



SPECIALTY PHARMACY

DOWNTOWN MEMPHIS

Outpatient Center

880 Madison Avenue | Ground Floor
Memphis, TN 38103
901-545-7970 (Option 5)

EAST MEMPHIS

East Campus

6555 Quince Road | Ground Floor
Memphis, TN 38119
901-515-5656 (Option 4)

PATIENT HANDBOOK

SCAN THE QR CODE TO
GIVE YOUR FEEDBACK!



Regional One Health

WELCOME TO REGIONAL ONE HEALTH SPECIALTY PHARMACY!

Thank you for choosing us as your specialty pharmacy. Having a chronic condition is stressful, and we are here to help you through each step of your care.

Our Patient Welcome Handbook will help you prevent problems and know how to respond to emergencies while giving you support.

Regional One Health Specialty Pharmacy provides easy filling and delivery of medicines to our patients. Located in Memphis, Tennessee, and if allowed by the state you’re in, we can ship your medicines there. Our well-trained pharmacists and staff help our patients reach health goals, helping reduce the cost of their medicine.

We are more than a pharmacy. Regional One Health Specialty Pharmacy offers care for complex chronic conditions. We help you through every step of treatment. If you have questions about your prescription, ask a pharmacist.

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CONTACT INFORMATION & HOURS OF OPERATION

Regional One Health Specialty Pharmacy
HOURS: Monday - Friday 8:00 AM to 5:00 PM*
PHONE: MAIN CAMPUS: 901-545-7970 - Option 5
EAST CAMPUS: 901-515-5656 – Option 4
EMAIL: specialtypharmacymain@regionalonehealth.org
WEBSITE: regionalonehealth.org/specialty-pharmacy/

***We are closed on the following holidays**

New Year’s Day	Independence Day	Christmas Eve
Martin Luther King, Jr. Day	Labor Day	Christmas Day
Good Friday	Thanksgiving Day	
Memorial Day	Day after Thanksgiving	

AFTER-HOURS QUESTIONS?

Call 888-633-6979 - Option 5

Please leave a message with a call-back number if you would like a pharmacist to return your call.

GETTING YOUR MEDICATION

Filling a New Prescription

When your provider sends a prescription, our staff will contact you to join our pharmacy program. A member of our staff will get information for filling your prescription. We will also plan for delivery or pickup of your medication. Our pharmacists will speak to you directly or your caregiver regarding your medication. Do you have questions about your prescription? Call a pharmacist. Please call us at 888-633-6979. Written information about this prescription has been provided for you. Please read this information before you take the medication.

Refilling a Prescription

A pharmacy staff member will contact you about a week before your refill is due. We will fill the medications you need, update your insurance, and verify the delivery method and address. You may also be asked a short series of questions to give you the best possible care. Please call the pharmacy to access order status or to request a refill if a member of our team has not yet called you. We will call you to make you aware of any delays. Our pharmacy staff will help you with any assistance or override needed from your insurance company or providers.

Delivery Information

We offer a number of delivery options, including overnight delivery by FedEx, same-day delivery by Blue Sky Couriers, depending on which state you live in, and hand delivery of your medication to you while you are in the clinic. We can provide a delivery option that fits your needs! We deliver to multiple states, not just Tennessee and Mississippi. Your medication will arrive in a secure package. If the medication is refrigerated, it will be shipped in a refrigerated box. Inspect the package for any signs of damage or tampering. Damaged or missing medication, medication that is not yours, should be reported quickly to the pharmacy. Observe the medication for any discoloration or visible signs of degradation. If you have any concerns about the medication’s integrity, contact us or the manufacturer for guidance. We will help determine if a replacement is needed. Once your refrigerated medication is delivered, bring it inside to protect against winter and summer month temperatures. A signature is required for delivery of medication unless a signature waiver is completed and returned to the pharmacy. This waiver is available at the end of this handbook and will need to be signed each year. This is not an option if shipping a refrigerated medication to Texas; a signature will be required.

In addition, we are licensed in and regulated by the Missouri Board of Pharmacy, 3605 Missouri Blvd, Jefferson City, Missouri, 65109; contact number 573-751-0091, email: MissouriBOP@pr.mo.gov

We are also licensed in OK, the Oklahoma State Board of Pharmacy can be contacted at 405-521-3815 if needed.

Medication Synchronization

We are also happy to fill and ship all medications you may take as part of our program. If you would like all of your medications to arrive together in one shipment, please ask a member of our team for more details. Please note, this may require us to partially fill some of your prescriptions as we align your monthly refills.

SERVICES OFFERED

Patient Management Program

A pharmacist with Regional One Health Specialty Pharmacy will provide services to help you stay in the best possible health. These services include medication counseling, injection teaching, side effects management, medication reconciliation, and health monitoring. The Regional One Health Patient Management Program is designed to improve your health. We work to improve compliance and avoid side effects to improve how well your medication works. A clinical pharmacist will work with you and your provider to achieve your goals. The Patient Management Program is not required. Please let a member of our team know if you do not want to participate.

Insurance Navigation

Our staff is here to help you and your provider get your medication. We will complete the insurance benefits investigation and complete any paperwork. We will let you know if your medicine is approved or denied. If we cannot fill your medicine, we will help make sure another specialty pharmacy gets your prescription.

Financial Assistance

Our staff will bill your insurance and let you know if you have a copay. If you cannot afford your copay, please let us know, and we will work with you on a payment plan. If your insurance does not cover your medication or you are uninsured, we can work with you to apply for help. Financial assistance paperwork may require you to visit our pharmacy to sign paperwork and bring proof of income.

