services and who is responsible for his or her care.
- A patient has the right to receive information in a manner the patient understands.
- A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks and prognosis.
- A patient has the right to the means to make informed decisions.

- A patient has the right to participate in the development and implementation of their plan of care.
- A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- A patient has the right to pain management.
- A patient has the right to request or refuse any treatment, including life-prolonging procedures, except as otherwise provided by law.
- A patient has the right to participate in the consideration of ethical issues that arise in his or her care.

Advance Directives (Designation of Health Care Surrogate and Living Will)

- A patient has the right to written information concerning the health care facility's policies respecting Advance Directives.
- A patient has the right to formulate, review, or revise Advance Directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.
- A patient has the right, upon request, to be referred to resources for assistance in formulating Advance Directives.
- A patient has the right to not have treatment or admission conditions upon whether or not the individual has executed or waived an individual directive.

Privacy and Confidentiality

- A patient has the right to confidentiality of his or her clinical records and to access current medical records in such form and format as agreeable to by the facility and individual, and within a reasonable time frame.

Finances

- A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- A patient has the right to receive, upon request and prior to treatment, a reasonable estimate of charges for medical care.
- A patient has the right to receive a copy of a reasonably clear and understandable itemized bill and, upon request, to have the charges explained.
- A patient has the right to receive notice of non-coverage and a right to appeal premature discharge.

Research and Clinical Trials

- A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research without any impact on his or her access to care, treatment and services unrelated to the research.
- A patient has the right to a prompt and reasonable response to questions and requests.

- A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.
- A patient has the right to information regarding the process of submitting a written or verbal grievance.

Patient Responsibilities

- A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
- A patient is responsible for asking questions or acknowledging to the health care provider when he or she does not comprehend a treatment course or care decision and what is expected of him or her.
- A patient is responsible for supporting mutual consideration and respect by maintaining civil language and conduct in interactions with staff and licensed independent practitioners.
- A patient is responsible for following the treatment plan recommended by the health care provider.
- A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, notifying the health care provider or health care facility.
- A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.





Joint Notice of Privacy Practices

Effective Date: April 1, 2024

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

If you are under 18 years of age, your parents or guardian must sign for you and handle your privacy rights for you.

If you have any questions about this notice, please contact our Privacy Officer at 800-906-1794/TTY: 407-200-1388.

Section A: Who Will Follow This Notice

This notice describes AdventHealth's practices and that of:

- Any health care professional authorized to enter information into your medical record maintained by an AdventHealth facility, such as doctors, nurses, physician assistants, technologists and others.
- All departments and units of AdventHealth facilities, including hospitals, outpatient facilities, physician practices, skilled nursing facilities, home health agencies, hospices, urgent care centers, and emergency departments.
- All employees, staff, students, volunteers and other personnel of AdventHealth facilities.
- All third-party business partners that assist AdventHealth with providing technology tools or other health care operations.

If you would like a list of AdventHealth affiliated entities, please send a written request to the Privacy Officer at the address below in Section G.

Section B: Our Pledge Regarding Your Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our facilities. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated or maintained by AdventHealth facilities, whether made by our employees or your personal doctor. If your personal doctor is not employed by AdventHealth, your personal doctor may have different policies or notices regarding your doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Use our best efforts to keep medical information that identifies you private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

Section C: How We May Use and Disclose Medical Information About You

We may share your medical information in any format we determine is appropriate to efficiently coordinate the treatment, payment, and health care operation aspects of your care. For example, we may share your information orally, via fax, on paper, or through electronic exchange.

We also ask you for consent to share your medical information in the admission documents you sign before receiving services from us. This consent is required by state law for some disclosures and allows us to be certain that we can share your medical information for the reasons described below. You may view a list of the main state laws that require consent (Attachment A) by visiting <https://www.adventhealth.com/legal/patient-privacy-hipaa>, or you may ask the registration clerk for a paper copy. If you do not want to consent to these disclosures, please contact the Privacy Officer to determine if we can accept your request.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other AdventHealth personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of AdventHealth also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside AdventHealth who may be involved in your medical care for referrals, or your family members, friends, clergy or others we use to provide services that are part of your care.

Payment

We may use and disclose medical information about you so that the treatment and services you receive at AdventHealth may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at AdventHealth, so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment.

Health Care Operations

We may use and disclose medical information about you for AdventHealth's operations. These uses and disclosures are necessary to run AdventHealth and make sure that all of our patients receive quality care.

