

# Rx Plus Pharmacy Welcome Packet



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Dear new patient,

We would like to welcome you to **Rx Plus Pharmacy**, a member of the **AdventHealth family of care**. In this packet, we will answer some commonly asked questions to help you maximize your health-plan pharmacy benefits provided through AdventHealth. If at any time you have further questions, please contact the pharmacy directly.

## Rx Plus Pharmacy Contact Information

582 Monroe Road, Suite 1412A | Sanford, FL 32771

Business Hours: Monday thru Friday, 8 am to 8 pm\*

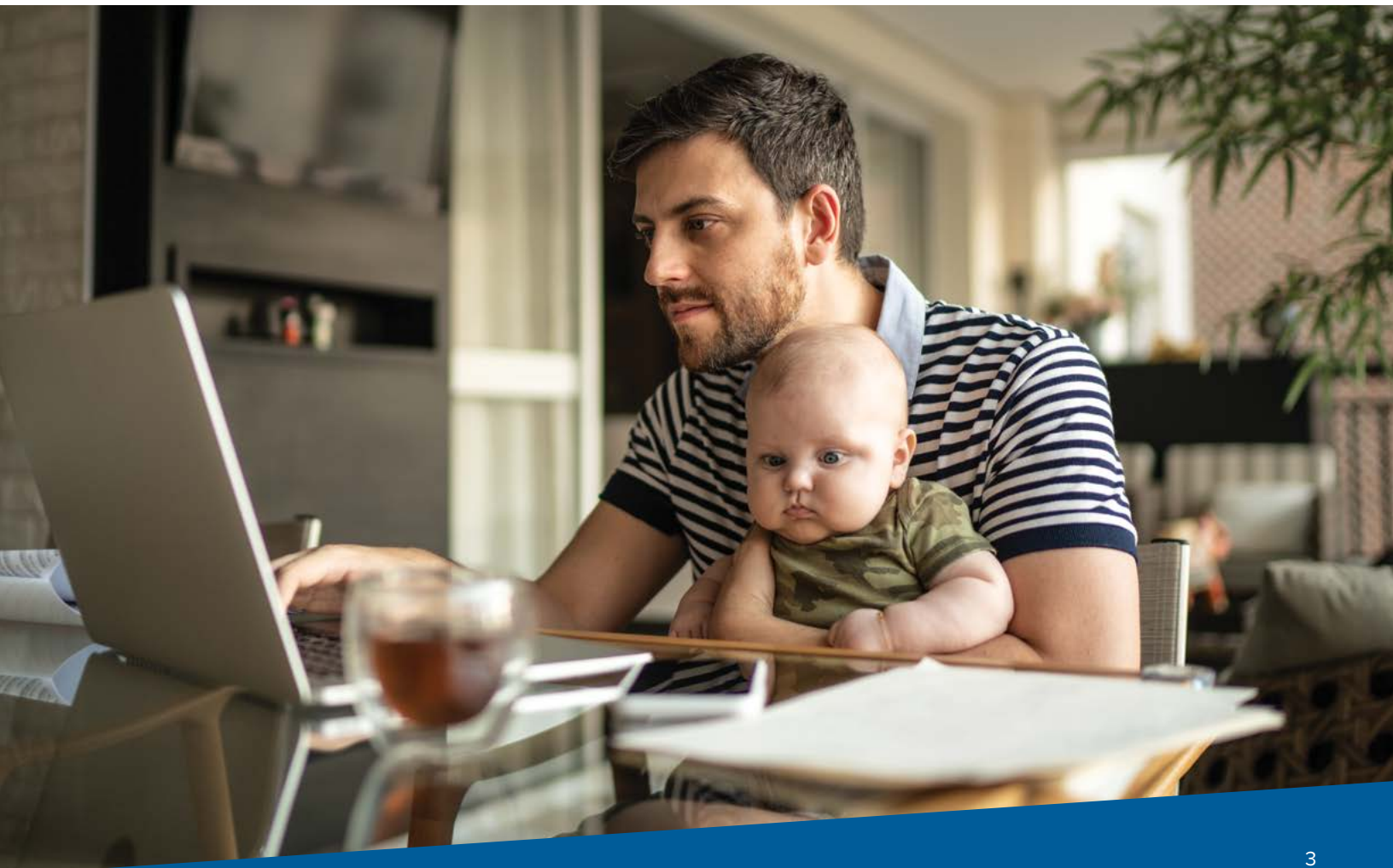
Toll-Free: 1-866-943-4535 | 1-407-805-8545 FAX | MyAdventHealthRX.com

Thank you for choosing Rx Plus Pharmacy. It is our honor to provide you with the best possible service.

