



**Hospital Sisters**  
HEALTH SYSTEM

# Specialty Pharmacy Services

## Welcome Packet



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## Welcome

Thank you for being a patient of HSHS. St. John's Specialty Pharmacy Services.

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

400 N. 9th St., Suite 1500  
Springfield, IL 62702

## Hours

### **Specialty pharmacy**

Monday through Friday 8:30 a.m. to 5:30 p.m.

### **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)
- Memorial Day (last Monday in May)
- Independence Day (July 4)
- Labor Day (first Monday in September)
- Thanksgiving (fourth Thursday in November)
- Christmas Day (December 25)

## Contact us

- Phone:
  - Specialty Pharmacy Local: 217-993-8184
  - Specialty Pharmacy Toll Free: 888-921-7691
  - After-Hours Clinical Support: 888-921-7691
- Email: [Specialty.Pharmacy@hshs.org](mailto:Specialty.Pharmacy@hshs.org)
- Website: [hshs.org/pharmacy](https://hshs.org/pharmacy)

## Pharmacy Overview

HSHS St. John's Specialty Pharmacy Services offers complete specialty pharmacy services to patients living in the central and southern Illinois area. 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 at 217-993-8184 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 888-921-7691 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 217-993-8184 or emailing [Specialty.Pharmacy@hshs.org](mailto:Specialty.Pharmacy@hshs.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 Patient Specific Services

We welcome and comply with standards for language and patient specific 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 our patient population. 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 patient specific 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. This 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. This 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. You can also pick up your prescription from the pharmacy at your convenience.

### **When will the specialty pharmacy contact me or my provider?**

The specialty pharmacy will call you to:

- Discuss your prescription and copay amount
- Schedule the delivery or pick-up time
- 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
- Provide counseling on your medicine
- Tell you 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?**

HSHS St. John's Specialty Pharmacy Services 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
- Cash
- Personal checks
- 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
- Verify your dosage
- Determine the shipment or pick-up time of your next refill

You can also pick up your prescription at the pharmacy at your convenience. Payment is required before your medication can be shipped or picked up from the pharmacy. Please call 217-993-8184 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 by calling 217-993-8184. 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. You may contact the pharmacy team at 217-993-8184.

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

- Patient Experience Department at 217-544-6464
- Your insurance company
- Illinois Board of Pharmacy at 888-473-4858 or online at <https://idfpr.illinois.gov/profs/boards/pharmacy.html>
- Accreditation Commission for Health Care at 855-937-2242

## Patient Rights and Responsibilities

As a patient of HSHS St. John's Specialty Pharmacy Services, you have the following rights and responsibilities. If you feel any of these rights have not been provided, please contact the pharmacy team at 217-993-8184.

### 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
- 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, 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
- Receive appropriate, patient-centered care in accordance with physician or allowed practitioner orders
- 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:

- [RXdrugdropbox.org](http://RXdrugdropbox.org)
- <http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>
- <https://medtakebackillinois.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.

### 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.

#### 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://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 need medication, 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](http://www.fema.gov).

## Wellness Tips

### Washing your hands

Keeping your hands clean is one of the most important steps in staying well. Basic hand washing with soap and water significantly reduces the spread of germs. If you do not have access to clean water, use hand sanitizer instead.

### When should you wash your hands?

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers and cleaning up or helping 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 should you wash your hands?

1. **Wet** your hands with clean, running water (warm or cold). Turn off the tap. Apply soap.
2. **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.
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.

### Preventing the flu

The flu affects millions of people every year. While many people recover from the flu at home, an estimated 250,000 people are admitted to the hospital each year. Unfortunately, more than 18,000 people die annually due to the flu.

### How can you help stop the spread?

- Get a flu shot.
- Cover your cough.
- Try to stay away from others who are sick.
- Stay home when you feel sick.
- Avoid touching your eyes, nose, and mouth.
- Clean and disinfect potentially contaminated areas.