For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may use and disclose your information as needed to conduct or arrange for legal services, auditing, or other functions. We may allow your medical information to be accessed, used or disclosed by our business associates that help us with our administrative and other functions. These business associates may include consultants, lawyers, accountants, software licensors and other third parties that provide services to us. For example, we license software with certain artificial intelligence-enabled technology that processes data about you that is then reviewed by your physician or care provider to help treat you (e.g., the software within fetal heart monitors, and EKG and MRI machines) or to help your physician or care provider be more efficient (e.g., dictation software). The business associates may redisclose your medical information only as necessary for our treatment, payment, health care operations and related functions, or for their own permitted administrative functions, such as carrying out their legal responsibilities. We may also combine medical information about many patients to decide what additional services AdventHealth should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other AdventHealth personnel for review and learning purposes. We may also combine the medical information we have with medical information from other entities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are. Once we have removed information that identifies you, we may use the data for other purposes. We may also disclose your information for certain health care operation purposes to other entities that are required to comply with HIPAA if the entity has had a relationship with you. For example, another health care provider that treated you or a health plan that provided insurance coverage to you may want your medical information to review the quality of the services you received from them.

Appointment Reminders

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at AdventHealth.

Treatment Alternatives

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services

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

Fundraising Activities

We may use information about you to contact you in an effort to raise money for AdventHealth and its operations. We may disclose information to a foundation related to AdventHealth so that the foundation may contact you to raise money for AdventHealth. We would release only contact information, such as your name, address, phone number, gender, age, health insurance status, the dates you received treatment or services at AdventHealth, the department you were treated in, the doctor you saw, and your outcome information. If you do not want AdventHealth to contact you for fundraising efforts, you must notify us in writing as set forth in Section G.

Patient Directory

Unless you tell us otherwise, we may include certain limited information about you in AdventHealth's patient directory while you are a patient at AdventHealth. This information may include your name, location in AdventHealth, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Unless you tell us otherwise, your religious affiliation may be given to a member of the clergy, such as a

minister, priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in AdventHealth and generally know how you are doing.

Individuals Involved in Your Care or Payment for Your Care

Unless you tell us otherwise, we may release medical information about you to a friend or family member who is involved in your medical care; we may give information to someone who helps pay for your care; or we may tell your family or friends your condition and that you are in an AdventHealth facility. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research

Under certain circumstances, we may use and disclose medical information about you for research purposes, including to our research affiliates. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects involving people, however, are subject to a special approval process by an Institutional Review Board. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, unless most or all of the patient identifiers are removed, the project will have been approved through this research approval process. We may, however, provide limited read-only access to medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review remains protected. If required by law, we will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at AdventHealth.

As Required by Law

We will disclose medical information about you when required to do so by federal, state or local law. For example, when our patients have certain transmissible diseases, suffer from abuse, neglect or assault, or for state registries such as the Office of Vital Statistics or tumor registries. Another example would be for work related injuries or illnesses, or workplace related medical surveillance.

To Avert a Serious Threat to Health or Safety

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Section D: How We May Use and Disclose Medical Information About You

Organ and Tissue Donation

We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may also disclose information to entities that determine eligibility for certain veterans' benefits.

Workers' Compensation

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

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

Law Enforcement

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at AdventHealth; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of AdventHealth to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Section E: Your Rights Regarding Medical Information About You

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

Right to Inspect and Copy

You have the right to inspect and copy some of the medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. When your medical information is contained in an electronic health record, as that term is defined in federal laws and rules, you have the right to obtain a copy of such information in an electronic format and you may request that we transmit such copy directly to an entity or person designated by you, provided that any such request is in writing and clearly identifies the person we are to send your PHI to. If you request a copy of the information, we may charge a fee for the costs of labor, copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy medical information in certain circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend

If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the health care entity. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the health care entity;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of medical information about you. The accounting will exclude certain disclosures as provided in applicable laws and rules, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, disclosures for notification purposes and certain other types of disclosures made to correctional institutions or law enforcement agencies. Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

We are not required to agree to your request, except in limited circumstances where you have paid for medical services out-of-pocket in full at the time of the service and have requested that we not disclose your medical information to a health plan. To the extent we are able, we will restrict disclosures to your health plan. We will not be able to restrict disclosures of your medical information to a health plan if the information does not relate solely to the health care item or service for which you have paid in full. For example, if you are having a hysterectomy that will be paid for by your health plan, and you request to pay cash for a tummy tuck that you want performed during the same surgery, to avoid disclosure to your health plan, you would either have to pay cash for the entire procedure or schedule the procedures on separate days. Please also know that you have to request and pay for a restriction for all follow-up care and referrals related to that initial health care service that was restricted in order to ensure that none of your medical information is disclosed to your health plan. You, your family member, or other person may pay by cash or credit, or you may use money in your flexible spending account or health savings account. Please understand that your medical information will have to be disclosed to your flexible spending account or health savings account to obtain such payment.

