

TMH Specialty Pharmacy



Dear Patient,

Welcome to TMH Specialty Pharmacy and our Patient Management Program. We are excited to serve all of your pharmacy needs. We care for TMH patients with chronic conditions such as endocrinology and rheumatology conditions.

The staff at TMH Specialty Pharmacy understand that your medical condition is complicated. You may need help with your medical provider and/or insurance company. We are dedicated to giving you the personal service you need to help you achieve the most benefit from your therapy. This help includes: [DRX2-1A]

- Access to trained pharmacy staff 24 hours a day, 7 days a week
- Coordination of prior authorization with your insurance company
- Help taking your medicine the way your doctor recommends
- Free mailing of medication
- Training, education and counseling
- Refill reminders
- Care planning
- Enrollment in the Patient Management Program

Pharmacy Information [P-PSC 1-1 ai] [DRX2-1A]

1401 Miccosukee Road, Suite 100-B
Tallahassee, FL 32308

Website: <https://www.tmh.org/services/specialty-pharmacy>

Phone: (448) 209-2012 or Toll-Free at 1-833-551-0223

Fax: (448) 209-2013

Hours of Operation:

Monday- Friday: 8:00 am – 4:30 pm

Saturday & Sunday: Closed

We look forward to providing you with the best service possible. Thank you for choosing the TMH Specialty Pharmacy.

Sincerely,

The TMH Specialty Pharmacy Team

Important Information

You Can Expect [P-PSC 1-1 ai] [DRX2-1A]

- Personalized Patient Care
 - Our trained staff members will work with you to discuss your treatment plan. We will address any questions or concerns you may have.
- Free shipping with safe, on-time delivery
 - The Pharmacy will schedule and quickly ship all your specialty medications, even those that need special handling, such as refrigeration.
 - When your medication arrives, please check that the package label and the prescription label match your name and the correct drug information. After you check your package and prescription labels, if you see any mistakes or have any concerns, please call our pharmacy team right away.
- 24/7 Support
 - Our Specialty Pharmacy staff are available 24 hours a day, 7 days a week for clinical questions or concerns. To reach a clinician after hours, please call (448) 209-2012 or Toll-Free at 1-833-551-0223.

When to Contact Us [P-PSC 1-1 aiii, av] [DRX2-1A] [DRX2-1B] [DRX5-5G]

- You have questions or concerns about your medication therapy
- You suspect a reaction or allergy to your medication
- A change has occurred in your medication use
- Your contact information or delivery address has changed
- Your insurance information or payment source has changed
- To check the status of your order, discuss an order delay or reschedule your delivery
- To receive claims related information

Patient Management Program [PM 2-2 a, b, c]

- Pharmacy patients are automatically enrolled in our therapy-specific Patient Management Program.
- Benefits of participating in the program include help with managing side effects, increasing compliance with drug therapies and overall improvement of health when you are willing to follow your treatment plan determined by you, your doctor and pharmacist.
- The Patient Management Program is most effective when you actively participate and share information. Without your active participation, the benefits of this program are limited.
- The program is provided to you at no additional cost, and your participation is completely voluntary. If you wish to opt out of the program, please call and speak to our pharmacy staff.

Financial Information [P-PSC 1-1 bi, bii] [DRX2-1A] [DRX2-1B] (DRX2-1B - SRX and SRX ONLY)

- Before your care begins, a pharmacy staff member will inform you of your out-of-pocket costs such as deductibles, copays and coinsurance.
- We will submit claims to your health insurance carrier and, if your claim is denied, a staff member will notify you so that we can work together to resolve the issue.
- We will notify you if we are an out of network pharmacy and will provide you with the cash price of the medication upon request.
- We have access to financial assistance programs to help with co-payments to ensure no interruptions in your therapy. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will assist you with enrollment into such programs, when available.

Filling a Prescription [P-PSC 1-1 aii] [DRX 5-5G]

- Your doctor can send us your prescription, or you can give it to us in person or mail it to us.
- You will be contacted by our pharmacy staff 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 pharmacy staff member to process your refill request.

Drug Substitution [DRX 5-5G]

To save on your copay, our pharmacy will substitute generic medication when available for brand name if approved by you and your provider.