Additional Services

You can access it through the patient portal (see page 23 for access information), we send text reminders, and larger print labels. We will do our best to meet the method of access you request. We can have labels and counseling sheets converted to Spanish. If you live in Nevada and request to have the purpose the drug was prescribed for placed on the label, let us know.

TIPS FOR SUCCESS

You play an important role in your treatment. Together with your doctors, nurses, and pharmacists, we form a team to help your medications work best for you. If someone else helps take care of you, it is important that the caregiver knows about your medications. Please feel free to reach out to our team with any questions or concerns regarding your therapy.

Read the Label

Before you take any medicine, read the label. The label should show:

- **Medication name:** do not take a medication if you are allergic to the medication
- **Directions:** follow the exact directions as written by your prescriber
- **Warnings:** read these carefully
- **Expiration Date:** do not use a medicine after the date on the bottle
- **Refills remaining:** contact your doctor when you have **one** refill remaining

Avoid Problems

- Medicines can cause side effects. Ask about the side effects of the medicines you are taking. Talk to your pharmacist or doctor if you experience side effects or have questions.
- Organize your medicines. If you would like a pill box, just ask us, and we can supply one to you.
- Do not skip your medicines.
- Do not share medicines.

PATIENT SAFETY

Emergency Preparedness

If you are involved in a natural disaster such as an earthquake, tornado, or fire, please follow these instructions:

- Please try to contact Regional One Health Specialty Pharmacy at 1-888-633-6979, Option 5.
- If you must leave your home, please call us for delivery of your medications. Be ready to give your new address and phone number where you can be reached.
- If you need emergency medical care, medications, or supplies, go to a local hospital in the nearest unaffected area.

Hand Washing

The best way to prevent infection is to have good hand hygiene. Remember to always wash your hands before and after you handle any medication. If no water supply is available, use an alcohol-based hand cleanser.

1. Wet your hands with warm water.
2. Place a small amount of soap on your hands.
3. Rub your hands together for at least 30 seconds. Don't forget to wash in between your fingers.
4. Rinse your hands with warm water.
5. Dry your hands with a paper towel or a clean cloth towel.

PRODUCT SELECTION, STORAGE & HANDLING

Drug Substitution Protocols

Sometimes we may have to change a medication. This could be due to insurance or to reduce your copay. The pharmacy will reach out to your doctor as needed for approval and let you know of any changes before delivering the medication.

Product Selection and Transfer

If we are unable to fill your medicine, you and your provider will be notified. Our specialty pharmacy will find a pharmacy that can fill your medicine and do a transfer.

Proper Storage of Medication

Most medicines are stored at room temperature. Do not store your medications in areas with extreme temperature changes, such as in a car or on a window shelf. Because steam or humidity can harm medicines, the bathroom is not a good storage place. If your medicine must be refrigerated, keep it in your home refrigerator. Do not place the medicine in the freezer unless the pharmacist tells you to freeze the medicine. Keep all of your medicine out of the reach of children and pets.

Proper Disposal of Unused Medication

Unused medicine should be mixed with something like cat litter or coffee grounds and thrown away in your garbage.

- If a patch, fold so that the sticky sides of the patch stick together. If the doctor says you do not need the patch any more, any unused patches should be taken out of the pouch and thrown away.

Sharps

- After using your injectable medication, place all needles, syringes, or other sharp objects in a sharps container. Do not dispose of sharps in the trash unless they are contained within a hard-plastic container. Do not flush sharps down the toilet. We are happy to help you get a sharps container. If a sharps container is not available, a hard-plastic, sealed container with a lid, such as a bleach or milk container, may be used.
- Do not fill containers more than three-quarters full.
- Check with your local garbage company about proper disposal of sharps containers in your area.

You may also call your local law enforcement agency for local medicine take-back programs in your community.

The following website can provide helpful information for medication disposal in your state: <https://safeneedledisposal.org/>

Recalls

In the event of a Class C consumer drug recall, Regional One Health Specialty Pharmacy will contact the patient with instructions.

FREQUENTLY ASKED QUESTIONS

When should I contact the pharmacy?

You should call the Regional One Health Specialty Pharmacy:

- Have any safety or quality concerns
- Have questions about medication(s).
- Need to order medication refills
- Suspect an error may have been made with your medication.
- Develop a reaction to your medication or new allergy
- Change or discontinue any medications
- Have been hospitalized or plan to be hospitalized
- Have a change in address or phone number, or if you lose phone service
- Are unavailable to receive your shipment
- Have a billing question or need to provide prescription insurance information.

Will Regional One Health Specialty Pharmacy call me? We will call you to:

- Confirm the initial status of your prescription, enroll you in our pharmacy program, and provide you with your copay amount.
- Set up initial and monthly refill deliveries
- Verify prescription insurance information.
- Complete medication reconciliation and clinical assessment up to twice a year.
- Counsel you on your medication
- Inform you that your medication has been substituted or transferred to another pharmacy.
- Inform you of FDA recalls of your medication

How do I order a refill?

A staff member will call you before your medication runs out. Please call 901-545-7970, Option 5, to check the status of your refill and set up delivery.

How much will my medication cost?

Your copay amount will vary according to your specific insurance plan. Our team will inform you of your copay after your prescription has been processed.

What if I cannot afford my medication or my insurance does not cover it?

Some patients can get assistance. We are here to help you see which programs you are qualified for and assist in enrollment. We will work directly with you and your provider to determine the best plan for appropriate therapy, coverage, and financial assistance.

What if Regional One Health Specialty Pharmacy is not preferred, or I take a limited distribution medication?

We will work with your insurance plan and provider to ensure that your prescription is transferred to the right pharmacy for dispensing. We will always call to provide you with the contact information for the new pharmacy.

