



HOPEHEALTH PHARMACY

New Pharmacy Hep C Patient Welcome Kit

Serving Others, Giving Hope, Changing Lives

HopeHealth Pharmacy Orangeburg

1857 Joe S. Jeffords Hwy

Orangeburg, S.C. 29115

P (803) 575-0061

F (803) 747-7044

www.hope-health.org



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Orangeburg, SC 29115
P (803) 575-0061 * F (803) 747-7044

Dear [Patient Name],

Medication therapy can be complex and requires special knowledge and care. HopeHealth is dedicated to providing you with personal service to ensure you receive the most benefit from your therapy. Our services include:

- **Access to a Pharmacist 24/7**
- **Discreet packaging & free medication delivery**
- **Securing financial assistance when available**
- **Monthly refill reminder calls**
- **Prior authorization assistance**
- **Patient management program**

Enrollment in the Patient Management Program will help you easily manage side effects and assist with medication compliance while helping to improve your overall health.

You may refill your prescriptions by calling us at (803) 575-0061 and speaking with a pharmacy staff member, entering your prescription number into the automated system, or using our confidential voicemail system – whichever is easiest for you. Please be sure to contact us immediately if any of your personal information changes, if you develop a drug allergy, or if you have a reaction to any prescribed medication.

We look forward to providing you with the best service possible. HopeHealth can ship your medication right to your home with no additional charge to you. You will find more helpful information about us enclosed in this kit. Please contact us if you have any questions or concerns. We know you have many options, and we thank you for entrusting HopeHealth to be your pharmacy home.

Sincerely,

The HopeHealth Pharmacy Team
Business Hours | Monday - Friday 8 AM – 6 PM
On-Call Pharmacist | (803) 575-0061

Additional Information

Drug Substitution Protocols

Occasionally, generic drugs must be substituted for brand-name drugs. This might happen because your insurance company prefers that generic be dispensed or to reduce your copayment. If a substitution needs to be made, a member of the HopeHealth Pharmacy team will contact you before delivering the medication and inform you of the substitution.

Patient Management Program

Patients may opt out at any time by simply telling their pharmacist. Benefits of the program include:

1. Personal care related to pharmacy services
2. Assistance with decreasing side effects
3. Empowering one to be an educated consumer
4. Involvement in your care
5. Overall improvement in health
6. Increasing compliance with medication regimen
7. Assistance with quality-of-life issues related to medication therapy

Limitations to the benefits of opting into the program may include:

1. Patient's willingness to follow directions
2. Patient's compliance with therapy
3. Patient management program interactions do not replace physician interactions

Proper Disposal of Unused Medications

For instructions on how to properly dispose of unused medications, please contact HopeHealth Pharmacy or go to the following FDA websites for information and instructions:

- www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines
- www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know

Emergency/Disaster Assistance

For assistance during an emergency or disaster, or if you missed a dose or delivery in an emergency or disaster, please contact us at (803) 575-0061.

Ordering Your Medication

You can order refills by calling the pharmacy at (803) 575-0061 or downloading the RxLocal mobile app and selecting the refill option. Please order refills three to five days before you need them.

Obtaining Order Status

To check on the status of your order, call the pharmacy at (803) 575-0061. Upon request, the pharmacy staff can provide financial information, including out-of-pocket costs, deductibles, copays, co-insurance amounts, and the cash price of a medication.

Information about Order Delays

For information about order delays, call the pharmacy at (803) 575-0061. If the pharmacy is made aware of a delay involving your medication, they will contact you to alert you of the delay and determine whether you will have enough medication to get through the delay period or if the pharmacy needs to assist with alternative arrangements.

How to Handle Transfers or Medications Not Available at the Pharmacy

If, for some reason, your medication is not available at our pharmacy or you are not happy with our services, we will transfer your prescription to a specialty pharmacy of your choice. If we are not an in-network pharmacy and your insurance requires you to use another pharmacy, we will also transfer your prescription so you can receive the lowest cost.

Adverse Effects to Medication and Errors

If you are experiencing adverse effects or think the pharmacy made an error on your medication, please contact HopeHealth Pharmacy. A pharmacist is available to speak with you 24 hours a day, 7 days a week, 365 days a year.

Medication Recalls

If there is a medication recall that affects you, we will reach out to you via phone and postal mail. If you have concerns about a recalled medication and want to know if you may be affected, contact us at (803) 575-0061.

How to Obtain a Refill When There is a Benefit Limitation

Vacation Override – If you need a refill during your vacation, inform the pharmacy. If you are eligible, the pharmacy will contact the insurance company to initiate an override.

