Going Home with Chartwell

Patient Welcome Handbook

Chartwell Specialty Pharmacy 1-800-366-6020

Home Infusion & Specialty Pharmacy
CHARTWELL℠

Dear Patient,

Chartwell Pennsylvania is pleased to have the opportunity to provide you with your specialty medication. We are committed to providing you with high quality care to make your home therapy successful.

Chartwell's mission is dedicated to maximizing the quality of life and dignity of the patients and clients we serve. Our Core Values define our business culture; where the contributions of every individual are recognized and rewarded in pursuit of a shared vision.

Should you have any questions concerning your services, the Chartwell Pennsylvania clinical staff is available 24 hours a day, seven days a week including weekends and holidays. Our regular business hours are from 8:00 am – 5:30 pm Monday through Friday. We can be reached by telephone at the number identified on the front of this booklet. After regular business hours, please call the same telephone number and one of our on -call staff will assist you with your urgent needs.

Your satisfaction is very important to us. We want you to feel comfortable letting us know how we can serve you better. If you are dissatisfied with any aspect of the service provided, please call 1-800-755-4704 and ask to speak with a supervisor. Your concern will be promptly investigated and you will receive a follow-up call with our findings within an agreed upon timeframe. If you do not feel you have received satisfactory results or explanations, please call our office and ask to speak with me. We will do all we can to see that your concerns are addressed and resolved.

You may also register a complaint with Accreditation Commission for Health Care at:

1-919-785-1214 and/or the Pennsylvania State Board of Pharmacy at 1-717-783-7156.

We look forward to assisting you with your home therapy and welcome any questions, comments or suggestions you may have.

Sincerely,

Kathleen Patrick
President
Chartwell Pennsylvania

In order to provide you with the highest quality of care, a team of dedicated professionals will be monitoring your therapy.

Medications

If you have any problems / questions regarding your medications, please call and speak with a pharmacist.

Insurance

If you have any questions regarding your insurance benefits or out of pocket expenses, please call and speak with an insurance verification coordinator.

Billing

If you have questions regarding claims billed to your insurance company or your statement, please call and speak with a billing department representative or account representative.

Please notify us of any changes in your medical status or changes in insurance.

Proof of Delivery

The delivery ticket included in your delivery provides you with an itemized list and quantity of medication, and/or supplies you have received.

The delivery ticket also serves as proof of delivery and is included as part of your medical record in the event your insurance provider requests this information.

Return of Medication

Pennsylvania State Board of Pharmacy **prohibits** the return of any medication, to Chartwell pharmacy for credit and/or reuse for another patient.

Supplies sent to your home are specific to your therapy and cannot be reused. Any excess supplies can remain in your possession, be discarded at your home or be donated to a local hospice or nursing agency.

Important Information Regarding Your Supplies

How Do I Dispose of My Supplies?

- Discard all used needles of any type and syringes with needles in a puncture-resistant, hard plastic or metal container. An empty detergent bottle with a screw-on cap or an empty coffee can will do.
- Close the container with its original lid and secure with heavy duty tape.
- Place the tightly sealed container in a paper bag and discard it with your household trash.
- Discard all used syringes without needles in double-bagged household trash. Discard any unused drugs, in double-bagged household trash.

How Do I Store?

- Store all medication away from children and pets.
- Check the label on all medications for storage instructions.
- If your medication needs refrigerated, please keep separate from food and food spills.
- Refrigerated medication should be placed in the refrigerator as soon as possible after they arrive.
- Place the new medication behind previously delivered medication you may still have in your refrigerator.
- Non-refrigerated medication should be kept in a cool, dry place away from direct sunlight and above freezing temperatures.

Handwashing and Hand Sanitizers

Keeping hands clean through improved hand hygiene is one of the most important steps we can take to avoid getting sick and spreading germs to others. Many diseases and conditions are spread by not washing hands with soap and clean running water.

If clean, running water is not accessible, use soap and available water. If soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60% alcohol.

Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations but sanitizers do NOT eliminate all types of germs and are not effective when hands are visibly dirty.

