



Specialty Pharmacy

WELCOME PACKET



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WELCOME

Thank you for being a patient of Marshall Medical Specialty Pharmacy.

Our goal is to ensure patients and their caregivers receive the attention and support they need to be successful with their treatment. You can count on our guidance, compassion, and education throughout your therapy.

LOCATION

3581 Palmer Drive, Suite 601, Cameron Park CA 95682

HOURS

Specialty Pharmacy: Monday through Friday 8:00 am - 5:00 pm

After-Hours Clinical Support: 24 hours per day, 365 days per year

We are closed but offer on-call services on the following holidays:

- New Year's Day (January 1)
- President's Day (third Monday in February)
- Memorial Day (last Monday in May)
- Independence Day (July 4 or federally recognized holiday date)
- Labor Day (first Monday in September)
- Thanksgiving (fourth Thursday in November)
- Friday after Thanksgiving
- Christmas Day (December 25)

CONTACT US

Phone: [530.344.5423](tel:530.344.5423)

Toll-Free: [833.413.9499](tel:833.413.9499)

Email: specialtypharmacy@marshallmedical.org

Website: Marshallmedical.org/SpecialtyPharmacy



PHARMACY OVERVIEW

Marshall Medical Specialty Pharmacy offers complete specialty pharmacy services to patients living in western El Dorado County, including Placerville, Cameron Park, El Dorado Hills, and all of the western slope communities. Our services are designed to meet the needs of each of our patients. Our team of clinical pharmacists and technicians are specially trained in your condition.

We provide:

- One-on-one counseling about your medication
- Refill reminders
- Free delivery of your specialty medications to the location of your choice
- Assistance with your benefits and financial assistance programs
- Information about your disease

PATIENT SERVICES

We work with you and your provider throughout your therapy. Our role is to provide you prescribed specialty medications with the highest level of care.

Contact the specialty pharmacy if you have questions about:

- Filling or refilling your medication
- Transferring a prescription to our pharmacy or another pharmacy
- Order statuses or order delays
- Insurance coverage and prescription costs
- Medications or concerns
- Filing a complaint
- Our patient management program

Contact our after-hours clinical support at [530.344.5423](tel:530.344.5423) if you have clinical questions or concerns about your medication that cannot wait until the next business day.



PATIENT MANAGEMENT PROGRAM

Our specialty pharmacy patients are automatically enrolled into our disease-specific specialty medication service, which is called the patient management program (PMP). This free program is designed to maximize your opportunity for a positive outcome and minimize any negative effects of your specialty therapy.

Specialty medications are often considered high risk due to their high cost, high frequency for side effects, and, in some cases, difficult administration processes. By participating in the PMP, our clinicians can:

- Monitor your response to therapy more closely
- Identify and respond to any side effects or other areas of concern more quickly
- Work with your provider to address these areas of concern
- Assist with access to Patient Assistance Programs and other financial assistance programs to ensure your access to the medications you need

For you to achieve maximum benefit from our PMP, please keep us informed of any concerns, problems, or changes in your response to therapy or ability to obtain therapy. For more information about the PMP, ask any member of the specialty pharmacy team by calling [530.344.5423](tel:530.344.5423) or emailing specialtypharmacy@marshallmedical.org.

OPTING OUT

Ongoing participation in the PMP is highly encouraged. However, you may choose to opt out of the PMP at any point in your therapy. You will still receive your refill reminder calls even if you opt out of the PMP. You may also choose to opt back into the program at any point. To opt out or back into the PMP, simply tell any pharmacy team member. They will connect you with the pharmacist to make the note in your electronic patient record.

RIGHTS AND RESPONSIBILITIES

As a participant in the PMP, you have the following rights and responsibilities. Some of these will overlap with your general patient rights and responsibilities found later in this packet.