Can I return my prescription?

Most prescriptions cannot be returned, but please call our pharmacy if you feel a return is needed.

What should I do if I have an adverse reaction to my medication?

Call your provider’s office or the Regional One Health Specialty Pharmacy if you have an adverse reaction. You should call 911 or have someone drive you to a local emergency room if you feel you are having a severe reaction or life-threatening emergency.

PATIENT RIGHTS AND RESPONSIBILITIES

Note: Throughout this policy, the word “patient” is intended to include the patient, their family, and/or healthcare agent or surrogate decision maker.

If a patient cannot read the statement of rights and responsibility, it is read and a copy given to the patient in the language the patient understands.

All Regional One Health (ROH) patients have the right to:

1. Considerate and respectful care in a safe environment.
2. An environment that is free from all forms of abuse, including but not limited to: direct physical, verbal, and sexual abuse; harassment, including derisive and insulting language; neglect, including withholding appropriate care and pain medication; humiliation, and financial or other exploitation.
3. Expect that, within our capacity and scope of our mission and services, Regional One Health provides treatment and services that are consistent with relevant laws and regulations and medically indicated, regardless of race, creed, sex, or sexual orientation, national origin, age, disability, diagnosis or sources of payment.
4. Obtain access to protective and advocacy services, self-help support services, and legal entities for appropriate representation.
5. An environment that preserves dignity and contributes to a positive self-image.
6. Provide information about healthcare for patients with vision, speech, hearing, or cognitive impairments in a manner that meets the patient’s needs. Information tailored in consideration of the patient’s age, language, and ability to understand.
7. Have complaints about care and/or services addressed, and may do so through a number of options, including Patient Relations, Guest Services, and the Ethics Advisory Committee. Guest Services: 901-545-7123; Ethics Advisory 901-242-9651 or The Joint Commission: 1-800-994-6610; via email: complaint@jointcommission.org or by mail: One Renaissance Blvd, Oakbrook Terrace, IL 60181; State of Tennessee Department of Health Complaint Line at 1-800-852-8187; Medicare Beneficiary complaints: 1-800-MEDICARE.
8. Obtain from physicians and other healthcare providers relevant, current, and clear information concerning diagnosis, treatment and prognosis; information related to specific procedures and/or treatments; procedure and treatment risks; possible length of recuperation; medically reasonable treatment and/or procedure alternatives, including relevant risks, benefits and side effects of related alternatives; and the possible results of not receiving care, treatment and services.
9. Except in emergencies, when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to request and discuss information related to specific procedures and/or treatments, risks, possible length of recuperation, medically reasonable alternatives and their risks, benefits and side effects and the possible results of not receiving care, treatment and services.
10. Be informed of unexpected or unanticipated events, including those events reported as sentinel events, and the risks and possible side effects of the outcomes of such events should they occur.
11. Know the identity of physicians and other healthcare providers involved in their care, as well as when those involved are students or residents. The patient also has the right to know the identity of anyone entering his or her room.
12. Make decisions about the plan of care prior to and during the course of treatment. At patient’s request, have his or her family and physician promptly notified of his or her admission to Regional One Health. The patient has the right to consent or to refuse a recommended treatment or plan of care to the extent permitted by law and organizational policy and to be informed of the medical consequences of this action. In the case of refusal, the patient is entitled to other appropriate care and services that Regional One Health provides or to be transferred to another healthcare provider or hospital. Regional One Health staff or healthcare provider will notify patients of any policy that might affect patient choice within the institution.
13. The extent permitted by law, if the patient lacks decision-making capacity, the patient has the right to have a surrogate decision maker participate in medical decisions as described above.
14. An advance medical directive (such as a living will, healthcare proxy, durable power of attorney for healthcare, or advance care plan) and/or designate a surrogate decision maker. The patient has the right to expect Regional One Health will honor the intent of the directive to the extent permitted by law and organizational policy.
15. The patient will be advised of his or her rights under state law and organizational policy to make informed medical choices and will be asked if he or she has an advanced medical directive (AMD). Upon presentation of an AMD, a copy of the document will be placed in the medical record. The patient has the right to timely information about organizational policy that may limit its ability to fully implement a legally valid AMD.
16. Have access to a support person of your choosing at any time.
17. Designate visitors, regardless of whether or not the visitors are legally related to the patient. Regional One Health will not deny visitation privileges based on race, color, national origin, religion, sex, sexual orientation, gender identity or disability. Regional One Health may restrict visitation for medically or legally appropriate circumstances as well as the clinical decisions that medical professionals may make about a patient’s care or treatment. Visitation may be denied or supervised subject to circumstances that pose a health and safety risk to a patient/resident, staff, or property.
18. Assessment and management of pain, including an initial and subsequent, regular assessment of pain, pain relief and to expect that providers will be educated in pain management. The patient has the right to be educated on his or her role in managing pain, as well as the potential limitations and side effects of pain treatments.
19. Accommodation will be considered for any personal, cultural, racial, spiritual, age, gender or other beliefs that might impact the patient’s decisions regarding treatment and pain management.
20. Be free from restraints or seclusion when imposed as a means of coercion, discipline, convenience or retaliation by staff. The patient has the right to be educated about the use of restraints or seclusion when either or both are medically indicated.
21. Regional One Health is a teaching site for the University of Tennessee (Memphis) College of Medicine. Under most circumstances, patients who seek treatment from Regional One Health and do not have their own private healthcare providers are assigned to a healthcare provider who is on faculty at the University of Tennessee (Memphis), or a member of the clinical staff of Regional One Health.
22. Every consideration of privacy. Case discussion, consultation, examination and treatment shall be conducted so as to protect each patient’s privacy. The patient has the right to consent or to decline video surveillance or audio and/or video recording for any purpose other than intensive care monitoring. The patient has the right to be notified by posted signage or other methods when photography, video and/or audio recording is used in specified treatment areas (i.e., medical-surgical intensive care units) to meet regulatory and safety guidelines.

