

Welcome to Franklin Pharmacy



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MISSION

*We reveal and foster
God's healing love
by improving the
health of the people
and communities
we serve, especially
those who are poor
and vulnerable.*

VISION

Inspired by our faith, we will partner with our patients and communities to exceed their expectations for health.

VALUES

Caring Spirit

We honor the sacred dignity of each person.

Excellence

We set and surpass high standards.

Good Humor

We create joyful and welcoming environments.

Integrity

We do the right thing with openness and pride.

Safety

We deliver care that seeks to eliminate all harm for patients and associates.

Stewardship

We are accountable for the resources entrusted to us.

Franklin Pharmacy. *Your first stop for specialty medications.*

At Franklin Pharmacy, our focus is on you. Unlike other pharmacies, you will get one-on-one support, great customer service and help from our knowledgeable, experienced and friendly staff, which includes Doctors of Pharmacy and Certified Pharmacy Technicians.

We are available 24/7 to answer your questions and concerns. Plus, we make it easy to fill your medicine and help you deal with billing issues.

We make sure you have the medicine you need, when and where you need it. FedEx delivers all of our medicines and you can choose delivery to your home, office or SCL Health doctor.

Our goal is to help you stay on track with all your medicines by working as a team with our specialists and your doctors – so you always get the attention and care you deserve.

Franklin Pharmacy Contact Information

Our Location

SCL Health Pharmacy Services – Franklin Pharmacy

1830 Franklin Street, Suite 190

Denver, CO 80218

Phone: 303-318-1305

Fax: 303-318-1308

Toll-Free: 844-803-0864

Visit us online at www.sclhealth.org/services/pharmacy

Our website has a health library so you can look up more information about your medicine, your disease and other helpful tips so you can stay health informed.

Hours of Operation

Monday through Friday 9 a.m. – 5 p.m.

A licensed pharmacist is available on-call at all times for urgent medication questions.

We are Closed on Holidays

New Year's Day (January 1)

Memorial Day (the last Monday in May)

Independence Day (July 4)

Labor Day (the first Monday in September)

Thanksgiving (the fourth Thursday in November)

Christmas (December 25)

Disaster Information

If there is a disaster in your area, please call to tell us where to deliver your medicine. It is important for you to keep taking your medicine, even during these times. Be sure to let us know when you are back home too.

A pharmacist is available on-call at all times for medicine emergencies.

Getting Your Medicines and Our Other Services

Delivery of Your Specialty Medicines

You can choose where your medicine is mailed. We will deliver your medicines to your home, office, SCL Health doctor's office or another approved location using FedEx. We can also send you any supplies like needles, syringes and alcohol swabs.

If your medicines need to be kept cool or handled differently we will ship them in special containers.

How to Fill a New Prescription

Franklin Pharmacy will contact your doctor when you need a new prescription medicine. You may also drop off your prescription if this is easier for you.

Ordering Refills

We will call you before you run out of your medicine to see how you are doing and set up your next refill. Please call us with any questions or if you need your refill early.

Prescription Order Status

FedEx allows you to look up any deliveries through their FedEx delivery manager, with no tracking number needed. You can also call us anytime with questions about the status of your order OR if you did not get your shipment.

If we know your medicine is going to be delayed, we will call you to get a new date scheduled. We will make sure we do everything we can so you do not go without your medicine.

Transfer of Prescriptions

If you want your prescription transferred to another pharmacy, please contact us to transfer your prescription on your behalf.

Generic Medicine Substitution

Whenever possible, we will use a lower-cost generic medicine for a brand-name medicine, unless you or your doctor has asked for a specific brand. Generic substitutions may be used for new prescriptions, refills, changes and prescription transfers.

Pharmacist Help

Specialty trained Pharmacists are here to answer any of your medicine questions or concerns. Please call for assistance during office hours. If you have an urgent medicine question outside regular business hours, we have an on-call pharmacist to help you.

If you feel you have gotten the wrong medicine, please call us right away!

Medicine Reactions

If you experience a bad reaction to a medicine (also called an adverse drug reaction), side effects or other problems, call your doctor or go to your local emergency room right away!

Medicine Recalls

Sometimes a medicine is recalled because it was not safe to take. If this happens, we will contact you with instructions. You can also call us anytime with questions about our process or if you feel your medicine was recalled.