1. The right to know about philosophy and characteristics of the PMP
2. The right to have personal health information shared with the PMP only in accordance with state and federal law
3. The right to identify the PMP team members, including their job title, and to speak with a team member's supervisor upon request
4. The right to speak to a health professional
5. The right to receive information about the PMP
6. The right to receive administrative information regarding changes in, or termination of, the PMP
7. The right to decline participation, revoke consent, or disenroll at any point in time
8. The responsibility to submit any necessary forms to participate in the program to the extent required by law
9. The responsibility to give accurate clinical and contact information and notify the PMP of changes in this information
10. The responsibility to notify your treating provider of your participation in the PMP, if applicable



LANGUAGE AND CULTURAL SERVICES

We welcome diversity and comply with standards for language and cultural services. We can provide trained, qualified medical interpreters for our patients and their families at no cost to them. Interpreters can help ensure effective communication for those who are:

- Limited-English Proficient (LEP)
- Deaf/Hard of Hearing (HOH)
- Having other communication challenges

We also have resources to support culturally competent care for diverse patient populations. Please let a pharmacy team member know if:

- You need help from an interpreter service
- You have a preferred language or mode of communication other than English
- You have any other communication or cultural needs

FREQUENTLY ASKED QUESTIONS

How is a specialty pharmacy different from a retail pharmacy?

Specialty pharmacies are dedicated to ensuring your therapy provides the best possible outcome. Here are some of the things we do:

- Enroll you in a patient management program
- Ensure you have access to your medication without any gaps in therapy, which includes:
 - ✓ Scheduling prompt delivery of the medication
 - ✓ Assisting with prior authorizations
 - ✓ Helping with financial assistance
- Partner with you and your provider to achieve therapy treatment goals through our patient management program
- Provide you with a thorough review of your medication, which includes:
 - ✓ Getting an accurate list of your current prescriptions
 - ✓ Screening for disease-specific drug interactions

How does my new prescription get to the pharmacy?

How do I know when I will receive it?

There are a few ways we may receive your new prescription:

- Your provider will send the prescription electronically when treatment is prescribed, this is the most common method
- Your provider will write a paper prescription and send it to the pharmacy via mail or fax
- Your provider will call in the prescription

When we receive the prescription from your provider, we will review it, arrange reimbursement, and fill your medication.

Once it is ready, we will contact you to schedule the delivery.

When will the specialty pharmacy contact me or my provider?

The specialty pharmacy will call you to:

- Discuss your prescription and copay amount, if any
- Schedule your medication delivery
- Advise you of any delays in your order
- Review how to store your medication
- Verify your prescription insurance information
- Get documentation of your income to enroll you in financial assistance

FREQUENTLY ASKED QUESTIONS continued

- Provide counseling on your medicine
- Tell you if we must transfer your prescription to another specialty pharmacy
- Notify you of any FDA recalls of your medicine

We will contact your provider:

- At your request
- When you are out of refills

How do I pay for my medication?

Marshall Medical Specialty Pharmacy can accept and bill most insurance companies. Our team will work with your insurance company and provider to cover your prescription.

We will assist you with getting financial help if needed. You will be responsible for paying your copayment or coinsurance when you order your medication. We will let you know the exact amount you need to pay. We will provide you with the out-of-network price if:

- You are out-of-network with our pharmacy
- You prefer to pay in cash
- You do not have insurance

For payment, we accept:

- Credit cards or debit cards
- Flexible spending or health savings accounts

If you still owe a balance for any reason, you will need to pay the balance before your next refill.

How do I get a refill?

A specialty pharmacy technician will contact you before your medication is scheduled to run out. We will:

- Check on your progress
- Ask about any side effects
- Determine the shipment of your next refill
- Verify your dosage

Payment is required before your medication can be shipped from the pharmacy. Please call [530.344.5423](tel:530.344.5423) during our normal business hours if you have questions or need help.

What should I do if I have questions about the status of my order?

If you have questions about the status of your order, please contact the pharmacy during normal business hours. You can also leave a message on our voicemail.

Will the specialty pharmacy be able to fill all my medications?

We have access to and stock a wide range of specialty medications. If we are not able to obtain your medications for any reason, we will transfer your prescription to another pharmacy of your choice. Our team will work with you to ensure you receive all your medications.

Will you ever substitute my medication for a different one?

We will inform you if any less expensive generic substitutions are available for medications we provide you. You can either accept the generic substitution or request the brand name product. If you request the brand name product, you may have a much higher copay.

