



Patient Welcome Packet

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Welcome to Baptist Hospitals of Southeast Texas Cancer Institute Pharmacy

Baptist Hospitals of Southeast Texas Cancer Institute Pharmacy understands that your medical needs may be difficult to manage. Our staff is dedicated to working with you, your doctors and nurses, family, and friends to achieve a fully integrated health care team. Our primary goal is to provide you with quality care.

You can expect:

✓ **Personalized Care and Regular Follow-Ups**

Our specialty trained staff members will work with you to discuss your treatment plan and address your questions or concerns. We will be in close contact with you throughout the course of your treatment.

✓ **Benefits**

There may be instances where you are prescribed a medication that your insurance plan may not cover. We will work diligently to lower your drug costs by getting the medication covered, switching to a medication that is covered, or applying valid manufacturer discounts.

✓ **Patient Management Program**

When you are willing to follow the treatment plan determined by your healthcare team, the program is designed to provide benefits such as managing side effects, increasing adherence to drug therapies, and overall improvement of your health. If you no longer wish to participate in our Patient Management Program, you may contact our team by phone to opt-out.

✓ **In-Depth Consultation Services**

✓ **Refill Reminder Calls**

✓ **Free delivery of your medication upon request**

✓ **Prescription Transfer if Baptist Hospitals of Southeast Texas Cancer Institute Pharmacy cannot fulfill the prescription**

✓ **24/7 Support**

Pharmacy Location	Contact Information	Hours
3180 College Street Beaumont, TX 77701	Toll Free: 855-212-5225	Monday – Thursday: 8AM – 4:30PM Friday: 8AM – 12PM

We look forward to providing you with the best service possible. We know that you have many options, and we sincerely thank you for choosing Baptist Hospitals of Southeast Texas Cancer Institute Pharmacy!

Important Information

Contact Us When/If:

- You have any questions or concerns about your medication
- You suspect a reaction or allergy to your medication
- A change has occurred in your medication use
- You would like to start taking a vitamin/supplement or any over the counter medication
- Your contact information or delivery address has changed
- Your insurance information or payment source has changed
- You need to check the status of your delivery
- You need to reschedule or change your delivery
- You have any questions or concerns about our specialty pharmacy service

Prescription Transfers

- If you feel that our pharmacy is unable to meet your needs, we can transfer your prescription to the appropriate pharmacy of your choice. All we request is a phone call from you to inform us where you would like your prescription transferred to.
- If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care prior to transferring your prescription.

Delivery and Storage of Your Medication

- We will deliver medication to your home, doctor's office, or to an alternative location at no cost to you. **Please note we require a signature for delivery. If required, you will be notified when scheduling your refill.**
- If your medication requires refrigeration, we will ship it in special packaging that will maintain the appropriate temperature throughout the shipping process. Once you receive the package, take the medication out of the box, and place it in the refrigerator.
- If the package looks damaged or is not in the correct temperature range, please give the pharmacy a call.

Adverse Drug Reactions

- If you are experiencing adverse effects to your medication, please contact your doctor or our pharmacy as soon as possible.

Drug Substitution Protocols

- From time to time, it is necessary to substitute generic drugs for brand name drugs. This may occur if your insurance company prefers the generic to be dispensed or to reduce your copay. You will be informed of any changes to your medication prior to our pharmacy filling your prescription.

Payment Policy

- Before your care begins, a staff member will inform you of your financial obligations that are not covered by your insurance or other third-party sources. These obligations include but are not limited to out-of-pocket costs such as deductibles, co-pays, co-insurance, and annual out of pocket limits. We will also provide this information if there is a change in your insurance plan.

Insurance Claims

- Baptist Hospitals of Southeast Texas Cancer Institute Pharmacy will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you, as necessary, so that we can work together to resolve the issue.

Co-payments

- You may be required to pay a part of your medication cost, called a co-payment. If you have a co-payment, it must be paid at the time of shipping or pick-up unless you would like to be billed by Baptist Hospitals of Southeast Texas Cancer Institute Pharmacy.

