



Sky Lakes Specialty Pharmacy

# Welcome Packet

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## Welcome

**Thank you for being a patient of Sky Lakes Medical Center's 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

2865 Daggett Avenue, Suite B (located in the main Medical Center on the 2nd floor)  
Klamath Falls, OR 97601

## Contact us

Phone: 541-274-3760  
Fax: 541-274-3765  
800#: 1-888-965-0733

## Hours

**Specialty pharmacy**  
Monday through Friday  
9:00am - 5:00pm

**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)
- Friday after Thanksgiving
- Christmas Day (December 25)



## Pharmacy Overview

Sky Lakes' specialty pharmacy offers complete specialty pharmacy services to patients living in our community. 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
- Assistance with your benefits and financial assistance programs
- Refill reminders
- Information about your disease
- Free delivery of your specialty medications to the location of your choice

## 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 **541-274-3760** if you have questions about:

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

# 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 541-274-3760 or emailing [specialtypharmacy@skylakes.org](mailto:specialtypharmacy@skylakes.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 manager. 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 manager 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. 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

## 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
- 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?

Sky Lakes' 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
- 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.

# Frequently Asked Questions

## 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 of your next refill

Payment is required before your medication can be shipped from the pharmacy.

Please call 541-274-3760 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 541-274-3760. You can also leave a message on our voicemail.

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

All non-specialty pharmacy medications will need to be filled at any of our other Sky Lakes Retail locations (Sky Lakes Outpatient Pharmacy, Sky Lakes Downtown Pharmacy, or Sky Lakes Washburn Pharmacy) or any other Retail pharmacy locations in the area.

## 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 541-274-3760. If you still have concerns, you may contact the pharmacy manager at 1-541-274-3760. If we are unable to resolve your complaint, you may contact:

- Patient Experience Department at 541-274-3760
- Your insurance company
- CA Board of Pharmacy at (916) 518-3100 or OR Board of Pharmacy at (971) 673-0001
- Accreditation Commission for Health Care at (855) 937-2242
- URAC at 202-216-9010 or [www.urac.org/contact](http://www.urac.org/contact)





## Patient Rights and Responsibilities

As a patient of Sky Lakes' specialty pharmacy, you have the following rights and responsibilities. If you feel any of these rights have not been provided, please contact the pharmacy manager at 541-274-3760.

### 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
- 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 three available options.

All 3 Sky Lakes Retail locations and Outside Inpatient pharmacy/Specialty Pharmacy has medication take back bins for medication disposal.

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:  
HOME | [takebackdrugs.org](http://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 call the pharmacy at 541-274-3760 and a pharmacy team member can provide you with additional information.

## 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

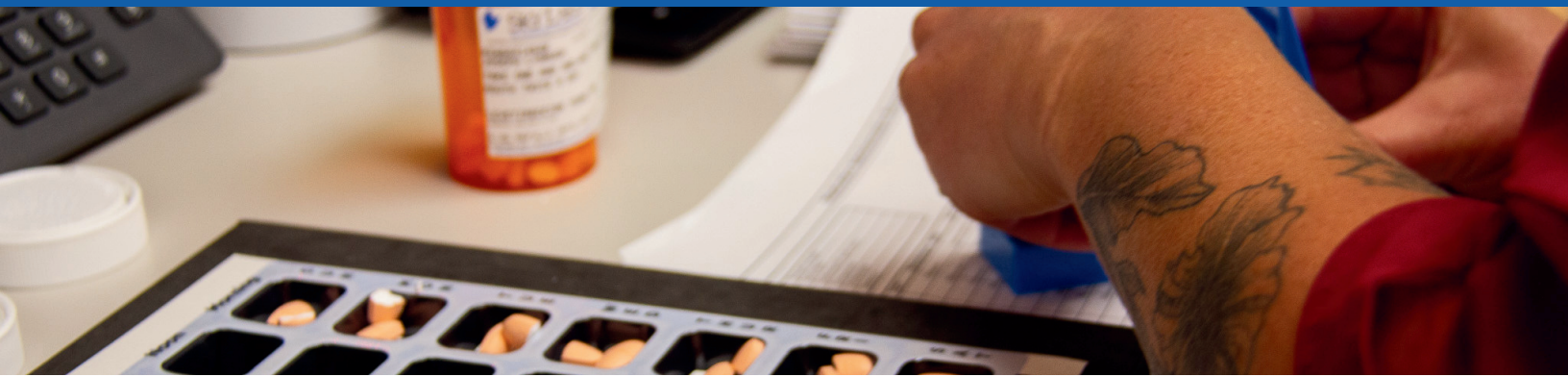
If your therapy involves the use of needles, we will give you a sharps container to use for disposal. After using your injectable medication, place all needles, syringes, lancets, and other sharp objects into a sharps container. Check with your local waste management collection service or public health 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](http://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](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

## OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the medical center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the medical center, whether made by medical center personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

## JOINT HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: May 1, 2021

THIS JOINT NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW IT CAREFULLY.**

WHO WILL FOLLOW THIS JOINT NOTICE:

This joint notice describes Sky Lakes Medical Center's practices and that of:

1. All members in good standing of the active, associate and courtesy medical staff of the Sky Lakes Medical Center medical staff, and the respective workforces of such members of the Sky Lakes Medical Center medical staff.
2. All medical residents employed by Oregon Health and Science University ("OHSU") who provide medical resident services at Sky Lakes Medical Center pursuant to a contract between the medical center and OHSU.
3. Any medical professional authorized to enter information into any medical records of Sky Lakes Medical Center
4. Sky Lakes Medical Center and all departments and units of Sky Lakes Medical Center. Effective Date: May 20, 2021
5. Any member of a volunteer group which Sky Lakes Medical Center allows to help patients while they are in Sky Lakes Medical Center.
6. The Sky Lakes Medical Center workforce including, without limitation, all employees, staff and other Sky Lakes Medical Center personnel.

The foregoing six categories of persons and Sky Lakes Medical Center are collectively referred to as the "parties" or the "OHCA Members." The term OHCA means "organized health care arrangement." The term "we" refers to the OHCA members.

- Sky Lakes Medical Center's principal location is at 2865 Daggett Avenue, Klamath Falls, Oregon 97601. However, this joint notice applies to all medical and other facilities of Sky Lakes Medical Center, wherever located.

- All these entities, persons, sites and locations shall follow the terms of this joint notice. In addition, these entities, persons, sites and locations may share medical information about you with each other for treatment, payment or health care operation purposes described in this joint notice. Any references to “hospital” in this joint notice means Sky Lakes Medical Center.

#### Our Duties:

We are required by law to maintain the privacy of your medical information. We are also required to notify you of our legal duties and privacy practices regarding your medical information, and to abide by the practices of this notice.

#### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students and residents, the OHCA members, and/or other hospital personnel who are involved in taking care of you at the hospital. 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 a dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and X-rays. As part of discharge planning, we may also disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy or others we use to provide services that are part of your care.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. 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.

**For Health Care Operations.** For Health Care Operations. We may use and disclose medical information about you for hospital operations and operations of the OHCA. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of the staff in caring for you. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students and residents, the OHCA members and/or other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information

from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**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 the hospital.

**Treatment Alternatives.** 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.

**Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money for the hospital and its operations. We may disclose information to a foundation related to the hospital so that the foundation may contact you in raising money for the hospital. We would release contact information, such as your name, address and telephone number, the dates you received treatment or services at the hospital, department of service, treating physician, outcome information, and health insurance status. If you do not want the hospital to contact you for fundraising efforts, you must notify the Privacy Officer in writing. We will not condition treatment or payment on your choice of whether or not to receive fundraising communications.

**Facility Directory.** We may include certain limited information about you in the facility directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The 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, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. You may opt out of the facility directory.

**Individual 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 helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical 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.

**Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about

you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital.

We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care in the hospital.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

#### **SPECIAL SITUATIONS:**

**Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation or transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release medical information about you to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- 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 medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights Laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.



**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In emergency circumstances to report a crime, the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:**

You have the following rights regarding medical information we maintain about you:

**Right to Opt Out of the Facility Directory.** You have the right to be excluded from the facility directory. To exercise this right, you must inform the patient access representative, who will assist you in opting out of the Facility Directory.

**Right to Inspect and Copy.** You have the right to inspect and request copies of medical information that may be used to make decisions about your care.