Proper hand washing included scrubbing the backs of your hands, between fingers, and under nails.

Always wash before preparing medication.

Home Safety

Fire and Electrical Safety

- Replace frayed cords.
- Cords should not be placed beneath furniture and rugs. Extension cords should not be overloaded.
- Electrical outlets should be grounded.
- Multiple outlet adaptors should not be used on electrical outlets.
- Do not use outlet if sparks or smoke appear or if very warm.
- Keep flashlights and extra batteries handy.
- Fire regulations recommend one smoke detector on every level of the home. Check batteries regularly.
- Develop evacuation plan to exit the residence in the event of fire.
- Establish clear pathways to all exits. Do not block exits with furniture or boxes.
- Have key accessible near deadbolt-locked doors.
- Chimneys should be inspected annually to avoid dangerous build up.
- Kerosene heaters, wood stoves and fireplaces should not be left unattended while in use.
- Do not smoke in bed.

Environmental Safety

- Torn, worn or frayed carpeting should be repaired or removed.
- Rugs, runners and mats should be secured to floor with double-sided adhesive, rubber matting or be rubber-backed.
- Handrails and handgrips should be secure.
- Sturdy step stool should be used to reach items on high shelves.
- Always store heavy items on lower levels.

Emergency Preparedness

Emergencies and environmental disasters can occur at any time. Chartwell will make every effort to maintain services without interruption and advise you of the status of your delivery in emergency situations. Listen to radio and television for weather updates and emergency information/instructions.

For all medical emergencies - Dial 911

Please review the following tips on how to respond in an emergency.

Power Outages

- Fill an ice chest with ice to store all refrigerated medications.
- Call pharmacist to discuss drug storage during power outage.

Flooding

- Go to high ground immediately; get out of areas subject to flooding.
- If unable to evacuate, move to highest level in home.

Tornadoes

- Be prepared to move to the basement, in a corner along an outside wall or under stairs.
- If no basement, go to lowest possible level, in a bathroom, closet, inner hallway, or under stairs.
- Stay away from doors and windows.

Winter Storms & Blizzards

- Keep emergency supply of food and water in home.
- Conserve energy – close off unused rooms.
- Dress warmly in layers.
- Use caution when using kerosene and/or electric heaters.

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

As a patient being served by our organization, you have the right to:

- Be fully informed of all your rights and responsibilities and the right to exercise your rights while receiving service in the home.
- Your family/guardian(s) have the right to exercise your rights in the event you are unable to.
- Choose a health care provider.
- Be informed of anticipated outcomes of care and of any barriers to outcome achievement.
- Give your consent and have your questions answered prior to the start of any care or treatment.
- Be fully informed of services available, disciplines that will furnish care and the frequency of visits proposed to be furnished.
- Be given appropriate and professional health care services in accordance with physician's orders without discrimination against your race, creed, color, religion, sex, age, national origin, sexual orientation or disability.
- Be given proper identification by name and title of persons providing health care and/or service to you.
- Receive evaluation, intervention and education from personnel who are appropriately licensed or certified and who have completed approved courses in their respective fields.
- Be treated with courtesy, respect for property and person, and be free from physical and mental abuse and/or neglect.
- Request information regarding insurance benefits and know in advance the cost of care and if you will be responsible for any payment
- Change your home care agency and be referred to another agency if you are denied services solely on you inability to pay for services.
- Participate in the development and updating of your plan of care/services, and adhere to the plan.
- Be notified in advance, and be able to participate in, any necessary changes in your plan of services/care.
- Have your medical records treated with privacy and confidentiality.
- Be informed of the company policy regarding privacy and disclosure of protected health information.
- Refuse treatment and be informed of the consequences of your action.
- Formulate advance directives for health care.
- Voice grievances with and/or suggest changes in health care services without being threatened, restrained or discriminated against. Grievances will be acknowledged within 48 hours and handled confidentially.
- Appropriate assessment and management of pain.
- Be informed of any financial benefits to our organization when referred to another organization.
- Be informed of Company's service and care limitations.