Financial Assistance

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

Proper Disposal of Sharps

- Place all needles, syringes, and other sharp objects into a sharps container. This will be provided by the pharmacy if you are prescribed an injectable medication.
- Contact local waste pickup services for their policy on sharps container pickup. You can also review the following organizations' websites for additional information
 - safeneedledisposal.org
 - U.S. Food and Drug Administration (FDA)

Proper Disposal of Unused Medications

- For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also review guidance provided from U.S. Food and Drug Administration (FDA) on their website.
<https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know>

Drug Recalls

- If your medication is recalled, the specialty pharmacy will contact you with further instructions, as directed by the U.S. Food and Drug Administration (FDA) or drug manufacturer.

Emergency Disaster Information

- In the event of a disaster in your area, please contact our pharmacy to instruct us on how to deliver your medication. This will ensure your therapy is not interrupted.

Additional Information on Your Disease

- The National Institutes of Health (NIH) website is an excellent resource for additional information on your disease state.

Concerns or Suspected Errors

- Patients and caregivers have the right to voice complaints and/or recommendations on services to the pharmacy. Patients and caregivers can do so by phone, in writing, or by email.
- The following organizations are available to contact anytime you feel your complaint was not resolved by the pharmacy:

Texas State Board of Pharmacy

- Website: <https://www.pharmacy.texas.gov/>
- Telephone: (800) 821-3205

ACHC Complaint Info

- Website: <https://www.achc.org>
- For further information, you may contact ACHC toll-free at (855-937-2242) or (919-785-1214) and request the Complaints Department.

Emergency and Disaster Preparedness Plan

Baptist Hospitals of Southeast Texas Cancer Institute Pharmacy has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include, but are not limited to, fire to our facility, chemical spills in the community, earthquakes, hurricanes, tornadoes, and community evacuations. Our primary goal is to continue to service your prescription care needs. When there is a threat of disaster or inclement weather in the local area, Baptist Hospitals of Southeast Texas Cancer Institute Pharmacy will contact you prior to any disasters the city may encounter. However, if there may be a threat of disaster or inclement weather in an area where you reside that is outside of the coverage area, it is your responsibility to contact the pharmacy prior to the occurrence (if permissible). This process will ensure you have enough medication to sustain you.

Baptist Hospitals of Southeast Texas Cancer Institute Pharmacy will utilize every resource available to continue to service you. However, there may be circumstances where Baptist Hospitals of Southeast Texas Cancer Institute Pharmacy cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local rescue or medical facility. Please read the guide below to aid you in the case of an emergency or disaster:

1. The pharmacy will call you 3-5 days before any predicted inclement weather emergency such as a severe snowstorm or hurricane utilizing the weather updates as point of reference.
 - a. If you are not in Jefferson County or the surrounding area and are aware you will be experiencing inclement weather, you are responsible for calling the pharmacy 3-5 days before the occurrence.
2. The pharmacy will send your medication via courier or national carrier next day delivery during any suspected inclement weather emergencies.
3. If the pharmacy cannot get your medication to you before an inclement weather emergency occurrence, the pharmacy will transfer your medication to a local specialty pharmacy, so you do not go without medication.
4. If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication. Visit your local hospital immediately if you will miss a dose.
5. The pharmacy recommends all patients leave a secondary emergency number.
6. If you have an emergency that is not environmental but personal and you need your medication, please contact the pharmacy at your convenience and we will aid you.

Washing Your Hands

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

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

Follow Five Steps to Wash Your Hands the Right Way

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals.

Follow these five steps every time.

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

Use Hand Sanitizer When You Can't Use Soap and Water

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

Sanitizers can quickly reduce the number of germs on hands in many situations. However:

- Sanitizers do **not** get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

How to Use Hand Sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

Home Safety Information

Here are some helpful guidelines to help you keep a careful eye on your home and maintain safe habits. The safe way is always the right way to do things. Shortcuts may hurt. Correct unsafe conditions before they cause an accident. Take responsibility. Keep your home safe. Keep emergency phone numbers handy.

Medication

- If children are in the home, store medications and poisons in childproof containers and out of reach.
- All medication should be labeled clearly and left in original containers.
- Do not give or take any medication that was prescribed for other people.
- When taking or giving medication, read the label and measure doses carefully.
- Know the side effects of the medication you are taking.
- Do not throw away outdated medication by pouring down a sink or flushing down the toilet.

Mobility Items

When using mobility items to get around such as canes, walkers, wheelchairs, or crutches, you should use extra care to prevent slips and falls.