Lost Medication Override – If your medication is lost or stolen, inform the pharmacy. The pharmacy will contact the insurance company to initiate an override if you are eligible.

Contact the Patient Management Program at (803) 575-0061.

Complaint Process

If you would like to file a complaint regarding medications or services, please contact HopeHealth Pharmacy by calling (803) 575-0061 or through our website, www.hope-health.org. You may also submit complaints to the South Carolina Board of Pharmacy by calling (803) 896-4707 during their hours of operation on Monday – Friday | 8 AM – 5 PM.

Accreditation Commission for Health Care (ACHC) | 8 AM – 5 PM | (855) 937-2242 | customerservice@achc.org

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.

Notice of Privacy Practices

PURPOSE: To provide guidance for complying with patients' requests to restrict use and disclosure of protected health information (PHI) or to communicate with them using alternative means or at alternative locations. This policy supports HopeHealth's Health Insurance Portability and Accountability Act (HIPAA) policy and may require development of department-specific procedures.

POLICY STATEMENT: HopeHealth will accommodate a reasonable request from a patient to receive confidential communication of his/her Protected Health Information by alternative means or at alternative locations, pursuant to Federal and state laws.

POLICY ELABORATION:

I. REQUEST FOR USE AND DISCLOSURE RESTRICTION

- A. A patient may request that HopeHealth restrict:
 - a. Uses or Disclosures of PHI about the patient to carry out TPO; and
 - b. Disclosures permitted under the involvement in patient's care pursuant to § 164.510(b).
- B. HopeHealth is not required to agree to a restriction unless:
 - a. Disclosure is for payment or health care operations not otherwise required by law; and
 - b. PHI pertains to an item or service that the patient (or third party on behalf of the patient) paid HopeHealth in full.
- C. If HopeHealth agrees to restriction, then PHI may only be used or disclosed if the patient is in need of emergency treatment, which requires restricted PHI. HopeHealth must request no further use or disclosure of PHI if info is disclosed to another health care provider.

II. PROCESSING REQUESTS FOR RESTRICTIONS ON USE AND DISCLOSURE OF PHI

- A. Requests for restrictions on use and disclosure of PHI shall be submitted to the HopeHealth Privacy Officer or designee.
- B. If HopeHealth denies a request for restriction, then the HopeHealth Privacy Officer or designee shall inform the patient of the decision in writing.
- C. Requests for restrictions and HopeHealth's decision to accept or deny the requests shall be prominently documented in the patient's medical and billing records.
- D. If HopeHealth accepts the request for restriction, HopeHealth must maintain the documentation of the restriction for six (6) years from the date the document was created or the date on which it was last effective, whichever is later.
- E. Accepted restrictions and terminated restrictions shall be communicated to all areas involved in the use or disclosure of the patient's PHI, including but not limited to clinical staff and providers; IT department, patient accounting and billing services; other HopeHealth support services; business associates who may have received the PHI; and providers to whom PHI has been disclosed in an emergency care situation.

III. TERMINATION OF RESTRICTION

HopeHealth may terminate a restriction if:

- A. Patient agrees to or requests termination in writing;
- B. Patient orally agrees to restriction and the oral agreement is documented; or
- C. HopeHealth informs the patient that it is terminating the restriction, except the termination is:
 - a. Not effective for PHI HopeHealth must restrict under section I(B); and
 - b. Only effective for PHI created or received after HopeHealth notifies the patient.

IV. CONFIDENTIAL COMMUNICATION REQUESTS

- A. HopeHealth will accommodate patients' reasonable requests to receive communication of their PHI from HopeHealth by alternative means or at alternative locations. These requests may include, but are not limited to:
 - a. Communication to an alternate telephone number,
 - b. Mail to an alternate mailing address,
 - c. A request for telephone communication only, or
 - d. A request to use sealed envelopes rather than post cards.
- B. Requests for confidential communication of the patient's PHI can be made for communications from HopeHealth to:
 - a. The patient or patient's personal representative.
 - b. The insured of an insurance policy covering the patient as a dependent of the insured.
- C. HopeHealth will not require the patient to explain the basis for the request as a condition to accommodate the request for confidential communication.
- D. Requests for confidential communication must be made in writing using the attached request for confidential communication of PHI (Attachment B) and submitted to the Privacy Officer or designee.
- E. Requests for confidential communication must include the patient's designation of the means and location of alternative delivery of PHI.
- F. Privacy Officer, or designee, will notify the patient of the receipt of the request for confidential communication.
- G. Approved requests for confidential communication shall be communicated to all departments involved in use and disclosure of the patient's PHI, including but not limited to the primary care providers, all care and treatment areas, information technology department, patient accounting and billing departments, medical records, business associates who may have received the PHI, and providers to whom PHI has been disclosed in an emergency care situation.