As a patient, you have the responsibility to:

- Give accurate and complete information concerning your health particularly if it may affect your current plan of care/services.
- Remain under your physician's care while receiving services from our organization.
- Request further information concerning anything you do not understand regarding your ordered treatment and care.
- Report any changes in your insurance benefits information and acknowledge financial responsibility for any balance owing on your account.
- Communicate any changes in health status or treatment.

Your Copy

Patient Consent / Authorization and Assignment of Benefits

Consent to Treatment

I hereby request services of Chartwell PA and I consent to such care and medications as are ordered by my physician and my physician's associates to be provided by Chartwell PA. I understand that Chartwell PA must provide care and services in accordance with a physician's instructions. I also understand that if I am in a condition to need hospitalization or special services during the course of my care, which are not provided by Chartwell PA, the services and hospitalization must be arranged by me/my legal representative, or my physician, and are my responsibility.

Medical Information Release Authorization

I hereby authorize release of all records pertaining to my medical history, treatment, or payment information to an agent of Chartwell PA, which are required for the provision of treatment, payment, or healthcare operations. I also authorize the review of my medical records by any local, state, or federal regulatory agency and accrediting bodies. I understand that verbal communication regarding my care may be discussed via cellular phone which can be considered a non-secure line.

Liability Release

I understand that there are risks known and unknown associated with the use of all drugs and the administration of medication. I further understand that because I am using the drugs, immediate emergency medical attention may not be available for any complications, injuries, or adverse results that may occur in connection with their use.

Assignment of Insurance Benefits and Release of Information

I hereby authorize my public and/or private insurance company or fund responsible for payment of my care, if applicable, to pay benefits on my behalf directly to Chartwell PA for any products and services, including physician services, furnished to me by Chartwell PA. I also authorize Chartwell PA to request, on my behalf, all public or private insurance benefits for products or services provided to me by Chartwell PA.

I agree to inform Chartwell PA of any change in my status, including but not limited to any change that affects third party payments or my own ability to pay for products and services prescribed by my physician and rendered by Chartwell PA.

Receipt of Admission Information

I have received, read or had explained to me, been afforded the opportunity to discuss, and acknowledge the receipt of the following documents and/or information:

Patient Bill of Rights and Responsibilities
Emergency Preparedness Plan (if applicable)
Medicare Supplier Standards (If applicable)
Treatment and Therapy Information
Notice of Privacy Practices
24 hour Pharmacist availability to discuss medications
How to file a complaint by calling 1-800-755-4704
Advanced Directive Information (if applicable)
How medication will be paid for and any financial responsibility

Making Medical Decisions in Advance About Your Care and Treatment
Your Rights as a Patient in Pennsylvania

In Pennsylvania, competent adults have the right to decide whether to accept, reject, or discontinue medical care and treatment. If you do not wish to undergo a certain procedure or to receive a certain treatment, you have the right to make your wishes known to your doctor or other health care provider and to have those wishes respected.

Your doctor should provide you with all of the information, which a person in your situation reasonably would want to know in order to make an informed decision about a proposed procedure or course of treatment, including risks and benefits and possible "side effects," and alternatives, if any, to the proposed procedure or course of treatment.

What is an "advance directive"?
An "advance directive" is a written document, which you may use under certain circumstances to tell others what care you would like to receive or not receive should you become unable to express your wishes at some time in the future. In Pennsylvania, two types of advance directives are authorized: (1) a "living will" (also known as an "Advanced Directive for Health Care") and (2) a "Durable Power of Attorney" for health care. There is no law in Pennsylvania which guarantees that a health care provider will follow your instructions in every circumstance. There are, however, steps you can take to express your wishes about future treatment. One of these steps is to write and sign an advance directive.

What is a "living will"?
In Pennsylvania, a "living will" is a written document that describes the kind of "life-sustaining treatment" you want or do not want if you are later unable to tell your doctor what kind of treatment you wish to receive. Any competent person who is at least 18 years old, is a high school graduate, or is married can make a "living will".