If we do agree, we will comply with your request unless the disclosure is otherwise required or permitted by law. For example, we may disclose your restricted information if needed to provide you with emergency treatment.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Notice of Breach

You have the right to receive written notification of a breach if your unsecured medical information has been accessed, used, acquired or disclosed to an unauthorized person as a result of such breach, and if the breach compromises the security or privacy of your medical information. Unless specified in writing by you to receive the notification by electronic mail, we will provide such written notification by first-class mail or, if necessary, by such other substituted forms of communication allowable under the law.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website: <https://www.adventhealth.com/legal/patient-privacy-hipaa>.

Right to Decline Participation in Health Information Exchange

AdventHealth has electronically connected patient medical information to the AdventHealth health information exchange application known as Epic's Care Everywhere and other related applications and services ("HIE applications"). HIE applications provide interoperability functions that connect us with other health information exchange organizations to share patient medical information to and from other health care providers, Health Information Service Providers (HISP), health plans, and government agencies. Making patient medical information available through the AdventHealth HIE applications promotes efficiency and quality of care.

You may choose not to allow your medical information to be shared through the AdventHealth HIE applications. Sharing medical information through the AdventHealth HIE applications is not a condition of receiving care. To opt out of the AdventHealth HIE applications, send a written request to the Privacy Officer at the address or email address provided in section G below or request to sign an HIE application cancellation form when you visit an AdventHealth facility. Please note that any medical information about you previously made available through HIE applications to other recipients is not controlled by AdventHealth. To opt out of certain other national, regional or state health information exchanges, you must contact the specific HIE applications or your other providers or insurance companies and follow their opt-out process.

Once AdventHealth processes your HIE application opt-out request, health care providers outside of AdventHealth can no longer view your medical information originating from AdventHealth. This means it may take longer for health care providers external to AdventHealth to get medical information they may need to treat you. Your opt-out request will remain in effect until you provide a written request to AdventHealth to start sharing your medical information through the AdventHealth HIE again. Even if you do not participate in a health information exchange, certain state law reporting requirements, such as the immunization registry, will still be fulfilled through health information exchange. Some states also allow health care providers to access your medical information through a national, regional, or state health information exchange if needed to treat you in an emergency.

To exercise the above rights, please contact the following individual to obtain a copy of the relevant form you will need to complete to make your request: The Privacy Officer at 800-906-1794/TTY: 407-200-1388.

Section F: Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in AdventHealth, as well as on our website. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to an AdventHealth facility for treatment or health care services, we will make available a copy of the current notice in effect.

Section G: Do you have complaints or concerns?

If you believe your privacy rights have been violated, you may file a complaint with AdventHealth or with the Secretary of the Department of Health and Human Services. To file a complaint with AdventHealth, please contact: The Privacy Officer at 800-906-1794/ TTY: 407-200-1388, or email at patientrequest@adventhealth.com, or send mail to AdventHealth, 900 Hope Way, Altamonte Springs, FL 32714, Attn: Privacy Officer. All complaints must be submitted in writing.

You will not be retaliated against for filing a complaint.

Section H: Other Uses of Medical Information That Require Your Authorization

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

Psychotherapy Notes

Psychotherapy notes are notes that your psychiatrist or psychologist maintains separate and apart from your medical record. These notes require your written authorization for disclosure unless the disclosure is required or permitted by law, the disclosure is to defend the psychiatrist or psychologist in a lawsuit brought by you, or the disclosure is used to treat you or to train students.

Marketing

We must get your permission to use your medical information for marketing unless we are having a face-to-face talk about the new health care product or service, or unless we are giving you a gift that does not cost much to tell you about the new health care product or service. We must also tell you if we are getting paid by someone else to tell you about a new health care item or service.

Selling Medical Information

We are not allowed to sell your medical information without your permission and we must tell you if we are getting paid. However, certain activities are not viewed as selling your medical information and do not require your consent. For example, we can sell our business, we can pay our contractors and subcontractors who work for us, we can participate in research studies, we can get paid for treating you, we can provide you with copies or an accounting of disclosures of your medical information, or we can use or disclose your medical information without your permission if we are required or permitted by law, such as for public health purposes.

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

Section I: Organized Health Care Arrangement

AdventHealth, its Medical Staff and other health care providers affiliated with AdventHealth have agreed, as permitted by law, to share your medical information among themselves for purposes of your treatment, payment or health care operations at AdventHealth. We may participate in organized health care arrangements with other covered entities, like other health care providers, that are not our agents for purposes of joint utilization review, quality assessment and improvement activities, or payment activities. Each are independent entities responsible for their own activities. This enables us to better address your health care needs.

In an effort to control health care costs, while still providing quality care, AdventHealth, independent contractor members of its Medical Staff and other health care providers in the communities where AdventHealth provides services have also joined together or may be in the process of joining together to create networks of providers or accountable care organizations to provide and manage your treatment, as well as to conduct population health research to improve the quality of care in our communities. We ask you to consent to the release of your medical information and super-sensitive data in our admission documents when you come to our facility. If you would like to restrict these disclosures, please contact the Privacy Officer as set forth in Section G to determine if we can accept your request. Please also contact our Privacy Officer if you would like to see a list of the networks, organized health care arrangements, affiliated covered entities, or accountable care organizations AdventHealth participates in.



