

Dear Patient,

Welcome to **Atrium Health Wake Forest Baptist Specialty Pharmacy**.

We are privileged to serve your specialty prescription needs. We understand what is involved in managing your medical condition and can assist you in getting the maximum benefit from your medications. We prioritize fast delivery, obtaining help in paying for your prescriptions, and providing education what to expect with your medications. We will regularly follow up with you to make sure you have refills available on time and to discuss any concerns such as side effects.

Our accredited Specialty Pharmacy is dedicated to high quality care by serving your medication needs from one of two locations listed below. Services currently are provided to patients in North Carolina, Virginia, and South Carolina.

Specialty Pharmacy – North Tower

Monday – Friday, 8:30 am – 5 pm
Saturday-Sunday - closed
After hours, on-call 24/7
336-713-7776
888-862-2235 toll-free
SpRx@WakeHealth.edu

Specialty Pharmacy – Cancer Center

Monday – Friday, 9 am – 5 pm
Saturday-Sunday - closed
After hours, on-call 24/7
336-713-6808
855-650-0333 toll-free
CancerCenterRx@WakeHealth.edu

This **Welcome Packet** contains important information for you to review. Please keep it in a safe place.

- A magnet with the pharmacy information for your convenience
- Notice of Privacy Practices (because your privacy is our priority)
- WFBH Patient Bill of Rights and Responsibilities (informs you as to the rights you have as a patient)
- Specialty Pharmacy Services Patient Rights and Responsibilities (rights you have as a patient in the specialty pharmacy program)
- CMS Medicare DMEPOS Supplier Standards
- A list of frequently asked questions
- “How to” handout (refill process, handling adverse effects, etc)
- Proper medication storage, handling, disposal
- Home safety recommendations
- How to notify us and other appropriate agencies of any problems, concerns, and complaints
- Acknowledgment form (acknowledging that you received this packet)

Please complete the following:

- **Read** the materials provided for you in this packet.
- **Return** to us (via email)
 - Acknowledgement form (sign and date)

If you have any questions, please do not hesitate to call us. Thank you for choosing Wake Forest Baptist Health Specialty Pharmacy Services.

Frequently Asked Questions

What is a specialty pharmacy and why do I need one?

A specialty pharmacy provides injectable and oral medications that are complex and/or expensive. These medications often require special storage, monitoring or handling and may not be readily available at your local pharmacy. Some insurance plans require dispensing of these medications at a specialty pharmacy.

Atrium Health Wake Forest Baptist Specialty Pharmacy provides these medications while also offering excellent customer service and clinical support to you and your caregivers. We have trained pharmacists and technicians dedicated to help you get the most out of your medications. Our team is here to answer questions regarding medications, side effects, financial obligations, and other aspects of your treatment.

What are potential health benefits and limitations of Specialty Pharmacy Services?

What makes our service beneficial and unique is the ability to offer you personalized services to meet your needs; financial assistance and support (for example, co-pay discount cards, prior authorization approvals); routine outreach from our expert pharmacy staff; continuous support in understanding your medications; timely delivery of medications to your doorstep before you need them; the convenience of getting ALL your medications from one pharmacy.

Limitations of our program may include 1) program results are best when a patient is willing to actively participate in their care by asking questions and taking their medications as directed, and 2) program support does not replace the care provided by your physician.

How can I contact Atrium Health Wake Forest Specialty Pharmacy Services?

- Call us toll-free or stop by during operating hours
 - Specialty Pharmacy – North Tower
(888) 862-2335
Main Floor, North Tower (next to Gift Shop)
 - Specialty Pharmacy – Cancer Center
(855) 650-0333
First Floor, Comprehensive Cancer Center (by main CCC entrance)
- Ask to speak to a Specialty Pharmacy employee during your next clinic visit

What do I do if I cannot pick up my medication in person?

We will send the medication to your residence or your clinic via FedEx or one of our couriers. The service is free, and we only ask that you are available at the destination to sign for the medication.

What if I lost my medications, going on vacation, missed dose or missed delivery?

If you need to refill your prescription early, call us and we will explain your options. For clinical information, we have pharmacists to answer questions 24 hours 7 days a week.

How much will my medications cost?

The cost to you for your specialty pharmacy medication will vary based on your insurance plan. We will inform you of the cost after we have processed your prescription. We can also inform you of the prescription cash price, upon request.

What if I can't afford my medications?

You may be eligible for financial assistance through drug companies, patient assistance programs, or charities. We will review all of your options, communicate those options to you, and enroll you in the program if you meet the eligibility requirements.

What if my insurance company doesn't cover my medication?

Our staff works directly with your doctor and insurance company to obtain coverage for your medication. If coverage is denied, your doctor will discuss other options with you.

