

CHRISTUS St. Vincent
Specialty Pharmacy

Patient Welcome Packet



CHRISTUS[®]
ST. VINCENT
Pharmacy

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Welcome to CHRISTUS St. Vincent Specialty Pharmacy

We are excited about the opportunity to serve you for your pharmacy needs.

CHRISTUS St. Vincent Specialty Pharmacy partners with CHRISTUS St. Vincent Regional Medical Center and clinics to help give the best care to patients who need a specialty medicine.

Our staff understands that your medical needs may be complex and requires special knowledge when collaborating with your medical provider and insurance company. We provide you with the personal service necessary to ensure that you achieve the most benefit from your therapy.

You can expect:

- ✓ **Personalized patient care** Our specialty trained staff members will work with you to discuss your treatment plan, and we will address any questions or concerns you may have. Specialty patients will be auto-enrolled in the Patient Management Program. The program provides patients with training, education and counseling.
- ✓ **Collaboration with your Doctor** We work directly with your doctors and caregivers and are here to make sure any difficulties you may be having with your treatment are addressed immediately with your doctors. We will also provide coordination of prior authorization with your insurance company.
- ✓ **Regular follow-up** Getting your medications and medical supplies quickly and efficiently is important. We will be in close contact with you during your treatment, provide refill reminders and will be your healthcare advocate.
- ✓ **Benefits** Treatment can be costly, and we will help you navigate through the complexities of the healthcare system to explore every option available to you. Our relationships with insurers will help provide you with information and explanations of your prescription and medical insurance benefits. Coordination of prior authorization with your insurance company
- ✓ **Delivery** We offer fast and convenient delivery to your home, workplace, or the location you prefer. A staff member will contact you 5 - 7 days prior to your refill due date to coordinate the medications you need, update your medical and insurance records, and to set up and confirm a delivery date and address.
- ✓ **24/7 Support** Clinically-trained personnel are available 24 hours a day, 7 days a week including holidays and weekend. We are always here to answer any questions or address any concerns you may have.

We look forward to providing you with the best service possible. We know you have many options and we thank you for choosing CHRISTUS St. Vincent Specialty Pharmacy.

Sincerely,

The CHRISTUS St. Vincent Specialty Pharmacy Team

Contact Information

Pharmacy Location	Specialty Pharmacy Phone Number	Hours
CHRISTUS St. Vincent Pharmacy 465 St. Michael's Drive, Suite 112 Santa Fe, New Mexico 87505	(866) 320-4211 or (505) 913-5000 After hours: (866) 320-4211 or (505) 913-5707 A licensed pharmacist is available by phone 24 hours a day, 7 days a week, for emergency pharmacy questions.	Monday - Friday 8 a.m. - 6 p.m. Saturday and Sunday: Closed

Specialty Pharmacy is Closed on These Holidays:

- Memorial Day (last Monday of May)
- Independence Day (July 4)
- Labor Day (first Monday in September)
- Thanksgiving Day (fourth Thursday in November)
- Christmas Day (December 25)
- New Year's Day (January 1)

Patient Bill of Rights and Responsibilities

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 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
- To maintain any equipment provided, if applicable
- To submit forms that are necessary to receive services
- To notify the pharmacy of any concerns about the care or services provided

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 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

Important Information

Patient Management Program

- As a patient of our specialty pharmacy program, we monitor your medications and progress through a disease specific patient management program.
- The Patient Management Program which provides benefits such as managing side effects, increasing compliance to drug therapies and overall improvement of health when the patient is willing to follow directions and is compliant to therapy.
- Limitations of the program can be self-reporting, and participation.
- If you wish to opt out of the program, please call and speak to our pharmacy staff.

Co-Pay Assistance and Payment

- Before your care begins, a staff member will inform you of the financial obligations you incur 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, annual and lifetime co-insurance limits and changes that occur during your enrollment period.
- This co-payment is due at the time of shipping or pickup. We accept Visa®, MasterCard®, American Express®, and Discover®. We can maintain your credit card information on file in a secured environment.
- 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 in enrollment into such programs.

Insurance Claims

- We 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. There may be financial obligations if your health benefit plan is an out of network pharmacy, if that happens the organization will provide notice of this in writing.