23. Request that recording activity be terminated at any time. The patient also has the right to rescind consent to use of the recording after it is made, unless it has been used for an agreed upon purpose before the consent was rescinded. If consent is withdrawn before the recording has been used, the patient has the right to expect that the portion of the recorded containing the patient’s voice and/or image, if any, will be destroyed.
24. Expect that all communications and records pertaining to his or her care will be treated as confidential by Regional One Health, except in cases when reporting is permitted or required by law. This includes, but is not limited to, suspected abuse and public health hazards. The patient has the right to expect that Regional One Health will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records. The patient has the right to request a report of disclosures of his or her health information that were made for any purposes other than treatment, payment or healthcare operations, as those terms are defined in the Notice of Privacy Practices.
25. Expect reasonable access to his or her medical record and to have information explained or interpreted as necessary, except when releasing such information may be deemed harmful to the patient. The patient also has the right to request an amendment to his or her medical record. In those situations, the treating physician may be contacted for guidance.
26. Expect that, within its capacity and policies, Regional One Health will make a reasonable response to the request of a patient for appropriate and medically indicated care and services. Regional One Health must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first accept the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for transfer, risks, benefits and alternatives to such a transfer.
27. Ask and be informed of the existence of business relationships among Regional One Health, educational institutions, other healthcare providers or payers that may influence the patient’s treatment and care.
28. Consent or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that Regional One Health otherwise can provide.
29. Expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when the services of Regional One Health are no longer appropriate.
30. Be informed of organizational policies and practices that relate to patient care, treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as the Ethics Committee, Guest Services Representatives, or Patient Advocate, or other mechanisms available within Regional One Health, as well of appropriate external agencies in which to appeal.
31. Be informed of Regional One Health’s charges for services, non-covered charges, and available payment methods. The patient has the right to know of the immediate and long-term financial implications of treatment choices, insofar as they are known.

Additional Patient Rights for Subacute Care Patients

1. Have privacy in their treatment and personal care. This includes privacy, if married, for visits by a spouse. Patients may share a room if both are admitted patients and it is mutually agreeable.
2. Have the ability to talk or meet privately with visitors. This includes meeting with members of and take part in social, commercial, religious, and community groups, unless the administrator deems that a person’s presence would cause harm or threaten the safety/security of a patient, staff, or property.
3. Allow or refuse staff to conduct a voluntary search of a resident’s body or their personal belongings.
4. Make decisions regarding the execution of any documents, including admission forms.
5. Residents may appoint a surrogate to act on their behalf.
6. Send and receive mail promptly and unopened.
7. To retain and use personal clothing and possessions as space permits.
8. Be free from being required by the facility to work or perform services, not included for therapeutic purposes in the plan of care.
9. Manage their personal financial affairs.
10. Receive prior notification of change in room assignments or roommate.
11. Be able to examine survey results and plans of correction for the facility.
12. Have the ability to self-administer medications if the interdisciplinary team has determined that it is safe to do so.
13. Be free from involuntary transfer or discharge, except for medical reasons, the patient’s welfare or that of other patients, or for nonpayment, except as prohibited by the Medicaid program.

Tobacco-free Environment: In order to give you the healthiest possible environment during your stay, we have joined a city-wide initiative for tobacco-free hospitals. Individuals may not use any tobacco products anywhere on our campuses. That includes hospitals, parking lots/decks, sidewalks, and in cars on hospital property. When you’re admitted to a Regional One Health hospital, please let the admissions staff know if you use tobacco. We’ll give this information to your provider, who can arrange nicotine replacement products or discuss alternatives for you. If you’re ready to stop using tobacco, tell your doctor or nurse. They can help.

Patient Responsibilities

The collaborative nature of healthcare requires that patients and/or their families/surrogates participate in their care. The effectiveness of care and patient satisfaction with the course of treatments depends, in part, on the patient fulfilling certain responsibilities.

All ROH patients are responsible for:

1. Providing information about past illnesses, known or suspected allergies, hospitalizations, current medications, family's health history, environmental factors and other matters related to his or her health status. To participate effectively in decision making, the patient must be encouraged to take responsibility for asking questions when he or she does not understand information or instructions, and to request additional information about his or her health status or treatment.
2. Ensuring that Regional One Health has a copy of his or her written advance medical directive, if one has been completed. The patient is also responsible for informing healthcare providers about any anticipated problems in following prescribed treatments.
3. Reporting to a member of Regional One Health a known or perceived unsafe circumstances or practices including the use of illegal drugs or use of drugs not prescribed for use by the patient.
4. The patient, his or her family, and any other individual who may visit the patient, are responsible for being considerate of other patients and Regional One Health staff and for contributing to a safe environment. The patient, his or her family and visitors are responsible for communicating any and all concerns for their safety and the safety of others to staff of Regional One Health.
5. Communicating to Regional One Health's staff any personal, cultural, spiritual and/or other ethnic beliefs that might impact the patient's healthcare decision making.
6. Informing Regional One Health of any requirements to use alternative telephone numbers, addresses or other means necessary to communicate with his or her family or surrogate and any requests to restrict uses and disclosures of personal persons or purposes.
7. The patient should be aware of Regional One Health's obligation to be reasonably efficient and equitable in providing care to other patients and the community. Regional One Health's rules and regulations are designed to help the organization meet this obligation. Patients and their families are responsible for making reasonable accommodations to the needs of Regional One Health, other patients, medical staff and organization employees.
8. The patient is responsible for providing information for insurance claims and cooperating with Regional One Health to make payment arrangements.
9. A patient's health depends upon much more than the delivery of adequate healthcare services. The patient is responsible for recognizing the impact of his or her lifestyle on their personal health and for reporting perceived and know risky behavior to their healthcare providers.