Atrium Health Wake Forest Baptist Health Specialty Pharmacy Services

Handling Complaints or Grievances

We are privileged to have the opportunity to partner with you and your family to provide a positive healthcare experience. In our culture of patient- and family-centered care, your healthcare needs and experience are of utmost importance to us. Pharmacy staff are committed to providing you with excellent service in obtaining your prescriptions. We invite you to partner with your healthcare team by asking questions and sharing feedback about your experience.

If you have complaint or grievance, we welcome the opportunity to address your concern as efficiently as possible. Please contact a Pharmacy staff member in your respective Specialty Pharmacy area. Staff will respectfully address the issue and, if needed, escalate it to the area coordinator.

Specialty Pharmacy – Cancer Center 336-713-6808

Specialty Pharmacy – North Tower 336-713-7776

Atrium Health Wake Forest Baptist Health also provides a Patient and Family Relations service, available at 336-713-2273. A patient representative will assist you.

Patients may also report grievances to organizations outside of Atrium Health Wake Forest Baptist Health. These organizations include the following:

North Carolina Board of Pharmacy

- Phone: 919-246-1050
- Website: www.ncbop.org

URAC (specialty pharmacy accreditation organization)

- Phone: 202-216-9010
- Website: www.urac.org

ACHC (specialty pharmacy accreditation organization)

- Phone: 855-937-2242
- Website: www.achc.org

Proper Medication Storage and Handling

Medication Storage

- Most medications taken by mouth should be stored at room temperature (68-77°F) and away from direct sunlight or damp areas.
- If your medication has different rules for storage (eg, refrigerator), it will be labeled accordingly.
- Keep all medication secure and stored away from children and pets.

Medication Disposal

- Do NOT flush unused medication down the toilet or drain. This can be harmful to pets, the wildlife and other people.
- Put medication in a bag and add used kitty litter, sawdust, wet coffee grounds or other substances that makes the medication undesirable. Seal the bag and dispose in the trash.
- If you have any questions or concerns, contact your pharmacy!

Additional Information for Chemotherapy: Exposure to Body Fluids

- Oral chemotherapy stays in your body for hours or up to days. It is important to prevent other people from coming into contact with your bodily fluids. The chart below details different methods to prevent exposure.

Substance/Interaction	Prevention
Vomit	<ul style="list-style-type: none"> • Use gloves when cleaning the vomit and a disinfectant to remove bacteria and other substances.
Urine/feces	<ul style="list-style-type: none"> • You are able to use the toilet like normal, but ensure that the lid is clean of any urine to prevent the next person from being exposed. • If you lose control of your bowels, clean up with an absorbent pad, wash with soap/water, and change your clothes. Dispose of pads in a sealed container.
Laundry	<ul style="list-style-type: none"> • Always wear disposable gloves when handling sheets or clothes that have been exposed to body fluids. Separate these items from other laundry.
Medication	<ul style="list-style-type: none"> • If a family member has to handle your medication then they should use disposable gloves and wash their hands afterwards.
Sweat/tears	<ul style="list-style-type: none"> • Avoid direct contact with people as this can still expose another person to your medication.
Sexual Intercourse	<ul style="list-style-type: none"> • Use condoms during sex to prevent transmission and avoid pregnancy, as semen will contain chemotherapy.
Always wash your hands!!	

Prescription “How To’s”

Atrium Health Wake Forest Baptist Specialty Pharmacy works closely with you to help you get the most out of your medication. A well-trained team of technicians and pharmacists is available to assist you. In case of emergencies, a pharmacist is on call 24 hours/day and 7 days/week.

How to...	
<ul style="list-style-type: none"> place a prescription order 	<ul style="list-style-type: none"> Your doctor will either send us a copy electronically or give you a hard copy to bring to us. The Cancer Center Pharmacy is on the 1st floor of the Comprehensive Cancer Center (by the main entrance). Specialty Pharmacy – North Tower can be accessed through the North Tower Pharmacy, located on the main (M) level, next to the main entrance of the hospital (next to the Gift Shop).
<ul style="list-style-type: none"> refill your medication 	<ul style="list-style-type: none"> A team of pharmacists and technicians will schedule a call to you prior to your upcoming refill in order to set up delivery (or pick-up). Always feel free to call us if you need more medication. Call at least three days in advance, when possible, to allow enough time for processing and delivery.
<ul style="list-style-type: none"> check on prescription status, other options available, or how to obtain medications that we do not have 	<ul style="list-style-type: none"> Please call the pharmacy, and our team of pharmacists and technicians can update you on your prescription and talk to you about your medications. If we do not have the medication, we will do our best to order it or will find an alternative route.
<ul style="list-style-type: none"> respond if I experience an adverse reaction to my medicine 	<ul style="list-style-type: none"> For any medical emergency, dial 911. In the event that you experience an adverse reaction to your medication, notify us and your physician. When you start a new medication, your pharmacist will review the side effects or other risks associated with it.
<ul style="list-style-type: none"> get medication in case of an emergency or disaster 	<ul style="list-style-type: none"> We attempt to anticipate severe weather in order to provide your medication prior to delivery interruptions. In case of emergency, please call your pharmacy directly if needed.
<ul style="list-style-type: none"> handle medication recalls 	<ul style="list-style-type: none"> Your pharmacy will contact you should this occur, but you may always call us with questions.
<ul style="list-style-type: none"> transfer my prescription 	<ul style="list-style-type: none"> Contact your pharmacy if you would like to transfer your medication. Some medicines are restricted to certain pharmacies, but others we can send to a pharmacy of your choice. If we are able to transfer the prescription, we will ask you to provide the pharmacy name and phone number.