Support Groups and Community Services

There are helpful support groups and community services available to you. To get information about the local services available in your area, you can call us or your local health department for help or go to the US Department of Health & Human Services website (<https://healthfinder.gov>) and click for "Find Services Near You" which lists information about many support groups.

For support programs related to your specific medicine, you can call us for help locating this information or search the internet for a support program offered by the drug maker. For example, if you are taking Xeljanz, you could search "Xeljanz Official Site" or "Xeljanz Copay Assistance" and select the website, "Xeljanz.com."

Patient Advocacy and Support

At Franklin Pharmacy, we care about your well-being. If you need support or any other kind of help, please call us and we will help find services near you.

Payment

Prescription Medicine Claims

Our staff will bill your insurance company for you. However, you may still have to pay part of the cost, which is called a copay or coinsurance. You will need to pay your copay before we can deliver your medicine.

We will apply any copay cards, copay assistance and grants or foundations to make sure your cost is as low as possible.

Copay Assistance

Medicines can be very expensive. We want to make sure your medicine cost is as low as possible. We research all available cost lowering options for everyone that fills with us. If we can, we will sign you up with a copay program so that you do not have to fill out any paperwork on your own.

We follow the rules of Medicare, Medicaid and any other insurance company regarding the use of coupons or additional financial assistance.

Return Policy

Pharmacy law does not allow for the return of medicines or supplies once a patient has received them.

Medicine Counseling

Our Pharmacists give counseling for every medicine filled at Franklin Pharmacy.

We focus on your specific needs and the type of medicine you are taking. We make sure to go over your doctor's plan, the goal of your medicine and the services provided by Franklin Pharmacy.

You can choose to speak to our Pharmacists either at the pharmacy or over the phone. We also offer translation services over the phone.

We know loved ones often help you manage your health and medicines. We are happy to talk with your loved ones to help them understand how your medicines need to be taken. Privacy rules and regulations mean that you as the patient must give any other person written permission to talk about your care.

Storing Your Medicine

Carefully read and follow the directions on how to store your medicines. Some medicines may need to be refrigerated. Please store your medicines out of reach of children or pets, including medicines you keep in the refrigerator. Medicines that don't need to be refrigerated should be stored in a cool, dark and dry place. Do not store your medicines in a bathroom medicine cabinet or other room with humidity or high temperatures.

Please call us with your questions or concerns.

Handling Your Medicine

Carefully read the information that comes with your medicines to see if you need to handle them with special care, such as using gloves or other protection. Some medicines may be unsafe for caregivers or family members to touch while helping you with your care.

Please call us with your questions or concerns.

Getting Rid of Medicines Safely

Getting Rid of Unused Medicines

Medicines you do not use anymore need to be taken out of your home as quickly as possible to keep everyone in your home safe.

For directions on how to get rid of medicine you do not use anymore, please call the pharmacy or go to the FDA websites for information and instructions.

- <http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>
- <http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/default.htm>

What are Sharps?

Sharps are medical items with sharp points or edges that can prick or cut skin. Sharps include syringes, lancets (small blades to prick your finger for a blood test) or needles used in your home to either inject medicine or draw blood. Special care must be taken when getting rid of these items to protect you and others from getting hurt and to keep the environment clean and safe.

Getting Rid of Sharps

If you use “sharps” in your care, you will need to use a special container to get rid of them. These containers are called sharps containers and are available at Franklin pharmacy or any other local pharmacy. The following simple rules will help keep you and your family safe.

1. Do not put the cap back on a used sharps item. Put it in the sharps container right after using it.
2. Always keep the sharps container out of the reach of children and pets.
3. Do not overfill the sharps container because you or your family members could get stuck with a dirty needle. If you do get a needle stick, wash the area right away with soap and water and call the pharmacy or your doctor as soon as possible.
4. As a backup, if you do not have a sharps container, you can use an empty laundry detergent bottle or another thick plastic jug with a screw on lid to get rid of your sharp items. Never throw out sharps in glass, clear plastic containers or containers that can be recycled or returned to a store.

You may get rid of your sharps container by taking it to local collection sites or mailing it back to the address on the Sharps container. Local sites may include doctors’ offices, health clinics, health departments, community organizations, police and fire stations and medical waste facilities. Please check with your local trash removal service about disposing of a sharps container with your regular trash.