## Resources

- [www.cdc.gov/flu](http://www.cdc.gov/flu)
- [www.cdc.gov/handhygiene](http://www.cdc.gov/handhygiene)

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS WITH RESPECT TO HEALTH INFORMATION, HOW TO FILE A COMPLAINT CONCERNING A VIOLATION, AND HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH HOSPITAL SISTERS HEALTH SYSTEM PRIVACY DEPARTMENT, 4936 LAVERNA ROAD, SPRINGFIELD, ILLINOIS 62794-9456 AT (217) 757-3258 OR EMAIL US AT PRIVACYDEPARTMENT@HSHS.ORG IF YOU HAVE ANY QUESTIONS.**

### PLEASE REVIEW IT CAREFULLY.

Federal Law requires Hospital Sisters Health System (HSHS) and our health care providers to maintain the privacy of your Protected Health Information (PHI). We are required by law to give you this notice and to comply with the terms and conditions of the most current notice. We reserve the right to change the terms of this notice and to make the new notice terms apply to all of your PHI we maintain. We will make you aware of our new notice terms by updating our Notice of Privacy Practices posted on our website and at our facility.

### JOINT NOTICE

HSHS and entities under common ownership and control along with the medical staff and allied health professionals providing treatment at our facilities work together in an Organized Health Care Arrangement (OHCA). As part of the OHCA, we share your PHI as necessary for your treatment, to get paid for services, and to carry out other health care operations such as quality assessment and improvement. This joint notice describes how the health care professionals and workforce members, including colleagues, medical staff members, students, and volunteers participating in the OHCA use and disclose your health information. A Notice of Privacy Practices provided to you by those entities will also satisfy the HIPAA requirement to provide you with the notice. A list of the Hospital Sisters Health System entities within our OHCA can be found on the Hospital Sisters Health System website at <https://www.hshs.org/privacy-policy>.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Below are some examples of different ways that we are permitted to use and disclose your health information without your authorization.

- **Treatment.** We may disclose in person, by phone, mail, fax or electronically PHI about you to physicians, nurses, technicians, or other personnel who are involved in your care or treatment. For example, a physician may use the information in your medical record to determine which treatment option, such as a drug or surgery, best addresses your health needs. This information is documented in your medical record so that other health care providers may make informed medical decisions about your care. If required by law, we will obtain your authorization before disclosing psychotherapy notes or HIV test results to other health care professionals for treatment purposes.
- **Payment.** We may use or disclose your PHI to bill and collect payment from you, your insurance company, or other parties responsible for paying for your services. For example, we may disclose your diagnosis, treatment plan, results, and/or treatment progress to your health insurer in order to receive payment, unless otherwise restricted as further described in this notice. As required by Illinois and Wisconsin law, we will obtain your authorization before disclosing psychotherapy notes or HIV test results for payment purposes.
- **Health Care Operations.** We may use your PHI to assist us in improving the quality or cost of care we provide and to manage, operate and support the business activities of our organization. This may include evaluating the care provided by your physicians, nurses, and other health care professionals, or comparing the effectiveness of your treatment to patients in similar situations. We may also use your health information to educate students preparing for health-related careers and to further educate our current employees. We may disclose your PHI to accreditation, certification and licensing organizations who review the quality of our services. We may disclose PHI to our business associates who provide us with services necessary to operate and function as a health care organization and are under contract with us to protect the privacy and security of your information. We will only provide the minimum information necessary for the associates to perform their function. For example, we may disclose PHI to an entity that processes requests for copies of medical records on our behalf.
- **Facility Directory.** Unless you object, when you are admitted as an inpatient or for short stay services, we will include your name, location in our facility and religious affiliation in our directory. We may provide the information in our directory to anyone who asks for you by name or to your church if requested.