Address: Medical Center Blvd, Winston-Salem, NC 27103
 Specialty Pharmacy – Cancer Center: 336-713-6808
 Specialty Pharmacy – North Tower: 336-713-7776

Safety in the Home

Natural Disasters (hurricanes, flooding, tornados)

- Have adequate stores of water, food, blankets, and batteries.
- Stay away from windows or broken glass.
- Remain indoors until it is safe to leave the home.
- If an order of evacuation is released, find a safe place to go.
- If outdoors when a tornado lands, find a low lying area and stay low to the ground.

Fire/Burn Prevention

- Have smoke detectors and test them once a month.
- Make sure everyone in the home knows what to do in case of a fire.
- Keep a fire extinguisher in the kitchen and make sure everyone knows how to use one.
 - P.A.S.S. (Pull, aim, squeeze, sweep)
- Do not leave the stove unattended while using.
- Clean dryer vents and prevent build up.

Poisoning

- Prevent poisoning by keeping medications in the original container or pill box and keep them away from children and pets.
- Only the person prescribed the medication should be taking it.
- If a poisoning or overdose occurs call the Poison Center at 1-800-222-1222. Keep this number by the phone.

Fall Prevention

- Keep the floor clean and avoid clutter.
- If you have rugs in the home, have anti-slip pads/liners underneath.
- Have handrails along any stairs.
- Keep walkways well lit.

Power Outage

- Notify your power company should you lose power
- Have batteries available, radios, flashlights, etc.

Atrium Health

ENTERPRISE NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

Last Updated August 6, 2021

PROTECTING YOUR PRIVACY

At Atrium Health, we understand that your health information is personal and we are committed to protecting your privacy. This Notice describes how your health information may be used and disclosed, how we protect your information and your rights under the Health Insurance Portability and Accountability Act (“HIPAA”). We are required by law to:

- Maintain the privacy of your health information as outlined in this Notice
- Provide you with notice of our legal duties and privacy practices related to your health information
- Follow the terms of the Notice currently in effect

Atrium Health reserves the right to change this Notice. A copy of the most current Notice and other information referenced in it will be available by accessing our website at www.AtriumHealth.org/For-Patients-Visitors/Privacy. We will refer to this web address as our “Privacy Page” throughout the Notice.

WHO FOLLOWS THIS NOTICE

This Notice is followed by Atrium Health and its affiliated covered entities (ACE), which include healthcare facilities and other providers that are under our common ownership or control. A current list of ACE members can be found at our Privacy Page. These locations share information with each other as necessary to carry out treatment, payment, healthcare operations, and other purposes described in this Notice. Our employees, volunteers, contractors, and medical staff members also follow this Notice while they are handling your patient information for us or while providing healthcare services at our locations. We are also an academic medical center, which means our faculty, residents, fellows, students, and trainees also follow this Notice while they are learning with us. Note that independent providers are legally separate and responsible for their own acts; Atrium Health is not responsible for how they provide care or handle your information.

HOW YOUR INFORMATION IS USED AND SHARED

Atrium Health follows all applicable laws related to protected health information. While not every use and disclosure of your health information can be described in this Notice, we have highlighted the most common ones below.

For Treatment

We may use and share your health information to provide, coordinate, or manage your health care and related services, both with our own providers and with others, including outside providers, involved in your care. For example, your surgery team may need to know if you have diabetes so they can work with a dietitian to get you low sugar meals while you are in the hospital. Our case managers may need to share your diabetes diagnosis with outside providers and community agencies so they can support your recovery after discharge. We might also share your information with a registry to gain insights about how to improve the way we treat diabetes.

We may use and share your health information to tell you about possible treatment options or alternatives that may interest you. For example, if you have cardiac issues, we may tell you about exercise resources or apps that could support your heart health. In many situations, you sign up directly with a vendor to use the apps, not through Atrium Health. We encourage you to carefully review any terms of use that may apply to the apps or other tools that you may use, as we are not responsible for what they do with your information.

For Payment

We may use and share your health information with others to bill and collect payment for the services we provide to you, such as with billing vendors, collection agencies, insurance companies, health plans and their agents, and consumer reporting agencies. For example, if you broke your leg, we may need to share information about your condition, the supplies used, and the services you received (such as X-rays or surgery) with your health plan so they can pay your bill. We may also contact payors before you receive scheduled services, such as to confirm your procedure qualifies for coverage. Unless you specifically tell us otherwise, we will assume you want us to bill your insurance that is on file in our records.