- Use extreme care to avoid using walkers, canes, or crutches on slippery or wet surfaces.
- Always put wheelchairs or seated walkers in the lock position when standing up or before sitting down.
- Wear shoes when using these items and try to avoid obstacles in your path and soft or uneven surfaces.

Slips and/or Falls

Slips and falls are the most common and often the most serious accidents in the home.

Here are some things you can do to prevent them in your home:

- Arrange furniture to avoid an obstacle course.
- Install handrails on all stairs, showers, bathtubs, and toilets.
- Keep stairs clear and well lit.
- Place rubber mats or grids in showers and bathtubs.
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath, or dizziness.
- Wipe up all water spills, oil or grease immediately.
- Pick up and keep surprises out from under your feet, including electrical cords and rugs.
- Keep drawers and cabinets closed.
- Install good lighting.

Lifting

If it is too big, too heavy or too awkward to move alone — GET HELP.

Here are some things you can do to prevent low back pain or injury:

- Stand close to the load with your feet apart for good balance.
- Bend your knees and “straddle” the load.
- Keep your back as straight as possible while you lift and carry the load.
- Avoid twisting your body when carrying a load.
- Plan ahead — clear your way.

Electrical Accidents

Watch for early warning signs; overheating, a burning smell, or sparks. Unplug the appliance and get it checked right away. Here are some things you can do to prevent electrical accidents:

- Keep cords and electrical appliances away from any water or leaks.
- Do not plug cords under rugs, through doorways, or near heaters. Check cords for damage before use.
- Extension cords must have a large enough wire for larger appliances.
- If you have a broken plug outlet or wire, get it fixed immediately.
- Use a grounded 3-wire plug to prevent shock in case of electrical fault.
- Do not overload outlets with too many plugs.
- Use three-prong adapters when necessary.

Smell Gas?

- Open windows and doors immediately.
- Shut off appliance(s) involved.
- Know how to shut off your home's gas supply — check your utility provider's website or emergency guide for instructions.
- Do not use matches or turn on electrical switches.
- Do not use the telephone — dialing may create electrical sparks.
- Do not light candles.
- Call your gas company from a neighbor's home.
- If your gas company offers free annual inspections, take advantage of them.

Fire

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

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

If You Have a Fire or Suspect a Fire

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

Patient Bill of Rights and Responsibilities

Baptist Hospitals of Southeast Texas Cancer Institute Pharmacy recognizes that patients have inherent rights. Patients who feel their rights have not been respected, or who have questions or concerns, should talk to the pharmacist on duty. Patients and their families also have responsibilities while under the care of Baptist Hospitals of Southeast Texas Cancer Institute Pharmacy to facilitate the provision of safe, high-quality health care for themselves and others. The following patient rights and responsibilities shall be provided to, and expected from, patients or legally authorized individuals. To ensure the finest care possible, as a patient receiving our pharmacy services, you should understand your role, rights and responsibilities involved in your own plan of care.

As Our Patient, You Have the Right to:

- Select those who provide you with Pharmacy services
- Receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap
- Be treated with friendliness, courtesy and respect by each and every individual representing our Pharmacy, who provided treatment or services for you and be free from neglect or abuse, be it physical or mental
- Assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs, including management of pain
- Be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services
- Express concerns, grievances, or recommend modifications to your Pharmacy regarding services or care, without fear of discrimination or reprisal
- Request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
- Receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our Pharmacy's policies, procedures and charges
- Request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality
- Be given information as it relates to the uses and disclosure of your plan of care
- Have your plan of care remain private and confidential, except as required and permitted by law

- Receive instructions on handling drug recall
- Receive information on how to access support from consumer advocates groups
- Receive pharmacy health and safety information to include consumers rights and responsibilities
- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
- Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Can identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information
- Be advised on agency's policies and procedures regarding the disclosure of clinical records
- Choose a health care provider, including choosing an attending physician, if applicable
- Receive appropriate care without discrimination in accordance with physician orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

As a Patient, You Have the Responsibility to:

- Provide accurate and complete information regarding your past and present medical history and contact information and any changes
- Agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments
- Participate in the development and updating of a plan of care
- Communicate whether you clearly comprehend the course of treatment and plan of care
- Comply with the plan of care and clinical instructions
- Accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services
- Respect the rights of Pharmacy personnel
- Notify your Physician and the Pharmacy with any potential side effects and/or complications
- Notify Baptist Hospitals of Southeast Texas Cancer Institute Pharmacy by telephone when medication supply is running low, so refill maybe shipped to you promptly
- Notify the pharmacy of any concerns about the care of services provided
- Maintain any equipment provided, if applicable