Usually, this includes medical and billing records, but does not include some mental health information. To inspect or receive copies of medical information that may be used to make decisions about you, you must submit your request in writing to Medical Records. If you request a copy of the information, we may charge a fee for the costs associated with fulfilling your record request. If the information is stored electronically, you have the right to receive the information in electronic format.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another

licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you believe that 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 hospital. To request an amendment, your request must be made in writing and submitted to Medical Records. In addition, you must include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.
- 

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than for our own uses for treatment, payment and health care operations, as those functions are described above. To request this list or accounting of disclosures, you must submit your request in writing to the Director of Medical Records. Your request must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically).

**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 or health care operations. You also have the right to 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, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

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 the 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, for example, disclosures to your spouse.

**Right to Restrict Disclosures to a Health Plan.** If you pay out of pocket and in full for an item or service, you have the right to restrict disclosures containing the item or service from health care plans.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at certain locations. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. Your request must also specify, if we determine it to be appropriate, information as to how payment, if any, will be handled.

**Right to Breach Notification.** You have the right to be notified following a breach of unsecured protected health information.

**Right to a Paper Copy of this Joint Notice.** You have the right to a paper copy of this joint notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this joint notice electronically, you are still entitled to a paper copy of this joint notice, which may be obtained by contacting Medical Records or Patient Access.

You may obtain a copy of this joint notice at our Website: [www.skylakes.org](http://www.skylakes.org)

#### **CHANGES TO THIS JOINT NOTICE:**

We reserve the right to change this joint notice. We reserve the right to make the revised or changed joint notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current joint notice in the hospital. The effective date of the joint notice is on the top of the first page.

#### **COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact the Privacy Officer, Sky Lakes Medical Center, 2865 Daggett Avenue, Klamath Falls, Oregon 97601. You will not be penalized for filing a complaint.

You may also contact the Privacy Officer to receive further information about the matters covered in this privacy notice.

#### **OTHER USES OF MEDICAL INFORMATION:**

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, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures that we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

# Condition of Services

**CONSENT FOR TREATMENT:** I consent to hospital treatment rendered as instructed by my physician/care practitioner or as is appropriate for my health. I understand doctors/providers ( including but not limited to anesthesiologists, pathologists and radiologists) at Sky Lakes Medical Center are not employees or agents of the hospital but are private practicing physicians and will bill separately. Further, Sky Lakes cannot guarantee that the provider treating me is a preferred provider with my insurance. I understand that Sky Lakes is a teaching hospital that teaches and trains doctors, nurses, and other health care providers. Residents and other trainees, who are supervised by qualified professionals, may be involved in my care. Sky Lakes will attempt to honor my request that residents or other trainees not participate in my non-emergency care, but Sky Lakes cannot guarantee residents or other trainees will not be involved in my care, but Sky Lakes cannot guarantee residents or other trainees will not be involved in my care. I understand that should complications in my care occur that require services beyond what Sky Lakes has capability to provide, I may need to be transferred to another facility. I consent to all Sky Lakes' policies and procedures applicable to my care and its documentation.

**2. TESTS:** During my care, I understand and consent to, as part of my medical evaluation, certain tests, including but not limited to drug screening.

**3. RELEASE OF INFORMATION TO OBTAIN PAYMENT FOR SERVICES:** I hereby authorize Sky Lakes Medical Center to disclose to third party payers, their medical review company and/or other medical providers the diagnosis and any other pertinent information needed relating to services rendered by Sky Lakes for billing and payment for such services. I recognize the information disclosed may contain information that is protected by federal and state law, and I specifically consent to disclosure of such information. I understand this authorization may be revoked at any time, except to the extent that action has been taken before notice of revocation.