Following the Regional One Health Patient Rights and Responsibilities, the specialty pharmacy honors all patient rights and responsibilities described.

In addition to these rights and responsibilities, the Specialty Pharmacy recognizes the following:

The Patient has the responsibility to:

- Provide information regarding:
 - Medical history
 - Allergies
 - Medication usage
 - Other pertinent matters related to the patient's health
- Request additional information or clarification about health status, treatment, or financial responsibilities when the information or instructions are not clearly understood.
- Give accurate clinical and contact information, and notify pharmacy staff of any changes in the information.*
- Notify their treating provider of their participation in the patient management program, if applicable. *
- Submit forms that are necessary to receive services.
- Notify the organization of any concerns about the care or services provided.

The Patient has the right to:

- Be informed of pharmacy policies and procedures that relate to patient service, treatment, responsibilities, and disclosure of any clinical records.
- Be fully informed in advance to make decisions about care to be provided, including the disciplines that furnish care, the frequency of visits, as well as any periodic modifications to the plan of care.
- Be informed in advance about the care to be provided and their financial responsibility.
- Make choices both before and during treatment, refuse a suggested course of action to the degree allowed by law, and understand the possible medical consequences of doing so. In the event of such a rejection, the patient has the right to receive services from another provider or other suitable care and services from the pharmacy in the event of such a refusal.
- Be informed of patient rights under state law to formulate an Advanced Directive, if applicable.
- Identify visiting personnel members through proper identification.
- A second opinion before implementing harmful or irreversible treatments, unless there is a life-threatening emergency.

- Receive information about the scope of services that the organization will provide and specific limitations on those services.
- Be informed of any financial benefits when referred to an organization.
- Clear and accurate information about the pharmacy, the pharmacy staff, and their health plan.
- Have access to pharmacists and staff who provide respectful, non-discriminatory care, follow prescribers' orders, and respect the dignity and individuality of patients and their property.
- Health care options that are tailored to individual needs, including language barriers, visual impairments, physical or mental disabilities, and difficulty understanding, while ensuring equal rights to privacy, dignity, and compassionate care for mental health patients.
- Expect that all communications and records about his or her care will be treated as confidential by Regional One Health, except in cases when reporting is permitted or required by law. This includes, but is not limited to, suspected abuse and public health hazards. The patient has the right to expect that Regional One Health will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.
- Request a report of disclosures of his or her health information that were made for any purposes other than treatment, payment, or healthcare operations, as those terms are defined in the Notice of Privacy Practices.
- Access, request amendment to, and obtain information on disclosures of the patient's health information, in accordance with law and regulation.
- Choose or ask for a different care team member or provider, if one is available.
- Examine and receive an explanation of their medical bills, regardless of the source of payment.
- Voice grievances/complaints regarding treatment or care or lack of respect for property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- Have grievances/complaints regarding treatment of care that is (or fails to be) furnished, or lack of respect for property, investigated.
- Contact one of the below organizations to file a complaint if the patient is not satisfied with the way Regional One Health resolved their complaint:

URAC

1220 L Street, NW
Suite 400
Washington, D.C. 20005
Phone: (202) 216-9010
Fax: (202) 216-9006
<http://webapps.urac.org/complaint/>

Office of Inspector General, Department of Health and Human Services

HHS-Tips Hotline
P.O. Box 23489
Washington, D.C. 20026
Phone: (800) HHS-TIPS
Phone: (800) 447-8477

US Department of Labor OSHA

Phone: (800) 321-OSHA (6742)
www.osha.gov

Tennessee Board of Pharmacy

Phone: 1-800-342-8385
<http://health.state.tn.us/boards/complaints.htm>

Missouri Board of Pharmacy

3605 Missouri Blvd,
Jefferson City, MO, 65109
Phone: 573-751-0091
email: MissouriBOP@pr.mo.gov

Oklahoma Board of Pharmacy

Phone: 405-521-3815

Joint Commission

Phone: (800) 994-6610;
Via email at: complaint@jointcommission.org
Or by mail to: One Renaissance Boulevard, Oakbrook Terrace, IL 60181

- Be aware of the resources that are available to settle disagreements, complaints, and conflicts.
- Use a surrogate decision-maker to make decisions regarding their care, treatment, or services when they are incapable of doing so.
- Contact the media directly.
- Timely access to healthcare, which means that any necessary treatments should be given without undue delay.
- Confidentiality and privacy of medical records, which permits them to be discussed and copied while maintaining the information is clear and accurate.
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and from misappropriation of patient property.
- Access buildings and services that meet the standards of the Americans with Disabilities Act (ADA).
- Have personal health information shared with the patient management program only following state and federal law. *
- Identify the program's staff members, including their job titles, and speak with a staff member's supervisor, if requested. *
- Speak to a health professional. *
- Receive information about the patient management program. *
- Decline participation, revoke consent, or disenroll at any point. *

**Indicates rights and responsibilities of patients participating in the Regional One Health Specialty Pharmacy Patient Management Program*

All staff of Regional One Health will be held to a strict rule of honest and fair dealings between themselves and the medical center. They will not use their positions or knowledge gained from that position, so that a conflict might arise between the interests of Regional One Health and the individual. Regional One Health does not provide financial incentives, including reimbursement, bonuses, or incentives, to staff based directly on consumer utilization of health care services.