For Health Care Operations

We may use and share your health information to carry out business activities that help us operate our health system, improve the quality and cost of patient care, and conduct other health care operations. For example, we may look at patient information to evaluate the performance of our staff, plan new services,

identify new locations for services, or to send you a survey. We may use and disclose your health information to comply with this Notice and with applicable laws, or in connection with a transaction or sale affecting all or part of our business. We can also share your information with other providers who have a relationship with you for their own health care operations, even if they are not affiliated with us.

Communicating With You

We may use and share health information to contact you about treatment, care, or payment. For example, we may use the phone numbers (including mobile) and email addresses we have on file to send you phone calls, emails, text messages, or other communications related to your care. We may also send you appointment or check-up reminders, information about upcoming health screening events, research information, or contact you to ask for feedback regarding your care at Atrium Health. These messages may be sent using automated dialing and/or pre-recorded messages. You have the right to opt out of receiving these messages. To opt out of text messages, please follow the opt out prompt in the text message or for more information, see our Privacy Page. If you send us unencrypted emails or texts, you understand there are security risks in doing so and you accept those risks.

Business Associates

Sometimes, we hire other people and companies, known as business associates, to help us perform services and manage our operations. Examples include medical record copy services or storage companies, healthcare monitoring companies, collection agencies, software companies, and medical directors. We need to share health information with these vendors so they can perform the job we have asked them to do. They must sign a contract that requires them to protect your health information and keep it confidential, which they are also required to do by law.

Other Health Care Arrangements (OHCAs and ACOs)

Atrium Health participates in organized health care arrangements (OHCAs), such as with medical staff and care coordinators while at our locations, and in affordable care organizations (ACOs). These arrangements allow us to share information with other entities and providers that participate in a clinically integrated setting. We do this to provide better care and achieve value; for treatment, payment, and health care operations purposes; and, for joint activities of the participating entities and providers. Please see our Privacy Page for more information.

Special Situations

Some state and federal laws provide additional privacy protections for certain health information. For example, some states give unemancipated minors the legal right to consent to certain types of care and protect the privacy of that minor's information when they consent to and receive that care, with some

exceptions. When a state law or other federal law requires us to give more protection to your health information than this Notice or HIPAA requires, we will give that additional protection to your health information. For example, at Substance Use Treatment locations and Behavioral Health facilities, additional federal and state laws may apply which provide additional protections. More detailed information is available at our Substance Use Treatment Locations and at Behavioral Health facilities.

Additional Uses and Disclosures of Your Health Information

Federal and state laws allow us to use or disclose your health information without your permission in certain situations. These include:

- As required by local, state or federal law, such as to report gunshot wounds or respond to a subpoena
- As required by government agencies for health oversight activities, such as to state regulators and health agencies
- To avert a serious and imminent threat to health or safety to you or to someone else
- For organ tissue donation purposes, such as to an organ procurement organization when a patient is an organ donor
- For public health activities, such as to the CDC or health department to prevent or control a communicable disease
- For a legal proceeding, such as if we are required to respond to a warrant or court order
- To law enforcement and correctional institutions, such as in response to certain crimes or to find a missing person
- For disaster relief purposes, such as to the American Red Cross or FEMA in the event of a natural disaster, such as in a hurricane or a public emergency
- For workers' compensation claims as allowed by state law

Authorization for Other Uses of Health Information

Before we use or share your health information for a purpose that is not covered by this Notice or required or permitted by law, we will ask for your written permission. For example, we will ask for your authorization to use or share psychotherapy notes as defined by HIPAA, to use your health information for marketing purposes, or to share your information in a way that would be considered the sale of health information. Note that we may remove or combine individual identifiers so the information becomes anonymous; once it is anonymous, we can use or share it without permission.

YOUR RIGHTS TO OPT OUT OF OR OBJECT TO CERTAIN USES OR DISCLOSURES

Fundraising Activities

We may use some of your health information to identify causes you may care about and wish to support through a donation to advance patient care, health care education, and research. This information may include your contact, demographic, and insurance information; date(s) and location of treatment; provider name; and if you would be likely to support our charitable causes. You have the right to opt out of fundraising communications by contacting our development offices at the information listed on our Privacy Page. To help us honor your request, please include your name, address, and phone number. Opting out of fundraising communications will not affect your ability to obtain health care at Atrium Health. Note: Your household may still receive general fundraising materials from us that do not require use of protected health information.

Health-Related Benefits and Services

We may use and disclose your information to tell you about health-related benefits or services that may be of interest to you. For example, if you just had a baby, we may use that information to send you tips for caring for a newborn or resources for new Moms. As a general rule, we do not sell your information or get paid by vendors to communicate with you without your written authorization. You may choose not to receive any communication from us that encourages you to purchase or use any particular product or service by contacting us at AtriumHealth.org/Contact-Us.

