



# NEW PATIENT PACKET

665 OPELIKA RD, SUITE 400  
AUBURN, AL 36830

P: 334-528-3950

F: 334-528-3946

TOLL FREE: 844-797-9607



# WELCOME

East Alabama Apothecary Specialty Pharmacy (EAASP) is designed to improve the lives of patients within our community who are taking high-cost and complicated medications, called specialty medications. We will work closely with you and your physician to help you succeed on your new therapy. This welcome packet will describe many of the services we offer.

As a specialty pharmacy patient, you have access to many services through East Alabama Apothecary Specialty Pharmacy. Here are a few things you should know about our pharmacy:

- East Alabama Apothecary Specialty Pharmacy is a specialty pharmacy offering you support 24 hours a day, 365 days a year.
- We treat you as an individual and work with your care providers to create a program tailored to your specific condition(s).
- Because we want to be sure you understand and follow your prescription guidelines, you will be provided with education regarding your medication(s) in clinic or over the phone. In addition, we will provide you with other patient education materials including medication education handouts.
- Our dedicated team of specialty pharmacy technicians and pharmacists will ensure the delivery of your monthly refills.
- We will handle the details for shipping and delivering your specialty medications.
- We are experts in care with years of experience, and we can help you get the treatment you need.
- East Alabama Apothecary Specialty Pharmacy seeks to provide service to all EAMC patients. However, licensing restrictions limit mail order service to residents of Alabama and Georgia only.
- East Alabama Apothecary Specialty Pharmacy provides resources to patient advocacy and support groups accessible at any time from our website or in writing when requested from the pharmacists.
- East Alabama Apothecary Specialty Pharmacy's website also provides access any time to the evidence-based resources we use to design our Patient Management Program.

So that we may provide you with the best care possible, we ask that you:

- Carefully read this packet and call us with any questions or concerns
- Sign and date forms as indicated
- Return the forms in the pre-paid envelope to East Alabama Apothecary Specialty Pharmacy.

If you have any questions, please call us at 844-797-9607 (toll free) or visit us online at [www.eamc.org/specialtypharmacy](http://www.eamc.org/specialtypharmacy).

Thank you for choosing us as your specialty pharmacy!

Sincerely,  
East Alabama Apothecary Specialty Team

# YOU ARE SPECIAL

Welcome to East Alabama Apothecary Specialty Pharmacy. We are excited about the opportunity to serve you for all your specialty pharmacy needs.

The staff at East Alabama Apothecary Specialty Pharmacy understand that your medical needs may be complex and require special knowledge when collaborating with your medical provider and insurance company. We are dedicated to providing you with the personal service necessary to ensure that you achieve the most benefit from your therapy.



East Alabama Apothecary Specialty  
Pharmacy

Located at:

665 Opelika Road, Suite 400  
Auburn, AL 36830

Our business hours are:

Monday-Friday: 8 AM - 4 PM

Saturday & Sunday: Closed

\*Closed on all major holidays

Phone: 334-528-3950 (local)

Phone: 844-797-9607 (toll free)

Fax: 334-528-3946

Email: [specialtypharmacy@eamc.org](mailto:specialtypharmacy@eamc.org)

Website: [www.eamc.org/specialtypharmacy](http://www.eamc.org/specialtypharmacy)

- Specialty patients will be enrolled in the Patient Management Program which provides benefits such as managing side effects, increasing adherence to drug therapies, and overall improvement of your health.
- We provide training for medication usage, education, and counseling.
- You will receive refill reminders to ensure you receive your medication on time.
- Delivery of your medication is free
- You will have access to clinically-trained personnel 24 hours a day, 7 days a week, 365 days a year.
- We will coordinate prior authorizations with your insurance company.

# OUR SERVICES

---

## WHAT TO EXPECT

We recognize that your medical needs may be complex and can feel overwhelming at times. We are here for you. At East Alabama Apothecary Specialty Pharmacy, our staff is dedicated to working with you, your doctors and nurses, and family and friends to achieve a fully integrated health care team. Our primary goal is to provide you quality care.

- ✓ **Personalized patient care.** Our specialty trained staff members will work with you to discuss your treatment plan, and we will address any questions or concerns you may have.
- ✓ **Collaboration with your doctor.** We work directly with your doctors and caregivers and discuss treatment efficacy or difficulties to ensure quality and safety.
- ✓ **Regular follow-up.** Getting your medications and medical supplies quickly and efficiently is important. We will be in close contact with you during your treatment, and we will be your healthcare advocate.
- ✓ **Free Delivery.** We offer fast and convenient delivery to your home, workplace, or other location that you prefer. A staff member will contact you 5-7 days prior to your refill due date to coordinate the medications you need and set up and confirm a delivery date.
- ✓ **24/7 Support.** Our pharmacy staff is available 24 hours a day, 7 days a week, 365 days a year. We are always here to answer any questions or address any concerns you may have.
- ✓ **Home Infusion Services.** Home infusion therapy services offer our patients a comprehensive and innovative source of health care options, in the comfort of their home. Alleviating long and unnecessary stays in the hospital, our home infusion team administers intravenous (IV) therapy and treatment in a safe and comfortable setting.