V. RESPONSIBILITIES FOR PROCESSING CONFIDENTIAL COMMUNICATION REQUESTS

The Privacy Officer, or designee, is responsible for:

- A. Processing all requests for confidential communication,
- B. Assuring that all requests for confidential communication are documented in the patient's medical and billing records and that the original copy of the submitted Attachment B is placed in the patient's medical record, and
- C. Communicating such requests to appropriate individuals and departments.

VI. LIMITATIONS ON ACCOMMODATING THE REQUESTS

HopeHealth is not required to accommodate a patient's request for confidential communication of PHI using alternative means or locations if the patient fails to provide to HopeHealth:

- A. An alternative address, telephone number, or other method of contact, or
- B. Information about how payment for health care services, if any, will be handled.

COMPLIANCE WITH THE HIPAA PRIVACY REGULATIONS

Purpose: To establish policies to promote compliance with the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information Regulations. To provide definitions of terms used in the HIPAA privacy policies.

Policy: HopeHealth will establish policies to achieve and maintain compliance with the HIPAA Privacy Regulations and will establish appropriate procedures to implement the HIPAA privacy policies.

- A. HopeHealth will establish policies to achieve and maintain compliance with the HIPAA Privacy Regulations.
- B. HopeHealth will comply with the following responsibilities of covered entities as detailed in the HIPAA Privacy Regulations:
 - a. Provide records and compliance reports. A covered entity must keep such records and submit such compliance reports, in such time and manner and containing such information as the secretary may determine to be necessary to enable the Secretary to ascertain whether the covered entity has complied or is complying with the applicable requirements of the HIPAA Privacy Regulations.
 - b. Cooperate with complaint investigations and compliance reviews. A covered entity must cooperate with the Secretary if the Secretary undertakes an investigation or compliance review of the policies, procedures, or practices of a covered entity to determine whether it is complying with the applicable requirements of the HIPAA Privacy Regulations.
 - c. Permit access to information.
 - i. A covered entity must permit access by the Secretary during normal business hours to its facilities, books, records, accounts, and other sources of information, including protected health information, that are pertinent to ascertaining compliance with the applicable requirements of the HIPAA Privacy Regulations. If the Secretary determines that exigent circumstances exist, such as when documents may be hidden or destroyed, a covered entity must permit access by the secretary at any time without notice.
 - ii. Any information required of a covered entity under this section is in the exclusive possession of any other agency, institution, or person and the other agency, institution, or person fails or refuses to furnish the information, the covered entity must so certify and set forth what efforts it has made to obtain the information.
 - iii. Protected Health Information (PHI) obtained by the Secretary in connection with an investigation or compliance review under the HIPAA Privacy Regulations will not be disclosed by the Secretary, except if necessary for ascertaining or enforcing compliance with the applicable requirements of the HIPAA Privacy Regulations.
 - d. HopeHealth will establish appropriate procedures to implement the HIPAA privacy policies.
 - e. HIPAA privacy organizational matters.
 - i. All covered entities that are (i) affiliates of HopeHealth and (ii) health care providers are hereby designated as an affiliated covered entity (ACE) for purposes of the HIPAA Privacy Regulations. HopeHealth will be a business associate of the ACE and

will enter into such agreement(s) with the ACE as are deemed necessary to enable the ACE and its constituent members to disclose PHI to HopeHealth.

Accounting of Disclosures

Purpose: This policy provides guidance on documenting the disclosure of Protected Health Information (PHI) and responding to a request for an accounting of disclosures from patients or their personal representative. This policy supports HopeHealth's HIPAA policy and may require the development of department-specific procedures.

Policy Statement: The employees and business associates of HopeHealth will document, track, and retain all records pertaining to the disclosure of PHI. Patients may request an accounting of disclosures of their PHI from the Privacy Officer, who will respond in accordance with federal and state privacy laws and HopeHealth's privacy policies and procedures.