Go to the epa.gov website (<https://www.epa.gov/rcra/medical-waste>) for more information.

If you are not using sharps for your care, you do not need a sharps container.

Patient Grievance Process

We want to provide you with the best therapy and leave you completely satisfied. If you are not happy with the care or services we provided, we want to know about it. The Franklin Pharmacy staff will work to resolve these complaints and grievances quickly to improve your experience.

If after working with us, you are still not satisfied, you may contact the hospital patient representative or management. The hospital supervisor is available to assist you after hours and on weekends. Hospital contacts include:

Saint Joseph Hospital

Patient Representative: 303-812-4395
Hospital Leadership: 303-812-4930

You also have access to the Colorado Department of Public Health and Environment as well as The Joint Commission, either directly or through the patient representative.

Colorado Department of Public Health and Environment

Health Facilities Division
4300 Cherry Creek Drive South
Denver, CO 80222
303-692-2800

The Joint Commission

Office of Quality Monitoring
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
1-800-994-6610
Email: complaint@jointcommission.org
Fax: 630-792-5636

The Colorado Department of Human Services

Division of Behavioral Health
3824 West Princeton Circle
Denver, CO 80236
303-866-7480

Colorado Foundation for Medical Care (CFMC) and Quality Improvement Organization (QIO)

Medicare beneficiaries have the right to request a review by the state peer-review organization CFMC for quality of care or Medicare-written Notice of Non-coverage. This can be arranged through our patient representatives.

Patient Management Program

The Franklin Pharmacy Patient Management Program is one of the unique benefits that you will enjoy when you fill your specialty medicines with us. Our goal is to give you personalized and caring service. From copay issues to how well your medicine is working – handling these questions quickly and professionally is at the heart of our commitment to you and your health. We also work closely with your doctor to make sure they know about anything that is important about your care.

Our Patient Management Program uses scientific methods to make the best medicine program for you. These programs can help track your medicine and help manage any medicine problems that can come up. They also help us improve so that we can continue to give you the best service.

How the Patient Management Program could help you:

- Greater understanding of your medicine with our personalized approach to your specific needs
- Better side effect management through regular check-in phone calls from our staff
- Refill call reminders to make sure you never run out of medication
- Fast communication with your healthcare team if you have questions or problems
- Using the best, most current scientific research
- Help with medicine cost

Things the Patient Management Program cannot do:

- Our pharmacists cannot prescribe medicines for you. They must talk to your doctor about that and this can take time.
- Being part of the Patient Management Program does not take the place of going to your doctor visits. Please make sure to keep going to your scheduled doctor's appointments.

You and Franklin Pharmacy are Partners

Please do your best to follow directions for taking your medicines and let us know your questions and concerns. We really want to help you and if there is a problem, we need to know so we can support you. It is important you tell us when you start a new medicine, get a new allergy or if you feel your medicine is not working. When we both work together, we get the best results.

Enrollment, Contact Information and Opt Out

You will be automatically enrolled in our Patient Management Program when our team gets your Franklin Pharmacy referral. However, you can choose not to use this service. If you do not wish to have us call you for regular refills or pharmacist follow-up calls, you have the right to "opt out". If you wish to opt out, please tell our staff and we will take you out of the program.

To contact our Patient Management Program directly, please call Franklin Pharmacy at 303-318-1305.

Franklin Pharmacy Patient Rights

As a patient, you have certain rights and responsibilities. Our primary responsibility is to give you the best possible healthcare. We encourage you to understand, cooperate and participate in your healthcare. Your questions, comments and suggestions are welcome. We will make every effort to protect your rights as a patient.

Notice of Program Accessibility and Nondiscrimination

Our facility does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission or access to, or treatment or employment in, its programs, services or activities, or on the basis of sex (gender) in its health programs and activities.

Our facility and all of its programs, services and activities are accessible to and useable by individuals with disabilities, including persons who are deaf, hard of hearing, blind or who have other sensory impairments.

