



CHRISTUS St. Michael Health
Care Center Pharmacy

Patient Welcome Packet



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Welcome to CHRISTUS St. Michael Health Care Center Pharmacy

CHRISTUS St. Michael Health Care Center Pharmacy understands that your medical needs may be difficult to manage. Our staff is dedicated to working with you, your physicians and nurses, and family and friends to achieve a fully integrated health care team. Our primary goal is to provide you with quality care.

You can expect:

- X **Personalized Care & 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.
- X **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.
- X **Patient Management Program** When you are willing to follow the treatment plan determined by your health care 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.
- X **In-depth Consultation Services**
- X **Refill Reminder Calls**
- X **Free delivery of your medication upon request**
- X **Prescription Transfer if CHRISTUS St. Michael Health Care Center Pharmacy cannot fulfill the prescription**
- X **24/7 Support**

Pharmacy Location	Contact Information	Hours
2604 St. Michael Dr. Suite 200 Texarkana TX 75503	(866) 376-6174	Monday - Friday 9 a.m. - 6 p.m.

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 CHRISTUS St. Michael Health Care Center Pharmacy!

– The CHRISTUS St. Michael Health Care Center Pharmacy Team

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, physician's office, or to an alternative location at no cost to you. Please note we require a signature for delivery of all controlled substances, and high dollar medications. 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 co-pay. 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

- CHRISTUS St. Michael Health Care Center 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 Christus St. Michael Health Care Center Pharmacy.

Financial Assistance

- We have access to financial assistance programs to help with co-payments to reduce 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 the U.S. Food and Drug Administration (FDA) on their website.

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.

Questions and Concerns

- Written information about this prescription has been provided for you. Please read this information before you take the medication. If you have any questions concerning this prescription, a pharmacist is available at (866) 376-6174.

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 Board of Pharmacy

- **Website:** www.pharmacy.texas.gov
- **Telephone:** (512) 305-8000

Louisiana Board of Pharmacy

- **Website:** <https://www.pharmacy.la.gov>
- **Telephone:** (225) 925-6496

Oklahoma Board of Pharmacy

- **Website:** <https://oklahoma.gov/pharmacy>
- **Telephone:** (405) 521-3815

URAC Complaint Info

- **Website:** <https://www.urac.org/contact/file-a-grievance/>
- **General Phone Number:** (202) 216-9010

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 & Disaster Preparedness Plan

CHRISTUS St. Michael Health Care Center 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, CHRISTUS St. Michael Health Care Center 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 you reside, which is outside of the Texarkana 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.

CHRISTUS St. Michael Health Care Center Pharmacy will utilize every resource available to continue to service you. However, there may be circumstances where CHRISTUS St. Michael Health Care Center 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 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.
2. If you are not in the Bowie County, Texas area and are aware you will be experiencing inclement weather, you are responsible for calling the pharmacy 3-5 days before the occurrence.
3. The pharmacy will send your medication via courier or national carrier delivery during any suspected inclement weather emergencies.
4. 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.
5. 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.
6. The pharmacy recommends all patients leave a secondary emergency number.
7. If you have an emergency that is not environmental but personal and you need your medication, please contact the pharmacy at your convenience and we will aide you.

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

- X If children are in the home, store medications and poisons in childproof containers and out of reach.
- X All medication should be labeled clearly and left in original containers.
- X Do not give or take any medication that was prescribed for other people.
- X When taking or giving medication, read the label and measure doses carefully.
- X Know the side effects of the medication you are taking.
- X 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 the 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 and 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 & 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. You may be able to refer to the front of your telephone book for instructions regarding turning off the gas to your home.
- 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 people 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 area 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 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

CHRISTUS St. Michael Health Care Center 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 CHRISTUS St. Michael Health Care Center 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:

- 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 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
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property
- 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
- Notify the pharmacy of any concerns about the care of services provided
- Submits forms that are necessary to receive services
- Maintain any equipment provided, if applicable

Specialty pharmacy patients have the following 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 obtain staff members' name and job title and speak with a 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 patient management program

Medicare Drug Coverage and Your Rights

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.

Medicare Drug Coverage and Your Rights

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.