Policy Elaboration:

I. PROCEDURE

- A. The patient's or personal representative's request for an accounting of disclosure of PHI must specify the period of time the accounting includes but covering no more than six (6) years from the date of the request beginning no earlier than April 14, 2003.
- B. The request for an accounting of disclosure of PHI should be submitted to the Privacy Officer (or other designated person), as stated in HopeHealth's Notice of Privacy Practices. The Privacy Officer will verify no health oversight agency or law enforcement official has submitted a written (or oral) statement preventing the facility from providing the accounting. A written statement from one of these agencies should include why the disclosure would impede the agency's activities and indicate the time frame the suspension is required.
 - a. If the statement is made orally, the recipient should document the reason for suspension and the identity of the person, or agency, making the statement.
 - b. If this type of statement (written or oral) has been received, the facility will temporarily suspend the patient's right to receive an Accounting of Disclosure for the time indicated in the written statement or for up to 30 days for an oral statement.
- C. If the request for an accounting of disclosures of PHI is made by the patient's personal representative, and a licensed health care professional, by professional judgment, has determined that provision of an accounting of disclosures is likely to cause harm to the patient or another person, HopeHealth has the discretion to decline the request.
- D. If no temporary suspension of the patient's right to an accounting of disclosures is in place, and no other reason for denying the request has been identified, the Privacy Officer will route the request for an accounting of disclosure of PHI to:
 - a. Medical records and
 - b. Business associates that maintain PHI that is part of HopeHealth's designated record set and is held only by the Business Associate. Business Associates need not track disclosures of PHI for purposes of treatment, payment, or health care operations, or any other exempt purpose listed in paragraph G below.

- E. Medical records will compile an accounting of Disclosure of the records under their care and submit the document to the Privacy Officer.
 - a. Accounting includes all methods of release: hard copy, verbal, and electronic.
 - b. Accounting includes disclosures of PHI to business associates (except for treatment, payment, or healthcare operations) or any other exempt purpose listed in paragraph G below;
 - c. Accounting includes disclosures of PHI by HopeHealth's business associates except for treatment, payment, or health care operations or any other exempt purpose listed in paragraph G below.
- F. The accounting to the patient must include all Disclosures of PHI, except for the following disclosures:
 - a. To carry out treatment, payment, or health care operations;
 - b. To the patient;
 - c. That are incidental disclosures to another permissible or required use or disclosure of PHI (if reasonable safeguards and minimum necessary standards have been observed for the underlying communication);
 - d. Pursuant to a valid authorization as specified in HopeHealth's policies on use and disclosure of PHI;
 - e. To persons involved in the patient's care;
 - f. For notification purposes such as identifying or locating a family member, or personal representative to inform them of the patient's location, general condition, or death;
 - g. For national security or intelligence purposes;
 - h. To correctional facilities or law enforcement facilities;
 - i. Requests submitted for periods of time prior to April 14, 2003; or
 - j. As part of a limited data set.
- G. The content of the accounting of disclosures of PHI must be written and include all disclosures during the six (6) years prior to the date of the request beginning with the Privacy Compliance date of April 14, 2003, or less if specified by the requestor, including disclosures to or by business associates of HopeHealth. The accounting must include:
 - a. The date of the disclosure;
 - b. The name of the entity or person who received the PHI, and if known, the address of the entity or person;
 - c. A brief description of the PHI disclosed; and
 - d. A brief statement of the purpose of the disclosure that reasonably informs the patient of the basis for the disclosure; or (in place of such statement):
 - i. A copy of the patient or personal representative's written authorization; or
 - ii. A copy of a written request for disclosure when required by the secretary of HopeHealth to investigate or determine HopeHealth's compliance with the HIPAA regulations, or written request as outlined in policy, release of information without authorization.

II. TIMEFRAME FOR PROVIDING AN ACCOUNTING OF DISCLOSURES AND ASSOCIATED ALLOWABLE FEES

- A. HopeHealth will provide the accounting of disclosure to the patient or patient's personal representative within 60 days of the date of the request.

- B. If HopeHealth cannot provide the accounting of disclosure within 60 days of the date of the request, the Privacy Officer may extend the time to provide the accounting by no more than 30 days, provided that:
 - a. HopeHealth gives the patient or personal representative, within the initial 60 days, a written statement of the reasons for the delay and the date the accounting will be provided; and
 - b. HopeHealth may have only one extension of time for action on a request for an accounting.
- C. The patient may have the first accounting of disclosures in any 12-month period without charge.
- D. HopeHealth may charge a reasonable, cost-based fee for each additional request for an accounting by the same patient or personal representative within the 12-month period, provided HopeHealth informs the requestor in advance of the fee and provides the requestor the opportunity to withdraw or modify the request for a subsequent accounting to avoid or reduce the fee

III. RETENTION AND TRACKING OF ACCOUNTING OF DISCLOSURES

- A. Requests for and the accounting of disclosure given to the patient or personal representative will be maintained for six (6) years.
- B. The accounting(s) will be filed in the patient's medical records.
- C. The Privacy Officer will keep a log of accounting provided to patients or their personal representatives for the purposes of auditing or monitoring the right of the patient to obtain an accounting of disclosures of their PHI.