Proper Disposal of Sharps [DRX 5-5G]

- 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.
- You can also visit the following website for more information:
 - <https://safeneedledisposal.org/>

Proper Disposal of Unused Medications [DRX 5-5G]

- Do not flush unused medications or pour them down a sink or drain.
- 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:
 - <https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines>
 - <https://www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines>
 - <https://www.rxdrugdropbox.org/>

Drug Recalls [DRX5-5G]

- If your medication is recalled, the pharmacy will contact you with further instructions as directed by the FDA or drug manufacturer.

Prescription Transfers [P-PSC 1-1 aiv] [DRX 5-5G]

- 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.
- Please call us if you would like to receive your medications from another pharmacy. We will assist you in transferring your prescription to the appropriate pharmacy of your choice.

Medication Issues and Concerns [P-PSC 1-1 a.v] [DRX2-4C] [DRX 5-5 A, F, G]

- Please contact the pharmacy as soon as possible to report medication issues such as adverse effects to your medication or suspected errors.
- Please notify pharmacy within 72 hours if an order is received without a drug monograph or other written information.
- Please contact the pharmacy by phone, writing, and/or via website if you have questions, concerns, or complaints that require assistance. Complaints will be forwarded to management and you will receive a response within 5 business days.
- Patients and caregivers have the right to voice complaints regarding TMH Specialty Pharmacy. Complaints may be made by phone, fax, writing, and/or via our website.

TMH Specialty Pharmacy

Phone: (448) 209-2012 or Toll-Free at 1-833-551-0223

Fax: (448) 209-2013

Address: 1401 Miccosukee Road, Suite 100-B

Tallahassee, FL 32308

- If you wish to seek further review of your concern, you may contact:
 - o Accreditation Commission for Health Care (ACHC)
 - Website: <https://www.achc.org/contact/>
 - Telephone: (855) 937-2242 or (919) 785-1214 (Request Complaints Dept.)
 - o URAC
 - Website: <https://www.urac.org/complaint/>
 - Email Address: grievances@urac.org
 - o Florida State Board of Pharmacy
 - Website: <https://floridaspharmacy.gov/Contact/>
 - Telephone: (850) 488-0595
 - Anyone may file a complaint against a pharmacy, but complaints must be received in writing. A consumer may fill out the online complaint form or call the phone number above to have one mailed to you.
 - o National Association of Boards of Pharmacy (NABP)
 - Website: <https://nabp.pharmacy/about/boards-of-pharmacy/>
 - Telephone: Find your State
 - Use the phone number for your State listed on the website

Patient Rights and Responsibilities

As our patient, you have the **RIGHT** to: [DRX2-2A]

- To confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information; PHI will only be shared in accordance with state and federal law [PM 3-1 ai] [DRX2-5A]
- To identify the program's staff members name and job title, and to speak with a supervisor if requested [PM 3-1 aii]
- To speak to a healthcare professional [PM 3-1 aiii]
- To receive information about the PMP [PM 3-1 aiv]
- To decline participation or dis-enroll at any point in time [PM 3-1 av]
- 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 [DRX2-1A]
- To be informed in advance of care/service 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 [DRX3-4B]
- To receive information about the scope of services that the organization will provide and specific limitations on those services [DRX2-1A]
- To participate in the development and periodic revision of the plan of care [DRX5-4A]
- To refuse care or treatment after the consequences of refusing care or treatment are fully presented [DRX2-6A]
- To be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable [DRX2-6A]
- To have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality [DRX2-2B]
- To be able to identify visiting personnel members through proper identification [DRX2-2B]
- To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property [DRX2-3A]
- To 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 [DRX2-4A]
- To have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated [DRX2-4A]
- To be advised on agency's policies and procedures regarding the disclosure of clinical records [DRX2-5A]
- To choose a health care provider, including choosing an attending physician, if applicable [DRX2-2B]
- To receive appropriate care without discrimination in accordance with physician orders, if applicable [DRX2-2B]
- To be informed of any financial benefits when referred to an organization [DRX2-2B]
- To be fully informed of one's responsibilities [DRX2-2B]

As our patient, you have the **RESPONSIBILITY** to:

- To provide accurate medical, clinical, and contact information [PM 3-1 bi] [DRX2-2A.01]
- To submit forms that are necessary to receive services [DRX2-2A.01]
- To notify their treating provider of their participation in the PMP, if applicable [PM 3-1 bii] [DRX2-2A.01]
- To maintain any equipment provided, if applicable [DRX2-2A.01]
- To notify the organization of any concerns about the care or services provided [DRX2-2A.01]

Resources for Medications, Conditions, and Support

[PM 5-1 c]

Allergy and Immunology	https://www.aaaaifoundation.org
Crohn's Disease	http://www.crohnonline.com http://www.crohnsforum.com
Cystic Fibrosis	https://www.cff.org/
Growth Hormone Deficiency	http://www.hgfound.org
Hepatitis	http://www.liverfoundation.org http://www.hepatitis-central.com http://www.hepb.org/resources/printable_information.htm
HIV	https://www.hiv.gov https://www.cdc.gov/hiv/living-with/?CDC_AAref_Val=https://www.cdc.gov/hiv/basics/livingwithhiv/resources.html
IBD	https://www.crohnscolitisfoundation.org
Infertility	https://resolve.org
Lipid Disorders	https://www.lipid.org/foundations
Multiple Myeloma	https://themmrf.org/multiple-myeloma/what-is-multiple-myeloma
Multiple Sclerosis	http://www.mymsaa.org http://www.msfocus.org http://www.nationalmssociety.org
Neuro Oncology	https://www.soc-neuro-onc.org/ https://www.nccn.org/patients/guidelines/cancers.aspx
Oncology/Hematology	https://www.nccn.org/patients/guidelines/cancers.aspx https://www.cancer.org https://www.livestrong.org/we-can-help
Psoriasis	http://www.psoriasis.org
Pulmonary Hypertension	https://phassociation.org/patients/aboutph
Rheumatoid Arthritis	https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Rheumatoid-Arthritis http://www.rheumatoidarthritis.com http://www.arthritis.org
Solid Organ Transplant	https://transplantliving.org
Stem Cell Transplant	https://www.asbmt.org/patient-education/external-resources

Emergency/Disaster Preparedness Plan [DRX5-5A] [DRX5-5G] [DRX7-4C]

TMH Specialty Pharmacy has a plan to help you get your medicines during emergencies or disasters like bad storms, hurricanes, tornadoes, earthquakes, fires, or floods. Our main goal is to make sure you still get the prescriptions you need.

If a local weather emergency is coming, the pharmacy will call you 3-5 days ahead of time using weather reports. If you live outside the pharmacy area but will be affected by a disaster, you should call the pharmacy 3-5 days before to talk about your medication needs.

The pharmacy can send your medicine by delivery during possible bad weather. If it's not possible to deliver your medicine in time, the pharmacy will transfer your prescription to a nearby pharmacy, so you don't go without it.

If a disaster happens and you can't contact the pharmacy or the pharmacy can't reach you, listen to local news and rescue centers for advice about getting your medicine, or go to your local hospital right away. Visit the nearest emergency room if you're at risk of running out of medicine.

Please contact the pharmacy if you miss a scheduled treatment or do not receive your medication delivery as expected.

Do not go back to an evacuated area until authorities say it's safe.

Infection Control [DRX7-1A]

According to the Centers for Disease Control (CDC), the most important step to prevent the spread of germs and infections is hand washing. You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

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

Follow these **five** steps every time you wash your hands:

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

How to use hand sanitizer

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

Notice of Privacy Practices

Tallahassee Memorial Hospital and Tallahassee Memorial HealthCare, Inc.

Effective Date: April 14, 2003 Revised Date: June 1, 2017

This notice describes the privacy practices of all inpatient and outpatient departments and units of Tallahassee Memorial Hospital and all facilities operated by Tallahassee Memorial HealthCare, Inc. with the exception of Tallahassee Memorial Behavioral Health Center.