## WHEN TO CONTACT US

- If you have any questions or concerns about your medication(s)
- When you suspect a reaction or allergy to your medication
- If a change has occurred in your medication use
- If your contact information has changed
- If your insurance information or payment source has changed
- If you need to check the status of your delivery
- If you need to reschedule or change your delivery



# PAYMENT POLICY

---

Before your care begins, a staff member will inform you of your financial obligations that are not covered by your insurance or other third-party sources. These obligations include but are not limited to: out-of-pocket costs such as deductibles, co-pays, co-insurance, or annual out-of-pocket limits. If, based on your health benefits plan, we are out of network, we will provide you with the cost of your medication in writing. We will also provide you this information if there is a change in your insurance plan.

## INSURANCE CLAIMS

East Alabama Apothecary Specialty Pharmacy will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you, as necessary, so that we can work together to resolve the issue.

## CO-PAYMENTS

You may be required to pay a part of your medication cost, called a co-payment. If you have a co-payment, it must be paid at the time of shipping or pick up. We accept Visa®, MasterCard®, American Express®, Discover®, and Health Flexible Spending Account (FSA) cards. We can maintain your credit card information on file in a secured environment.

## FINANCIAL ASSISTANCE

We have access to financial assistance programs to help with co-payments and ensure no financial barriers to starting your medication(s). These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will assist you in enrollment into such programs.

# THE PROCESS

---

## PATIENT MANAGEMENT PROGRAM

As a patient of our specialty pharmacy program, we monitor your medications and progress through a disease specific patient management program. This program is designed to provide benefits, such as managing side effects, increasing adherence to drug therapies, and overall improvement of your health, when you are willing to follow the treatment plan determined by you, your doctor, and pharmacist. This service is provided to you at no cost, and your participation is voluntary. If you no longer wish to participate in our Patient Management Program, you may contact our team by phone to opt-out.

## FILLING A PRESCRIPTION

Your physician can send us your prescription, or you can provide it to us in person or through the mail.

## PRESCRIPTION TRANSFERS

If you feel that our pharmacy is unable to meet your needs, we can transfer your prescription to the appropriate pharmacy of your choice. If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transition of care.

## DRUG SUBSTITUTION PROTOCOLS

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

## DRUG RECALLS

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

# SAFETY

---

## DELIVERY AND STORAGE

We deliver medication to your home, doctor's office, or to an alternative location of your choice at no cost to you. We will also include other supplies, such as a sharps container, as requested. We coordinate all refills to make sure that you, or an adult family member, are available to receive the shipment.

If your medication requires refrigeration, 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 place it in the refrigerator as soon as possible.

If the package looks damaged or is not in the correct temperature range, please call us at 844-797-9607 (toll free).

In the event of an order delay, we will contact you to inform you of the delay and will assist you in obtaining the medication elsewhere, if necessary.

## ADVERSE DRUG REACTIONS

If you are experiencing adverse effects to the medication, please contact your doctor or pharmacy as soon as possible. These adverse effects may include but are not limited to: allergic reactions or side effects of concern as stated in your medication education guide.

## PROPER DISPOSAL OF SHARPS

Place all needles, syringes, and other sharp objects into a sharps container. This will be provided by the pharmacy if you are prescribed an injectable medication. Once your sharps container is full, you can contact your local waste collection service or health department to verify proper disposal of your sharps container.

## PROPER DISPOSAL OF MEDICATIONS

For instruction on how to properly dispose of unused medications, check with your local waste collection service. You can also check the FDA's website for additional information.

# PATIENT BILL OF RIGHTS

East Alabama Apothecary Specialty Pharmacy will provide a copy of the Patient Bill of Rights and Responsibilities to each patient upon admission. The Patient Bill of Rights and Responsibilities shall be discussed with the patient and/or the patient's family and/or other responsible party, with documentation of receipt and understanding of the information. Copies of the Patient Bill of Rights and Responsibilities will be made available to anyone requesting a copy.