IV. RESPONSIBILITIES

- A. The Privacy Officer (or designee) will:
 - a. Receive all requests for accounting of disclosures.
 - b. Validate that no health oversight agency or law enforcement official has submitted a written (or oral) statement preventing the facility from providing the accounting.
 - c. Identify if any reason exists to deny the accounting of disclosure requested by the patient's personal representative as outlined in this document. If such a reason exists, deny the request.
 - d. Route approved requests for an accounting of disclosure of PHI to all record custodians, and where appropriate, business associates.
 - e. Act to extend the time needed for an accounting of disclosures as outlined in this document.
 - f. Provide the accounting of disclosure to the patient or patient's personal representative;
 - g. If requested by the patient per section I€ above, assist the patient in contacting the entity that sponsored the research and the researcher.
 - h. Keep a log of accountings provided to patients or their personal representatives for auditing or monitoring the patient's right to obtain an accounting of disclosures of their PHI.
- B. Medical records will compile an accounting of disclosure of the records under their care and submit the document to the Privacy Officer.
- C. All members of the workforce responsible for disclosing PHI will document the disclosure as outlined in this document.

- D. As identified in a business associate contract, all business associates responsible for disclosing PHI, that is a part of HopeHealth's designated record set held only by the business associate, will document the disclosure as outlined in this document.
- E. Chief Medical Officer or designee is responsible for accounting for disclosures for research activities described in this document.

If you believe your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the address listed below. You may also file a complaint with the U.S. Department of Health and Human Service Officer 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/. **You will not be penalized or otherwise retaliated against for filing a complaint.**

HopeHealth Pharmacy – Privacy Office
ATTN: Compliance Officer
360 N. Irby Street
Florence, SC 29501

Effective Date:

04/01/2024

STATE-SPECIFIC REQUIREMENT ADDENDUM FOR SOUTH CAROLINA

Disclosure - Prescription Information Privacy Act: We will not disclose your prescription drug information without first obtaining your consent, except in the following circumstances:

1. The lawful transmission of a prescription drug order in accordance with state and federal laws pertaining to the practice of pharmacy;
2. Communications among licensed practitioners, pharmacists and other health care professionals who are providing or have provided services to you;
3. Information gained as a result of a person requesting informational material from a prescription drug or device manufacturer or vendor;
4. Information necessary to affect the recall of a defective drug or device or protect the health and welfare of an individual or the public;
5. Information whereby the release is mandated by other state or federal laws, court order, or subpoena or regulations (e.g., accreditation or licensure requirements);
6. Information necessary to adjudicate or process payment claims for health care, if the recipient makes no further use or disclosure of the information;
7. Information voluntarily disclosed by you to entities outside of the provider-patient relationship;
8. Information used in clinical research monitored by an institutional review board, with your written authorization;
9. Information which does not identify you by name, or that is encoded so that identifying you by name or address is generally not possible, and that is used for epidemiological studies, research, statistical analysis, medical outcomes, or pharmaco-economic research;
10. Information transferred in connection with the sale of a business;

11. Information necessary to disclose to third parties in order to perform quality assurance programs, medical records review, internal audits or similar programs, if the third party makes no other use or disclosure of the information;
12. Information that may be revealed to a party who obtains a dispensed prescription on your behalf; or
13. Information necessary for a health plan licensed by the South Carolina Department of Insurance to perform case management, utilization management, and disease management for individuals enrolled in the health plan, if the third party makes no other use or disclosure of the information.

Disclosure - Pharmacist-Specific: We will not disclose your information, or the nature of professional pharmacy services rendered to you, without your express consent or the order or direction of a court, except to:

1. You, or your agent, or another pharmacist acting on your behalf;
2. The practitioner who issued the prescription drug order;
3. Certified/licensed health care personnel who are responsible for your care;
4. An inspector, agent, or investigator from the Board of Pharmacy or any federal, state, county, or municipal officer whose duty is to enforce the laws of South Carolina or the United States relating to drugs or devices and who is engaged in a specific investigation involving a designated person or drug; and
5. A government agency charged with providing medical care for you upon written request by an authorized representative of the agency requesting the information.

Other individual(s) I (patient) authorize to receive or request my protected health care information (PHI) from HopeHealth Pharmacy. _____

Pharmacy Location - 1857 Joe S. Jeffords Hwy Orangeburg, SC 29115



Acknowledgement Form

Patient Bill of Rights & Responsibilities | Privacy Practices

HopeHealth Pharmacy Orangeburg
1857 Joe S. Jeffords Hwy
Orangeburg, SC 29115
P (803)575-0061
Fax (803)747-7044

Please complete and return this form in person, by fax, or by mail using the enclosed envelope.