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

A. PURPOSE OF THE NOTICE OF PRIVACY PRACTICES

A record is made of the care and services you receive each time you are a patient in our hospital or one of our affiliated facilities. This record documents such things as your physical examination, test results, diagnosis, treatment, plans for future care, and information related to billing. We need this record to provide you with quality care and to comply with certain legal requirements. This notice describes the type of information we gather about you while you are a patient, with whom that information may be shared and the safeguards we have in place to protect it. It applies to all records of your care generated by hospital personnel, agents of the hospital, or your doctor. Please note that your doctor may provide you with a notice regarding the use and disclosure of your health information in his particular office.

B. OUR LEGAL DUTY REGARDING YOUR MEDICAL INFORMATION

We are required by law to keep private any medical information that identifies you and provide you with a description of our privacy practices with respect to your medical information. We will follow applicable laws and the terms of the notice that are currently in effect.

C. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

1. *Permitted and Required Uses and Disclosures of Your Health Information Which DO NOT Require Your Written Authorization or the Opportunity for You to Object or Agree*

The following categories describe the different ways that we may use and disclose medical information and examples of each. Not every possible use or disclosure in a category will be listed.

For Treatment: We may use health information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, training doctors, or other health care professionals who are involved in taking care of you. 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. Different healthcare professionals also may share health information about you in order to coordinate the different things you may need, such as medications, lab work, meals, and x-rays. We may also disclose medical information about you to people outside the facility who may be involved in your medical care after you are discharged or that provide services that are part of your continuing care.

For Payment: We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your treatment so they will pay us or reimburse you. We may also use and disclose medical information about you to obtain prior approval or determine whether your insurance plan will cover the treatment. We may contact you for the purpose of billing/collection efforts.

This may include leaving a message on your answering machine/voice mail.

For Health Care Operations: Members of our medical staff, clinical departments, and administrative units may use information in your medical record to review the care and outcomes in your case and similar cases. This is necessary to continually improve the quality of care for all patients we serve. For example, we may disclose information to doctors, nurses, technicians, training doctors, medical students, and other facility personnel for review and learning purposes. We may also use and disclose health information to assess your satisfaction with our services and for reviewing the competence of health care professionals.

Business Associates: Certain services are provided in our organization through contracts with business

associates. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. Some examples include CPA firms whose accounting services involve access to protected health information, healthcare clearinghouses that transmit claims on our behalf, independent medical transcriptionists who type medical reports, or a copy service we use to make copies of your health record. To protect your privacy, we require each business associate to sign an agreement that obligates the business associate to use appropriate safeguards to protect your health information.

Funeral Directors and Medical Examiners: Consistent with applicable law, we may use and disclose your health information to funeral directors and medical examiners in the event of your death.

Research: We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research and granted a waiver of the authorization requirement.

Future Communications: We may communicate to you via newsletters, mailings or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities in which our facilities are participating.

As Required by Law: We will disclose medical information about you when required to do so by federal, state or local law. This may include, but is not limited to requests from the following types of entities: 1) Food and Drug Administration; 2) Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability; 3) Governmental Authority which by law receives the reports of child abuse and neglect; 4) Protective Services for Victims of Abuse, Neglect or Domestic Violence; 5) Correctional Institutions; 6) Workers Compensation Agents; 7) Organ and Tissue Donation Organizations;

8) Military Command Authorities; 9) Health Oversight Agencies; 10) National Security and Intelligence Agencies; 11) Protective Services for the President and Others.

Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

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. This may include leaving a message on your answering machine/ voice mail.

Fundraising Activities: We may use health information about you in an effort to raise money for Tallahassee Memorial HealthCare, Inc. and its operations. We may disclose certain information to the TMH Foundation so that the Foundation may raise money for the hospital. You have the right to request (opt-out) that we not contact you for fund raising efforts. **If you do not want to be contacted for fundraising efforts, you must notify us as directed by the fundraising communication (correspondence) or notify our Privacy Officer by phone or in writing at the number or address on the last page.**

Affiliated Covered Entities: Protected health information will be made available to personnel at all facilities affiliated with and managed by Tallahassee Memorial HealthCare as necessary to carry out treatment, payment, and health care operations. Caregivers at other facilities may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment at this time. Please contact the TMH Privacy Officer for further information on the specific sites which are affiliated with TMH.