What should I do if my medication is recalled?

If there is a recall on any of your medications, we will call you with important information and provide any replacement dose(s) as needed.

What should I do if I may be having an adverse (bad) reaction to my medication?

If you feel you are having a bad drug reaction or experiencing symptoms that require urgent attention, you should go to a local emergency room or call 911.

Symptoms that require urgent attention include:

- Shortness of breath
- Skin rash
- Hives
- Fever
- Swelling
- Wheezing

Please contact the pharmacy on the next business day and let us know of the reaction and any steps you may have taken.

What should I do if I suspect a medication error?

Medication errors are serious matters that need to be addressed as soon as they are discovered. If you suspect an error with your medication, please contact us immediately and ask to speak with the pharmacist or the specialty pharmacy supervisor.

What if I am not happy with the services I receive?

We will attempt to resolve any concerns or issues you experience as quickly as possible. If you would like to file a complaint, please call our Patient Advocate at [530.344.5428](tel:530.344.5428). If you still have concerns, you may contact the specialty pharmacy.

If we are unable to resolve your complaint, you may contact:

- Your insurance company
- California Board of Pharmacy at [916.518.3100](tel:916.518.3100)
- Accreditation Commission for Health Care at [855.937.2242](tel:855.937.2242)
- URAC at [202.216.9010](tel:202.216.9010) or www.urac.org/contact

PATIENT RIGHTS AND RESPONSIBILITIES

As a patient of Marshall Medical Specialty Pharmacy, you have the following rights and responsibilities. If you feel any of these rights have not been provided, please contact the specialty pharmacy.

PATIENT RIGHTS

- 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 in advance, both orally and in writing, of the charges associated with care/service, including payment expected from third parties and any charges for which the patient will be responsible
- Receive information about the scope of services 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 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 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 patient property
- Voice grievances/complaints regarding treatment, care, or lack of respect of property and 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 and have lack of respect of property investigated
- Have all Protected Health Information (PHI) and other information contained in the patient record kept private and confidential
- Be advised on the pharmacy's policies and procedures regarding the disclosure of clinical records
- Choose a healthcare provider, including an attending physician, if applicable

PATIENT RIGHTS AND RESPONSIBILITIES continued

- Receive appropriate care without discrimination and in accordance with physician's orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

PATIENT RESPONSIBILITIES

- Submit forms that are necessary to receive services
- Provide accurate medical and contact information and provide notice of any changes
- Notify the treating provider of participation in the services provided by the organization
- Notify the organization of any concerns about the care or services provided



DISPOSING OF MEDICATIONS AND SUPPLIES

UNUSED MEDICATIONS

If you need to dispose of unused medications, there are two available options.

You can dispose of unused prescriptions at a medication "Take-Back Program." Our team will assist you in finding the dates and locations of such events.

You can also dispose of unused medications at home by mixing them into cat litter or used coffee grounds and placing the mixture in a sealed container. The sealed container can then be thrown out in your household trash.

Find more information at:

- <https://www.takebackdrugs.org/>

CHEMOTHERAPY AND HAZARDOUS DRUGS

You may NOT dispose of chemotherapy and other hazardous drugs by throwing them in trash or flushing them down the toilet.

Instead, please return unused chemotherapy or hazardous drugs by using drug take back envelopes located in the Marshall Cancer Center.

Call for more information:

- Marshall Medical Infusion Center, [530.676.6600](tel:530.676.6600)

HOME-GENERATED BIOMEDICAL WASTE

Home-generated biomedical waste is any type of syringe, lancet, or needle used in the home to inject medication or draw blood. Special care needs to be taken with the disposal of these items. These precautions will protect you and others from injury and keep the environment safe and clean.

DISPOSING OF MEDICATIONS AND SUPPLIES continued

Needle-Stick Safety

- Plan for safe handling and disposal before use
- Do not use a needle more than once
- Never put the cap back on a needle once removed
- Throw away used needles immediately after use in a sharps container
- Keep out of the reach of children and pets
- Report any needle sticks or sharps-related injuries to your physician

If your therapy involves the use of needles, we will give you a sharps container to use for disposal. After using your injectable medication, place all needles, syringes, lancets, and other sharp objects into a sharps container. Check with your local waste management collection service or public health department to determine disposal procedures for sharps containers in your area.