Patient Name	Date of Birth	Phone Number
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Address	City, State, Zip
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By signing below, I agree I have received and understand the:

- Notice of Privacy Practices
- Patient Bill of Rights & Responsibilities
- Disaster Preparedness Guide
- Financial Responsibility information given to me at my initial medication fill. I also understand that I will receive more financial information in the future as I continue to receive medication.

I authorize the disclosure of my health information to the following people:

Name	Relationship	Date of Birth	Phone
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Name	Relationship	Date of Birth	Phone
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Name

Relationship

Date of Birth

Phone

Signature of Patient

Date

Patient Bill of Rights

You have the right to:

1. Receive care regardless of your ability to pay.
2. Receive considerate and respectful care regardless of your sex, age, race, religion, national origin, sexual orientation, or any other personal characteristics, including the primary source of payment for your care.
3. Be treated with consideration of your emotional, spiritual, and cultural needs.
4. Be fully informed of the services available to you at HopeHealth, including after-hours and emergency care as well as the fees for all services.
5. Expect reasonable continuity of care and have a medical provider who is responsible for coordinating your care.
6. Request a second opinion when you believe it is necessary.
7. Know the names and positions of the people involved in your care by official name tag or personal introduction.
8. Seek assistance, such as a wheelchair or interpreter, which makes obtaining medical care easier.
9. Receive the necessary information you need about your health and medical conditions in a way you can understand, to participate in decisions about your care, and to give your informed consent before any diagnostic or therapeutic procedure is performed.
10. To fully participate in the decision-making process regarding your care. You may have parents, guardians, family members, or other individuals that you choose to be involved.
11. Refuse a recommended treatment, to the extent permitted by law, and be informed of the risks associated with refusing treatment.
12. Review the records pertaining to your medical care and have the information explained to you, except when restricted by law.
13. Expect that your medical record will be kept confidential. For more information about your right to privacy, please carefully review HopeHealth's HIPAA and Notice of Patient Privacy statements available to you in print and electronic formats.
14. Ask for and receive an explanation of any charges made by HopeHealth, even if they are covered by insurance.
15. Ask and be told of the existence of business relationships between HopeHealth, educational institutions, other health care providers, or payors that may affect your treatment and care.
16. Consent or decline to be in proposed research studies, tests affecting care and treatment, or tests requiring direct patient involvement.
17. Be told of HopeHealth policies and procedures that relate to patient care, treatment, and responsibilities.
18. Complete an advance directive. Please let a member of your health care team know if you are interested in learning more.
19. Express any complaints or concerns to your HopeHealth pharmacy team. You may also submit complaints or concerns via our website: hope-health.org.

Patient Responsibilities

To provide you with the best care possible, please assume the following responsibilities:

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1. Participate in care decisions and management in a respectful, courteous manner and follow the plan of care agreed upon. If you have any questions, just ask.
2. Give full, honest information on all forms and in conversations. Report any changes to your general condition, symptoms, allergies, etc.
3. Bring a list of your medications with you to your appointments. Ask for refills needed during your scheduled appointment. If you need refills prior to your appointment, you can make the request via telephone or patient portal. Please give at least 24 hours notice.
4. Inspect all medications received from HopeHealth or any of our pharmacy partners before you leave the facility and any time you get a refill. If there is an error, please report it immediately to the pharmacy and your health care provider.
5. Notify a member of your care team of any emergency.
6. Keep appointments and be on time. If you must miss your appointment, please call at least 24 hours in advance to reschedule.
7. Treat our staff and other patients with respect.
8. Bring insurance information if applicable. If your coverage or company changes, bring the updated information to your appointment.
9. Provide your insurance card (including Medicaid and Medicare cards) when you check in for your appointment.
10. Report any changes to your address or phone number as soon as possible.
11. If applicable, provide current documentation of your household income so we can determine your eligibility for assistance. No patient will be denied health care services due to an inability to pay.
12. If you have questions about your care or your rights and responsibilities, please contact your provider's practice administrator.
13. Express any complaints or concerns to your HopeHealth pharmacy team. You may also submit complaints or concerns via our website: hope-health.org.