Facility Directory

We may include your name, your location in the hospital, and your general condition (e.g., good, fair, serious, etc.) in our hospital directory while you are a patient. We will share this directory information with people who ask for you by name. We can also share your religious affiliation with clergy affiliated with your faith, regardless of whether they ask for you by name. To opt out of being included in the facility directory, please notify the staff member registering you or providing your care. The opt out only applies to that encounter and you will have to make a new request to opt-out if you would like to be removed from the directory during your next stay.

Individuals Involved in Your Care or Payment

We may share your health information with a family member, personal representative, a health care power of attorney, a legal guardian, friend, or other person you identify or who is involved in your care or payment for that care. For example, if you bring a sibling to your appointment or have a friend pick you up from a procedure and you do not object to them hearing your information, then we can share

relevant information with them or with them present. We could also tell your family how to care for you at home or share billing information if they are helping with your bills or covering your services. We may also share information to notify people involved in your care about your location, general condition or death. Some laws also require us to notify those involved in your care that you have been admitted, transferred, or discharged from a facility. To opt out of these notifications, please notify the staff member registering you or providing your care. If you are unable to make decisions for yourself or it is an emergency, we will use our professional judgment to decide if it is in your best interests to share your health information with those involved in your care. In some cases, we may require proof of their authority, such as with a health care power of attorney.

Electronic Records and Health Information Exchanges

Your health information will be stored in our electronic medical record, including Epic, so your care community can help you. Your information may also be available through health information exchanges or through clinically integrated networks that allow member providers to securely exchange health information for treatment purposes. By seeing records of past care received at other locations, providers can make more informed decisions about care plans and avoid duplicative or unnecessary treatment.

We also participate in several health information exchanges (HIEs), including NC Health Connex (hiea.nc.gov/patients). You do not have to participate in an HIE to receive care from us and can opt out but opting out of an HIE does not stop us from using or sharing your information as described in this Notice. Visit our Privacy Page to learn more about how they share your information and to access the opt out forms. Note that our ability to use and share your information as described in this Notice is not affected by whether or not you participate in an HIE.

Research

We are committed to supporting new knowledge and developing new treatments that benefit our patients. Some of that research requires that we use and disclose certain patient information for varying periods of time. Sometimes, the research only involves looking at data, while other types of research involve the patient themselves. Regardless, all research projects undergo a special approval process that balances the research needs with participant's privacy and safety. If you would like more information about our research, visit <https://ctsi.wakehealth.edu/regulatory/human>.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have certain rights regarding the health information we maintain about you, which are outlined below. Our Health Information Management Department (HIM) oversees many of these rights. The

request forms and instructions are available on the Medical Records / HIM website at atriumhealth.org/for-patients-visitors/medical-records. Your patient portal also has links to some of these request forms and you can access some of your information through your patient portal. If you have any questions, please call HIM at 704-667-9500 or toll-free at 844-383-2109 and they will be happy to help you.

Right to a Copy of Your Health Records

You can ask for a copy of part or all of your medical record, though certain exceptions may apply. For example, if your doctor decides something in your record might endanger you or someone else, your request may be denied in whole or in part. To request a copy of your record, go to the Medical Records/HIM website and submit the Patient Request for Access form. In most cases, you will receive the information within 30 days of when we receive your request, unless we let you know we need another 30 days, such as if the records are in storage. In some situations, there may be a fee for the records.

Right to Revoke or Cancel an Authorization

You can sign an Authorization to give us permission to share your information with others, such as with your employer or a life insurance company. You can revoke (cancel) that permission at any time by going to the Medical Records/HIM website and submitting the Revocation of Authorization for Release of Information form. Once we have processed your revocation, we will no longer use or share your health information under the revoked Authorization. We cannot, however, take back information we have already shared.

Right to Request Changes to Your Health Information

You can ask to change or add information to your health record that you think is wrong or incomplete as long as the information is kept by Atrium Health. For example, you may remember telling the doctor that you fell riding your bike, but the record says you tripped over your dog. To request an amendment, go to the Medical Records/HIM website and submit the Health Information Amendment form. Your provider has the right to decide whether to accept or deny your request in whole or in part. We will let you know the decision within 60 days, though we will let you know if we need another 30 days and why. Regardless of the decision, your amendment request will be noted in your record, as well as your disagreement letter if you choose to send one.

Request an Accounting of Disclosures

You have the right to ask for a list of entities we have shared your information with over the last six years known as an “accounting of disclosures”. Note the list will not include disclosures made to those

involved in treatment, payment, or for health care operations, or certain other disclosures, including those authorized by you. To request an accounting of disclosures, go to the Medical Records/HIM website and submit the Request for Accounting form. You must include the time frame for the request. You can get one accounting of disclosures at no charge every 12 months; after that, there may be a fee. In most cases, we will send the accounting of disclosures within 60 days. If we need an extra 30 days, we will let you know.