HIPAA Right of Access / Personal Representative Form for Family Member/Friend *(Return via mail, email or FAX)*

Patient's Name: _____ DOB: _____

Address: _____ Telephone: _____

By signing below, I understand that I am identifying, authorizing and granting permission to the Personal Representative identified below to have authority to access my protected health information (PHI) and to assist in my treatment by the AdventHealth Outpatient Pharmacy as described below.

Representative Name

Relationship to Patient

Address: _____ Telephone: _____

Health Information to be Disclosed to the Personal Representative upon Request:

- I understand that by completing this form, I am allowing the release of any and all information held by the AdventHealth Outpatient Pharmacy (including, but not limited to, information about my medications, medical condition, billing records and drug handouts) to be shared with and disclosed to my Personal Representative.
- I understand the information released could relate to the following: family planning/abortion, alcohol, drug or substance abuse information, AIDS, HIV-related information (including AIDS-related testing and results), mental health, sexually transmitted disease/venereal disease information, genetic information and tuberculosis.
- I understand that any information disclosed pursuant to this form may be redisclosed to other parties and no longer protected by the privacy regulations.

Duration of Access:

- I understand the designated Personal Representative will have access to my information unless and until access is revoked by me.
- I understand that I may revoke this form and designation at any time by notifying the AdventHealth Outpatient Pharmacy in writing. If the authorization is revoked, it will not have any effect on any actions taken by the AdventHealth Outpatient Pharmacy prior to their receipt of the revocation.

**I understand that signing this form is voluntary and that I do not have to sign this form.
I understand that signing this form will not affect my ability to obtain treatment from the
AdventHealth Outpatient Pharmacy, any payment for treatment or enrollment or eligibility
for benefits.**

Signature of Patient

Date

AdventHealth Outpatient Pharmacy



2501 North Orange Avenue, Suite 122
Orlando, FL 32804



407-303-7405 or 1-844-548-0434

Our Health Equity Promise

Patient Protection and Affordable Care Act: Section 1557

Our Health Equity Promise applies to AdventHealth's practices and that of:

Any health care professional authorized to enter information into your medical record maintained by an AdventHealth facility, such as doctors, nurses, physician assistants, technologists and others.

All departments and units of AdventHealth facilities, including hospitals, outpatient facilities, physician practices, skilled nursing facilities, home health agencies, hospices, urgent care centers, and emergency departments.

All employees, staff, students, volunteers and other personnel of AdventHealth facilities.

AdventHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AdventHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

AdventHealth provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

AdventHealth provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call 800-906-1794/TTY: 407-200-1388.

If you believe AdventHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance or request that someone assist you with filing a grievance by calling 800-906-1794/TTY: 407-200-1388 or emailing us at patientrequest@adventhealth.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically, through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

The statements below direct people whose primary language is not English to translation assistance:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-906-1794/TTY: 407-200-1388.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-906-1794/TTY: 407-200-1388.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-906-1794/TTY: 407-200-1388。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-906-1794/TTY: 407-200-1388.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-906-1794/TTY: 407-200-1388.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-906-1794/TTY: 407-200-1388.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 800-906-1794/TTY: 407-200-1388

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-906-1794/TTY: 407-200-1388

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-906-1794/TTY: 407-200-1388.

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-906-1794/TTY: 407-200-1388.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-906-1794/TTY: 407-200-1388.

சமூக: என் தம் குற்றம் இல்லை. உன் நி:ஸ்து அபி:ஸ்து சவ:அம் தம:ரி மா:டு கு:ப:ப:ப:ப:ப:ப:ப: 800-906-1794/TTY: 407-200-1388.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-906-1794/TTY: 407-200-1388.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 800-906-1794/TTY: 407-200-1388.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 800-906-1794/TTY: 407-200-1388

توجہ: اگر شما فارسی، خدمات کمک زبان، را یگان صحبت می کنند، در دسترس شما هستند. پاسخ 800-906-1794/TTY: 407-200-1388

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-906-1794/TTY: 407-200-1388.

ປິດ ຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໃດຍບໍ່ເສັຽຄ່າ, ດ່ມ່ນນີ້ ພ້ອມໃຫ້ທ່ານ. ໂທ 800-906-1794/TTY: 407-200-1388.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 800-906-1794/TTY: 407-200-1388.

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 800-906-1794/TTY: 407-200-1388.



AdventHealth Outpatient Pharmacy
2501 North Orange Avenue, Suite 122 | Orlando, FL 32804