You should understand that a "living will" is not a will. A "will" tells your survivors what to do with your property after your death.

When does a "living will" take effect?
A "living will" only takes effect when (1) your doctor has a copy of it; and (2) your doctor has concluded that you are "incompetent" and therefore no longer able to make decisions about the medical care you wish to receive; and (3) your doctor and a second doctor has determined that you are in a "terminal condition" or in a "state of permanent unconsciousness". Pennsylvania's "living will" law states that you may revoke, change or rewrite your "living will" at any time and in any manner.

To whom should I give my "living will"?
You should give a copy of your "living will" to your doctor, hospital, or other health care provider. The law requires your doctor or other health care provider to ask you if you have an advance directive. If you give a copy of your "living will" to your doctor or other health care provider, that document must be made a part of your medical record.

Durable Powers of Attorney for Health Care
A "durable power of attorney" for health care is a document which allows you to name another person to make certain medical decisions for you if you are unable to make them for yourself.

- authorize your admission to a medical, nursing, residential, or other facility;
- enter into agreements for your care,
- authorize medical and surgical procedures

Before you write your instructions down, you may wish to discuss them with your doctor, family, friends, or other appropriate persons - such as a member of the clergy. If you are writing a "durable power of attorney" for health care, you should discuss your wishes with the person you are naming as your "attorney-in-fact". Similarly, if you are writing a "living will" and naming someone in that document to carry out your wishes, you should discuss your wishes with that person.

You may wish to contact a lawyer or the local or state Agency on Aging who can provide you with information about such documents.

UPMC

UPMC's Notice of Privacy Practices

Effective Date: September 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED (SHARED) AND HOW YOU CAN GET ACCESS TO (SEE AND COPY) THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

What Is a Notice of Privacy Practices?
UPMC understands that your health information is personal. We create and maintain a record with information about the care and services you receive at UPMC. We need this information to provide you with quality care and to comply with the law. This Notice of Privacy Practices (Notice) applies to all information about your care that UPMC, and all of the people and places that make up UPMC, (a list of entities that this notice covers accompanies this notice below) may create, maintain, or receive. This includes information that UPMC receives from other doctors and medical facilities that are not part of UPMC, but that UPMC keeps to help give you better care. The Notice tells you about the ways we may use and share your health information, as well as the legal duties we have about your health information. The Notice also tells you about your rights under federal (United States) and state (Pennsylvania) laws. In this Notice, the words "we," "us," and "our" mean UPMC and all the people and places that make up UPMC which are described below.

Who Follows UPMC's Notice of Privacy Practices?
All of the people and places that make up UPMC follow this Notice. UPMC includes hospitals, doctors, rehabilitation services, skilled nursing services, home health services, pharmacy services, laboratory services and other related health care providers. UPMC also includes departments, and staff within our health care facilities, health care professionals permitted by us to provide services to you, and students, residents, trainees, volunteers and others involved in providing your care. UPMC may share and use your health information for purposes of treating you, obtaining payment for services provided to you, and/or health care operations as described in the Notice. You can learn more about UPMC at www.upmc.com.

This Notice does not apply to the UPMC Health Plan or UPMC as an employer. These UPMC entities are separate covered entities for the purpose of the Health Insurance Portability and Accountability Act (HIPAA) and have their own Notice. Additionally, if your doctor is not a member of a physician practice that is owned by UPMC, he or she may have different policies about how to handle your information and will have a separate Notice.

Our Duty to Protect Your Health Information
We are required by law to:

- Make sure that information that identifies you is kept private
- Make available to you this Notice that describes the ways we use and share your health information as well as rights under the law about your health information
- Follow the Notice that is currently in effect

How We May Use and Share Your Health Information with Others
The law permits us to use and share your health information in certain ways. When we share this information with others outside of UPMC, we will share what is reasonably necessary. When we act in response to your written permission, share information to help treat you, or are directed by the law, we will share all information that you, your health care provider, or the law permits or requires. The list below tells you about different ways that we may use your health information and share it with others. When possible, we will use health information that does not identify you.