**4. FINANCIAL AGREEMENT:** The undersigned, jointly and severally, in consideration of services to be rendered to patient, agrees to pay, in full, each provider of service, in accordance with their regular rates and terms, for the services rendered. The undersigned further agrees to pay reasonable attorney fees and expenses incurred in collecting the sums not paid when due, whether or not litigation is actually commenced, as well as costs incurred on appeal. The undersigned assigns to each hospital based/employee provider of service all insurance benefits available for the professional, hospital, and residency center services rendered. This assignment of benefits is nonrevocable, and the undersigned authorizes carriers of such benefits to make payment directly to the provider(s) of services. The undersigned agrees to pay any charges not immediately covered by insurances no later than 10 days after a final notice has been sent. I understand that this authorization also applies directly to release of Medicare benefits, and have received ( inpatient only) HCFA form "An Important Message from Medicare". ( When applicable )

**5. NONCOVERED SERVICES:** Any or all portions of a bill may be denied for payment by the insurance carrier because services are not covered under a patient's health plan or have been applied to the patient's deductible or co-insurance portion, or because the patient is not eligible or has exhausted their benefits. Any or all non-covered portions of the bill are expected to be paid in full by the patient within 90 days of the date of service.

**6. RIGHTS AND RESPONSIBILITIES:** I have received a copy of the patients' rights and responsibilities.

**7. HIPAA PRIVACY PRACTICES:** I have received a copy of the HIPAA Notice of Privacy Practices.

**8. PERSONAL VALUABLES:** Sky Lakes Medical Center maintains a safe for safekeeping of money and valuables which I may use upon request. I agree that Sky Lakes shall not be liable for loss of or damage to any personal property whether I use the safe or elect to retain my valuables.

**9. OUTPATIENT CARE:** I agree that the above consents and authorizations to release information apply to outpatient services provided for one year from today's date. I understand that these consents and authorizations are revocable in writing by me at any time. I further understand that the Financial Agreement and any Assignment of Benefits for services already provided is not revocable.

**10. NON-SMOKING FACILITY:** The Surgeon General of the United States warns that cigarette smoking may be hazardous to your health. If you smoke, you are strongly encouraged to stop. Please talk to your physician or your nurse about information to help you stop smoking, or call the American Cancer Society (toll-free), 1-800-227-2345). Sky Lakes Medical Center is a tobacco-free facility. My signature verifies that I have read the front and back of the conditions of service, that I fully understand accept, and authorize my treatment under the terms and conditions as noted on this form. I acknowledge that I have received a copy of this form. I also understand that my signature acknowledges that I am the responsible party for payment of the patient's bill and that Oregon law provides that certain family members may be responsible for payment of a patient's hospital bill whether or not they sign this document.

# BILLING & PAYMENT INFORMATION

At Sky Lakes Medical Center, we understand that medical bills are often confusing, unexpected and difficult to fit into your budget. We hope this information will answer your basic questions and help you to choose a way to meet your financial obligations.

## I. UNDERSTANDING YOUR BILLS

Sky Lakes Medical Center – The hospital bills you for only those services it provided. You will receive a monthly statement showing the status of your account. You may also receive bills from:

PHYSICIAN – If you were seen by your private physician, consulting physician, and/or ER physician you may receive a bill directly from his/her office for the services you received.

### SURGEON/ANESTHESIOLOGIST/PATHOLOGIST

If you received the services of a Surgeon, Anesthesiologist, and/or Pathologist while you were in the hospital, you will receive a bill for those services directly from his/her office. Please contact their office directly if you have questions about the bill.

## II. INSURANCE BILLING

Sky Lakes Medical Center will bill your insurance company as a courtesy to our patients. All medical insurance is a private contract between a patient and an insurance company. It is the patient's responsibility to see that their insurance pays; if it fails to do so, you are expected to make payment so that the account does not remain unpaid. In order to bill insurance companies, the following information must be supplied:

(A) Completed billing identification; numbers name and address of the company:

(B) Assignment of benefits on hospital Condition of Services form must be signed. Sky Lakes Medical Center does not assume any responsibility for obtaining any preauthorization, pre-certification, second opinions or any other pre-hospital care authorizations. These requirements are contractual agreements between the patient and his/her insurance company.

## III. PAYMENT

All account balances are due in full upon receipt of the bill. If you have questions about your account you can contact Patient Financial Services at (541) 274-6221. We accept VISA, MasterCard, Discover Card, American Express and electronic checks over the phone for your convenience.

## IV. QUESTIONS

If you wish to discuss other payment options or to inquire about our Financial Assistance programs, please call (541) 274-6699. A Financial Counseling representative will gladly assist you.







# Sky Lakes Specialty Pharmacy