You Have the Right:

- To receive kind and respectful care, regardless of your personal values and beliefs, age, sex, race, color, religion, national origin or ability to pay for the care.
- To know, by name and job title, the pharmacy associate responsible for your care and/or providing pharmacy program services, to speak with an associate's supervisor if you request and to speak with a health professional if you so choose.
- To refuse treatment to the extent permitted by law and to be informed of the medical consequences if you do refuse treatment.
- To receive information about any patient management programs including philosophy and characteristics, administration information regarding changes in or termination of any pharmacy program.
- To have personal health information shared with any patient management programs only in accordance with state and federal laws.
- To decline participation, revoke consent or dis-enroll at any point in time in a patient management program.
- To give or to withhold informed consent to produce or use recordings, films or other images of patients for purposes other than their care.
- To be told if there are plans to be involved in or perform human research affecting your care or treatment and to refuse to participate in such research projects.
- To express spiritual beliefs and cultural practices, as long as these do not harm others, interfere with treatment or interfere with hospital processes.
- To be involved in ethical questions that come up during your care and to ask for help from the Ethics Committee, which is available to help patients make difficult decisions. Some ethical questions may include refusing CPR, or other life prolonging actions, or stopping life sustaining treatments, such as a breathing machine or feeding tube.
- To privacy and confidentiality about your care and medical records.
- To look at your medical records, request an amendment to them and to have the information explained, except when restricted by law.
- To voice complaints and recommend changes freely without being subject to coercion, discrimination, reprisal or unreasonable interruption of care. If you wish to file a formal grievance, you may get information about the Patient Grievance Process from the Patient Representative during weekdays or the house

supervisor on evenings and weekends. You have the right to speak to an administrator regarding a complaint or grievance. Call the Saint Joseph hospital number and ask for the hospital supervisor or administrator on call. You have the right to file a grievance with the state of Colorado regardless of whether you have first used our internal grievance process.

- To request reasonable accommodation, auxiliary aids or services, as needed for individuals with disabilities. Let the pharmacy associate know if you require specific auxiliary aids or services. Complaints regarding discrimination should also be directed to the Patient Representative.
- To be free from abuse or harassment and to access protective services, including guardianship and advocacy services and child or adult protective services.

- To have a family member, friend or other individual (regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression) to be present for emotional support during your visit to the pharmacy unless the individual's presence infringes on others' rights, safety or is medically or therapeutically contraindicated. The individual may or may not be your surrogate decision-maker or legally authorized representative.
- To receive information in a manner you understand including language interpreting and translation.
- To an environment that is safe, secure, comfortable, preserves dignity and contributes to a positive self-image.

You Have the Responsibility:

- To provide accurate information that facilitates your care, treatment and services and advise of any changes to this information.
- Assist in developing your pharmacy plan of care.
- To ask questions or acknowledge when you do not understand the treatment course or care decisions.
- To follow instructions, policies, rules and regulations in place to support quality for patients and a safe environment for all individuals in the pharmacy.
- To support mutual consideration and respect by maintaining civil language and conduct in your interactions with staff and licensed practitioners.
- To meet financial obligations.
- To tell your treating provider of your participation in any patient management programs, if applicable

Natural parents and/or legal guardians of babies and children have the same rights and responsibilities as other patients while we are providing care and treatment for a minor child unless otherwise restricted.

NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

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

WHO WILL FOLLOW THE PRIVACY PRACTICES IN THIS NOTICE

We provide health care to our patients and residents together with physicians and other health care professionals. This Notice of Privacy Practices ("Notice") describes how we will use and disclose medical information. The privacy practices described in this Notice will be followed by:

- Any member of our workforce authorized to access your medical record
- Physicians and other providers who participate in your healthcare

I. OUR COMMITMENT TO SAFEGUARD YOUR MEDICAL INFORMATION

Each time you fill a prescription through our pharmacy, a record is made. The information we create or receive about your past, present or future physical or mental health is called protected health information ("PHI"). Your medical record is a means of communication among the many health professionals who care for you. PHI may include documentation of your symptoms, examination, test results, diagnoses and treatment. It also includes documents related to billing and payment for care provided.

We are committed to protecting the privacy of your medical information. We are required by law to:

- maintain the privacy of your medical information;
- provide you with this Notice about our privacy practices that explains how, when and why we use and disclose your PHI;
- abide by the terms of the current Notice;
- make a good faith effort to obtain your written acknowledgment that you have received this Notice; and
- notify you following a breach of your unsecured PHI.

II. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

This Notice informs you about the ways in which we may use and disclose medical information about you. The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we explain what we mean and give some examples to help you better understand the meaning. If a use or disclosure is not included in one of these categories, we will seek your permission first.

Uses and Disclosures without Your Permission

The following categories describe different ways that we are permitted to use and disclose your medical information without your permission (which is called an "authorization" under HIPAA).

For Treatment. We may use and disclose your medical information to provide you with pharmacy program services and to dispense prescriptions to you. We may disclose medical information about you to doctors, nurses, technicians, medical students and other health care personnel who provide you with health care services or are involved in taking care of you. This may include health care professionals at other facilities, such as your doctor's office, other hospitals, nursing homes or home health agencies.

For Payment. We may use and disclose your medical information to bill and collect payment for prescriptions and the pharmacy services provided to you. This information may include your diagnoses, procedures and previous medications used. For example, we may need to give your insurance plan information about your diagnosis or procedures you had your insurance plan will pay for your prescription. We may also contact your health insurance plan to obtain prior approval for a prescription you are going to receive or to determine whether it is covered by your plan. We also may provide information about you to other health care providers that have treated you or provided services to you to assist them in obtaining prior approval of your prescription.

For Health Care Operations. We may use and disclose your medical information for operations necessary for our facility to function and make sure our patients receive quality care. For example, we may use your medical information in order to evaluate the quality of pharmacy services that you received or to evaluate the performance of the health care professionals who provided pharmacy services to you. This information may also be used in an effort to continually improve the quality and effectiveness of the pharmacy services we provide. We may disclose your medical information to another health care provider or a health plan that you have a relationship with, for their operations' activities.

For Prescription Refill Reminders and Health-related Products and services. We may use or disclose your medical information for prescription refill reminders, to tell you about health-related products and services or to recommend possible treatment alternatives that may be of interest to you.

Business Associates. We may disclose your medical information to other companies that help us. These business associates may include billing companies, claims processing companies, collection agencies, accountants, attorneys, consultants and others that assist us with payment activities or health care operations. We contractually require our business associates to safeguard the privacy and security of your PHI.

Individuals Involved in Your Care or Payment for Your Care. We may disclose medical information about you to a family member, personal representative or other person involved in your care or responsible for payment of your health care services. If you do not want us to share information with your family or others involved in your care, please contact the person listed in Section V of this Notice.

Food and Drug Administration (FDA). We may disclose your health information to a person or company subject to the jurisdiction of the FDA to report adverse events, product defects or problems or biologic product deviations; to track FDA-regulated products; to enable product recalls; to make repairs or replacements; or for other purposes related to the quality, safety or effectiveness of a product or activity regulated by the FDA.

Public Safety. We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct and to report criminal conduct at the facility. We also may disclose your medical information to law enforcement officials and others to prevent a serious threat to health or safety.

Judicial and Administrative Proceedings. We may disclose medical information if we are ordered to do so by a court, for an administrative hearing or if we receive a subpoena or a search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.

Fundraising Activities. We may use your medical information in an effort to raise funds for our facility, including through our affiliated Foundation. The money raised through these activities is used to expand and support the health care services and educational programs we provide to the community. If you do not wish to receive our fundraising communications, you may notify the Foundation and we will honor your wish. Future treatment or payment will not be conditioned upon your decision regarding receipt of fundraising communications.

Disaster Relief Efforts. As part of a disaster relief effort, we may disclose your medical information to an agency assisting in the relief effort so that your family can be notified about your condition, status and location. You may have the opportunity to object, unless it would impede our ability to respond to emergency circumstances.

Coroners, Medical Examiners and Funeral Directors. We may disclose health information consistent with applicable law to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

Research. Under certain limited circumstances, we may use and disclose your medical information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who receive one medication to those who receive another for the same condition. All research projects are subject to a special approval process. Before we use or disclose medical information for research, the project will have been approved through this research approval process.

Reports Required by Law. We will disclose your medical information when required to do so by federal, state or local law. For example, we make disclosures when a law requires that we report information to government agencies and/or law enforcement personnel about victims of abuse, neglect or domestic violence; when dealing with gunshot and other wounds; to report reactions to medications or problems with products; or to notify people of product recalls.