Sincerely,

**The Rx Plus Pharmacy Team**

*\*We are closed on weekends and all major holidays, including New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.*





## Maintenance Prescription Drug Program

### What is MedImpact and Rx Plus Pharmacy?

The pharmacy benefit portion of your health plan is provided by Rx Plus Pharmacy and MedImpact. Rx Plus Pharmacy is a department within AdventHealth that manages your health-plan pharmacy benefits and your mail-order pharmacy program. Rx Plus Pharmacy helps lower your costs by using the purchasing power of our large health system to purchase drugs in bulk.

MedImpact is a third-party pharmacy benefit management company. It helps develop the formulary and determine which drugs will be in the generic, most-preferred brand and less-preferred brand tiers. MedImpact also provides the infrastructure to help manage the prescription drug benefits, making it possible for your benefit card to be recognized and used at retail pharmacies across the country.

### How do pharmacy benefits work?

The pharmacy benefit component of your health plan allows AdventHealth to provide prescription drug benefits to covered employees and families, while also managing benefit costs for you and for AdventHealth. We encourage the use of effective, lower-cost drugs through a copay structure that results in lower out-of-pocket costs for members when you use generics and preferred “name-brand” drugs. The plan is also structured to encourage the use of mail order through Rx Plus Pharmacy for maintenance medications.

## What do I do when I am prescribed a new medication?

Any NEW medication initially can be filled at your local pharmacy for up to a 30-day supply. If the prescription is for a SHORT-TERM medication that does not have any refills, such as antibiotics or cough and cold medications, no further action is needed. Prescriptions for a MAINTENANCE medication and prescriptions that have refills will need to be transferred to Rx Plus Pharmacy. If the prescription is not transferred to Rx Plus Pharmacy, the local pharmacy will be limited to dispensing a maximum of 15 days of medication at a time for a 30-day copay or coinsurance. A maintenance medication is taken on a regular basis or filled more than once per 365 days. Rx Plus Pharmacy can transfer qualifying prescriptions from a local retail pharmacy and fill for up to a 90-day supply.

## How do I get my prescriptions transferred to Rx Plus Pharmacy?

Qualifying prescriptions include maintenance medications with refills available. Exceptions include CII narcotics and CIII-CV controlled prescriptions that have not been filled or have already been transferred once before. Note that controlled medications CII-CV can be filled at a local pharmacy for up to 30 days at a time and do not have to go through mail order. If you have a qualifying prescription you want to have transferred, please contact Rx Plus Pharmacy to initiate the request. Rx Plus Pharmacy will work with you and your provider to get your medication set up through the mail for up to a 90-day supply. A transfer can be requested by calling customer service at 866-943-4535 or emailing the pharmacy at [rxplus@adventhealth.com](mailto:rxplus@adventhealth.com). If your maintenance medication is not transferred to Rx Plus Pharmacy, the local pharmacy will be limited to dispensing a maximum of 15 days of medication at a time.

## What happens with my prescription once Rx Plus Pharmacy has it?

Once a new prescription has been received, Rx Plus Pharmacy will begin processing your order. Prescriptions are processed in the order in which they are received. Once the order has shipped, an email can be sent with the tracking information for you to view. Please make sure that Rx Plus Pharmacy has your email address on file for this notification to reach you. We may contact you during the processing of your order to request additional information such as drug allergies, shipping address, payment method, etc. Please note that unless there is information missing or a clarification is needed to process your prescription, we will not contact you on every order.

## How do I pay for my prescriptions?

Payment must be obtained before your prescription order is shipped. Acceptable payment methods include credit card processing, payroll deduction and personal check/money order. We accept most major credit cards as well as your HSA/Flex spending cards. Most AdventHealth facilities allow for payroll deduction. A list of eligible facilities is posted under the Helpful Tips tab on MyAdventHealthRX.com. If you choose to use a personal check or money order as your method of payment, this will add to your expected order delivery time, because the check or money order must be received prior to shipment. Credit cards on file will be charged automatically before shipping. For co-payment amounts over \$100, you will be contacted to approve the charge the first time the medication is shipped.

## When can I expect to receive my prescription?

Our standard turnaround time, including internal processing time and shipping, is 10 to 14 business days. We use several shipping carriers to help ensure that your orders are delivered in a safe and timely manner. Standard shipping is at no cost to you, but we do offer expedited options for an additional cost. Order status can be viewed online by registering for the web refill program at MyAdventHealthRX.com. Tracking information is sent via email directly from the shipper if we have an email address on file. Note that this email will be coming from a third party and not directly from the pharmacy. Please make sure to check your junk mail if you have not received an email.