The Patient Bill of Rights and Responsibilities shall address, at a minimum, the following:

- 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 care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- To receive information to assist in interactions with the organization
- To receive information on how to access support from consumer advocate groups
- To receive information about health plan transfers to a different facility or Pharmacy Benefit Management organization that includes how a prescription is transferred from one pharmacy service to another
- To receive information about product selection, including suggestions of methods to obtain medication not available at the pharmacy where the product was ordered
- The right to receive information about an order delay, and assistance in obtaining the medication elsewhere, if necessary
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment, or care plans
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI)
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records
- Choose a healthcare provider, including an attending physician, if applicable
- Receive appropriate care without discrimination in accordance with physician's orders, if applicable
- Be informed of any financial benefits when referred to an organization
- To receive pharmacy health and safety information to include consumers rights and responsibilities
- The right to know about the philosophy and characteristics of the patient management program
- The right to have personal health information shared with the patient management program only in accordance with the state and federal law
- The right to identify the programs staff members, including their job title, and to speak with a staff member's supervisor if requested
- The right to speak with a healthcare professional
- The right to receive information about the patient management program
- The right to receive administrative information regarding changes in, or termination of, the patient management program
- The right to decline participation, revoke consent, or disenroll at any point in time



# PATIENT RESPONSIBILITIES

Patients and their families also have responsibilities while under the care of East Alabama Apothecary Specialty Pharmacy in order to facilitate the provision of safe, high-quality health care for themselves and others. The following patient responsibilities shall be provided to, and expected from, patients or legally authorized individuals. EAASP distributes a statement of patient responsibilities that includes, but is not limited to:

- To notify your Physician and the Pharmacy of any potential side effects and/or complications
- To submit forms that are necessary to receive services
- To provide accurate medical and contact information and to notify the patient management program of any changes
- To notify the treating provider of participation in the services provided by the pharmacy, such as the patient management program
- To maintain any equipment provided
- To notify the pharmacy of any concerns about the care or services provided

For a minor or a parent needing assistance in understanding these rights, both the patient and the parent, legal guardian, or other responsible person must be fully informed of these rights.

All staff members will understand and be able to discuss the Patient Bill of Rights and Responsibilities with the patient and caregiver(s). Each staff member will receive training during orientation and attend annual in-service education on the Patient Bill of Rights and Responsibilities.



# EMERGENCY & DISASTER PREPAREDNESS PLAN

East Alabama Apothecary Specialty Pharmacy has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility, chemical spills in the community, hurricanes, snowstorms, tornadoes, and community evacuations. Our primary goal is to continue to service your prescription care needs. When there is a threat of disaster or inclement weather in the local area, East Alabama Apothecary Specialty Pharmacy will contact you prior to any atrocities the city may encounter. However, if there will be a threat of disaster or inclement weather in an area you reside which is outside of the Auburn-Opelika area, it is your responsibility to contact the pharmacy prior to the occurrence (if permissible). This process will ensure you have enough medication to sustain you.

East Alabama Apothecary Specialty Pharmacy will utilize every resource available to continue to service you. However, there may be circumstances where East Alabama Apothecary Specialty Pharmacy cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local rescue or medical facility. Please read the guide below to aide you in the case of an emergency or disaster:

01

The pharmacy will call you 3-5 days before an inclement weather emergency, such as a hurricane, utilizing the weather updates as a point of reference. If you are not in the Auburn-Opelika area and are aware you will be experiencing inclement weather, you are responsible for calling the pharmacy 3-5 days before the occurrence.

02

The pharmacy will send your medication via courier or UPS next day delivery during any suspected inclement weather emergencies.

03

If the pharmacy cannot get your medication to you before an inclement weather emergency occurrence, the pharmacy will transfer your medication to an alternate pharmacy, so you do not go without medication.

04

If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication. Visit your local hospital immediately if you will miss a dose.

05

The pharmacy recommends all patients leave a secondary emergency number.

06

If you have an emergency that is not environmental but personal and you need your medication, please contact the pharmacy at your convenience, and we will aide you.

# PATIENT SAFETY

## MEDICATION ISSUES, CONCERNS, AND SUSPECTED ERRORS

We want you to be completely satisfied with the care we provide. If you have any issues with your medications, the services rendered, or any other issues related to your order, please contact us directly at 844-797-9607 (toll free) and speak to one of our staff members.

Patients and caregivers have the right to voice complaints and/or recommendations on services to the pharmacy. Patients and caregivers can do so by phone, fax, writing, or email. We will address your concern(s) within 5 business days. Listed below are platforms in which you may voice your concerns:

<b>East Alabama Apothecary Specialty Pharmacy</b> Website: <a href="http://www.eamc.org/specialtypharmacy">www.eamc.org/specialtypharmacy</a> Telephone: 844-797-9607 Email: <a href="mailto:specialtypharmacy@eamc.org">specialtypharmacy@eamc.org</a>	<b>URAC (Utilization Review Accreditation Commission)</b> Website: <a href="https://www.urac.org/complaint/">https://www.urac.org/complaint/</a> Telephone: 202-216-9010 Email: <a href="mailto:grievances@urac.org">grievances@urac.org</a>
<b>Alabama State Board of Pharmacy</b> Website: <a href="https://www.albop.com/Home.aspx">https://www.albop.com/Home.aspx</a> Telephone: 205-981-2280 Email: <a href="mailto:pwright@albop.com">pwright@albop.com</a>	<b>ACHC (Accreditation Commission for Health Care)</b> Website: <a href="https://www.achc.org/contact/">https://www.achc.org/contact/</a> Telephone: 855-937-2242