Notice of Privacy Practices

Effective June 1, 2021

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

Your Privacy is Important to CHRISTUS Health

CHRISTUS Health understands how important your personal medical information is to you. We protect the privacy of your health information because it is the right thing to do. We also follow federal and state laws that govern your health information. We use your health information (and allow others to have it) only as permitted by federal and state laws. These laws give you certain rights regarding your health information. This Notice describes the privacy practices of CHRISTUS Health, including all of our Workforce members with access to your health information.

Our Privacy Obligations

We understand that your health information is personal and we are committed to protecting your privacy. In addition, we are required by law to maintain the privacy of your health information, to provide you with this Notice of our legal duties and privacy practices with respect to your health information, and to notify you in the event of a breach of your unsecured health information. We may disclose your information electronically or in any other medium. However, whenever we use or disclose your health information, we are required to abide by the terms of the Notice that is in effect at the time of the use or disclosure.

Uses and Disclosures of Your Health Information Without Your Written Authorization

In certain situations (which are described in the next section below) we must obtain your authorization in order to use and/or disclose your health information. However, we may use and disclose your health information without your authorization for the following purposes:

- a. **For Treatment** We may use or disclose your health information to help with your health including:
 - Appointment reminders
 - Possible treatment options and health-related benefits, disease prevention or services that may be of interest to you
 - Sending your information to a specialist as part of a referral
 - Sharing information with pharmacies, laboratories or radiology for the coordination of different treatments
- b. **For Payment** We may use and disclose your health information to receive payment for health care treatment, services, and supplies you receive from health care providers.

- c. Health Care Operations** We may use and disclose your health information for our health care operations, which help us operate our business, including sharing information with medical residents, trainees, students for education and training purposes and partnering with volunteers to support our volunteer program.
- d. Facility Directory** Unless you object, your name, location in the facility, general condition and religious affiliation will be used in our patient directories in those facilities where such directories are maintained. This information, except for religious affiliation, may be provided to people who ask for you by name. Religious affiliation may be provided to members of the clergy.
- e. Health Information Exchange** CHRISTUS Health participates in a health information exchange (HIE). HIE provides a way to securely and electronically share patients' clinical information with other health care providers participating in the HIE network to provide safer, more timely, efficient and higher quality care. You may opt out of participation at any time. If you opt out, your health information will not be further shared through the HIE. You can change your mind or withdraw consent at any time, unless disclosure is required by law; however, CHRISTUS Health cannot take back information that has already been shared.
- f. Quality Improvement** We may use and disclose your health information for internal administration and planning and various activities for improving the quality and cost effectiveness of the care that we deliver to you. We may use your health information for case management or to perform population-based studies designed to reduce health care costs. We may use or disclose your health information to conduct compliance reviews, audits, and/or for fraud and abuse detection. We are prohibited from using or disclosing your genetic information for underwriting purposes.
- g. To a Business Associate** Certain services are provided to us through contracts with third party entities known as "business associates" that require access to your health information in order to provide such services. CHRISTUS Health requires these business associates to appropriately protect your health information in compliance with all laws.
- h. Family and Friends** We may disclose your health information to a friend or family member who is involved in your medical care, helps pay for your care or for notification of your location and condition during emergencies or disasters.
- i. Continuity of Care** For your ongoing health care management, your information may be shared with other health care providers such as home health agencies, health care suppliers and community services agencies in order to obtain their services on your behalf. These care continuity activities help improve health care outcomes, patient satisfaction and overall quality of care.

j. Required Uses of Health Information The law sometimes requires and/or permits us to share information for specific purposes, with:

- Public Health Agencies to report public health activities such as communicable disease, traumatic injuries, or birth defects, or for vital statistics, such as a baby's birth
- Activities related to death such as a funeral director or an organ-donation agency or with a medical examiner to investigate a death
- The appropriate governmental agency, if an injury or unexpected death occurs at our facility
- State authorities, to report child or elder abuse
- Law enforcement, for certain types of crime-related injuries
- Governmental inspectors/agencies to make sure our facilities are safe or to report a breach of health information privacy
- Military command authorities or the Department of Veterans Affairs, when we treat patients that are in the military or veterans
- A correctional institution, if a patient is an inmate
- The Secret Service or NSA, to protect the country or President
- A medical device's manufacturer, as required by the FDA
- Court officers, as required by law, in response to a court order or a valid subpoena
- Governmental authorities, to prevent serious threats to the public's health or safety
- A worker's compensation program, if a person is injured at work and claims benefits under that program

k. Marketing We may only use your health information for limited marketing purposes as follows: face-to-face communications, promotional gifts of nominal value, refill reminders, or to otherwise tell you about a drug related to your treatment or our health care operations as described in this Notice.