Refills

- You will be contacted by a team member 5-7 days prior to your refill date. If you would like to contact us for a refill, you can call us and speak to a medication access coordinator or pharmacist to process your refill requests. If needed, we will assist you with a process to refill a prescription which would otherwise be limited by your prescription benefit plan. If you have questions about your refills, call us. If you leave a message about your refills, please make sure you speak slowly. Remember to say this information in your message:
 - Your name
 - Your date of birth
 - The name and strength or prescription number of the medication you need a refill for or have a question about

Prescription Transfers

- 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.
- If you feel that our pharmacy is unable to meet your needs, we can transfer your prescription to the appropriate pharmacy of your choice. Please call us.

Adverse Drug Reactions

- If you are experiencing adverse effects to the medication, please contact your doctor or the Pharmacy as soon as possible

Drug Substitution Protocols

- Our Pharmacy will always use the most cost-efficient option for you. From time to time it is necessary to substitute generic drugs for brand name drugs. This could occur due to your insurance company preferring the generic be dispensed or to reduce your copay. If a substitution needs to be made, a member of the specialty pharmacy staff will contact you prior to shipping the medication to inform you of the substitution. When available, our pharmacy will default to generic to save you money. We will use brand name medication at your or your prescriber's request. Payment Policy

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.

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 check the following websites for additional information:
 - <http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>
 - <http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>
 - RXdrugdropbox.org

Drug Recalls

- If your medication is recalled, the specialty pharmacy will contact you, with further instructions, as directed by the 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

- CHRISTUS St. Vincent Compliance Officer works to make sure healthcare providers and pharmacy staff are aware of privacy issues. The Federal Government requires us to protect each patient's private health information. We handle confidential records appropriately, as required by the government. We want you to be completely satisfied with the care we provide. If you or your caregiver have any issues, please contact us directly and speak to one of our staff members. Patients and caregivers can do so by phone, fax, writing, or email. We will address your concern within 5 business days.

URAC Complaint Info

- **Website:** <https://www.urac.org>
- **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

The Joint Commission

- **Telephone:** 1-800-994-6610.

New Mexico Board of Pharmacy

- **Website:** <https://www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/pharmacy/pharmacy-file-a-complaint/>
- **Telephone:** (505) 222-9830
- **Email:** pharmacy.board@state.nm.us

You have the right to:

- Talk to the Pharmacy Manager (866) 320-4211 or (505) 913-5000.
- Talk to a member of the Ethics Committee when there are ethical issues with your care.
- Talk to a patient advocate.
- Contact the Division of Health Improvement Incident Management P.O. Box 26110, Santa Fe, NM, 87502-6110

Delivering and Storing Medicine

- You can pick up your medicine at the Specialty Pharmacy (465 St. Michaels Drive, suite 112 Santa Fe, NM 87505), or you can have it delivered to your clinic or to your home free of charge. We will call you to set up a delivery date and time to make sure someone is home to get the package. We cannot ship to a P.O. Box at this time. We must get a signature for nearly all medicine deliveries.
- You can contact us at (866) 320-4211 or (505) 913-5000 to check on the status of your order/delivery
- If your medication needs to be refrigerated, we will ship it in special packaging that keeps it at the right temperature as it is being shipped. Once you get the package, take the medicine out of the box and put it in the fridge.

Medication Return Policy

- Medication cannot be returned to the pharmacy. (New Mexico Board of Pharmacy regulation 16 NMAC forbids the resale or reuse of a prescription item that was previously dispensed.)

Remember, the CHRISTUS St. Vincent Specialty Pharmacy is here to provide specialty medicine support, answer questions, and partner with you on your health goals.

Emergency & Disaster Preparedness Plan

CHRISTUS St. Vincent Pharmacy has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility or region, chemical spills in the community, hurricanes, snow storms, tornadoes and community evacuations. Our primary goal is to continue to service your prescription care needs. When there is a threat of disaster, we will ensure you have enough medication to sustain you.

1. The pharmacy will call you 3-5 days before an anticipated local weather disaster emergency utilizing the weather updates as point of reference.
 - a. If you are not in the pharmacy local area but reside in a location that will experience a weather disaster you are responsible for calling the pharmacy 3-5 days before the occurrence.
2. The pharmacy will send your medication via courier or UPS 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.