Request Restrictions on Sharing Your Information

You have the right to ask that we limit how we use or share your information for treatment, payment or health care operations. You can also ask us to limit sharing information with others involved in your care, such as a family member or friend. To request a restriction, go to the Medical Records/HIM website and submit the Request for Restrictions on Use and Disclosure of Information form. We are not required to agree to your request, except as stated below. If we do agree to the request, the restriction will go into effect when we notify you. Even if we agree, the restriction may not be followed in some situations, such as emergencies or when required by law. If you restrict us from sharing information with your health plan and pay for the visit in advance, we will not share the information for that visit with the plan. We call this a self-pay billing restriction, and this will not affect our ability to share your information for treatment purposes. You must complete certain forms for a self-pay billing restriction at each location of care, and the forms are available at the registration desk.

Request That We Change How We Contact You

You can make reasonable requests to be contacted at different places or in different ways. For example, you may ask that we call you on your cell phone instead of your home number or that we send results to your office instead of your home. To request confidential communications, go to the Medical Records/HIM website and submit the Request for Confidential or Alternative Means of Communication form. You are not required to tell us the reason for your request. We will accommodate reasonable requests, but your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice upon request. You may also get a copy of this Notice at any time from our [Privacy](#) Page, or from the location where you obtained treatment.

Right to Be Notified of a Breach

You have the right to be notified if your unsecured health information is acquired, used, or shared in a manner not permitted under law that results in more than a low risk of compromise to its security or privacy.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

We reserve the right to change and update this Notice at any time. The revised Notice will be effective for health information we already have about you, as well as for any health information we create or receive in the future. The effective date is listed on the first page of the Notice and we will post the current copy at each registration location and on our website, www.atriumhealth.org.

COMPLAINTS AND CONTACTS

If you have questions about this Notice or believe we impermissibly shared or used your information or that your rights were denied under HIPAA, you can file a complaint with Atrium Health by calling our main number at 704-355-2000 and ask to speak with the Privacy Department. You can also email us at privacy@atriumhealth.org. You can file a complaint with the Secretary of the Department of Health and Human Services by going to hhs.gov/HIPAA. You will not be punished for filing a complaint.

Being an Effective Partner

One of the best ways to be an effective partner in your medical care and treatment is to be an informed patient. This "Patient's Bill of Rights and Responsibilities," taken from the formal document approved by the Medical Center's administration, is aimed at helping you, the patient, become an informed member of the health care team. During your stay, whenever you are confronted with something you don't understand—whether it's a diagnosis or a medical procedure or simply how to find the cafeteria—be sure to ask questions of your physician, nurse or any other staff member.

Updated December 2016

Your Rights *and* Responsibilities

Helping you become an informed member of your health care team



Medical Center Boulevard
Winston-Salem, NC 27157

WakeHealth.edu

A Mission to Care. A Mission to Cure.

Patient's Bill of Rights

As a patient, you have the right:

- a. to have cultural, personal values, spirituality, beliefs, and preferences respected;
- b. to considerate and respectful care given by competent personnel with regard to personal dignity and that contributes to a positive self-image;
- c. to quality care and professional standards that are continually maintained and evaluated;
- d. to have impartial access to the resources of the facility indicated for your care without regard to race, ethnicity, religion, culture, language, socio economic status, functional status, physical or mental disability, age, sex, sexual orientation, gender identity, gender expression, or source of payment;
- e. to receive information in a manner you can understand; qualified spoken and sign language interpreters and communication assistive devices will be provided by Language Services as needed at no cost;
- f. to hear from your physician a full explanation when there is an unanticipated outcome of care, treatment and services; and to expect that subsequent required reporting and analysis will occur as well as any applicable financial considerations;
- g. to be informed of the facility rules and regulations that apply to your conduct as a patient and to receive materials in advance of furnishing or discontinuing care whenever possible regarding hospital rules and regulations, patient's rights and complaint/grievance mechanisms;
- h. to be given the name of the physician or other practitioner(s) who have primary responsibility and/or will provide your care, treatment, or services;
- i. to be informed about the potential benefits/outcomes; general nature, risks and alternative of any care, treatments, and services prescribed for you so that you or your authorized representative can participate in current and future health care decisions and give informed consent prior to the event, except for emergencies;
- j. to expect emergency procedures to be implemented without unnecessary delay;
- k. to, in collaboration with your physician, caregivers and family as desired, make decisions involving your health care, and participate in the development and implementation of your plan of care including the right to refuse treatment including forgoing or withdrawing life sustaining treatment or withholding resuscitative services to the extent permitted by law and to be informed of the medical consequences of this action;
- l. to be provided education about pain and pain management measures including pharmacological and non-pharmacological interventions for pain management; a concerned staff committed to pain prevention and management; a staff that believes your reports of pain and who will respond promptly to your reports of pain; and pain management that will be regularly reassessed and modified to achieve optimal pain control;
- m. to not be awakened by hospital staff unless medically necessary and to medical and nursing treatment that avoids unnecessary physical and mental discomfort and needless duplication;
- n. to be provided access to spiritual care in a manner consistent with your faith and religious tradition;
- o. to assistance in obtaining consultation with another physician at your request and expense;
- p. to expect your personal privacy to be respected, consistent with the care prescribed for you and to expect all communications, video recordings and images pertaining to your care to be kept confidential in accordance to HIPAA and other regulatory guidance;

continued on next page

Patient's Bill of Rights continued

As a patient, you have the right:

- q. to request a discharge planner; and to expect that the facility will provide a mechanism whereby you are informed upon discharge of your continuing health care requirements following discharge and the possible means for meeting them;
 - r. when medically permissible, to be transferred to another facility only after you have been given complete information and explanation concerning the needs for and alternatives and risks to such transfer;
 - s. to be given the benefit of participation in clinical training programs offered by the institution;
 - t. to be informed of any human experimentation research or donor programs the hospital may propose which would affect your care or treatment so that you or your authorized representative can give consent prior to the event; refusal to participate will not jeopardize access to care and treatment not related to research;
 - u. to examine and receive an explanation of your bill, regardless of source of payment and to identify available financial information;
 - v. to participate in the consideration of ethical issues that arise in your care and to formulate advance directives; WFBMC will respect your Advance Health Care Directives. Complaints related to Advance Directive requirements may be filed with the state survey and certification agency;
 - w. to expect your rights and responsibilities to be extended to your authorized representative if you are unable to act on your own behalf;
 - x. to speak with your physician or nurse or to contact Patient and Family Relations for assistance in the resolution of any concerns or complaints you have regarding your care; grievances (written or verbal) may be filed with Patient and Family Relations.
- Information regarding how to lodge a grievance with governing state agencies and The Joint Commission is noted below and also available in Patient and Family Relations;
- y. upon request, to have a family member/ representative of your choice and your own physician notified promptly of your admission to the facility;
 - z. to receive visitors whom you designate including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Visitation privileges will not be restricted/limited on the basis of race, color, national origin, religion, sex, gender identity, gender expression, sexual orientation, or disability. You may withdraw or deny such consent at any time;
 - aa. to not be denied access to an individual or agency who is authorized to act on your behalf or assert or protect your rights;
 - bb. to receive care in a safe setting and be free from all forms of neglect, exploitation, harassment and all types of abuse;
 - cc. to be free from restraints of any form that are not medically necessary or are used as a means for coercion, discipline, convenience, or retaliation by staff;
 - dd. upon request, have access to, request amendment to, and obtain information on disclosures of your health information in accordance with applicable laws and regulations. The Medical Center's Notice of Privacy Practices provides information about these rights, including limitations on them. The Medical Center's Privacy office may also be contacted for information; and
 - ee. to access protective and advocacy services.

Patient's Responsibilities

As a patient, you in turn have the responsibility:

- a. to know and follow hospital rules and regulations;
- b. to give cooperation and to follow the care for which you have given consent and which was prescribed or recommended for you by your physician, nurse, or allied health professional;
- c. to provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalization, medications, and other matters relating to your health; and to report any perceived risks in your care and any unexpected changes in your condition;
- d. to follow the care, treatment and service plan developed and to express any concerns about your ability to follow the proposed care plan or course of care, treatment and services;
- e. to support mutual consideration and respect by maintaining civil language and conduct in interactions with all staff and care providers;
- f. to have your treatment plan adapted to your specific needs and limitations; and if such adaptations are not recommended, you and your family will be informed of the consequences of the care, treatment and service alternatives and not following the proposed course;
- g. to accept the outcomes of not following the care, treatment, and service plan;
- h. to notify your physician or the nurse manager of the unit if you do not understand what you are expected to do or have questions regarding your care, treatment or service;
- i. to let the nurse manager and your family know if you feel you are receiving too many outside visitors;
- j. to ask your doctor or nurse what to expect regarding pain and pain management; to discuss pain relief options with your doctors and nurses and to work with your doctor and nurse to develop a pain management plan; to ask for pain relief when pain first begins; to help your doctor and nurse assess your pain; to tell your doctor or nurse if your pain is not relieved; and to tell your doctor or nurse about any worries you have about taking pain medication;
- k. to respect the privacy of your roommate;
- l. to accept your financial obligations associated with your care;
- m. to advise the charge nurse, physician, or Patient and Family Relations of any dissatisfaction you may have in regard to your care at the hospital;
- n. to be considerate of the rights of other patients and Medical Center personnel and to assist in the control of noise, smoking and the number of visitors you receive; and
- o. to speak up and ask questions of your physician, nurse or any other hospital staff member if you are confronted with something you do not understand.