Organized Health Care Arrangement: Our facilities and their medical staff members share an organized health care arrangement. Information will be shared as necessary to carry out treatment, payment, and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

Data Aggregation: We may disclose protected health information to permit data aggregation with other health care providers for our health care operations such as quality assessment and improvement activities, population health analysis or clinical guideline development.

De-identified Information: We may use or disclose protected health information to create de-identified information which is not individually identifiable health information.

2. Uses and Disclosures of Your Health Information Which DO Require That You Have the Opportunity to Object or Agree

We may disclose the following kinds of health information about you, if you are informed in advance of the use and disclosure, and you have had the opportunity to agree to or prohibit or restrict the use and disclosure of this information. We may inform you verbally or in writing of these types of uses and disclosures, and you

may agree or object verbally or in writing to these uses and disclosures.

Directory: We may include certain limited information about you in our facility directory while you are a patient here. This information may include your name and location, (whether an inpatient, outpatient, or Emergency Center patient.) It may also include your general condition (e.g. fair, stable, etc.) and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you do not want to be included in the directory, please advise the Registration staff and request the "Opt Out Form".

Individuals Involved in Your Care or Payment for Your Care: We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who is responsible for or who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Health Information Exchange: We may disclose protected health information to a health information exchange or other similar organization for treatment purposes and health care operations, such as quality assessment and improvement activities, population health analysis or clinical guideline development, and other purposes consistent with federal and state law. **If you do not wish your protected health information to be shared with a health information exchange, please advise the Registration staff and request the "HIE Opt Out Form."**

3. Uses and Disclosures of Your Health Information Which Require Your Authorization The following uses and disclosures will be made only with your written permission: 1) Most uses and disclosures of psychotherapy notes; 2) Disclosures that constitute the sale of your protected health information; 3) Uses and disclosures for marketing purposes.

D. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

Your medical record is the physical property of the healthcare practitioner or facility that compiled it; however you have the right to:

Inspect and Copy: You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and obtain a copy your medical information, you must submit your request in writing to our Privacy Officer or our Director, Medical Records at the address at the end of this notice.

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional selected by Tallahassee Memorial HealthCare will review your request and the denial. We will comply with the outcome of the review.

Amend: If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

An Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required. To request an accounting of disclosures, you must submit your request in writing to our Privacy Officer.

Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. With the exception of "Out-of-Pocket Payments," described below, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to our Privacy Officer. In your request, you must tell us (1) what information you want to limit;

(2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply. Restrictions may be terminated upon your oral or written agreement, your written request or upon you receiving a notice from us that we are terminating the agreement to a restriction.

To request restrictions regarding your presence and/or location in the facility, you must make this known when you register or check-in as a patient.

Out-of-Pocket Payments: If you prefer that we not bill your health plan for a specific item or service and you have timely paid out-of-pocket in full for that specific item or service, then you have the right to ask that your protected health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request. Your request to limit disclosure in this way must be submitted in writing.

Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work instead of your home. The facility will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing to our Privacy Officer. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted.

Notification off a Breach: You have the right to be notified of any breach of your unsecured protected health information.

A Paper Copy of This Notice: You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.tmh.org. To obtain a paper copy of this notice, please request one when you register or check-in as a patient or contact our Privacy Officer.

E. OTHER USES OF MEDICAL INFORMATION WHICH REQUIRE YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing to our Privacy Officer, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

F. CHANGES TO THIS NOTICE

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the facility and include the effective date. You have the right to obtain a copy of the revised notice upon request.

G. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the TMH Privacy Officer at the address below or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

H. TALLAHASSEE MEMORIAL HEALTHCARE PRIVACY OFFICER

You may contact the TMH Privacy Officer at 850-431-5339. Written requests or inquiries may be sent to:

Privacy Officer (OR) Director, Medical Records (for record copy request) Tallahassee Memorial HealthCare, Inc.

133 Miccosukee Road
Tallahassee, FL 32308

Secretary of the Department of Health and Human Services Region IV-Office of Civil Rights

U.S. Department of Health and Human Services Atlanta Federal Center, Suite 3B70 61
Forsyth Street, SW Atlanta, GA 30303-8980

Phone: 404-562-7886 Fax: 404-562-7881

OCRComplaint@hhs.gov