- **Notification and Communication with Family and Friends.** We may disclose your PHI to a family member, your personal representative or other person responsible for your care or payment for your care, to notify them of your location, general condition, or death. We may also disclose your PHI for notification purposes to public or private entities assisting in disaster relief efforts. We will give you the opportunity to agree or object before disclosing your information in these situations. If you are unable to agree or object to a disclosure, or in cases of emergency, we will use our best judgement in communicating with your family and others.
- **Communications to you.** We may use your information to remind you of appointments, give you test results, or recommend treatment alternatives or wellness services that may be of interest to you or provide you with surveys regarding your care.
- **Judicial and Administrative Proceedings.** We may disclose your health information in response to a court order and, in some circumstances, a subpoena. Under most circumstances when the request is made through a subpoena, a discovery request or involves another type of administrative order, your authorization will be obtained before disclosure is permitted.
- **Required or Permitted by Law.** We may disclose PHI to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, or missing person, victims of abuse, neglect or complying with a court order or other law enforcement purposes. In addition, as required by law we may disclose PHI to the proper authorities for patients in the custody of law enforcement or in a correctional facility.
- **Public Health Activities.** We may disclose your PHI for public health activities. These activities generally include but are not limited to the following: to prevent or control disease, injury, or disability; to report deaths; to report to cancer registries or other similar registries; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose your PHI to health oversight agencies responsible for overseeing our operations; this may include audit, investigation and inspection related to oversight of the health care system or government benefit programs. For example, we may disclose your PHI to regulatory agencies conducting a review of our quality of care.
- **Death.** We may disclose PHI to funeral directors as needed and to coroners or medical examiners to identify a deceased person, determine cause of death, or perform other functions required by law. For example, we may provide HIV tests to a funeral director or other persons who prepare a body for burial.
- **Organ, Eye or Tissue Donation.** We may disclose PHI to facilitate the donation and transplantation of organs, eyes, and tissue.
- **Research.** We may use and disclose your PHI to conduct research only under certain circumstances and after a special approval process.
- **Philanthropy.** We may use your information, including but not limited to name, address, gender, date of birth, treating physician, department of services and outcome information, to contact you for our own fund raising purposes which support important activities of our hospital ministries through the Hospital Sisters of St. Francis Foundation. You may opt out of receiving fundraising communications from us at any time.
- **Serious Threat to Health and Safety.** We may disclose your PHI to the necessary authorities, if we believe in good faith, that it will prevent or lessen a serious and imminent threat to the health and safety of you or the public. For example, we may disclose your PHI to the Department of Transportation if your medical condition affects your ability to safely drive a car.
- **Essential Government Functions.** We may use or disclose PHI to carry out certain essential government functions. For example, we may disclose PHI to a government agency for national security or intelligence activities, correctional institution and other law enforcement as required by law.
- **Worker's Compensation.** We may disclose your PHI to the appropriate persons in compliance with workers' compensation laws. For example, we may provide your employer with information about your work-related injury.
- **Shared Medical Record/Health Information Exchange.** We may maintain your PHI in a shared electronic medical record. You may obtain a list of participants utilizing the shared electronic medical record by contacting the Privacy Officer. Unless you object, we may also submit your PHI to an electronic health information exchange (HIE). Participation in an HIE allows us and other providers to see and use information about you for your treatment, payment, and health care operations.
- **Marketing and Sales.** We will obtain your authorization before using your PHI for marketing or sales purposes, as required by law. For example, we will obtain your authorization if we want to use your PHI in an article about the hospital. You may revoke this authorization at any time.

• Other Uses of Your PHI. We will ask for your written authorization before using or disclosing your PHI for situations not described in this notice. You may revoke your authorization at any time.

## **CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS**

The confidentiality of substance use disorder patient records (e.g., related to alcohol or drug use diagnosis, prognosis or treatment) maintained by us is protected by Federal law and regulations (Part 2) and places additional restrictions on use and disclosures of such health information. Please note that Part 2 does not protect all substance use disorder information that we may have. Part 2 applies to certain programs (which could be limited to certain persons, programs or departments of your business) that are federally funded and hold themselves out as and/or have the primary purpose of providing substance use disorder treatment, diagnosis or referral for treatment. Part 2 will generally continue to protect information that we receive from another Part 2 program with your consent.

Generally, where Part 2 applies in our organization, we may not disclose to a person outside the Part 2 program that you are a patient of the Part 2 program, or disclose any information identifying you as an alcohol or drug abuser unless allowable as provided in this Section.

We will obtain your written consent to use and disclose your Part 2 records unless we are permitted to use and disclose such records without your written consent by Part 2. You may revoke your written consent in writing, except to the extent that our Part 2 program or other lawful holder of the information has already acted in reliance on your consent, and subject to limitations described below for disclosures to the criminal justice system. You may revoke the consent by contacting Hospital Sisters Health System Health Information Management Department, 4936 Laverna Road, Springfield, Illinois 62794-9456. The following are examples of circumstances where Part 2 allows use and disclose of your Part 2 records with your written consent.