A. Ways We Are Allowed to Use and Share Your Health Information With Others Without Your Consent or as the UPMC General Consent for Treatment, Payment, and Health Care Operations Provides:

1. **Treatment.** We may use your health information to give you medical treatment or services. We may share your health information with people and places that provide treatment to you. We may share health information about you with people outside of UPMC who provide follow-up care to you, such as nursing homes and home care agencies. At all times, we will comply with any regulations that apply.
2. **Payment.** In order to receive payment for the services we provide to you, we may use and share your health information with your insurance company or a third party. We also may share your health information with another doctor or facility that has treated you so that they can bill you, your insurance company or a third party.
3. **Health Care Operations.** We may use and share your health information so that we, or others that have provided treatment to you, can better operate the office or facility. For example, we may use your health information to review the treatment and services we gave you and to see how well our staff cared for you. We may share your health information with researchers so they can develop plans to conduct research. We may share information with our students, trainees, and staff for learning purposes.
4. **Business Associates**. We may share your health information with others called "business associates," who perform services on our behalf. The Business Associate must agree in writing to protect the confidentiality of the information.
5. **Appointment Reminders.** We may use and share your health information to remind you of your appointment for treatment or medical care.
6. **Appointment Confirmations.** We many use and share your health information to confirm the time, place and attendance of your appointment for treatment with third-party transportation services.
7. **Treatment Options and Other Health-Related Benefits and Services.** We may use and share your health information to tell you about possible treatment options and other health-related benefits and services that may interest you.
8. **Fund-Raising Activities.** We may use and share with a Business Associate or a foundation that is related to us your name, address, phone number and other such information (called "demographic information"), the dates that health care was provided to you, general department information regarding the department where services were rendered, the name of your treating physician and outcome information. You may then be asked for a donation to UPMC.
9. **Marketing Activities.** We may use or share your health information for marketing purposes without your permission when we discuss such products or services with you face to face or to provide you with an inexpensive promotional gift related to the product or service. For other types of marketing activities we will obtain your written permission before using or sharing your health information. We will not sell your name or any identifiable health information to others without your authorization.
10. **Research.** We may use and share your health information for research 1) if our researcher obtain permission from a special UPMC committee that decides if the request meets certain standards required by law or 2) if you provide us with your written permission to do so. You may participate in a research study that requires you to obtain hospital and other health care services. In this case, we may share the information that we create 1) to our researcher who ordered the hospital or other health care services; and 2) to your insurance company in order to receive payment for services that your insurance will pay for. We may use and share with a UPMC researcher your health information if certain parts of your information that would identify you, such as your name and other items that the law describes, are removed before we share it with the UPMC researcher. This will be done when the researcher signs a written agreement with us that the researcher will not share the information again, will not try to contact you, and will obey

other requirements that the law provides. We may also share your health information with a Business Associate who will remove information that identifies you so that the remaining information can be used for research.

11. **Special Situations.** In the following situations, the law either permits or requires us to use or share your health information with others. Pennsylvania law may further limit these disclosures; for example, in cases of behavioral health information, drug and alcohol treatment information, and HIV status:

    a. **As Required by Law.** We will share your health information when federal, state, or local law requires us to do so.
        - If we believe that you have been a victim of abuse, neglect (except child abuse or neglect) or domestic violence, we may share your health information with an authorized government agency. We will do so either if you agree to our sharing this information or if the law allows us to do so and we believe that we need to share the information in order to protect you or someone else. If we decide to share your health information for this purpose, we will tell you unless we believe that telling you would put you at risk of harm or you are a personal representative of the victim and may be involved in the abuse, neglect, or injury.
        - We may share your health information in response to an administrative or court order, a subpoena, a discovery request, or other legal process if we are advised that you have been made aware of the requestor we receive notice either that you agree or, if you disagree with the request, that you are taking action to prevent the disclosure.
        - We may share your health information with a law enforcement official or authorized individuals 1) to comply with laws, including laws that require the reporting of injury or death suspected to have been caused by criminal means, 2) in response to a court order, warrant, subpoena, or summons, 3) or in emergency situations.
        - If asked to do so by a law enforcement official, we may share your health information if you are an adult victim of a crime and, in certain limited cases, we are unable to obtain your permission and the law enforcement official meets certain conditions described by law.