## How do I refill my prescription?

Automatic refills are now available, and you can enroll by calling customer service at 866-943-4535. If you do not wish to enroll in automatic refills, refills must be initiated by you or your prescriber. Refills can be submitted up to 30 days in advance, depending on the medication and refill history. To request a refill, select your refill through the online web refill portal at MyAdventHealthRX.com, or call the automated phone system at 866-943-4535 and punch in your prescription number. Additional options include emailing the refill request to the pharmacy at [rxplus@adventhealth.com](mailto:rxplus@adventhealth.com) or calling customer service. If the prescription does not have any refills remaining and there are no changes in the strength or dose, Rx Plus Pharmacy can contact the prescriber requesting a refill authorization. You also can contact the prescriber for a new prescription.

## What about controlled substances?

Medications that are designated Class II-V are considered controlled substances. These medications are closely regulated by state and federal laws. Because of these additional guidelines, there are a few things to keep in mind if filling these types of medications. Per plan design, Class II-V medications can be filled for up to 30 days at a time at a local pharmacy without the 15-day limitation. If the prescriber writes a prescription for a 90-day supply of a Class II-V medication, Rx Plus Pharmacy can fill the 90-day supply. We cannot combine refills on Class II-V medications to dispense a 90-day supply. When requesting a refill of a controlled medication, 83% of the previous fill must be used before the request can be submitted. Once the refill request is submitted, law requires a pharmacist's review. Additional limitations may apply based on review.

## How do I properly dispose of sharps?

Place all needles, syringes, and other sharp objects into a sharps container. This can be provided by our pharmacy team, for a fee, if you are prescribed an injectable medication. Several drug manufacturers may also supply sharps containers. If applicable, the pharmacy staff will help you coordinate this service.

## How do I dispose of unused and expired medications?

If no disposal instructions are given on the prescription labeling, then follow the steps outlined below for at-home disposal.

- Remove the drugs from their original containers and mix them with something undesirable, such as used coffee grounds, dirt or cat litter. This makes the medicine less appealing to children and pets and unrecognizable to someone who might intentionally go through the trash looking for drugs.
- Put the mixture in something you can close (a re-sealable zipper storage bag, empty can or other container) to prevent the drug from leaking or spilling out.
- Throw the container in the garbage.
- Scratch out all your personal information on the empty medicine packaging to protect your identity and privacy. Throw the packaging away.
- If you have a question about your medicine, ask your health care provider or pharmacist.

For additional information or to find an authorized collection site in your community, visit the following websites.

Drug Enforcement Agency: [deatakeback.com](http://deatakeback.com), [apps.deadiversion.usdoj.gov/pubdispsearch/spring/main.jsessionid=NQw9JrDWJlyQGwoAeSmOtQ4sUziEgS\\_DJh84vSPy.web1?execution=e1s1](https://apps.deadiversion.usdoj.gov/pubdispsearch/spring/main.jsessionid=NQw9JrDWJlyQGwoAeSmOtQ4sUziEgS_DJh84vSPy.web1?execution=e1s1)

Environmental Protection Agency: [go.usa.gov/xNwXc](http://go.usa.gov/xNwXc)

Food and Drug Administration: [go.usa.gov/xNw9S](http://go.usa.gov/xNw9S)

## What are deductibles and out-of-pocket pharmacy costs?

### The Health Savings Plan

Members on the Health Savings Plan, also known as the High Deductible Health Plan (HDHP), have a deductible that must be met before the prescription drug copay structure takes effect. The amount of this deductible depends on the specific plan selected for the benefit cycle, and it can be met with contributions from medical and pharmacy.

Once your deductible has been met as an individual (for the employee-only plan) or as a family (for the employee-plus spouse and/or dependent(s)), the standard copay structure will take effect. Copay amounts paid once the deductible is met will contribute to the annual out-of-pocket accumulator. Exceptions include costs paid toward 'dispense as written' (DAW) medications. DAW costs do not apply toward deductibles OR out-of-pocket accumulators. Once your out-of-pocket accumulator has reached its maximum, eligible prescriptions have a zero-dollar copay for the remainder of the eligible benefit year.

### The Traditional Plan

The Preferred Provider Organization (PPO) Plan does not have a deductible amount to be met before the prescription drug copay structure takes effect. Copay amounts paid will contribute to out-of-pocket accumulators except for 'dispense as written' (DAW) costs. DAW costs do not apply toward out-of-pocket accumulators. Once your out-of-pocket accumulator has reached its maximum, eligible prescriptions have a zero-dollar copay for the remainder of the eligible benefit year.

### Standard Copay Structure:

To view the most up-to-date copay structure, access The Hub>My Benefits>Benefits Resource Dashboard.

### Dispense As Written (DAW)

If you or your provider requests a brand-name drug be dispensed when a generic is available, you will incur a higher cost. When a generic is available and you choose to use the brand-name drug, you will pay 80% of the total cost. DAW costs do not apply to annual deductibles (HDHP) or out-of-pocket accumulators (PPO and HDHP).