### HAND WASHING

The most important step to prevent the spread of germs and infections is hand washing. Wash your hands often. Be sure to wash your hands each time you:

- Touch any blood or bodily fluids
- Touch bedpans, dressings, or other soiled items
- Use the bathroom

If you are coughing, sneezing, or blowing your nose, clean your hands often. You should also always wash your hands before you eat. Here is how you should clean your hands with soap and water:

Wet your hands and wrists with warm water

- Use soap. Work up a good lather and rub hard for 15 seconds or longer
- Rinse your hands well
- Dry your hands well
- Use a clean paper towel to turn off the water. Throw the paper towel away

Here is how you should clean your hands with hand sanitizers (waterless hand cleansers):

- For gel products, use one application
- For foam products, use golf-ball sized amount
- Apply product to the palm of your hand
- Rub your hands together, Cover all surfaces of your hands and fingers until they are dry



# HOME SAFETY



## MEDICATIONS

If children and/or pets are in the home, store medications and poisons in childproof containers and out of reach. All medication should be labeled clearly and left in original containers. Do not give or take medication that were prescribed for other people.

## MOBILITY

When using mobility items to get around such as canes, walkers, wheelchairs, or crutches, you should use extra care to prevent slips and falls. Always put wheelchairs or seated walkers in lock position when standing up or before sitting down.



## LIFTING

If it is too big, too heavy, or too awkward to move alone-GET HELP! To prevent lower back pain or injury, make sure to stand close to the load with your feet apart for good balance. Keep your back as straight as possible while you lift and carry the load and avoid twisting your body when carrying.



## SLIPS AND FALLS

Slips and falls are the most common and often the most serious accidents in the home. To prevent these accidents, arrange your furniture to avoid an obstacle course. Make sure to install handrails on all stairs, showers, bathtubs, and toilets, and keep stairs clean and well lit. Place rubber mats or grids in showers and bathtubs and use bath benches or shower chairs if you have muscle weakness, shortness of breath, or dizziness. Keep drawers and cabinets closed. Also, install good lighting to avoid groping in the dark.

## ELECTRICAL

Watch for early warning signs of electrical accidents, such as overheating, a burning smell, or sparks. To prevent accidents, keep cords and electrical appliances away from water. Do not plug cords under rugs, through doorways, or near heaters. Check cords for damage before use.



## SMELL GAS?

If you smell gas or the scent of rotten eggs, open windows and doors, make sure not to use matches or light candles, and do not turn on electrical switches. Do not use your telephone near the leak, as dialing may create electrical sparks.

# FIRE SAFETY

It is important to pre-plan and practice your fire escape. Look for and plan at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located. Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs. Here are some steps to prevent fires:

- Install smoke detectors, they are your best early warning. Test frequently and change the battery every year.
- If there is oxygen in use, place a "No Smoking" sign in plain view of all persons entering the home.
- Throw away old newspapers, magazines, and boxes.
- Do not toss ashtrays or used matches into waste buckets unless you know they are out; wet them down first or dump into toilet.
- Have your chimney or fireplace checked frequently. Look for and repair cracks and loose mortar. Keep paper, wood, and rugs away from area where sparks could hit them.
- Be careful when using space heaters.
- Check your furnace and pipes regularly. If nearby walls or ceilings feel hot, add insulation.
- Keep a fire extinguisher in your home and know how to use it.



If you have a fire or suspect a fire:

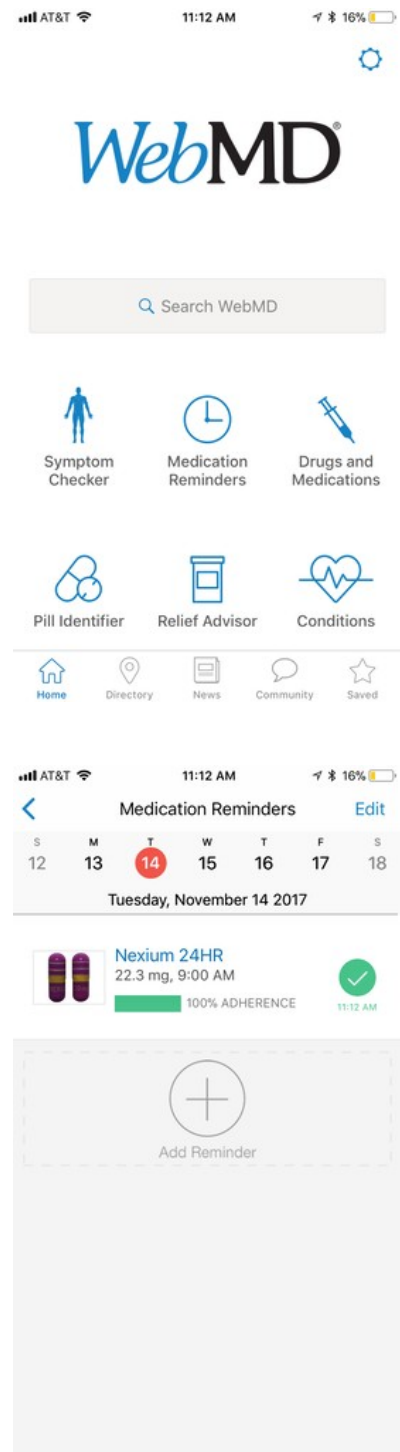
- 01** Take immediate action per plan. Escape is your top priority.
- 02** Get help on the way, with no delay. Call 9-1-1.
- 03** If your fire escape is cut off, close the door and seal the cracks to hold back smoke. Signal help from the window.