    b. **To Prevent a Serious Threat to Health or Safety.** We may use and share your health information with persons who may be able to prevent or lessen the threat or help the potential victim of the threat when doing so is necessary to prevent a serious threat to the health and safety of you, the public, or another person. Pennsylvania law may require such disclosure when an individual or group has been specifically identifies as the target or potential victim.

    c. **Organ and Tissue Donation.** To assist in the process of eye, organ or tissue transplants, in the event of you death, we may share your health information with organizations that obtain, store, or transplant eyes, organs, or tissue.

    d. **Special Government Purposes.** We may use and share your health information with certain government agencies such as:
        - **Military and Veterans.** We may share your health information with military authorities as the law permits if you are a member of the armed forces (of either the United States or a foreign government).
        - **National Security and Intelligence.** We may share your health information with authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.
        - **Protective Services for the President and Others.** We may share your health information with authorized federal officials to protect the President of the United States, other authorized persons, or foreign heads of state. We may also share your health information for purposes of conducting special investigations as authorized by law.

    e. **Workers' Compensation.** We may share your health information for Workers' Compensation or similar programs that provide benefits for work-related injuries or illness.

    f. **Public Health.** We may share your health information with public health authorities for public health purposes to prevent or control disease, injury, or disability. This includes, but is not limited to, reporting disease, injury and important events such as birth or death and conducting public health monitoring, investigations or activities. For example, we may share your health information to 1) report child abuse or neglect, 2) collect and report on the quality, safety and effectiveness of products and activities regulated by the Food and Drug Administration (FDA) (such as drugs and medical equipment and could include product recalls, repairs, and monitoring), or 3) notify a person who may have been exposed to or is at risk of spreading a disease.

    g. **Health Oversight.** We may share your health information with a health oversight agency for purposes of 1) monitoring the health care system, 2) determining benefit eligibility for Medicare, Medicaid and other government benefit programs, and 3) monitoring compliance with government regulations and civil rights laws.

    h. **Coroners, Medical Examiners, and Funeral Directors.** We may share your health information with a coroner or medical examiner in order to identify a deceased person, determine the cause of death, or for other reasons allowed by law. We may also share your health information with funeral directors, as necessary, so they can carry out their duties.

    i. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share your health information with the correctional institution or law enforcement official. This 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.

B. Other Ways We Are Allowed to Use and Provide Your Health Information to Others

1. **Hospital Directory.** We may include limited information about you in the hospital directory while you are a patient at a UPMC hospital or other facility. The information may include your name, location in the building, general condition, such as "stable," "serious," "critical" and your religious affiliation. Except for your religious affiliation, the directory information may be released to people who ask for you by name. You have the right to ask that all or part of your information not be given out. If you do so, we will not be able to tell your family or friends your room number or that you are in the hospital or facility.

2. **People Involved in Your Care or Payment for Your Care.** We may share your health information with a friend, family member, or another person identified by you who is involved in your medical care or the payment of your medical care. We may share your health information with these persons if you are present or available before we share your health information with them and you do not object to our sharing your health information with them, or we reasonably believe that you would not object to this. If you are not present and certain circumstances indicate to us that it would be in your best interests to do so, we will share information with a friend or family member or someone else identified by you, to the extent necessary. This could include sharing information with your family or friend so that they could pick up a prescription or medical supply. We may share medical information about you with an organization assisting in a disaster relief effort.

3. **Exception to the Above.** If you are a patient in a psychiatric/behavioral health facility or a drug and alcohol facility, none of the above information will be given to anyone outside of UPMC unless you give your written permission.