If a sharps container is not available, you can use a hard plastic or metal container with a screw-on top or other tightly securable lid instead. For example, you could use an empty hard can or liquid detergent container. Once the materials are in an acceptable container, you may dispose of it in the trash at home.

You should NOT place sharp objects, such as needles or syringes, into the trash unless they are in a sharps container, and you should NOT flush them down the toilet.

Find more information at:

- Centers for Disease Control and Prevention (CDC) Safe Community Needle Disposal, [cdc.gov/needledisposal](https://www.cdc.gov/needledisposal)

PLANNING FOR AN EMERGENCY

PREPARING WITH THE PHARMACY

We would much rather prepare you for an emergency ahead of time than wait until it has happened. We may ask you where you will go if an emergency occurs, which may be a shelter, home of a friend or relative, or hospital. We may also ask you for the name and phone number of a close family member, friend, or neighbor to use as an alternative contact.

PREPARING AT HOME

Know what to expect, where to go, and what to do. You should know what the most common emergencies are in your area and what to do if one occurs. Your local emergency resources, such as the Red Cross, law enforcement agencies, and news and radio stations, usually provide excellent information and tips for planning.

One of the most important pieces of information you should know is the location of the closest special needs shelter. These shelters open to the public during voluntary and mandatory evacuation times. They specialize in caring for patients with special medical needs. They are usually the safest place to go if you cannot get to the home of a friend or family member.

RESPONDING

When you expect an emergency might occur, please contact us. Providing us as much information as possible will help us ensure you receive your needed supplies. If you do not contact us before or during a known emergency, we will attempt to contact you.

We will use the phone numbers you provided us to try to determine your location and safety.

EVACUATING YOUR HOME

If the emergency requires you to evacuate, please take your medications with you. Remember to bring a cooler with ice bricks if any of your medication requires refrigeration. Once you evacuate to a safe space, notify us of your new location so we can ensure there are no gaps in your therapy. If you were to not receive your medication for any reason, please call us as soon as possible, and we will do our best to assist you.

REACHING THE PHARMACY

If the specialty pharmacy must close due to a disaster, we will provide instructions on contacting our team, reviewing medication orders, scheduling deliveries, and receiving other important information on our answering machine message. If travel or access to the pharmacy is restricted due to damage from the disaster, we will attempt to alert you through the phone numbers you provided.

NEED HELP?

For more information on emergency preparations and responses, visit the FEMA website at www.fema.gov.

NOTICE OF PRIVACY PRACTICES

Effective Date: October 1, 2019

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care and services you receive at all of our facilities. We need this record to provide you with quality care and to comply with legal requirements. We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties and privacy practices with respect to your medical information. This notice applies to all of the records of your care generated at our facilities, whether made by our hospital personnel or your personal doctor. Health care professionals outside of Marshall Medical Center may have different policies.

We have adopted a secure, integrated, electronic health record (EHR) technology to enhance and improve the efficiency, effectiveness, clinical, and quality of care provided to our patients. The University of California Davis Health System (UCDHS) hosts our EHR platform of our patients' medical records. Your medical information may be accessed by UCDHS for maintenance and interoperability purposes in accordance with federal and state privacy laws.

I. WHO WILL FOLLOW THIS NOTICE

This notice describes our privacy practices

- Any health care professional authorized to enter information into your medical records. All employees, staff and volunteers of all our departments and units.
- Affiliated entities.
- Other health care professionals who provide you with medical care in our facilities.

All entities and health care providers described in this notice may share your medical information with each other, as necessary to carry out their treatment, payment and operations.

II. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The law permits us to use or disclose your medical information for the following purposes:

1. **Disclosure at your request.** We may disclose information when requested by you. This disclosure may require a written authorization by you.