## When should I use generic substitutions?

Consult your pharmacist concerning the availability of a less expensive generically equivalent drug and the requirements of your state law.

## What are my ongoing responsibilities?

- Ask your doctor's office to send your maintenance prescriptions to Rx Plus Pharmacy.
- Comply with your physician's orders and plan of care.
- Contact Rx Plus Pharmacy with changes in your phone, shipping address, payment, allergy or insurance information.
- Contact Rx Plus Pharmacy when your medication supply is down to 30 days to avoid delays in obtaining your refill(s).
- Contact your doctor or pharmacist if you experience any side effects or complications.





# Rx Plus Pharmacy Patient Bill of Rights

## **You have the right to:**

**Be fully informed in advance about medication(s) and related services to be supplied in order to be able to provide informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services;**

**Discuss issues related to your medication(s) or related services with a pharmacy technician or pharmacist;**

**Assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs, including management of pain;**

**Request and receive complete up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans;**

**Be informed, verbally and/or in writing, in advance of medication being provided, of the expected charges, including payment for service/care expected from third parties and any charges for which you will be responsible;**

**Receive instructions on handling drug-recall procedures;**

**Be treated with respect, consideration, and recognition of your dignity and individuality;**

**Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, staff or service without restraint, interference, coercion, discrimination or reprisal;**

**Choose a health care provider, including a pharmacy provider, in accordance with state regulations in your state of residence;**

**Expect confidentiality and privacy of all information contained in your record and of Protected Health Information;**

**Be advised on our Privacy Policy;**

**Receive appropriate service/care without discrimination in accordance with physician orders;**

**Be informed of our service, care or insurance contracting limitations (as they affect you specifically); and**

**Receive support from consumer advocates.**



# AdventHealth Joint Notice of Privacy Practices

**Effective Date: January 2, 2019**

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

If you are under 18 years of age, your parents or guardian must sign for you and handle your privacy rights for you.

If you have any questions about this notice, please contact our Privacy Officer at 800-906-1794/TTY: 407-200-1388.

## Section A: Who Will Follow This Notice

This notice describes AdventHealth's practices and that of:

- Any health care professional authorized to enter information into your medical record maintained by an AdventHealth facility, such as doctors, nurses, physician assistants, technologists and others
- All departments and units of AdventHealth facilities, including hospitals, outpatient facilities, physician practices, skilled nursing facilities, home health agencies, hospices, urgent care centers and emergency departments
- All employees, staff, students, volunteers and other personnel of AdventHealth facilities
- All third-party business partners that assist AdventHealth with providing technology tools or other health care operations

For a list of AdventHealth affiliated entities, please send a written request to the Privacy Officer at the address listed in Section G.

## Section B: Our Pledge Regarding Your Medical Information

We understand that medical information about you and your health is personal, and we are committed to protecting it. We create a record of the care and services you receive at our facilities. 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 or maintained by AdventHealth facilities, whether made by our employees or your personal doctor. We are required by law to:

- Use our best efforts to keep medical information that identifies you private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

## Section C: How We May Use and Disclose Medical Information About You

We may share your medical information in any format we determine is appropriate to efficiently coordinate the treatment, payment and health care operation aspects of your care. For example, we may share your information orally, via FAX, on paper or through electronic exchange.

We also ask you for consent to share your medical information in the admission documents you sign before receiving services from us. This consent is required by state law for some disclosures and allows us to be certain that we can share your medical information for the reasons described below. You may view a list of the main state laws that require consent (Attachment A) at [www.adventhealth.com/sites/default/files/assets/NPP-Attachment-A-Summary-of-State-Laws-053119.pdf](http://www.adventhealth.com/sites/default/files/assets/NPP-Attachment-A-Summary-of-State-Laws-053119.pdf), or you may ask the registration clerk for a paper copy. If you do not want to consent to these disclosures, please contact the Privacy Officer to determine if we can accept your request.

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 disclosures, 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.

### 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 or other AdventHealth 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 the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of AdventHealth also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and X-rays. We also may disclose medical information about you to people outside AdventHealth who may be involved in your medical care for referrals, or your family members, friends, clergy or others we use to provide services that are part of your care.

### Payment

We may use and disclose medical information about you so that the treatment and services you receive at AdventHealth 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 AdventHealth 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 for prior approval or to determine whether your health plan will cover the treatment.