C. In All Other Ways, We Will Require Your Written Permission Before Your Health Information Is Used or Shared With Others

Except as stated in Sections A and B, your written permission is required before we can use or share your health information with anyone outside of UPMC. This permission is provided through a form. If you give us permission to use or share health information about you, you may cancel that permission, in writing, at any time. If you cancel your permission, we will no longer use or share your health information for the reasons you have given us in your written permission. However, we are unable to take back any information that we have already shared you're your permission.

Your Rights Concerning Your Health Information

The law gives you the following rights about your health information:

1. **Right to Ask to See and Copy.** You have the right to ask to see and copy the health information we used to make decisions about your care. This includes your right to request a copy of your electronic medical record in electronic form. Your request must be in writing and given to your doctor or the place where you were treated. You can call your doctor's office or the place where you were treated to find out how to do this. If you ask to see or copy your health information, you may have to pay fees as permitted by law.

2. **Right to Ask for a Correction.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to correct the information. You have the right to ask for a correction for as long as the information is kept by or for UPMC. You must put your request in writing and give it to your doctor or the place where you received care. If you do not ask in writing or give your reasons in writing, we may tell you that we will not do so as you have asked. We have the right to refuse your request if you ask us to correct information that 1) was not made by us, unless the person or place that originally made the information is no longer available to make the correction; 2) is not part of the health information kept by or for UPMC; 3) is not part of the information you are permitted by law to see and copy; or 4) we decide is correct and complete.

3. **Right to Ask for an "Accounting of Disclosures."**
   a. **Generally.** You have the right to ask us for an accounting of disclosures. This is a list of those people and organizations who have received or have accessed your health information. This right does not include information made available for treatment, payment, or health care operations, or made available when you have provided us with permission to do so. You must put your request in writing and give it to your doctor or the place where you received care. You can call your doctor's office or the place where you received care to find out how to ask for the list. You must include in your written request how far back in time you want us to go, which may not be longer than six years.

   b. **Information that is Maintained Electronically.** Subject to a schedule established by federal law, if we maintain your health information electronically (in our computer), you have the right to ask for an accounting of disclosures of where UPMC disclosed your health information. In accord with federal law, you may request an accounting for a period of three years prior to the date the accounting is requested. You also have the right to ask our business associates for an accounting of their disclosures. We will post a list of all of our business associates on our website.

4. **Right to Ask for Limits on Use and Sharing**.
   a. **Generally.** You have the right to ask us to limit the health information we use or share with others about you for treatment, payment or health care operations. You also have the right to ask us to limit health information that we share with someone who is involved in your care or payment for your care, like a family member or friend. You can call your doctor's office or the place where you received your care to get instructions on how to submit such a request. 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) the person or institution the limits apply to (for example, your spouse). We are not required to agree to your request.

   b. **Services Paid For by You.** Where you have paid for your services out of pocket in full, at your request, we will not share information about those services with a health plan for purposes of payment or health care operations. "Health plan" means an organization that pays for your medical care.

5. **Right to Ask for Confidential Communications.** You have the right to ask that we contact you about your health information in a certain way or at a certain location that you believe provides you with greater privacy. For example, you can ask that we contact you at work or by mail. Your request must state how or where you wish to be contacted. You must make your request in writing to your doctor or the place where you received care. You do not need to provide a reason for your request .We will comply with all reasonable requests.

6. **Right to Ask for 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. You can get a copy of this Notice at our website. To obtain a paper copy of this Notice, contact your doctor's office or the registration department of the place where you received care.

7. **UPMC Insurance Division is prohibited from requesting, requiring or purchasing genetic information with respect to any individual prior to such individual's enrollment in a health plan, and from using genetic information for underwriting purposes.**

Violation of Privacy Rights

In the event that a breach of your protected health information occurs by UPMC or one of its Business Associates, you will be provided with written notification as required by law.