NOTICE OF PRIVACY PRACTICES continued

2. **Treatment.** We use your medical information to provide you with medical treatment services. We may disclose medical information to doctors, our staff, healthcare students, or others involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Different departments of Marshall Medical Center may share your medical information in order to coordinate your care, such as prescriptions, lab work and x-rays. We may disclose your medical information to people outside of the organization who are involved in your medical care after you leave our facilities, such as skilled nursing facilities, home health agencies, hospice, or durable medical equipment suppliers.
3. **Payment.** We may use and disclose your medical information so that the treatment and services you receive at our facilities can be billed to and payment may be collected from you, an insurance company, or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside Marshall Medical Center who are involved in your care, to assist them in obtaining payment for services they provide to you. However, we cannot disclose information to your health plan for payment purposes if you ask us not to, and you pay for the services yourself.
4. **Health Care Operations.** We may use and disclose your medical information for health care operations. These uses and disclosures are necessary to run the organization and make sure that all of our patients receive quality care. For example: 1) conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines; 2) reviewing the competence or qualifications of health care professionals; 3) conducting or arranging for medical review, legal services, and auditing functions; 4) business planning and development; 5) business management and general activities; and 6) reporting to health oversight agencies, including the California Cancer Registry for reporting cancer cases. In all of the above situations, we may remove information that identifies you so others may use the data to study health care and health care delivery.
5. **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at our facilities.

6. **Treatment Alternatives and Health Related Products.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
7. **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., good, fair, etc.) and your religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, even if they don't ask for you by name. This information is released so your family, friends and clergy can visit you in the hospital and generally know how you are doing.
8. **Communication with Friends and Family.** We may disclose your relevant medical information to a friend or family member who is involved in your care or to someone who helps pay for your care. In addition, we may disclose your medical information to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you arrive at the Emergency Department either unconscious or otherwise unable to communicate, we are required to attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).
9. **Fundraising.** We may use or disclose your demographic information, dates of services and departments where services were provided to The Marshall Foundation for Community Health in an effort to raise money for the hospital and its operations. You have the right to opt out of receiving fundraising communications.
10. **As Required By Law, Judicial or Administrative Proceeding or to Law Enforcement.** We may disclose your medical information as required by law, in the course of administrative or judicial proceedings or to law enforcement in response to a court order, subpoena, search warrant or summons. We may disclose your medical information to a law enforcement official for the following reasons: (1) in response to a court order, subpoena, warrant, or summons; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) about a death we believe may be the result of criminal conduct; and (4) about criminal conduct at the hospital.
11. **To Avert Serious Threat to Health or Safety and for Public Health Purposes.** We may disclose your medical information to appropriate agencies such as Animal Control, OMV, or Poison Control to prevent serious threat to your health and safety,

- or the health and safety of the public or another person. As required by law, we may disclose your medical information to public health authorities for purposes related to: (1) preventing or controlling disease, injury or disability; (2) reporting child, elder, or dependent adult abuse or neglect; (3) reporting domestic violence; (4) reporting problems with products and reactions to medications; (5) reporting disease or infection exposure; (6) reporting births and deaths; and (7) notifying emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.
12. **Health Oversight Activities.** We may disclose your medical information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, as authorized bylaw.
 13. **Coroners, Medical Examiners, Funeral Directors.** In the event of your death, we may disclose your medical information to coroners, medical examiners and funeral directors, as necessary to carry out their duties.
 14. **Organ and Tissue Donation.** We may disclose your medical information to organizations involved in procuring, banking or transplanting organs and tissues, as necessary to facilitate organ or tissue donation or transplantation.
 15. **Research.** Under certain circumstances, we may use and disclose your medical information for research purposes, which may include informing you of research studies that might be of interest to you. Such research projects must be approved by an Institutional Review Board that has reviewed the research proposal and establishes protocols to ensure the privacy of your health information.
 16. **National Security and Military Personnel.** We may disclose your medical information to federal officials for intelligence, counterintelligence, or other national security purposes, as required by law. If you are a member of the armed forces, we may disclose your medical information, as required by military command authorities.
 17. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your medical information to the correctional institution or law enforcement official.
 18. **Workers' Compensation.** We may disclose your medical information as necessary to comply with Workers' Compensation laws.
 19. **Special Categories of Information.** In some circumstances, your medical information may be subject to restriction that may limit or preclude some uses or disclosures described in this notice. For, example, there are special restrictions on the use or

disclosure of certain categories of information (e.g., HIV tests or treatment for mental health conditions or alcohol and drug abuse). Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

III. OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of your medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your medical information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, this will stop any further use or disclosure of your medical information for the purposes which you authorized, except if we have already acted in reliance on your authorization.