## Health Care Operations

We may use and disclose medical information about you for AdventHealth's operations. These uses and disclosures are necessary to run AdventHealth 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 our staff in caring for you. We may use and disclose your information as needed to conduct or arrange for legal services, auditing or other functions. We may give out your medical information to our business associates that help us with our administrative and other functions. These business associates may include consultants, lawyers, accountants and other third parties that provide services to us. The business associates may re-disclose your medical information as necessary for our health care operations functions, or for their own permitted administrative functions, such as carrying out their legal responsibilities. We also may combine medical information about many patients to decide what additional services AdventHealth should offer, what services are not needed and whether certain new treatments are effective. We also may disclose information to doctors, nurses, technicians, medical students and other AdventHealth personnel for review and learning purposes. We also may combine the medical information we have with medical information from other entities 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. Once we have removed information that identifies you, we may use the data for other purposes. We may also disclose your information for certain health care operation purposes to other entities that are required to comply with HIPAA if the entity has had a relationship with you. For example, another health care provider that treated you or a health plan that provided insurance coverage to you may want your medical information to review the quality of the services you received from them.

## 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 AdventHealth.

## 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 information about you to contact you in an effort to raise money for AdventHealth and its operations. We may disclose information to a foundation related to AdventHealth so that the foundation may contact you to raise money for AdventHealth. We would release only contact information, such as your name, address, phone number, gender, age, health insurance status, the dates you received treatment or services at AdventHealth, the department you were treated in, the doctor you saw and your outcome information. If you do not want AdventHealth to contact you for fundraising efforts, you must notify us in writing as set forth in Section G.

## Patient Directory

Unless you tell us otherwise, we may include certain limited information about you in AdventHealth's patient directory while you are a patient at AdventHealth. This information may include your name, location in AdventHealth, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, also may be released to people who ask for you by name. Unless you tell us otherwise, your religious affiliation may be given to a member of the clergy, such as a minister, priest or rabbi, even if the clergy member doesn't ask for you by name. This is so your family, friends and clergy can visit you in AdventHealth and generally know how you are doing.

## Individuals Involved in Your Care or Payment for Your Care

Unless you tell us otherwise, we may release medical information about you to a friend or family member who is involved in your medical care, we may give information to someone who helps pay for your care, or we may tell your family or friends your condition and that you are in an AdventHealth facility. 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 involving people, 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, unless most or all of the patient identifiers are removed, 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 building. If required by law, we will 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 at AdventHealth.

## As Required By Law

We will disclose medical information about you when required to do so by federal, state or local law. Examples include, when our patients suffer from abuse, neglect or assault, or for state registries such as the Office of Vital Statistics or tumor registries. Another example would be for work-related injuries or illnesses, or workplace-related medical surveillance.

## 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.





## Section D: Special Situations

### Organ and Tissue Donation

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 and 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 also may release medical information about foreign military personnel to the appropriate foreign military authority. We also may disclose information to entities that determine eligibility for certain veterans' benefits.

### Workers' Compensation

We may release medical information about you for 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 a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- 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

We may disclose medical information about you in response to a court or administrative order. We also may 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 AdventHealth; 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 also may release medical information about patients of AdventHealth 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, counterintelligence 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 to 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.





## Section E: Your Rights Regarding Your Information

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

### Right to Inspect and Copy

You have the right to inspect and copy some of the medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. When your medical information is contained in an electronic health record, as that term is defined in federal laws and rules, you have the right to obtain a copy of such information in an electronic format, and you may request that we transmit such copy directly to an entity or person designated by you, provided that any such request is in writing and clearly identifies to whom we are to send it. If you request a copy of the information, we may charge a fee for the costs of labor, copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy medical information in certain circumstances. If you are denied access to medical information, in some cases, 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 feel 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. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not 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 that 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 certain disclosures we made of medical information about you. The accounting will exclude certain disclosures as provided in applicable laws and rules such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, disclosures for notification purposes and certain other types of disclosures made to correctional institutions or law enforcement agencies. Your request must state a time period of no longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost, and you may choose to withdraw or modify your request at that time before any costs are incurred.

## 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, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

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.

*We are not required to agree to your request, except in limited circumstances where you have paid for medical services out-of-pocket in full at the time of the service and have requested that we not disclose your medical information to a health plan. To the extent we are able, we will restrict disclosures to your health plan. We will not be able to restrict disclosures of your medical information to a health plan if the information does not relate solely to the health care item or service for which you have paid in full. For example, if you are having a hysterectomy that will be paid for by your health plan, and you request to pay cash for a tummy tuck that you want performed during the same surgery, to avoid disclosure to your health plan, you would either have to pay cash for the entire procedure or schedule the procedures on separate days. Please also know that you must request and pay for a restriction for all follow-up care and referrals related to that initial health care service that was restricted to ensure that none of your medical information is disclosed to your health plan. You, your family member or another person may pay by cash or credit, or you may use money in your flexible spending account or health savings account. Please understand that your medical information will have to be disclosed to your flexible spending account or health savings account to obtain such payment.*

If we do agree, we will comply with your request unless the disclosure is otherwise required or permitted by law. For example, we may disclose your restricted information if needed to provide you with emergency treatment.