Activities and relationships that may give rise to conflicts of interest (real or perceived) and should be avoided include:

- Performance of service by a staff member’s immediate family or outside enterprises that do business with Regional One Health without the written consent of their respective senior executive.
- Acceptance of gifts or gratuities of more than token value, including loans (other than from established banking or financial institutions), entertainment, trips or substantial favors from organizations that do or are seeking to do business with Regional One Health. Per Regional One Health’s Standards of Conduct policy, all gifts and entertainment, whether offered, provided, or received, must be reasonable, occasional, and small enough so as not to appear improper.
- Disclosure or use of confidential information for personal profit or advantage of the staff or an immediate family member.
- Competition with any Regional One Health entity (either directly or indirectly) in the purchase, sale, or transfer of property or property rights, or to provide services to Regional One Health patients outside of the hospital setting.
- Representation of another healthcare institution by a staff member in transactions where the staff member or an immediate family member has a substantial interest.

Each Regional One Health staff member agrees:

- Not to have an interest or prohibited relationships which might give rise to conflicts of interest (real or perceived) without the written approval of the staff’s senior executive.
- To advise his/her respective senior executive promptly upon becoming involved in any conflict of interest (real or perceived).
- That following termination of their position with Regional One Health, the staff member will not divulge proprietary information or use any information gained during their employment that would in any way result in harm of any Regional One Health entity.
- For the protection of both Regional One Health and its staff, staff members will make prompt and full disclosure to the Corporate Compliance Officer of any situation that may involve conflicts of interest (real or perceived). Staff members are invited to discuss any situation that may involve conflicts of interest with Corporate Compliance, Corporate Legal, or their senior executive. All information disclosed will be treated confidentially, except when further disclosure is required for the protection of Regional One Health.



JOINT NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact:

Regional One Health
Compliance & Privacy Office
901-545-6554
privacy@regionalonehealth.org

Regional One Health Main Number:
901-545-7100

This joint notice covers the privacy practices of Regional One Health, our affiliated sites, and physicians or other professional healthcare providers when they see or treat you in one of our facilities or outpatient clinics. Regional One Health and the Affiliated Covered Entities (ACE) listed below may share medical information for treatment, payment, or health care operations purposes as described within this notice.

REGIONAL ONE HEALTH UT REGIONAL ONE PHYSICIANS, INC. REGIONAL ONE HEALTH EXTENDED CARE, LLC

An ACE is a group of legally separate covered entity that are affiliated or under common ownership or control and designate themselves as a single covered entity for purposes of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations. Regional One Health may modify the covered entities designated as part of its ACE from time to time and, if covered entities are added to the ACE, it’s possible those entities may not be listed above.

OUR PLEDGE TO YOU

At Regional One Health our greatest concerns are your health and privacy. We are committed to using and disclosing your health information responsibly. This Notice of Privacy Practices describes how Regional One Health may collect, use, and disclose information, along with your patient rights regarding your protected health information.

Protected health information, or “PHI”, is information about you, including demographic information, that can reasonably be used to identify you and which relates to your past, present, or future physical or mental health or condition, the provision of healthcare to your or the payment for that care. For purposes of this notice, PHI means any information, whether verbal, paper, or electronic, created or received by Regional One Health relating to your health, or the provision or payment for your healthcare.

OUR RESPONSIBILITIES

We are required to by the Health Insurance Portability and Accountability Act, also known as “HIPAA”, to maintain the privacy of your PHI. In addition to the responsibilities outlined in this notice, the law requires us to:

- Provide you with notification if we discover a breach of unsecured PHI unless there is a demonstration, based on a risk assessment, that there is a low probability that the PHI has been compromised;
- Obtain your written authorization before we use or disclose your psychotherapy notes, except for use by the originator of the psychotherapy notes for treatment; or use or disclosure by Regional One Health to defend itself in a legal action or other proceeding brought by the individual;
- Provide you with this notice of our legal duties and privacy practices concerning information we collect and maintain about you
- Ensure all healthcare professionals, employees, students, and other healthcare personnel abide by the terms of the Regional One Health Notice of Privacy Practices currently in effect.

We reserve the right to change our practices and to make changes effective for all PHI we maintain, including information created or received before the change. Should our privacy practices change, we are not required to notify you, but we may post the revised notice at each facility, and you may request copies of the revised notice in person at Regional One Health or website: www.regionalonehealth.org

HOW WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION

Generally, we may not use or disclose your PHI without your written authorization. However, in certain circumstances, we are permitted to use your PHI without authorization. This Notice describes different ways that we may use and disclose your PHI without your written authorization. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your PHI without your written authorization should fall within one of these categories.

Healthcare Treatment

Your PHI may be used and disclosed to provide or manage your healthcare and related services. This may include communicating with other healthcare providers, including physicians, nurses, and technicians, or other medical personnel about treatment, as well as coordinating and managing your healthcare with others. We may use and disclose PHI when you need a prescription, lab work, an x-ray, or other healthcare services. Additionally, we may disclose PHI about you when referring you to another healthcare provider.

Payment of Services

Your PHI may be used and disclosed so the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to give information to your insurance carrier about the surgery you received so your health plan will pay us per your benefits. We may also tell your insurance carrier about an outpatient treatment to obtain prior approval or to determine whether your plan will cover the treatment. We may need to share your demographic information with another provider who also rendered care to you so that they can bill for their services.

Healthcare Operations

Your PHI may be used and disclosed in performing business activities, which we refer to as “healthcare operations”. These healthcare operations allow us to improve the quality of care we provide and reduce healthcare costs.