# MEDICATION ADHERENCE

Medication adherence, or medication compliance, is the practice of taking each dose of a medication as prescribed. For a patient to be perfectly adherent to a medication, he or she must take every single dose as directed with no missed doses. When you miss multiple doses of a medication, you are no longer receiving the full benefit of that medication and the medication will not be as effective. Your medical condition could get worse, or complications could arise. Some medications might not cause immediate symptoms when you miss a dose, but they could lead to serious issues.

There are several ways to improve your medication adherence. One way to improve adherence is to use pill boxes. Pill boxes come in many different varieties. Some have one compartment for each day of the week, and some have multiple compartments for each day separating each day by morning, afternoon, and evening. Another great way to increase your medication adherence is to give yourself reminders, whether that be daily reminders such as putting your pill bottles beside your toothbrush or coffee pot or using alarms and apps to remind yourself to take your medications.

WebMD has a general app called WebMD that has many features to benefit your health, including medication reminders, information about different medications, and pill identifiers. In the app, you can set alarms to remind yourself of the different medications you need to take, and it will keep track of when you take your medication and provide statistics of your medication adherence. Additionally, the app has a pill identifier feature that allows you to determine the medication name based on its physical features so that you know what medication you are taking at all times.



# Patient Resources

## CONDITIONS

CONDITION	WEBSITE
Allergy and Immunology	<a href="https://www.aaaaifoundation.org">https://www.aaaaifoundation.org</a>
Crohn's Disease	<a href="http://www.cafa.org/science-and-professionals/programs-materials/patient-brochures">http://www.cafa.org/science-and-professionals/programs-materials/patient-brochures</a> <a href="http://www.crohnonline.com">http://www.crohnonline.com</a> <a href="http://www.crohnsforum.com">http://www.crohnsforum.com</a>
Cystic Fibrosis	<a href="https://www.cff.org/">https://www.cff.org/</a>
Growth Hormone Deficiency	<a href="http://www.hgfound.org">http://www.hgfound.org</a>
Hemophilia	<a href="https://www.hemophilia.org">https://www.hemophilia.org</a> <a href="https://www.wfh.org/en/home">https://www.wfh.org/en/home</a>
Hepatitis	<a href="http://www.liverfoundation.org">http://www.liverfoundation.org</a> <a href="http://www.hepatitis-central.com">http://www.hepatitis-central.com</a> <a href="http://www.hepb.org/resources/printable_information.htm">http://www.hepb.org/resources/printable_information.htm</a>
HIV	<a href="https://www.hiv.gov">https://www.hiv.gov</a> <a href="https://www.cdc.gov/hiv/basics/livingwithhiv/resources">https://www.cdc.gov/hiv/basics/livingwithhiv/resources</a>
IBD	<a href="https://www.crohnscolitisfoundation.org">https://www.crohnscolitisfoundation.org</a>
Infertility	<a href="https://resolve.org">https://resolve.org</a>
Lipid Disorders	<a href="https://www.lipid.org/foundations">https://www.lipid.org/foundations</a>
Multiple Myeloma	<a href="https://themmr.org/multiple-myeloma/what-is-multiple-myeloma">https://themmr.org/multiple-myeloma/what-is-multiple-myeloma</a>
Multiple Sclerosis	<a href="http://www.mymsaa.org">http://www.mymsaa.org</a> <a href="http://www.msfocus.org">http://www.msfocus.org</a> <a href="http://www.nationalmssociety.org">http://www.nationalmssociety.org</a>
Neuro Oncology	<a href="https://www.soc-neuro-onc.org/SNO/Resources/Patient_Resources/SNO/Resources/Patient_Resources.aspx">https://www.soc-neuro-onc.org/SNO/Resources/Patient_Resources/SNO/Resources/Patient_Resources.aspx</a>
Oncology and Hematology	<a href="https://www.cancer.org">https://www.cancer.org</a> <a href="https://www.livestrong.org/we-can-help">https://www.livestrong.org/we-can-help</a>
Psoriasis	<a href="http://www.psoriasis.org">http://www.psoriasis.org</a>
Pulmonary Hypertension	<a href="https://phassociation.org/patients/aboutph">https://phassociation.org/patients/aboutph</a>
Rheumatoid Arthritis	<a href="https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Rheumatoid-Arthritis">https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Rheumatoid-Arthritis</a> <a href="http://www.rheumatoidarthritis.com">http://www.rheumatoidarthritis.com</a> <a href="http://www.arthritis.org">http://www.arthritis.org</a>
Solid Organ Transplant	<a href="https://transplantliving.org">https://transplantliving.org</a>
Stem Cell Transplant	<a href="https://www.asbmt.org/patient-education/external-resources">https://www.asbmt.org/patient-education/external-resources</a>