## 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 a certain location. For example, you can ask that we only contact you at work or by mail. 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.

## Right to a Notice of Breach

You have the right to receive written notification of a breach if your unsecured medical information has been accessed, used, acquired or disclosed to an unauthorized person as a result of such breach, and if the breach compromises the security or privacy of your medical information. Unless specified in writing by you to receive the notification by electronic mail, we will provide such written notification by first-class mail or, if necessary, by such other substituted forms of communication allowable under the law.

## Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, [www.adventhealth.com/legal/patient-privacy-hipaa](http://www.adventhealth.com/legal/patient-privacy-hipaa).

## Right to Decline Participation in Health Information Exchange

AdventHealth has electronically connected the medical information each AdventHealth facility has of your medical record through a series of interfaces, named iNetwork. iNetwork contains a summary of your most relevant medical information that includes, at a minimum, available information regarding your demographics, insurance, problem list, medication list, radiology reports and lab reports. Making your medical information available through iNetwork promotes efficiency and quality of care.

You may choose not to allow your medical information to be shared through iNetwork, but participating in iNetwork is not a condition of receiving care. If you do not want your medical information shared through iNetwork, please contact the Privacy Officer at the phone number below. Once we process your request, your health care providers will no longer be able to view your medical information in iNetwork. This means that it may take longer for your health care providers to get medical information they may need to treat you.

AdventHealth also may choose to share medical information electronically with other health care providers outside of AdventHealth through national, regional or state health information exchanges. You may choose not to allow this by either refusing to sign an authorization form or contacting the Privacy Officer at the number below, depending on the consent process of the national, regional or state health information exchange. This means that it may take longer for your health care providers to get information they may need to treat you. However, even if you do not want to participate in a state health information exchange, certain state law reporting requirements, such as the immunization registry, still will be fulfilled through health information exchange, and some states still allow health care providers to access your medical information through a national, regional or state health information exchange if needed to treat you in an emergency.

To exercise the above rights, please contact the following individual to obtain a copy of the relevant form you will need to complete to make your request: The Privacy Officer at 800-906-1794/TTY: 407-200-1388.

## Section F: Changes To This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed 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 notice in AdventHealth, as well as on our website. The effective date will appear on the first page of the notice, in the top right-hand corner. In addition, each time you register at or are admitted to an AdventHealth facility for treatment or health care services, we will make available a copy of the current notice in effect.

## Section G: Complaints and Concerns

If you believe your privacy rights have been violated, you may file a complaint with AdventHealth or with the Secretary of the Department of Health and Human Services. To file a complaint with AdventHealth, please contact: The Privacy Officer at 800-906-1794/ TTY: 407-200-1388, or by email at [patientrequest@adventhealth.com](mailto:patientrequest@adventhealth.com), or send mail to AdventHealth, 900 Hope Way, Altamonte Springs, FL 32714, Attn: Privacy Officer. All complaints must be submitted in writing.

There will be no retaliation if you file a complaint.



## Section H: Other Uses of Medical Information That Require Your Authorization

The following types of uses and disclosures of medical information will be made only with your written permission.

### Psychotherapy Notes

Your psychiatrist or psychologist maintains separate psychotherapy notes apart from your medical record. These notes require your written authorization for disclosure unless the disclosure is required or permitted by law, the disclosure is to defend the psychiatrist or psychologist in a lawsuit brought by you, or the disclosure is used to treat you or to train students.

### Marketing

We must obtain your permission before using your medical information for marketing unless we are having a face-to-face talk about a new health care product or service, or unless we are giving you a gift that does not cost much to tell you about a new health care product or service. We also must tell you if we are getting paid by someone else to tell you about a new health care item or service.

### Selling Medical Information

We are not allowed to sell your medical information without your permission and we must tell you if we are getting paid. However, certain activities are not viewed as selling your medical information and do not require your consent. For example, we can sell our business, we can pay our contractors and subcontractors who work for us, we can participate in research studies, we can get paid for treating you, we can provide you with copies or an accounting of disclosures of your medical information, or we can use or disclose your medical information without your permission if we are required or permitted by law, such as for public health purposes.

If you provide us with authorization 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 we have already made with your permission, and that we are required to retain our records of the care that we provided to you.



## Section I: Organized Health Care Arrangement

AdventHealth, our medical staff and other health care providers affiliated with AdventHealth have agreed, as permitted by law, to share your medical information among ourselves for purposes of your treatment, payment or health care operations at AdventHealth. This enables us to better address your health care needs.