- **Designated Person or Entities.** We may use and disclose your Part 2 Records in accordance with the consent to any person or category of persons identified or generally designated in the consent. For example, if you provide written consent naming your spouse or health care provider, we will share your information with them as provided in your consent.
- **Consent for Treatment, Payment, or Health Care Operations.** We may use and disclose your Part 2 records with your consent for treatment, payment or health care operations. The written consent may be a single consent for all future uses and disclosures for treatment, payment and health care operations purposes, until such time as the consent is revoked by you.
- **Central Registry or Withdrawal Management Program.** We may disclose your Part 2 records to a central registry or to any withdrawal management or treatment program for the purposes of preventing multiple enrollments, with your written consent. For example, if you consent to participating in a drug treatment program, we can disclose your information to the related program to coordinate care and avoid duplicate enrollment.
- **Criminal Justice System.** We may disclose information from your Part 2 records to those persons within the criminal justice system who have made your participation in a Part 2 program a condition of the deposition of any criminal proceeding against you. The written consent must state that it can be revoked upon the passage of a specific amount of time or occurrence of a specified, ascertainable event. The time or occurrence upon which consent becomes revocable may be no later than the final disposition of the conditional release or other action in connection with which the consent was given. For example, if you consent, we can inform a court-appointed officer about your treatment status as part of a legal agreement or sentencing conditions.
- **PDMPs.** We may report any medication prescribed or dispensed by us to the applicable state prescription drug monitoring program if required by state law. We will first obtain your consent to a disclosure of Part 2 records to a prescription drug monitoring program prior to reporting such information.

The following categories describe ways that Part 2 allows use and disclose your Part 2 records without your written consent.

- **Medical Emergencies.** We may disclose your Part 2 records to medical personnel to the extent necessary to meet a bona fide medical emergency in which your prior written consent cannot be obtained. We may also disclose your Part 2 records to meet a bona fide emergency in which our Part 2 program is closed and unable to provide services or obtain your prior written consent during a temporary state of emergency declared by a state or federal authority as a result of a natural or major disaster, until such time that we resume operations.

- **Research.** We may disclose your Part 2 records for research purposes consistent with the provisions elsewhere in this Notice.
- **Fundraising.** We may use and disclose your Part 2 records for fundraising purposes, consistent with the provisions elsewhere in this Notice. You may opt out of receiving fundraising communications from us at any time. We may only use or disclose Part 2 records for fundraising if you are first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications.
- **Management and Financial Audits and Program Evaluation.** Under certain circumstances, we may use or disclose your Part 2 records for purposes of performance of certain program financial and management audits and evaluations. For example, we may disclose your identifying information to any federal, state or local government agency that provides financial assistance to the Part 2 program or is authorized by law to regulate the activities of the Part 2 program. We may also use or disclose your identifying information to qualified personnel who are performing audit or evaluation functions on behalf of any person that provides financial assistance to the Part 2 program, which is a third-party payor or health plan covering you in your treatment, or which is a quality improvement organization (QIO), performing QIO review, the contractors, subcontractors, or legal representatives of such person or QIO, or an entity with direct administrative control over our Part 2 programs.
- **Public Health.** We may use or disclose your Part 2 records to a public health authority for public health purposes. However, the contents of the information from the Part 2 records disclosed will be de-identified in accordance with the requirements of HIPAA, such that there will be no reasonable basis to believe that the information can be used to identify you.
- **Crime on the Premises, Threats and Abuse.** We may disclose to law enforcement information about a crime committed by you at our treatment facilities or suspected child abuse or neglect. Federal law and regulations do not protect any information about a crime committed by you either at or against any person who works for the treatment center or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

The restrictions on use and disclosure in Part 2 also do not apply to communications of Part 2 records between or among personnel having a need for them in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of patients with substance use disorders if the communications are within the Part 2 program (or between our Part 2 programs and an entity that has direct administrative control over the program) and to communications of Part 2 records to a qualified service organization if needed for such organization to provide services to or on behalf of our Part 2 programs (similar to the business associate provisions discussed in this Notice above).

Any Part 2 record, or testimony relating the content of such records, shall not be used or disclosed in a civil, administrative, criminal or legislative proceeding against you unless you provide specific written consent (separate from any other consent) or a court issues an appropriate order. Your Part 2 records will only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you, the organization or other holder of the Part 2 record in accordance with Part 2. A court order authorizing use or disclosure of Part 2 records must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the Part 2 records may be used or disclosed.

To the extent applicable state law is even more stringent than Part 2 on how we may use or disclose your health information, we will comply with the more stringent law.

## YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding health information that we maintain about you, including both PHI and Part 2 information. To exercise these rights, please submit a request in writing to the Hospital Sisters Health System Health Information Management Department, 4936 Laverna Road, Springfield, Illinois 62794-9456. Forms are available upon request to assist you with making a written request.

- **Inspect and Obtain a Copy of Your PHI.** With a few exceptions, you have the right to review and obtain a copy of health information that may be used to make decisions about your care or direct that a copy be shared with another individual or entity. If you request a copy of the information, we may charge a reasonable fee as permitted by law for certain costs associated with producing the copy. We may deny your request to inspect and obtain a copy in certain circumstances. If you are denied access to health information, you may request that the denial be reviewed.
- **Request an Amendment of Your PHI.** If you believe your PHI is incorrect or incomplete, you have the right to request we amend it. We will review your request and notify you in writing of our final decision. If we deny

your request, you may file a written statement of disagreement, which we may rebut in writing. The denial, statement of disagreement, and rebuttal will be included in any future disclosures of the relevant PHI. We are not required to make an amendment to your PHI if we determine that:

- The information was not created by this organization.
- The information is not part of your designated record set.
- The information is/was not available to you for inspection under applicable laws.
- The information is accurate and complete.

- **Request Restrictions on Certain Uses and Disclosures.** You have the right to request restrictions on how we use or disclose your PHI for treatment, payment, health care operations, communications to family or friends or disaster relief agencies. We are not required to agree to or grant restriction requests. We will honor your request to restrict disclosure of your PHI to your health plan for payment and healthcare operations purposes, and if not otherwise required by law, when you or someone on your behalf, pays for your services in full. If we do agree to a request, we may still provide PHI, as necessary, to give you emergency treatment.
- **Request to Receive Confidential Communications of Health Information.** You have the right to receive your PHI through a certain method or at a certain location. Please make your request at the time of registration.
- **Receive an Accounting of Disclosure of Your PHI.** You have the right to request an accounting of disclosures of your PHI. This is a list of the disclosures we made of health information about you, but does not include certain disclosures that are exempt, including, but not limited to, disclosures made for treatment, payment, or healthcare operations, disclosures made to you, disclosures made pursuant to your written authorization, disclosures for our facility directory, notifications and communications with family and/or friends, or certain disclosures as required by law. We will provide you with the first accounting in a 12-month period for free; we will charge the cost of producing the information for all other requests. If you are requesting an accounting of disclosures of Part 2 records made pursuant to your written consent in the three (3) years prior to the date of the request (or a shorter period of time chosen by you), we will provide such accounting consistent with the HIPAA requirements and Part 2.
- **Receive a Copy of This Notice.** You have the right to receive a copy of our Notice of Privacy Practices. We may change our privacy practices described in this notice at any time. Changes to our privacy practices apply to all PHI we maintain. You may choose to review our current notice at the registration/admitting desk at any of our facilities or on our website at [www.hshs.org](http://www.hshs.org).

## RECEIVE NOTICE OF A BREACH OF YOUR PHI

As Required by law, you have the right to receive notification if your health information is acquired, accessed, used, or disclosed in an unauthorized manner.

## NOTICE OF REDISCLOSURE

PHI that is disclosed pursuant to this Notice may be subject to redisclosure by the recipient and no longer protected by HIPAA. Law applicable to the recipient may limit their ability to use and disclose the PHI received – for example, if they are another entity subject to HIPAA or Part 2.

## FILE A COMPLAINT

You have the right to file a complaint. If you are concerned that your privacy rights have been violated, you may file a complaint with Hospital Sisters Health System or with the Secretary of the Department of Health and Human Services Office of Civil Rights. Your complaint will not affect the care and services we provide you in the present or in the future. To file a complaint with us, please contact the Privacy Officer at:

### Hospital Sisters Health System

Attn: Privacy Officer  
4936 Laverna Road  
Springfield, Illinois 62794-9456  
(217) 757-3258  
[PrivacyDepartment@HSHS.org](mailto:PrivacyDepartment@HSHS.org)

This Notice of Privacy Practices is effective March 1, 2025, and will remain in effect until we revise it.

HSHS does not discriminate on the basis of race, color, national origin, sex, age or disability in its health programs and activities.



**Hospital Sisters**  
HEALTH SYSTEM

**Specialty Pharmacy Services**

400 N. 9th St., Suite 1500  
Springfield, IL 62702  
217-993-8184