# HELPING HANDS

---

## FINANCIAL ASSISTANCE

### Financial Assistance Programs

PAN Foundation: [www.panfoundation.org](http://www.panfoundation.org)

HealthWell Foundation: [www.healthwellfoundation.org](http://www.healthwellfoundation.org)

Patient Services, Inc.: [www.patientservicesinc.org](http://www.patientservicesinc.org)

Patient Advocate Foundation Co-Pay Relief: [www.copays.org](http://www.copays.org)

Partnership for Prescription Assistance: [www.pparx.org](http://www.pparx.org)

Safety Net Foundation: [www.safetynetfoundation.com](http://www.safetynetfoundation.com)

The Assistance Fund: [www.theassistancefund.org](http://www.theassistancefund.org)

## TROUBLE NAVIGATING

Having trouble navigating the web?  
We will be happy to sit down and help find the information you need in our private consultation suite.

# NOTICE OF PRIVACY PRACTICES

We are required under the federal health care privacy rules (the "Privacy Rules"), to protect the privacy of your health information, which includes information about your health history, symptoms, test results, diagnoses, treatment, and claims and payment history (collectively, "Health Information"). We are also required to provide you with this Privacy Notice regarding our legal duties, policies and procedures to protect and maintain the privacy of your Health Information. We are required to follow the terms of this Privacy Notice unless (and until) it is revised. We reserve the right to change the terms of this Privacy Notice and to make the new notice provisions effective for the Health Information that we maintain and use, as well as for any Health Information that we may receive in the future. Should the terms of this Privacy Notice change, we will make a revised copy of the notice available to you. Revised Privacy Notices will be available at our Facilities for individuals to take with them and we will post a copy of revised Privacy Notices in a prominent location in our Facilities. This Privacy Notice will also be posted and made available electronically on our website.

## Uses and Disclosures Which Require Patient Opportunity to Verbally Agree Or Object

Under the Privacy Rules, we are permitted to use and disclose your Health Information: (a) for the creation of facility directories, (b) to disaster relief agencies, and (c) to family members, close personal friends or any other person identified by you, if the information is directly relevant to that person's involvement in your care or treatment. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your Health Information.

## Uses and Disclosures Which Require Written Authorization

As required by applicable law, all other uses and disclosures of your Health Information (not described above) will be made only with your written permission, which is called an Authorization. For example:

- **Psychotherapy Notes.** If we maintain psychotherapy notes, we must obtain your Authorization for any use or disclosure of such psychotherapy notes, except: to carry out the following treatment, payment, or health care operations: (a) use by the originator of the psychotherapy notes for treatment; (b) use or disclosure by us for our own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or (c) use or disclosure by us to defend ourselves in a legal action or other proceeding brought by you.
- **Certain Marketing Purposes.** If we receive financial remuneration in exchange for making a marketing communication we must obtain your Authorization for any use or disclosure of protected health information other than a face-to-face communication made by us to you, or for a promotional gift of nominal value provided by us.
- **Sale of Health Information.** We must obtain your Authorization for any sale of your Health Information and such Authorization will state that the disclosure will result in our receiving remuneration.

## Revoking Your Authorization

You may revoke your Authorization in writing at any time. The revocation of your Authorization will be effective immediately, except to the extent that: we have relied upon it previously for the use and disclosure of your Health Information; if the Authorization was obtained as a condition of obtaining insurance coverage where other law provides the insurer with the right to contest a claim under the policy or the policy itself; or where your Health Information was obtained as part of a research study and is necessary to maintain the integrity of the study.

# NOTICE OF PRIVACY PRACTICES

## General Uses and Disclosures

Under the applicable law, we are permitted to use and disclose your Health Information for the following purposes, without obtaining your permission or Authorization:

- **Treatment.** We are permitted to use and disclose your Health Information in the provision and coordination of your healthcare. For example, we may disclose your Health Information to your primary healthcare provider(s), consulting providers, and to other health care personnel who have a need for such information for your care and treatment.
- **Payment.** We may use and disclose your Health Information so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or other third party, including determining the applicability of any health insurance coverage. For example, a bill sent to your insurance company may include information that identifies you, your medical information, and the procedures and supplies used in your treatment.
- **Healthcare Operations.** East Alabama Health Care Authority is a health care authority organized according to the laws of the State of Alabama and is also a hybrid entity as that term is defined by 45 CFR 164.504(a). The different healthcare providers of East Alabama Health Care Authority may share your Health Information with East Alabama Health Care Authority for its health care operation purposes described in this notice. We are permitted to use and disclose your Health Information for our health care operations, including, but not limited to: quality assurance, auditing, licensing or credentialing activities, and for educational purposes. For example, we can use your Health Information to internally assess our quality of care provided to patients.
- **Uses and Disclosures Required by Law.** We may use and disclose your Health Information when required to do so by law, including, but not limited to reporting abuse, neglect and domestic violence, in response to judicial and administrative proceedings, in responding to a law enforcement request for information; or in order to alert law enforcement to criminal conduct on our premises.
- **Regulatory Agencies.** We may disclose your Health Information to a healthcare oversight agency for activities authorized by law, including, but not limited to, licensure investigations and inspections. These activities are necessary for the government and certain private health oversight agencies to monitor the healthcare system, government programs, and compliance with civil rights.
- **Threats to Health and Safety.** We may use or disclose your Health Information if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public, or is necessary for law enforcement to identify or apprehend an individual.
- **Refill Reminders, Care Coordination, Alternative Therapies.** We may provide you with refill reminders about a drug or biologic that is currently being prescribed for you, but only if any financial remuneration received by us in exchange for making the communication is reasonably related to our cost of making the communication. Except where we receive financial remuneration in exchange for making the communication, we may communicate with you for the following treatment and healthcare operations purposes: (a) for your treatment including case management or care coordination, or to direct or recommend alternative treatments, therapies, healthcare providers, or settings of care; (b) to describe a health-related product or service (or payment for such product or service) that is provided by, or included in a plan of benefits, including communications about a healthcare provider network or health plan network; replacement of or enhancements to, a health plan; and or (c) for case management or care coordination, contacting of individuals with information about treatment alternatives, and related functions to the extent these activities are not considered treatment.

# NOTICE OF PRIVACY PRACTICES

You have the following rights concerning your Health Information:

## Right to Receive Written Notification of a Breach of Your Unsecured Health Information

You have the right to receive written notification of a breach of your unsecured Health Information if it has been accessed, used, acquired, or disclosed in a manner not permitted by the Privacy Rules, which compromises the security or privacy of your Health Information.

## Right to Inspect and/or Copy Your Health Information From The Facilities

Upon written request to East Alabama Medical Center, you have the right to inspect and copy your own Health Information contained in a designated record set maintained by or for the Facilities. A “designated record set” contains medical and billing records and any other records that we use for making decisions about you. However, we are not required to provide you access to all the Health Information that we maintain.

## Right to Request Restrictions on the Use and Disclosure of Your Health Information From The Facilities

You have the right to request restrictions on the use and disclosure of your Health Information for treatment, payment and healthcare operations. We will consider, but do not have to agree to, such requests. However, we must agree to restrict a disclosure of Health Information about you to a health plan if: (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (b) the Health Information pertains solely to a healthcare item or service for which you, or someone other than the health plan on your behalf, has paid in full. In order to request restrictions on the use and disclosure of your Health Information maintained by other covered functions of East Alabama Health Care Authority other than the Facilities, you should direct your written request directly to the particular covered function.

## Right to Request an Amendment of Your Health Information From The Facilities

You have the right to request an amendment of your Health Information. We may deny your request if we determine that you have asked us to amend information that: was not created by us, unless the person or entity that created the information is no longer available; is not Health Information maintained by or for us; is Health Information that you are not permitted to inspect or copy; or we determine that the information is accurate and complete.

## Right to an Accounting of Disclosures of Your Health Information From The Facilities

You have the right to receive an accounting of disclosures of your Health Information made by us. With respect to Health Information contained in paper form, our accounting will not include: disclosures related to treatment, payment or healthcare operations; disclosures to you; disclosures based upon your Authorization; disclosures to individuals involved in your care; incidental disclosures; disclosures to correctional institutions or law enforcement officials; disclosures for facility directories; disclosures that are part of a Limited Data Set; or disclosures that occurred prior to April 14, 2003 or as otherwise allowed by the Privacy Rules.

## Right to Alternative Communications From The Facilities

You have the right to receive confidential communications of your Health Information by a different means or at a different location than currently provided. Such requests must be in writing.

## Right to Receive a Paper Copy of this Privacy Notice

You have the right to receive a paper copy of this Privacy Notice upon request, even if you have agreed to receive this Privacy Notice electronically.

# NOTICE OF PRIVACY PRACTICES

If you want to exercise any of these rights, have any questions, or feel that your privacy rights have been violated, please contact us. All requests must be submitted to us in writing and returned to the address below.

Address: East Alabama Medical Center  
Attn: Privacy Officer  
2000 Pepperell Parkway  
Opelika, Alabama 36801

Telephone: (334) 528-1815

Fax: (334) 528-2161

If you believe that your privacy rights have been violated or that we have violated our own privacy practices, you may file a complaint with our Privacy Officer. You may also file a complaint with the Office of Civil Rights, U.S. Department of Health and Human Services. Our Privacy Officer can provide you with the address.