In an effort to control health care costs, while still providing quality care, AdventHealth, independent contractor members of our medical staff and other health care providers in the communities where AdventHealth provides services also have joined together or may be in the process of joining together to create networks of providers or accountable care organizations to provide and manage your treatment, as well as to conduct population health research to improve the quality of care in our communities. We ask you to consent to the release of your medical information and supersensitive data in our admission documents when you come to our facility. If you would like to restrict these disclosures, please contact the Privacy Officer as set forth in Section G to determine if we can accept your request. Please also contact our Privacy Officer if you would like to see a list of the networks or accountable care organizations in which AdventHealth participates.

# Rx Plus Pharmacy Privacy Form

582 Monroe Road, Suite 1412A  
Sanford, Florida 32771  
866-943-4535

The HIPAA regulations went into effect on April 14, 2003, and as a retail pharmacy, we are required **by law** to provide you with a notice of our Privacy Practices. We must have your signature on file to state that you have received the attached notice. **After you have read the notice, please sign and mail this card back to Rx Plus Pharmacy.** We appreciate prompt return of your signature.

Thank you for your cooperation in this matter.

Sincerely,  
Rx Plus Pharmacy

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

I confirm that I have received a copy of the notice of privacy practices for RX Plus Pharmacy.

Date: \_\_\_\_\_



## Acknowledgement of Receipt *(Return via mail, email or FAX.)*

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please confirm that you received the Rx Plus Pharmacy Welcome Packet by signing and sending back to us the following.

- Credit Card Authorization Form
- HIPAA Authorization Form
- Patient Acknowledgement & Assignment of Benefits

**Completed forms may be mailed to:**

Rx Plus Pharmacy  
582 Monroe Road, Suite 1412A  
Sanford, FL 32771

FAX: 1-407-805-8545 | Email: rxplus.recordsrequests@adventhealth.com

With my signature below, I hereby acknowledge receipt of the above-mentioned forms.

\_\_\_\_\_  
Patient Signature \_\_\_\_\_  
Date

## Assignment of Benefits

I hereby authorize Rx Plus Pharmacy to bill my insurance carrier or any other payment source. I assign all benefits and authorize payment to Rx Plus Pharmacy otherwise payable for me for all claims for such services provided or submitted prior to, or after, the date provided on this form. I understand that I am financially responsible for payment for all services rendered and that I am obligated to pay all charges denied by my insurance carrier. This assignment and authorization in no way releases me from said responsibility and imposes no obligation on Rx Plus Pharmacy to collect money on my behalf.

**I have read, understand and agree to the Assignment of Benefits.**

\_\_\_\_\_  
Patient Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Address

# HIPAA Right of Access / Personal Representative Form for Family Member/Friend

By signing below, I understand that I am identifying, authorizing, and granting permission to the Personal Representative identified below to have authority to access my protected health information (PHI) and to assist in my treatment by Rx Plus Pharmacy as described below:

Representative's Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

## Health Information to be Disclosed to the Personal Representative upon Request:

- I understand that by completing this form I am allowing the release of any and all information held by Rx Plus Pharmacy (including, but not limited to information about my medications, medical condition, billing records, and drug handouts) to be shared with and disclosed to my Personal Representative.
- I understand the information released could relate to the following: Family Planning/Abortion, Alcohol, Drug, or Substance Abuse information, AIDS, HIV-related information (including AIDS related testing and results), Mental Health, Sexually Transmitted Disease/Venereal Disease information, Genetic information, and Tuberculosis.
- I understand that any information disclosed pursuant to this form may be redisclosed to other parties and no longer protected by the privacy regulations.

## Duration of Access:

- I understand the designated Personal Representative will have access to my information unless and until access is revoked by me.
- I understand that I may revoke this form and designation at any time by notifying Rx Plus Pharmacy in writing. If the authorization is revoked, it will not have any effect on any actions taken by Rx Plus Pharmacy prior to their receipt of the revocation.

I understand that signing this form is voluntary and that I do not have to sign this form. I understand that signing this form will not affect my ability to obtain treatment from Rx Plus Pharmacy, any payment for treatment or enrollment or eligibility for benefits.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

# Rx Plus Pharmacy *Credit Card Authorization (Return via mail or FAX.)*

**A member of AdventHealth**

582 Monroe Road, Suite 1412A  
Sanford, FL 32771

Phone: 866-943-4535 | FAX: 407-805-8545 | Email: rxplus.recordsrequests@adventhealth.com

Date: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Account Type (circle one):      Visa      MasterCard      AMEX

Credit Card Name: \_\_\_\_\_

Last Four Digits of Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

V-Code (3 digits on back) : \_\_\_\_\_

---

**Signature as it appears on card**

Please sign form and return to Rx Plus Pharmacy at above address or FAX to 407-805-8545.