Specialty Pharmacy Patients have the below additional rights and responsibilities:

- The right to have personal health information shared with the patient management program only in accordance with state and federal law
- The right to identify the program's staff members, including their job titles, and to speak with a staff member's supervisor if requested
- The right to speak to a health care professional
- The right to receive information about the patient management program
- The right to decline participation, revoke consent or dis-enroll at any point in time
- The responsibility to give accurate clinical and contact information and to notify the patient management program of changes in this information
- The responsibility to notify their treating prescriber of their participation in the medication management program

Medicare DMEPOS Supplier Standards

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet to obtain and retain their billing privileges. 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.

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by (Baptist Hospitals of Southeast Texas Cancer Institute Pharmacy) are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gov>. Upon request we will furnish you a written copy of the standards.

Medicare Drug Coverage and Your Rights

Enrollee name (optional)

Drug and prescription number (optional)

You have the right to ask for a coverage determination from your Medicare drug plan to provide or pay for a drug you think should be covered, provided, or continued. You also have the right to ask for a special type of coverage determination called an “**exception**” if you:

- Need a drug that’s not on your plan’s list of covered drugs
- Believe a coverage rule (like prior authorization or a quantity limit) shouldn’t apply to you for medical reasons
- Need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price

How to Ask for a Coverage Determination

To ask for a coverage determination, you or your prescriber can call your Medicare drug plan’s toll-free phone number on the back of your plan membership card, or go to your plan’s website. You can ask for an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision.

Be ready to tell your Medicare drug plan:

- The name of the prescription drug, including dose and strength (if known)
- The name of the pharmacy that tried to fill the prescription
- The date you tried to fill the prescription
- If you ask for an exception, your prescriber will need to explain why you need the off-formulary or non-preferred drug, or why a coverage rule shouldn’t apply to you

Your Medicare drug plan will send you a written decision. If coverage isn’t approved and you disagree with this decision, you have the right to appeal. The plan’s notice will explain why coverage was denied and how to ask for an appeal.

Get Help and More Information

Look at your plan materials or call 1-800-MEDICARE (1-800-633-4227) for more information about how to ask for a coverage determination. TTY users can call 1-877-486-2048. For help contacting your plan, call 1-800-MEDICARE.

To get this form in an accessible format (like large print, Braille, or audio) contact your Medicare drug plan. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0975. This information collection is used to provide notice to enrollees about how to contact their Part D plan to request a coverage determination. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is required under § 423.562(a)(3) and an associated regulatory provision at §423.128(b)(7)(iii). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Form CMS-10147

OMB Approval No. 0938-0975
(Expires: 12/31/2027)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information, your rights, choices and our responsibilities. **Please review it carefully.**

This Notice of Privacy Practices applies to Baptist Hospitals of Southeast Texas, all departments and campuses, including inpatient and outpatient services.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	<ul style="list-style-type: none"> You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record	<ul style="list-style-type: none"> You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none"> You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
Ask us to limit what we use or share	<ul style="list-style-type: none"> You can ask us not to use or share certain health information for treatment, payment, or our operations. <ul style="list-style-type: none"> We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. <ul style="list-style-type: none"> We will say “yes” unless a law requires us to share that information.
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none"> You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none"> You can ask to receive this notice via paper copy, electronically, or both. We will provide you with a copy via the format you request promptly.
Choose someone to act for you	<ul style="list-style-type: none"> If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

If you believe your privacy rights have been violated, you may file a complaint with the hospital’s **Privacy and/or Compliance Officers** at the numbers listed below or you may submit your complaint in writing to :

BHSET ● P.O. Box 1591 ● Beaumont, TX 77704

COMPLIANCE HOTLINE (866) 835-3314 ● Privacy Officer: (409) 212-5701 ● Compliance Officer: (409) 212-6167

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/

We will not retaliate against you for filing a complaint.