.....
If you need additional assistance with any problem or concern, Patient and Family Relations stands ready to help you at 336-713-2273. Presentation of a complaint will in no way compromise your future access to care. You may lodge a grievance with the Division of Health Service Regulation at 2711 Mail Service Center, Raleigh, NC 27609-2711 or telephone 1-800-624-3004. The Joint Commission at One Renaissance Boulevard, Oakbrook Terrace, IL 60181 or telephone 1-800-994-6610 or Disability Rights North Carolina at 2626 Glenwood Avenue, Ste. 550, Raleigh, NC 27608 or toll-free 1-877-235-4210.

Atrium Health Wake Forest Baptist Specialty Pharmacy Services
Patient Bill of Rights and Responsibilities

The following patient rights and responsibilities are aimed at helping you, the patient, be an informed member of your Specialty Pharmacy Services team.*

As a patient, you have the right:

- To know about the philosophy and characteristics of the pharmacy's patient management program;
- To have personal health information shared with the pharmacy's patient management program only in accordance with state and federal law;
- To identify the pharmacy's staff members, including their job title, and to speak with a staff member's supervisor if requested;
- To speak to a health professional;
- To receive information about the pharmacy's patient management program;
- To receive administrative information regarding changes in, or termination of, the pharmacy's patient management program; and
- To decline participation, revoke consent, or opt out of services at any point in time.

As a patient, you have the responsibility:

- To submit any forms that are necessary to participate in the pharmacy's patient management program, to the extent required by law;
- To give accurate clinical and contact information and to notify the pharmacy of changes in this information; and
- To notify your treating provider of your participation in the pharmacy's patient management program, if applicable.

*These rights and responsibilities are *in addition* to those provided to you as a patient of the Atrium Health Wake Forest Baptist system.

If you have questions or need additional assistance, please contact your pharmacy.

Specialty Pharmacy – North Tower

Monday – Friday, 8:30 am – 5 pm

Saturday - Sunday - closed

After hours, on-call 24/7

336-713-7776

888-862-2335 toll-free

SpRx@WakeHealth.edu

Specialty Pharmacy – Cancer Center

Monday – Friday, 9 am – 5 pm

Saturday - Sunday - closed

After hours, on-call 24/7

336-713-6808

855-650-0333 toll-free

CancerCenterRx@WakeHealth.edu

CMS MEDICARE DMEPOS SUPPLIER STANDARDS

Baptist Hospital Specialty Pharmacy must provide each client that is a Medicare beneficiary with a written notice of CMS Medicare DMEPOS Supplier Standards as follows: These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

- 1) A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
- 2) A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
- 3) A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
- 4) A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
- 5) A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
- 6) A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
- 7) A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
- 8) A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
- 9) A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
- 10) A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
- 11) A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
- 12) A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
- 13) A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
- 14) A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
- 15) A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
- 16) A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
- 17) A supplier must disclose any person having ownership, financial, or control interest in the supplier.
- 18) A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
- 19) A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
- 20) Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
- 21) A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
- 22) All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
- 23) All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
- 24) All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
- 25) All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
- 26) A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
- 27) A supplier must obtain oxygen from a state-licensed oxygen supplier.
- 28) A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
- 29) A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
- 30) A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

Name: _____

Signature: _____

Date: _____

Atrium Health Wake Forest Baptist Specialty Pharmacy
Medical Center Blvd, North Tower Ground Floor
Winston Salem, NC 27157-0001
(336)713-7776 or (888) 862-2335
REVISED 06/2023

Patient Acknowledgement Form***Receipt of Welcome Packet***

By signing below, you acknowledge that you have received a copy of the
Atrium Health Wake Forest Baptist Specialty Pharmacy Services **Welcome Packet**.

Pharmacy: Place patient sticker or complete the following information.

Patient Name _____

Medical Record # _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Phone Number(s) _____

Patient Signature _____

Date (Month / Day / Year) _____

If you are **NOT** the patient but are signing on behalf of the patient, please complete the following:

I, _____, confirm that I am the representative for the patient

based on the following relation to the patient: _____.

Representative's Signature _____

Date (Month / Day / Year) _____

Address _____

Phone _____

Atrium Health Notice of Privacy Practices Acknowledgment:

I have been provided access to Atrium Health's Notice of Privacy Practices

Relation if not Patient: _____

Patient/Authorized Representative Signature _____

Spouse _____

Parent/s _____

Date/Time _____ Other (Specify : _____)

Reason Patient Unable/Unwilling to sign _____

Se me ha proporcionado acceso al Anuncio de Prácticas de Privacidad de Atrium Health

Relación/parentesco, si no es el paciente: _____

Firma del paciente/representante autorizado _____

Esposo/Esposa _____

Padre/madre _____

Fecha/Hora _____ Otro (Especificar: _____)

Razón por la que el paciente No puede/No está dispuesto a firmar: _____