The following health care providers may provide services to you as part of our organized health care arrangement and are covered by this Privacy Notice: Physicians; Dentists; Podiatrists; Optometrists; Allied Health Professionals; Physical, Occupational, Respiratory and Speech Therapists and Assistants; Rehabilitation Attendants; Dietary Consultants; Nurses; Home Care Nurses; Nursing Home Nurses; Medical Physicist; Psychologists and Social Workers; Recreational Therapists, Psycho-therapists, Psychiatric Nurses, Mental Health Associates; Hospice Workers; Pharmacists; Medical Equipment Suppliers; Diagnostic Providers; Physician Assistants; and Lab Technicians and Providers. These individuals may not be employees of East Alabama Medical Center and East Alabama Skilled Nursing Facility. The following locations are part of this organized health care arrangement:

East Alabama Medical Center  
2000 Pepperell Parkway  
Opelika, Alabama 36801

East Alabama Apothecary, LLC  
2000 Pepperell Parkway  
Opelika, Alabama 36801

East Alabama Apothecary Specialty Pharmacy  
665 Opelika Road, Suite 400  
Auburn, Alabama 36830

# PERMISSIONS

We have established a process that allows you to tell us who we may talk to about your health care. This includes insurance information, billing information, and treatment information.

How can I give others permission to get verbal information about me?

Complete the Permission for Verbal Communication of Protected Health Information form on the next two pages to let us know to whom we may speak about your information. Check the appropriate boxes to indicate what information we may discuss.

Does this mean that you will not speak to anyone I haven't specifically named on the form?

No. If permitted by law, East Alabama Apothecary Specialty Pharmacy may speak to other individuals involved in your care.

How is the information on the form used?

Anytime your designated person called or makes a request on your behalf, we will verify the individual has your permission to receive the information and then we will share the information.

What are some examples of when this might be useful?

- If an individual wants to share information with a spouse or significant other
- If an elderly patient wants an adult child to help understand medical treatment instructions
- If an adult child is helping with billing questions
- If a friend is helping a patient with health issues
- If a college student wants information shared with a parent or guardian

What if I change my mind?

You can change or revoke (stop) this process at any time by writing to us at the address shown below. Forms are available at our pharmacy, or you can obtain a new form on our website at [www.eamc.com/specialtypharmacy](http://www.eamc.com/specialtypharmacy).

What happens if I don't complete this form?

We will continue to protect your private health information as required by law.

Can the person I designate also get copies of my medical records?

No, they can only receive verbal information. If you would like to designate someone to get copies of your medical records, complete the form "Authorization for Disclosure of Protected Health Information" found in this packet, at our pharmacy, or online at [www.eamc.com/specialtypharmacy](http://www.eamc.com/specialtypharmacy).

Where do I send the completed form or any changes?

Please drop off or mail your completed form at the address listed below.

East Alabama Apothecary Specialty Pharmacy  
665 Opelika Road, Suite 400  
Auburn, AL 36830

# NOTICE OF NON-DISCRIMINATION

East Alabama Apothecary Specialty Pharmacy patients and their authorized agents will be treated with dignity and will have cultural, psychosocial, spiritual, personal values, beliefs, preferences, and property respected regardless of race, creed, color, age, gender, disability, national origin, infectious disease status, or sex, including pregnancy, gender identity, sexual orientation, or stereotyping.

You can file a grievance in person or by mail, fax, or email.

If you believe that East Alabama Apothecary Specialty Pharmacy has failed to provide necessary services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by contacting East Alabama Medical Center's Section 1557 Coordinator:

Cindy Rayfield  
2000 Pepperell Parkway  
Opelika, AL 36801  
Phone Number: 334-528-3281  
Fax Number: 334-528-2161  
Complaint Portal: <https://www.eamc.org/patientsVisitors/patientfeedback.aspx>

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:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201  
Phone Number: 1-800-868-1019  
Complaint Portal: <http://ocrportal.hhs.gov/ocr/portal/lobby.isf>  
Complaint Form: <http://www.hhs.gov/ocr/office/file/index.html>

## Advance Directives

In accordance with the Federal Patient Self-Determination Act of 1990, you have the legal right to make decisions about your health care. Advance directives are legal documents that allow you to communicate your wishes about your medical treatment if you become unable to do so due to medical illness or injury. Advance directives consist of two parts: a living will which allows you to determine your end of life treatment options and a healthcare (medical) power of attorney that allows you to determine who will carry out your wishes in the event that you are unable to do so.

You can access state specific advance directives at [alaha.org](http://alaha.org) for Alabama, The National Hospice and Palliative Care Organization, or your attorney. Follow the directions on the forms and be sure to have them notarized. Keep the original forms and provide copies to your medical power of attorney and your medical provider.