IV. YOUR MEDICAL INFORMATION RIGHTS

You have the following rights regarding your medical information:

1. **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care by submitting a request in writing to Health Information Management, Marshall Medical Center, 1100 Marshall Way, Placerville, CA 95667. If you request a copy of the information, we may charge for the costs of copying, mailing, or other supplies associated with your request. We may deny your request in certain, very limited circumstances, in which case you may request a review of the denial. Another licensed health care professional, not involved with the denial, will review your request and the denial. We will comply with the outcome of the review.
2. **Right to Amend.** You have the right to ask us to amend your medical information if you feel we have incorrect or incomplete information by submitting a request in writing to Health Information Management, Marshall Medical Center, 1100 Marshall Way, Placerville, CA 95667. You must provide a reason that supports your request. We may deny your request if you ask us to amend information that: (1) was not created by us; (2) is not part of the medical information kept by or for us; (3) is not part of the information which you can inspect and copy; or (4) is accurate and complete. Even if we deny your request, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record which you believe to be incorrect or incomplete. The addendum will be attached to your medical record.

3. **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures” (a list of disclosures we made of your medical information except those for treatment, payment, health care operations and certain other disclosures not required by law to be accounted) by submitting a request in writing to Health Information Management, Marshall Medical Center, 1100 Marshall Way, Placerville, CA 95667. Your request must state a time period which may not be longer than six years and may not include disclosures dated before April 14, 2003. Your request should indicate in what form you want the list; for example, on paper or electronically. The first list you request will be free. We will charge you the cost of preparation for subsequent lists you request within a 12 month period. In addition, we will notify you as required by law following a breach of your unsecured protected health information.
4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, health care operations or to someone who is involved in your care or the payment for your care. You must submit your request in writing to Health Information Management, Marshall Medical Center, 1100 Marshall Way, Placerville, CA 95667. You may also request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. We are not required to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or insurer for payment or health care operations purposes, if you, or someone else on your behalf (other than health plan or insurer) has paid for the item or service out-of-pocket in full. Even if you request this special restriction, we can disclose the information to a health plan or insurer for purposes of treating you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
5. **Right to Request Confidential Communications.** You have the right to choose how we communicate with you about medical matters, i.e. only at work or by mail. To request confidential communications, you must make your request in writing at the time of service or in writing to Health Information Management, Marshall Medical Center, 1100 Marshall Way, Placerville, CA 95667. We will accommodate all reasonable requests.
6. **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may obtain a paper copy of this notice at the registration desk at most of our facilities. You may also obtain a copy of this notice at our website: www.marshallmedical.org.

V. CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time in the future, and to make the new provisions effective for all information we maintain, including information that was created or received prior to the date of the change. We will offer you a copy of the current Notice in effect each time you register or are admitted to the hospital.

VI. COMPLAINTS

If you believe your privacy rights have been violated, contact:

Privacy Officer
Marshall Medical Center
1100 Marshall Way
Placerville, CA 95667
530.626.2996

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

ASSIGNMENT OF BENEFITS & RELEASE INFORMATION



I hereby authorize Marshall Medical Center (MMC) to release to my insurance company any information acquired in the course of exam or treatment. I also authorize my insurance company to pay MMC any benefits due. I understand that payment is my obligation regardless of insurance or other third party involvement. This authorization expires upon written notice. I permit a copy of this authorization to be used in place of the original.

Payer: _____

Signed: _____
(Patient or personal representative)

Date: _____ Time: _____ AM/PM

Relationship to patient if signed by representative:

Print representative name:



530.344.5423 | specialtypharmacy@marshallmedical.org