Thank you,

Rx Plus Pharmacy





# Pharmacy Record Release Form *(Return via mail or FAX.)*

- Paper (I understand that all records will be mailed unless specified)
  
- Electronic: \_\_\_\_\_
  
- FAX: \_\_\_\_\_

**The purpose of this request:**

- Personal Request     Treatment (Continued Care)
  
- Other: \_\_\_\_\_

**Request access and/or disclosure of Patient Prescription records for the following dates of service:**

\_\_\_\_\_

Patient Signature: \_\_\_\_\_ Printed Patient Name: \_\_\_\_\_

LAP Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

**Request for Access has been:**

- Granted     Partially Denied     Denied

If access is denied and patient requests review of denial, contact the Release of Information office below.  
Medical Records released/accessed:

Date: \_\_\_\_\_ By: \_\_\_\_\_

Send to Release of Information:

**Email:** rxplus.recordsrequests@adventhealth.com or **FAX:** 407-805-8545

**Mailing Address:** Rx Plus Pharmacy, ATTN: Records Custodian, 582 Monroe Road, Suite 1412A, Sanford, FL 32771 | Phone: 866-943-8545

You have the right to complain to the Office of Civil Rights.

The following is the contact information:

Office of Civil Rights | U.S. Department of Health & Human Services  
61 Forsyth Street, SW. Suite 3B70 Atlanta, GA 30323  
Phone# 404-562-7886; 404-331-2867



# Patient Concern and Complaint Form

If you are not completely satisfied with the care or services we have provided, we want to know about it. Call our Call Center with any concerns or problems with your medications or services at **866-943-4535**. If you wish to file a written complaint, you may do so using this form. If a complaint cannot be resolved verbally over the phone, it will be addressed via our company's policies and procedures regarding complaints through a formal process.

**Please mail or email the form to us.**

Completed forms may be mailed to:  
Rx Plus Pharmacy  
582 Monroe Road, Suite 1412A  
Sanford, FL 32771

**or emailed to:** rxplusrecordsrequests@AdventHealth.com or **faxed to:** 407-805-8545. Complaint forms should be emailed to rxplus@adventhealth.com.

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Regarding: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Involved (if applicable): \_\_\_\_\_

Nature of problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you need help or have questions about child abuse or child neglect, call the Child Help National Child Abuse Hotline at **1-800-4-A-CHILD (1-800-422-4453)**. Push 1 to talk to a counselor. Or you can visit [www.childhelp.org/pages/hotline-home](http://www.childhelp.org/pages/hotline-home). Report any form of suspected abuse to local law enforcement.



# Our Health Equity Promise

## Patient Protection and Affordable Care Act: Section 1557

AdventHealth complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. This facility does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

AdventHealth provides free aid and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

AdventHealth provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call 1-866-943-4535.

If you believe that this facility has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance or request that someone assist you with filing a grievance at 407-200-1324 or fh.risk.management@adventhealth.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically, through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

**U.S. Department of Health and Human Services**  
200 Independence Avenue, SW  
Room 509F, HHH Building Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

The statements below direct people whose primary language is not English to translation assistance.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número siguiente.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi theo số điện thoại dưới đây.

注意: 如果您使用中文, 您可以免费获得语言协助服务。请拨打下面电话号码。

Atansyon: Si ou pale kreyòl Ayisyen, gen sèvis asistans nan lang ou ki disponib gratis pou ou. Rele nimewo ki anba an.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 아래의 번호로 전화하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer podany poniżej.

ملحوظة: إذا كنت لا تتحدث اللغة الإنجليزية فإن خدمات الترجمة متوفرة لك مجاناً. الرجاء الإتصال بالرقم أدناه.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro ci-dessous.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero sa ibaba.

ВНИМАНИЕ! Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Для этого позвоните по нижеуказанному номеру.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie die untere Nummer an.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. નીચેના નંબર પર ફોન કરો.

ATENÇÃO: Se você fala português, disponibilizamos serviços lingüísticos gratuitos. Ligue para o número abaixo.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। नीचे लिखे नम्बर पर सम्पर्क करें।

اگر شما فارسی زبان هستید، خدمات کمکی زبان بطور مجانی در دسترس شما قرار دارد. تو شماره زیر زنگ بزنید.

توجہ فرمائیے۔ اگر آپ اردو بولتے/بولتی ہیں تو آپ کے لئے لسانی خدمات مفت میسر ہیں۔ ذیل میں دئیے گئے نمبر پر کال کریں۔

注意: 日本語でお話になりたい場合には、無料の通訳サービスをご利用いただけます。下記の番号にお電話してください。

ໄປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ກະລຸນາໃຫ້ນັ້ງເບິ່ງຮູ້ຈັກລຸ້ນ

LUS CEEB TOOM: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu tus xojtooj hauv qab no.

ATTENZIONE: Se parlate italiano, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero sotto indicato.

407-303-5600 📞 407-303-3025