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

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

- Cough
- Sneeze
- Blowing your nose
- Before you eat
- Touch any blood or body fluids
- Touch bedpans, dressings, or other soiled items
- Use the bathroom or bedpan

Here's how you should clean your hands with soap and water:

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

Here's how you should clean your hands with hand sanitizers (waterless hand cleaners):

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

Home Safety Information

Here are some helpful guidelines to help you keep a careful eye on your home and maintain safe habits.

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 medication that were 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.
- ✓ Throw away outdated medication by mixing medications with dirt, cat litter, or used coffee grounds. Place mixture in a container such as a sealed plastic bag and place in trash.

Mobility Items

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

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

Slips and Falls

Slip 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 bath tubs.
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath or dizziness.
- Wipe up all spilled water, oil or grease immediately.
- 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 prior to carrying 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, 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 water.
- Do not plug cords under rugs, through doorways or near heaters. Check cords for damage before use.
- Extension cords must have a big enough wire for larger appliances.
- If you have a broken plug outlet or wire, get it fixed right away.
- Do not overload outlets with too many plugs.

Smell Gas?

- Open windows and doors.
- Shut off appliance involved
- Don't use matches or turn on electrical switches.
- Don't use telephone - dialing may create electrical sparks.
- Don't light candles.
- Call 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 at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located. Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs. Here are some steps to prevent fires:

- Install smoke detectors. They are your best early warning. Test frequently and change the battery every year.
- If there is oxygen in use, place a "No Smoking" sign in plain view of all persons entering the home.
- Do not allow ashtrays or toss matches into wastebaskets unless you know they are out. Wet down first
- 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 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

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

**Thank you for choosing CHRISTUS St. Vincent Pharmacy
to service all of your pharmacy needs.**

NOTICE OF PRIVACY PRACTICES



Effective April 15, 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 St. Vincent

CHRISTUS St. Vincent 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 St. Vincent, 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, to communicate your health information rights and to notify you in the event of a breach of your unsecured health information.

CHRISTUS St. Vincent provides health care to our patients in partnership with many physicians and other professionals and organizations. CHRISTUS St. Vincent, the members of its medical staff and other affiliated health care providers that offer clinically integrated health care participate in an Organized Health Care Arrangement (OHCA). The OHCA members share information for treatment, payment and healthcare operations to improve, manage and coordinate your care for joint health care activities. This notice applies to these health care providers as part of the OHCA. However, this notice only applies to the privacy practices of these health care providers when they are providing care at CHRISTUS St. Vincent. It does not apply to the privacy practices of these providers in their own offices or other health care settings.

Uses and Disclosures of Your Health Information Without Your Written Authorization

When we care for you, we will gather your health information. In certain situations (described 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 care 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, to help us operate our

business including sharing information with medical residents, trainees, students for training and education 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 directory. 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 (HIE).** CHRISTUS St. Vincent 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 St. Vincent 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 care 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 St. Vincent 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 disasters or emergencies.
- 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 diseases, 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 healthcare operations as described in this Notice.

L. Fundraising Communications. We may use your name, address, age, date of birth, gender, dates of service, department of service, treating physician, outcome information and health insurance status to raise funds for CHRISTUS St. Vincent. 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.

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 completing a written revocation form and submitting it 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 Health Information 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 request in writing that restrictions be placed on how your health information is used or shared for treatment and other purposes. 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 health care service item out-of-pocket in full, you can ask us not to share that information with your health insurer for the purpose of payment or operations. 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 or at alternative locations.

D. Right to Review and Copy Your Health Information. You may request to inspect and obtain a copy of your medical or billing records (including an electronic copy if we maintain the records electronically), as allowed by law, usually within 30 days of your written request. We may charge you a reasonable 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 St. Vincent 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. We reserve the right to deny access to your personal representative, as permitted by law.

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 or 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. Be assured that we will investigate your concern thoroughly, support you appropriately, and not retaliate against you in any way. 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@stvin.org

Phone: CHRISTUS St. Vincent Integrity Line (toll free) 1-877-888-4812

Mail: Privacy Officer c/o CHRISTUS St. Vincent Compliance Dept.
455 St. Michael's Drive, Santa Fe, NM 87505

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 and on our web site at:

<https://www.christushealth.org/st-vincent>