Public Health Activities. We may disclose your medical information for public health activities. For example, we report information about preventing or controlling disease, preventing injury, reactions to medications or problems with products and various diseases to government officials in charge of collecting that information.

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.

Organ and Tissue Donation. If you are an organ donor, we may notify organ procurement organizations to assist them in organ, eye or tissue donation and transplants.

Workers' Compensation. We may disclose your medical information to the extent necessary to comply with laws relating to workers' compensation or similar programs providing benefits for work-related injuries or illness.

Military, Veterans, National Security and Other Government Purposes. If you are a member of the armed forces, we may release your health information to military command authorities or to the Department of Veterans Affairs if they require us to do so. We may also disclose medical information for certain national security purposes and to the Secret Service to protect the president.

Correctional Institutions. If you are or become an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your medical information to the correctional institution or law enforcement official. This disclosure may be necessary for the institution (i) to provide you with health care; (ii) to protect your health and safety or the health and safety of others; or (iii) for the safety and security of the correctional institution.

Uses and Disclosures Requiring Your Permission

Other uses and disclosures of medical information not covered by this Notice will be made only with your written permission. If you provide us permission 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, but we cannot take back any disclosures we have already made based on the permission you gave us before. If you want to revoke your permission, please contact the person listed in Section V of this Notice.

Marketing Activities. We will not use or disclose your PHI to sell you products or services of a third party, unless you provide permission. We may suggest products or services to you during our face-to-face communications.

Sale of PHI. We will not sell your PHI to third parties without your permission.

Medical Information That Has Special Protection

Mental Health Records. The use and disclosure of information obtained in the course of providing mental health services are protected by federal and state laws. We may communicate information for treatment purposes to qualified professionals, for payment purposes or if we receive a court order. Otherwise, we may not disclose any of your mental health information without your permission.

Psychotherapy Notes. Psychotherapy notes are the personal notes of psychotherapists. We must obtain your permission to use or disclose psychotherapy notes, except under limited circumstances.

Alcohol and Drug Abuse Patient Records. Use and disclosure of any medical information about you relative to alcohol or drug abuse treatment programs, is protected by federal law. Generally, we will not disclose any information identifying you as a recipient of alcohol or drug abuse treatment unless: (i) you have consented in writing; (ii) we receive a court order requiring the disclosure; or (iii) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.

HIV/AIDS Information. Use and disclosure of any medical information about you relative to HIV testing, HIV status, or AIDS, is protected by federal and state law. Generally, we will need your permission to disclose this information; however, state law may allow for disclosure of information for public health purposes.

Minors. As a general rule, we disclose PHI about minors to their parents or legal guardians. However, in instances where state law allows minors to consent to their own treatment without parental consent (such as HIV testing), we will not disclose that information to a minor's parents without the minor's permission unless otherwise specifically allowed under state law.

Participation in Health Information Networks

We participate in the Colorado Regional Health Information Organization (CORHIO) which is a secure computer network which provides safe and efficient ways to share medical information with other health care providers. For example, if you require emergency medical care while you are traveling, providers at other health care facilities in Colorado could have access to your medical information to assist them in caring for you. By participating in this network and other electronic information exchanges, we intend to provide timely information to health care providers involved in your care. If you do not want your information to be shared through CORHIO, you may "opt out" by contacting the person listed in Section V below. This is an "all-or-nothing" choice, because CORHIO cannot block access to some types of medical information while at the same time permit access to other medical information. Opting-out of CORHIO may limit your health care providers' ability to provide the most effective care for you.

III. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

The following section describes your rights:

The Right to Inspect and Obtain a Copy of Your Medical Information. You have the right to see and receive a paper or electronic copy of medical information that may be used to make decisions about your care. (The law requires us to keep the original record.) Usually, this includes your medical and billing records. To inspect and/or receive a copy of your medical information, you must submit your request in writing to our Health Information Management ("HIM") department at Centralized Release of Information, 3655 Lutheran Parkway, Suite 300, Wheat Ridge, CO 80033. If you request a copy of the information, we may charge you a reasonable fee based on our costs.

The Right to Amend. If you believe that medical information we have about you is incorrect or incomplete, you have the right to request that we correct the existing information or add missing information. To request an amendment, you must make the request in writing along with your reason for the request to the person listed in Section V below.