The following are examples:

- To review and improve the quality, efficiency, and cost of care provided to you and other patients;
- To improve healthcare and lower costs for people who have similar health problems to help manage and coordinate their care. We may use PHI to identify groups of people with similar health problems to give them information about treatment alternatives, classes, or new procedures;
- To provide training programs for students, trainees, healthcare providers, or non-health professionals;
- To cooperate with outside organizations that assess the quality of the care provided. Such organizations might include government agencies, licensing boards, or accrediting bodies;
- To assist individuals in reviewing our healthcare operations. For example, doctors reviewing the services provided to you, as well as accountants, lawyers, and others who assist us in complying with applicable laws may view your PHI;
- To plan for the organization’s future operations and fundraising to benefit our organization;
- To conduct business management and general administrative activities related to services we provide;
- To review activities and the use or disclosure of PHI in the event the organization is sold or control of our business and/or property is given to someone else.

Health Information Exchange

Many facilities participate in one or more health information exchanges (HIE). An HIE facilitates sharing of information among health care organizations such as hospitals, clinics, health plans, and state or federal-mandated reporting organizations. Information about your past and current medical conditions and medications can be available to us or your non-Regional One Health providers or hospital if they participate in the HIE. You may opt out and restrict others from accessing your Regional One Health record by contacting our Privacy Office. Your opt-out will not affect our obligation to disclose your medical information when required under the law.

Patient Contact

We may use a limited amount of information about you to contact you for appointment reminders and other general communications, such as patient satisfaction surveys and sharing of health awareness materials. This includes contacting you by mail, telephone, email, text message, or messages through the patient portal.

Treatment Alternatives

We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. This includes reviewing your medical information to see if you meet the criteria to be eligible to participate in clinical trials.

Fundraising Activities

Your demographic information may be shared with the Regional One Health Foundation to contact you to raise money for the hospital and its operations. We only release contact information and the dates you received treatment or services at the hospital. If you do not want to be contacted, you may opt-out by contacting our Privacy Office.

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 corrections 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.

Patient Objections

Unless you object, we may use or disclose your PHI in the following circumstances:

- If you are an inpatient, we may share your name, room and telephone numbers, and condition in our patient listing with people who ask for you by name. We may also share your religious affiliation with clergy;
- We may share with a family member, relative, or other person identified by you, PHI that is directly related to that person’s involvement in your care or payment for your care. We may share with a family member or other person responsible for your care PHI necessary to notify them of your location, general condition, or death.

If you object to our use or disclosure of PHI in any of the circumstances listed above, please notify your caregiver, a Patient Advocate, or the Privacy Office.

Other Circumstances

In some cases, we may disclose your PHI for circumstances in which you do not have to consent, give authorization, or otherwise have an opportunity to agree or object. The following are ways we may be required to disclose your PHI without authorization. If you request a list of your PHI disclosures, most of these disclosures will be reported to you.

- Disclosures required by federal, state, or local law or other judicial or administrative proceedings;
- Disclosures necessary for public health activities;
- Disclosures related to victims of abuse, neglect, or domestic violence;
- Disclosures for health oversight activities;
- Disclosures for law enforcement purposes;
- Disclosures for non-regulatory tracking and statistical analysis of the incidence of certain diseases or conditions;

- Disclosures related to decedents. We may disclose PHI to a coroner, medical examiner, or funeral director, for example, to identify the deceased or to determine the cause of death;
- Disclosures to organizations involved in organ, eye, or tissue transplant or donation banks;
- Under certain circumstances, disclosure of limited PHI about your for medical research purposes;
- Disclosures to prevent a serious threat to health or safety;
- Disclosures related to specialized government functions. For example, we may disclose your PHI if it relates to military and veterans’ activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State;
- Disclosures related to correctional institutions and in other law enforcement custodial situations;
- Disclosures related to Workers Compensation claims.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

Right to Request Restrictions on Use and Disclosure

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 PHI we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or if the law requires disclosure.

Right to Access, Inspect and Copy

You have the right to review and obtain a copy of your medical information in a designated record set maintained by our organization. A designated record set includes medical records, billing records, payment and claims records, as wells as other records used, in whole or in part, by or for the entity to make decisions about you. Your request must be in writing and we may charge you related fees. We can also substitute a summary or explanation of your record if you agree in advance. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. To request to review or obtain a copy of your health information, contact the Health Information Management Department.

Right to Amend

If you feel your medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request we make changes or corrections to clinical, billing, or other records use to make decisions about you. Your request must be in writing and must explain your reason(s) for the change or correction.

- The information was not created by us (unless you can prove the creator is no longer available to amend the information);
- The information is not part of the records used to make decisions about you;
- We believe the information we have is correct and complete.

If we deny the request, we will tell you in writing the reason(s) for the denial and describe your rights, including the right to provide a written statement disagreeing with the denial. If we accept your request to amend the information, we will attach the corrected information, identified as an amendment, to the record, along with the original information. We will make reasonable efforts to inform others of the amendment, including people you name who have received your PHI and need the amendment. To request an amendment, contact the Privacy Office.

Right to an Accounting of Disclosures

You have the right to request an accounting of disclosures. This is a list of disclosures we made of medical information about you for reasons other than treatment, payment, or health care operations. You may ask for disclosures made up to 6 years before your request. For example, the list would include disclosures that we are required by law to make, such as reporting communicable diseases to the county health department. The list will include the date of the disclosure, the name and address of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. To request this accounting of disclosures, you must submit your request in writing to the Privacy Office.

Right to Be Notified of a Breach

A breach is the unauthorized use or disclosure of your PHI. If a breach occurs and it poses a significant risk of financial reputation or other harm, Regional One Health is required to notify you in writing.