Beaumont
(409)212-5000



PA036

BAPTIST HOSPITALS OF SOUTHEAST TEXAS

Patient Name: _____ Patient Account: _____
MedRecNum: _____
Birth Date: _____ Age: _____ Sex: _____
Admit Date: _____ Room/Bed: _____ HSV: _____
Attending Physician: _____
Primary Care Physician: _____
Referring Physician: _____

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

<p>In these cases, you have both the right and choice to tell us to:</p>	<ul style="list-style-type: none"> ● Share information with your family, close friends, or others involved in your care ● Share information in a disaster relief situation ● Contact you for fundraising efforts (we may contact you for fundraising efforts, but you can tell us not to contact you again). ● Include certain information in the hospital directory. The hospital directory allows your family, friends and/or clergy to obtain limited information about you. This information may include your name, your location in the hospital (e.g., Intensive Care Unit, Labor and Delivery, etc.), your general condition (e.g., fair, stable, etc.), and your religious affiliation. ● Exclude your information from the hospital directory. You will have the opportunity to opt out ("No Publicity") by indicating this on the <i>Joint Notice of Privacy Practices Acknowledgement</i> form on admission.
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If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

<p>In these cases we never share your information unless you give us written permission:</p>	<ul style="list-style-type: none"> ● Marketing purposes ● Sale of your information ● Most sharing of psychotherapy notes
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Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

<p>Treat you</p>	<ul style="list-style-type: none"> ● We can use your health information and share it with other professionals who are treating you. 	<p>Example: A doctor treating you for an injury asks another doctor about your overall health condition.</p>
<p>Run our organization</p>	<ul style="list-style-type: none"> ● We can use and share your health information to run our practice, improve your care, and contact you when necessary. 	<p>Example: We use health information about you to manage your treatment and services.</p>
<p>Bill for your services</p>	<ul style="list-style-type: none"> ● We can use and share your health information to bill and get a payment from health plans or other entities. 	<p>Example: We give information about you to your health insurance plan so it will pay for your services.</p>

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

<p>Help with public health and safety issues</p>	<ul style="list-style-type: none"> ● We can share health information about you for certain situation such as: <ul style="list-style-type: none"> ○ Preventing disease ○ Helping with product recalls ○ Reporting adverse reactions to medications ○ Reporting suspected abuse, neglect, or domestic violence ○ Preventing or reducing a serious threat to anyone's health or safety
<p>Do research</p>	<ul style="list-style-type: none"> ● We can use or share your information for health research



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BAPTIST HOSPITALS OF SOUTHEAST TEXAS

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Admit Date:	Room/Bed: HSV:
Attending Physician:	
Primary Care Physician:	
Referring Physician:	

Comply with the law	● We will share information about you if state or federal laws require it, including with the Department of Health and Human Services or any federal or state program if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests	● We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	● We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	● We can use or share health information about you: <ul style="list-style-type: none"> ○ For workers' compensation claims ○ For law enforcement purposes or with a law enforcement official ○ With health oversight or state and federal regulatory agencies for activities authorized by law ○ For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	● We can share health information about you in a response to a court or administrative order, or in response to a subpoena.

Additional information specific to Baptist Hospitals of Southeast Texas:

Texas State Law requires us to limit access for all psychiatric care. Baptist Hospitals of Southeast Texas will never share psychiatric and/or substance abuse records without your permission. Psychiatric patients will also be excluded from being listed in the hospital directory.

An on-line Patient Portal is available to view selected health information, including lab results, allergies, current medications, immunizations, problem list and medical history, as well as secured communication for non-urgent medical questions or inquiries. If you would like additional information about enrolling in the Patient Portal, please notify a staff member.

Baptist Hospitals of Southeast Texas has a Password Program to allow controlled and LIMITED access to health information that goes beyond the general hospital directory information to those identified by you.

Per policy, any of the above request must be submitted in writing. For your convenience we have forms that are available to assist you with your request. Please notify a staff member if you would like to request any of the options included in this notice.

For Fundraising

We may use your name, address, e-mail, phone number and dates of service to contact you for the purpose of fundraising. You have the right to opt out of receiving such communications with each solicitation. For the same purpose, we may provide your information to the Baptist Hospitals of Southeast Texas Foundation. The money raised by BHSET and the Foundation will be used to expand and improve the services and programs we provide the community. You are free to opt out of the fundraising solicitation, and your decision will have no impact on your treatment or payment for services at BHSET.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. If we change the terms, this notice will be updated to reflect those changes and identified by a new "Effective Date" indicated at the beginning of this notice.



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