The Right to a List of Disclosures. You have the right to request a list of certain disclosures of your medical information. To request this list or accounting of disclosures, you must submit a request in writing indicating a time period, which can be no longer than six years, to the person listed in Section V below. The first list you request within a 12-month period will be free. For additional lists during the same year, 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.

The Right to Request Restrictions on How We Use and Disclose Your Medical Information. You may ask us not to use or disclose your medical information for a particular reason related to treatment, payment or health care operations. We will consider your request, but we are not legally obligated to agree to a requested restriction except in the following situation: if you have paid for services out-of-pocket in full, you may request that we not disclose information related solely to those services to your health plan. We are required to abide by such a request, except where we are required by law to make the disclosure. To request restrictions on the use or disclosure of your PHI, you may do so at the time you register for services or by contacting the person listed in Section V below.

The Right to Request Confidential Communications. You have the right to ask that medical information about you be communicated to you in an alternate confidential manner, such as asking that appointment reminders not be left on an answering machine, that mail be sent to an alternate address or that notices or reminders be sent by e-mail instead of regular mail. We will agree to all reasonable requests so long as we can easily provide it in the format you request. To request medical information be sent to an alternative address or by other means, please contact the person listed in Section V below in writing, or in a clinic setting, please contact the practice manager.

The 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. Paper copies are available at our registration locations and our HIM Department. You may also obtain a copy of this Notice on our website at saintjosephdenver.org.

IV. COMPLAINTS

If you believe that we may have violated your rights with respect to your medical information, you may file a written complaint with the person listed in Section V below. You also may send a written complaint to the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 515F, HHH Building, Washington, D.C. 20201 within 180 days of an alleged violation of your rights. **You will not be penalized for filing a complaint about our privacy practices. You will not be required to waive this right as a condition of treatment.**

V. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this Notice or wish to make a complaint about our privacy practices, please contact our Privacy Officer at 303-813-5571 or via e-mail at privacy.officer.denver@sclhs.net. Formal complaints must be in writing. Complaints should be sent to the Privacy Officer at SCL Health, 500 Eldorado Blvd, Suite 430, Broomfield, CO 80021 or by email.

VI. CHANGES

We reserve the right to change the terms of this Notice and our privacy policies at any time. We reserve the right to make the revised Notice effective for medical information we already have about you as well as any information we receive in the future. Before we make an important change to our policies, we will promptly change this Notice and post a new Notice in our registration areas. The Notice will contain the effective date. You can also request a copy of this Notice from the contact person listed in Section V above at any time or can view a current copy of the Notice on our website at saintjosephdenver.org.

VII. ACKNOWLEDGMENT

You will be asked to sign an acknowledgment of your receipt of this Notice of Privacy Practices. We are required by law to make a good faith effort to provide you with our Notice of Privacy Practices and obtain an acknowledgment from you that you received it. Your care at our pharmacies does not depend on signing the acknowledgment.

Welcome Packet Addendum

Delivery of Your Specialty Medicines

Franklin Pharmacy has partnered with a courier service in the Denver Metro Area. Depending on where you live, your medications may be delivered by FedEx or STAT Overnight Delivery. Franklin Pharmacy may add or change carriers in the future to ensure that your expectations are met.

Payment

You have the option to pay for your medication out-of-pocket. This means we will not bill your insurance or a copay assistance program.

CMS Rights & Responsibilities

Medicare sets standards for durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) that we must meet in order to bill Medicare Part B. Type the link below into your internet browser to see the list of standards. If you do not have access to the internet, please ask a pharmacy member for a paper copy of the standards.

[https://www.palmettogba.com/Palmetto/Providers.Nsf/files/abbreviatedstandards020816.pdf/\\$File/abbreviatedstandards020816.pdf](https://www.palmettogba.com/Palmetto/Providers.Nsf/files/abbreviatedstandards020816.pdf/$File/abbreviatedstandards020816.pdf)

Patient Grievance Process

In addition to the contacts listed on page 7, you may also contact the following:





Franklin Pharmacy

1830 Franklin Street, Suite 190, Denver, CO 80218

P 303-318-1305 | **F** 303-318-1308 | **TOLL-FREE** 844-803-0864

sclhealth.org/services/pharmacy