Disaster Preparedness

Disasters and emergencies can happen quickly and without warning. They can force you to evacuate your neighborhood or confine you to your home. Local officials and relief workers will be on the scene after a disaster, but they cannot reach everyone right away. Knowing what to do is the best protection for you and your family. Follow these steps to make sure your family is prepared:

1. Be informed 2. Make a plan 3. Assemble a disaster kit 4. Maintain your plan and disaster kit

STEP ONE: Be Informed

- Contact your local American Red Cross Chapter or local emergency management office to gather information you will need to create your family's disaster plan.
- Learn which specific hazards threaten your community (e.g. hurricanes, tornadoes, earthquakes).
- Learn your community's response plans, evacuation plans, and designated emergency shelters.
- Find out how local authorities will alert you and keep you informed before, during, and after a disaster.

STEP TWO: Make a Plan

- Review the information you gathered with your family members.
- Choose an "out-of-town" contact person for all family members to call immediately following a disaster. Family members should call this person after a disaster to let them know where they are.

- Choose a meeting place for family members to meet if they become separated.
- Create a family communication plan. Be sure to include contact information for family members (both work and school), your out-of-town contact person's information, meeting locations, emergency services, and the National Poison Control Center (1.800.222.1222). Sample forms can be found at www.ready.gov or at www.redcross.org/contactcard.
- Know the best escape routes and safe places for each type of disaster.
- Plan for those with disabilities and other special needs. Keep support items in a designated place to be found quickly.
- Plan for your pets. If necessary, prepare a list of family, friends, boarding facilities, veterinarians, and pet-friendly hotels that can shelter your pets.

STEP THREE: Assemble a Disaster Kit

Items to store in your kit include:

- Three-day supply of nonperishable food and manual can opener
- Three-day supply of water (one gallon of water per person per day)
- Portable, battery-powered radio or television and extra batteries
- Flashlight and extra batteries
- First aid kit and manual
- Sanitation and hygiene items (hand sanitizer, moist towelettes, and toilet paper)
- Matches in waterproof container
- Whistle
- Extra clothing and blanket
- Kitchen accessories and cooking utensils
- Photocopies of identification and credit cards
- Cash
- Prescription medications and over-the-counter medications
- Special needs items such as eyeglasses, contact lens solution, and hearing aid batteries
- Items for infants such as formula, diapers, bottles, and pacifiers
- Tools, pet supplies, a map of the local area, and any other item to meet your family's needs

STEP FOUR: Maintain Your Plan

- Review your plan every six months and quiz your family on what to do.
- Conduct routine fire and emergency evacuation drills.
- Check food supplies for expiration dates and replace them when necessary.
- Test smoke alarms monthly and change the batteries at least once a year. Replace smoke alarms every ten years.
- Read the indicator on your fire extinguisher(s) and follow the manufacturer's instructions to recharge.

Medication Management in Disaster Preparedness

1. Know what type of disasters are most likely to happen in your community and how these disasters may impact you and your family.
2. Keep an emergency list of physicians and special medications or supplies needed in your disaster kit. This information can help physicians or other emergency personnel respond more effectively when providing medical care to you and your family.
3. If you or one of your family members have a communication barrier, be sure to include this information in your disaster kit. Physicians and disaster workers will need to know this information immediately if a medical emergency arises.
4. Provide exact names, dosages, and other important information on all medications that you and your family members are currently taking. This information will make it easier for you and your family to obtain emergency supplies of medication if you run out of medication or are unable to take your medication with you.
5. Be sure to list all drug allergies, food allergies, drug interactions, drug reactions, and diet restrictions in your disaster kit.
6. If you or one of your family members require any special adaptive equipment, be sure to list this in your disaster kit. If possible, purchase additional equipment that is easy to pack and take with you.
7. Make sure you have everything you will need for a three to five-day stay in one location if you must shelter in place. If possible, keep an extra supply of medication and supplies.
8. Talk to your doctor or pharmacist about the shelf life of prescription and over-the-counter medications. This information will help you if you plan to store extra medication for a long time.
9. Keep disability supplies in your disaster kit. These supplies may include hearing aid batteries, patches for wheelchair tires, an extra walking cane, incontinence supplies, service animal supplies, magnifying glass, and any other needed supplies.
10. If you are immunocompromised, add these additional supplies to your disaster kit: hand sanitizer (at least 60% alcohol), masks, gloves, and disinfectant wipes.
11. If your community has a list of people who need special attention during an evacuation, make sure your household is listed, if necessary. Your local emergency management service could direct you to the agency in charge of this service.



Safe Needle Disposal

HopeHealth Pharmacy New Patient Hep C Welcome Kit

safeneedledisposal.org | (800) 643-1643

Nearly 24 million Americans have diabetes and use syringes, needles, and lancets to administer home health care. In addition, many patients with cancer, arthritis, and other chronic diseases generate sharps as a medical waste with their self-administered home health care. These sharps, if not disposed of in puncture resistant containers, can injure waste haulers, increase the risk of infection, and pollute our environment.