If you believe your privacy has been violated by us, you may file a confidential complaint directly with us. You can do this by contacting the UPMC Privacy Officer at the hospital or facility where you received care or by calling the UPMC Compliance Help Line at 1-877-983-8442, or the UPMC Patient and Consumer Privacy at 412-647-5757.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Secretary of Health and Human Services, you must 1) name the UPMC place or person that you believe violated your privacy rights and describe how that place or person violated your privacy rights; and 2) file the complaint within 180 days of when you knew or should have known the violation occurred. All complaints to the Secretary of the U.S. Department of Health and Human Services must be in writing and addressed to:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

You will not be penalized for filing a complaint.

Changes to This Notice

We reserve (have) the right to change this Notice. We reserve (have) the right to make the revised or changed Notice effective for health information we already have about you and for any future health information. We will post a copy of the revised Notice in the places where we provide medical services. The Notice will contain the effective date on the first page, in the top right-hand corner. We will provide to you, if you ask us, a copy of the Notice that is currently in effect.

If You Have Questions About This Notice

If you have any questions about this Notice, please contact your doctor or the place where you received care. You may also contact UPMC's Notice of Privacy inquiry line at 412-647-6286 or the UPMC Office of Patient and Consumer Privacy at 412-647-5757.

ClinicalConnect
Health Information Exchange

CLINICALCONNECT HEALTH INFORMATION EXCHANGE STANDARD ADDENDUM TO THE NOTICE OF PRIVACY PRACTICES

Update Effective: February 1, 2016

UPMC ("Provider") participates in the ClinicalConnect Health Information Exchange (HIE). Generally, a HIE is an organization that providers, payers, and providers of ancillary healthcare related services participate in (each a "Participant") to exchange patient information in order to facilitate health care, avoid duplication of services (such as tests) and to reduce the likelihood that medical errors will occur. By participating in the HIE, UPMC may share your health information with Participants or participants of other health information exchanges, by example P3N (Pennsylvania Patient & Provider Network) and Healtheway (a national network that allows providers to exchange information). This health information includes, but is not limited to:

- Test Results. By example, General laboratory tests, Pathology tests ,Radiology tests, GI tests, cardiac tests, neurological tests, etc.
- Health Maintenance documentation
- Problem lists
- Allergy Information
- Immunizations
- Medication lists
- Consultation and Progress notes
- Discharge summaries and instructions
- Clinical Claims Information

Ancillary healthcare related service providers may include, but are not limited to:

- Organ Procurement
- Diagnostic Testing
- Pharmacies
- Durable medical Equipment Suppliers
- Home Health Services

All Participants have agreed to a set of standards relating to their use and disclosure of health information available through the HIE. These standards are intended to comply with all applicable state and federal laws.

As a result, you understand and agree that unless you notify your Provider that you do not wish for your health information to be available through the HIE ("Opt-Out"):

- Health information that results from any Participant providing services to you will be made available through the HIE. For clarity, if you Opt-Out, your health information will no longer be accessible through the HIE. However, your opt-out does not affect health information that was disclosed through the HIE prior to the time that you opted out;
- Regardless of whether you choose to opt-out of the HIE, your health information will still be provided to the HIE. However, if you choose to Opt-Out, the HIE will not exchange your health information with other providers and payers. Additionally, you cannot choose to have only certain providers or payers access your health information;
- All Participants who provide services to you will have the ability to access and download your information. However, Participants that do not provide services to you will not have the ability to access or download your information;
- Information available through the HIE may be provided to others as necessary for referral, consultation, treatment and/or the provision of other treatment-related healthcare services to you. This includes providers, payers, pharmacies, laboratories, etc.;
- Your information may be disclosed for payment related activities associated with your treatment by a Participant; and your information may be used for healthcare operations related activities by Participants.

You may Opt-Out at any time by notifying UPMC.
A list of Participants may be found at:
www.clinicalconnecthie.com.

Version 2

Chartwell Specialty Pharmacy
215 Beecham Drive, Suite 1
Pittsburgh, PA 15205

Toll Free: 1-800-366-6020
Fax: 412-920-1869

Find us online at
www.chartwellpa.com

Call 911 for Medical Emergencies