l. Fundraising Communications We may provide your name, address, age, date of birth, gender, dates of service, department service, treating physician, outcome information, and health insurance status to an institutionally related foundation to raise funds for CHRISTUS Health. We may contact you to request a tax-deductible contribution to support our charitable activities. You have the right to opt-out of receiving fundraising communications with each solicitation. Information on how to opt-out will be contained in each communication.

m. Research We may use or disclose your PHI to conduct health care research as authorized by law. We may also de-identify your health information as permitted by HIPAA. We may use or disclose to others the de-identified information for any purpose, without your further authorization or consent, including but not limited to research studies, development or artificial intelligence tools, and health care/health operations improvement activities.

State law may further limit the permissible ways we use or disclose your health information. If an applicable state law imposes stricter restrictions, we will comply with that state law.

Uses and Disclosures that Require Your Written Authorization

For any purpose other than the ones described above, we only use or disclose your health information when you give us your written authorization.

- a. **Sale of Health Information** We will not disclose your health information for the purposes of selling your information without your written authorization.
- b. **Psychotherapy Notes** We will not use or disclose psychotherapy notes about you without your authorization except for use by the mental health professional who created the notes to provide treatment to you, for our mental health training programs or to defend ourselves in a legal action or other proceeding brought by you.
- c. **Revocation of Your Authorization** You may revoke your authorization at any time by delivering a written revocation form to our Privacy Office. If you revoke your authorization, we will no longer use or disclose your health information except as described above (or as permitted by any other authorizations that have not been revoked). However, your revocation will not be effective with respect to any health information previously disclosed to a third party in reliance on your prior authorization.

Your Individual Rights

- a. **Right to receive this Notice of Privacy Practices** You have the right to receive a copy of this Notice at any time. You may obtain a paper copy of the current notice in all clinical areas or an electronic copy by visiting our website.
- b. **Right to Request Restrictions** You can ask us not to use or share certain health information for treatment, payment, or our operations. 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. We will say "yes" unless a law requires us to share that information.
- c. **Right to Receive Communications by Alternative Means or at Alternative Locations** You may request, and we will accommodate, any reasonable written request for you to receive your health information by alternative means of communication (e.g., by email) or at alternative locations.
- d. **Right to Review and Copy Your Health Information** You may request access to your medical record file and billing records maintained by us in order to review and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from Health Information Management and submit the completed form to Health Information Management. If you request copies, we may charge you a reasonable copy fee.

- e. **Right to Amend Your Records** You may request in writing that your health information be amended if you think there is an error. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.
- f. **Right to Receive An Accounting of Disclosures** You may request an accounting of certain disclosures when your identifiable health information is shared outside of CHRISTUS Health for a purpose other than treatment or payment. If you request an accounting more than once during a twelve (12) month period, we may charge you a reasonable fee for the accounting statement.
- g. **Personal Representatives** You may exercise your rights through a personal representative, as permitted under our health information privacy policy, and as determined under applicable state law. Your personal representative must complete a Personal Representative Form. We reserve the right to deny access to your personal representative.
- h. **Notice of Breach** You will receive notice if we or our business associates have breached the confidentiality of your unsecured health information.
- i. **For Further Information; Complaints** If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your health information, you may contact our Privacy Office. You may also file written complaints with the Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the correct address for the Office for Civil Rights. We will not retaliate against you if you file a complaint with us or with the Office for Civil Rights

Privacy Office Contact Information

If you have a question, concern, or complaint regarding how your health information is protected, used, and/or disclosed, you may contact the Privacy Office by any of the following means:

Email: privacy@CHRISTUShealth.org

Phone (toll free): 1.844.444.8440

Mail: Vice President and Chief Compliance and Privacy Officer c/o CHRISTUS Health Compliance Department
5101 N. O'Connor Blvd., Irving, TX 75039

Right to Change Terms of this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our web site at CHRISTUShealth.org.