- Sharps refers to needles, syringes, and lancets used for checking blood glucose levels.
- People at the greatest risk of suffering a needle stick injury include sanitation and sewage treatment plant workers, janitors, housekeepers, and children.
- One out of every 20 people in the United States has diabetes and uses an average of two sharps daily.
- Needle stick victims often suffer from anxiety, depression, disease monitoring, and long-term infectious diseases.

Home users who produce medical waste can help prevent injury, infection, and pollution by following one of these steps for safe needle disposal:

- Contact your local health department, county waste authority, or household hazardous waste collection program to see if they will collect sharps for safe and proper disposal.
- Identify a pharmacy, physician, dentist, veterinarian, health clinic, or hospital that will accept your sharps and properly dispose of them with their sharps.
- Contact a medical waste collection company and see if they will accept your sharps waste. A list of collection companies can be found at www.safeneedledisposal.org
- Contract with a U.S. Postal Service approved mail-back service. These companies will provide you with containers and directions on packaging your sharps waste so they can be returned to the company through the U.S. mail. A list of these companies can be found at www.safeneedledisposal.org.
- Purchase a product that allows you to destroy needles at home by burning, melting, or cutting off the needle - making it safe to throw in the garbage. You can find a list of companies that make home needle destruction devices at www.safeneedledisposal.org.

Additionally, please keep these guidelines in mind when dealing with sharps:

- Don't place sharps in a recyclable plastic or glass container and send them to a recycling center.
- Don't let small children handle or play with sharps containers.
- Don't flush needles, syringes, or lancets down the toilet.
- Don't discard needles or lancets in hotel, airline, or cruise trash when traveling. Ask if a sharps container is available or package the used sharps in a puncture resistant container and bring them home with you for proper disposal.



Medication Disposal

What should you do with unwanted medications? Never flush drugs down the sink or toilet.

SPECIAL COLLECTION

Find out if there is a special collection for unused and expired drugs in your area by contacting your local household hazardous waste collection coordinator and reviewing other takeback options if you do not have a locally sponsored collection.

Dispose of unwanted medicines in the trash if a collection program is not available, unless the medication is a chemotherapy agent. Chemotherapy agents should be returned to the clinic that dispensed them for proper disposal. Keep pharmaceuticals in their original container, since the labels may contain safety information, the container is chemically compatible, and the caps are typically watertight and child-proof. Scratch out, cover with tape, or use permanent marker to make personal information unreadable.

PREPARING DRUGS FOR DISPOSAL

To reduce the opportunity for misuse, be sure to properly prepare the drugs for disposal:

For **solid medications** (such as pills or capsules): Add a small amount of water to dissolve them at least partially. Seal the container with duct or other opaque tape.

For **liquid medications**: Add enough table salt, flour, charcoal, or nontoxic powdered spice, such as turmeric or mustard to make a pungent, unsightly mixture that discourages anyone from eating it. Seal the container with duct or other opaque tape to prevent leaks and breakage.

For **blister packs**: Wrap blister packages containing pills in multiple layers of duct or other opaque tape.

Unused ampules, vials, and IV bags should not be opened (other than to scratch out the patient's name). Wrap the item with duct or other opaque tape to minimize breakage, then place in an opaque plastic container (such as an empty yogurt or margarine tub). Double bag the contained drugs in a closable plastic bag or put in another container with the lid taped closed and put it in the trash. This helps prevent immediate identification that the package contains drugs and helps contain any leaks if the container breaks during the disposal process (when plastic garbage bags tear, the trash can tip over, etc.) Avoid putting drugs into any material or food that might be attractive to pets or wildlife.

Dispose of patches safely: Fold the sticky sides together and place them in a sturdy container, preferably with a child-resistant cap. Be sure the opening is big enough for a folded patch to go in but small enough that a child's hand cannot. A washed-out bottle with a child-resistant cap may work well. You could also ask your pharmacist for a large empty bottle or prescription vial with a child-resistant cap. Or look in the drugstore for "sharps containers" that diabetics use for their insulin needles. Some of these can even be mailed back to the container company for free when they are ready for disposal (visit www.bd.com/sharps for one example). Be sure to discard frequently. Make sure to frequently remove the container you use to dispose of patches from your home. The more used patches available to someone, the more seriously they can be harmed.

Stop Germs! Wash Your Hands.

When?

- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- 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



How?



Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.



Rinse hands well under clean, running water.



Dry hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.



www.cdc.gov/handwashing



This material was developed by CDC. The Life is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.

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