Right to Request Confidential Communication

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work phone number or by email. You may request a change to your confidential communications address and phone number by submitting a written request to the Privacy Office. Regional One Health will accommodate all reasonable requests.

Right to Paper Copy of This Notice

You have the right to request a paper copy of this notice at any time during your visit by asking any caregiver. At any other time, you may send a written request to the Privacy Officer or you can read and download a copy from our website at www.regionalonehealth.org.

CONTACT INFORMATION

You have rights related to the use and disclosure of your PHI. To exercise these rights, you may contact the following:

Regional One Health / UT Regional One Physicians Health Information Management 877 Jefferson Ave, Memphis, TN 38103 Phone: 901-515-3000	Regional One Health Extended Care Hospital Health Information Management 90 Madison Ave, 4th Floor Turner Tower, Memphis, TN 38103 Phone: 901-545-7581
Compliance & Privacy Office 877 Jefferson Ave, Memphis, TN 38103 Phone: 901-545-6554 Email: privacy@regionalonehealth.org Website: https://www.regionalonehealth.org/patient-rights-and-privacy/	

COMPLAINTS

If you think your privacy rights have been violated, you may file a complaint with Regional One Health or the Secretary of the Department of Health and Human Services. You won't be penalized or retaliated against for filing a complaint.

To file a complaint with Regional One Health, contact one of the following:

- **Compliance & Privacy Office:** 901-545-6554
- **Patient Advocate (Available 24/7 to Inpatients):** 901-545-7123
- **Compliance Hotline:** 1-844-260-0009

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C. 20201, or file a complaint online at <http://www.hhs.gov/ocr/hipaa>.

CHANGES TO THIS NOTICE

We reserve the right to make revisions and/or change the terms of this Notice of Privacy Practices, the changes will apply to all information we have about you as well as any information we receive in the future. We will post a copy of the current Notice of Privacy Practices on-site at our hospital, clinic, doctor's office, or other health care entities as well as on our website at www.regionalonehealth.org. We will also provide you with an updated copy upon request.

MEDICATION SIGNATURE WAIVER

Due to insurance regulations, Regional One Health Pharmacy is required to have a signature on file for all patients who do not personally pick up the medication(s) but instead have it delivered by FedEx, UPS, USPS, or by Regional One Health’s home delivery agent. If you receive your medication(s) by any of the above delivery options and would like to have your medication(s) delivered and left at your residence without a signature, we ask that you please sign this form. By signing this form, you are giving Regional One Health Pharmacy permission to have medications delivered and left at your chosen delivery site without a signature. *Please note, some insurance companies require a signature at the time of delivery.* If you choose not to sign this form, your medication order will not be left at your residence without you or your designee present.

Please return this completed form in the postage-paid envelope enclosed. If you have any questions, do not hesitate to give us a call.

By signing below, I give FedEx, UPS, USPS, or Regional One Health Pharmacy’s Home Delivery agent permission to leave my medication(s) at my residence or other chosen delivery site if I am unavailable to sign for it. I understand that, by having my medication(s) left without a signature, I am fully responsible for my medication(s) and will not hold Regional One Health Pharmacy responsible for any tampered medications.

Patient’s Name Printed: _____

Date of Birth: ____ / ____ / ____

Patient’s Signature: _____

Today’s Date: ____ / ____ / ____

SPECIALTY PHARMACY PATIENT SATISFACTION SURVEY

Survey is anonymous



SCAN THE QR CODE TO
GIVE YOUR FEEDBACK!

1. Do you feel like you understand how and why to take your medications?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Mostly
- ☐ Completely

2. How helpful was the information you received about your medication?

- ☐ Not helpful at all
- ☐ A little helpful
- ☐ Somewhat helpful
- ☐ Very helpful
- ☐ Extremely helpful

3. How helpful was the information and advice you got about your health condition?

- ☐ Not helpful at all
- ☐ A little helpful
- ☐ Somewhat helpful
- ☐ Very helpful
- ☐ Extremely helpful

4. How helpful was the pharmacy staff in answering your questions or fixing any problems?

- ☐ Not helpful at all
- ☐ A little helpful
- ☐ Somewhat helpful
- ☐ Very helpful
- ☐ Extremely helpful

5. Was your prescription filled correctly?

- ☐ Yes
- ☐ No

6. Did you get your medication in a timely manner?

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Mostly
- ☐ Completely

**continued on next page*

7. Were you able to talk to the pharmacy staff when you had questions about your health or your filled prescriptions when needed?

- ☐ Not at all
- ☐ A little
- ☐ Sometimes
- ☐ Most of the time
- ☐ Every time I needed to

8. Do you want to provide any additional comments or suggestions?

- ☐ Yes (Please see Comments Box)
- ☐ No

COMMENTS

Enroll online in the MyOneHealth Patient Portal today with these easy steps:

1. Visit myonehealth.iqhealth.com/self-enroll/
2. Enter your name, date of birth and Social Security Number
3. Accept our Terms of Use and Privacy Policy
4. Choose your user name and password to create your account



myonehealth.iqhealth.com/self-enroll/

QUESTIONS?

Call our help line at 1-877-621-8014.

MyOneHealth is available for all Regional One Health patients age 18 and over. If you are a caregiver or guardian for a Regional One Health patient, ask the patient's provider for a personal invitation to enroll in MyOneHealth.

DOWNTOWN MEMPHIS

Outpatient Center

880 Madison Avenue | Ground Floor
Memphis, TN 38103
901-545-7970 (Option 5)

EAST MEMPHIS

East Campus

6555 Quince Road | Ground Floor
Memphis, TN 38119
901-515-5656 (Option 4)



Regional One Health