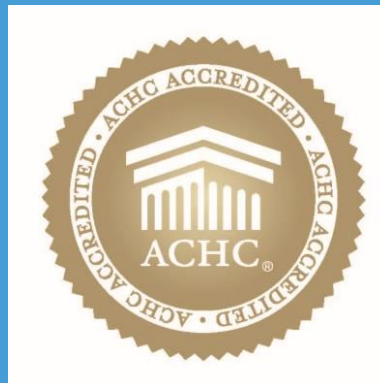




UNC Health Specialty & Home Delivery Pharmacy

Specialty Pharmacy Services Welcome Packet



Dear Valued Patient,

Welcome to the UNC Health Specialty and Home Delivery Pharmacy. We appreciate the opportunity to serve you for all of your specialty pharmacy needs. We know that managing a new disease and medication can be overwhelming, but we are here to help. We are dedicated to providing you with quality patient care and excellent patient service.

Please take a moment to review this welcome packet. It is filled with helpful information including our contact information, our services, and patient safety information. If you have any questions, please do not hesitate to call us.

We truly appreciate the opportunity to be a part of your care community and hope that with our help you will be more comfortable managing your disease and medication.

Sincerely,

The UNC Health Specialty and Home Delivery Pharmacy Team



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IMPORTANT PHARMACY INFORMATION

HOURS OF OPERATION:



- Monday - Thursday 8:30 am - 4:30 pm
- Friday 9:00 am - 4:30 pm
- Saturday - Sunday CLOSED

CONTACT INFORMATION:

- Toll Free 855-788-4101 -OR- 984-974-6779
 - Select Option 4 for Specialty
 - Select the appropriate disease state pod from the following:
 - Option 1 for Hematology or Oncology
 - Option 2 for Inflammatory diseases
 - Option 3 for Neurology, Pulmonary, Allergy, or Immunology
 - Option 4 for Infectious Diseases or Transplant
 - Option 5 for Cardiology or Endocrine
 - Option 6 for any other specialty disease state

CONTACT US WHEN:

- You have questions or concerns about your medication.
- You have questions or concerns about your copay.
- You have a complaint or concern about the services we provided.
- You suspect a reaction or allergy to your medication.
- A change has occurred in your medication use or treatment plan.
- You have a question about a possible drug interaction.
- You would like to check the status of your delivery or change any details of your delivery.

AFTER-HOURS PHARMACY SUPPORT 24 HOURS A DAY / 7 DAYS A WEEK:

- A pharmacist is available to discuss urgent clinical matters even when the pharmacy is closed:
 - Call 984-974-1000 & ask for the on-call specialty pharmacist.
 - You should receive a call back within one hour. If you do not, call and ask to have the page repeated.
- An interpreter is provided upon request.

WEBSITE:

<http://www.uncmedicalcenter.org/uncmc/patients-visitors/amenities/pharmacies/specialty-pharmacy-service/>

FOR EMERGENCIES:

- Call **911** or seek emergency medical attention if experiencing life threatening symptoms.
- **Poison Control:** 800-222-1222
- **Suicide & Crisis Lifeline:** 988 or 800-273-8255

OUR MISSION

Our Mission is to provide patients living in North Carolina, South Carolina, and Virginia with quality and convenient access to their prescription medications through the UNC Health Specialty and Home Delivery Pharmacy, Specialty Pharmacy Services. This is done through both home delivery and clinical counseling services to increase the continuity of care and level of customer service.

At UNC Health, we work with all types of insurance and are devoted to providing you with the highest level of care during every phase of your treatment. By choosing our services, you become a member of our care community and we are able to offer you a wide range of clinical support and financial services to better optimize your medication needs.

OUR SERVICES

FINANCIAL SERVICES

- We work with your insurance company to determine your prescription coverage and will:
 - Investigate additional copay assistance, when available.
 - Inform you of your out-of-pocket responsibility, including deductible and copay.
 - Work with your doctor to complete any prior authorization or approval forms required by your insurance.
 - Notify your doctor if your insurance does not allow you to fill at our pharmacy and ensure the prescription is sent to the correct pharmacy.
 - Provide the cash price of the medication upon request.
- If you are uninsured or unable to afford your medication copay, our team will investigate various financial assistance programs that you may be eligible for to help lower your out-of-pocket costs. We can also help you set up a payment option that works best for you.
 - <https://www.uncmedicalcenter.org/uncmc/patients-visitors/amenities/pharmacies/medication-assistance/>

NEW PRESCRIPTIONS



- When we receive a new prescription or dosage change for you, we will automatically determine your prescription benefits and enroll you in our specialty patient management program, unless your medication is being administered in the clinic.
- One of our specialty pharmacists will contact you directly to provide counseling information about the medication and inform you of the price, delivery options and shipping time.

REFILLS

- Our team will carefully track when you are due for a refill and will contact you to schedule the next fill and delivery before you run out of your specialty medication.
- In the event you have a medication change or need a refill early due to extended travel or a lost medication, please contact the pharmacy during regular business hours so we can coordinate your refill.
- Our team will notify your prescriber when you are running out of refills of your medication; however, it is important that you monitor your refills and notify your clinic when you have received your last refill from the pharmacy. This will help to eliminate any delays in receiving future refills.



We must communicate with you to confirm details of a refill before we can ship your medication.

PRESCRIPTION TRANSFERS

- Should you choose to use a different pharmacy, we can transfer your prescription(s) as requested.
- To help with transfer, you must contact the new pharmacy you wish to fill with and give them our name, phone number, and your prescription number.

SPECIALTY PATIENT MANAGEMENT PROGRAM



- By enrolling in our Specialty Patient Management Program, you will be connected to one of our pharmacists that will help you achieve the best health outcomes from your plan of care. By actively participating in the program, you will have a better understanding of your condition and your plan of care. The pharmacist works closely with your care team and together they will be able to quickly help you to manage any side effects or other issues that may arise during your treatment.
- Any benefit of the Specialty Patient Management Program is dependent upon your active participation in the program. By following your medication instructions, informing the pharmacist and your doctor of any changes in your health, and staying in close contact with our pharmacy, you can be sure to experience the maximum benefits.
- Before your specialty prescription is sent to you, the pharmacist will call you to explain:
 - How your medication works to treat your condition
 - How and when to take your medications
 - Possible side effects and how to manage them
 - Possible drug interactions and any foods or supplements that should be avoided
 - When to contact your physician
 - How to safely store and dispose of your medication
- You can expect our pharmacists and staff to contact you periodically to:
 - Review adherence
 - Check for side effects
 - Assess your quality of life
 - Schedule your next refill
 - Answer any questions
- Tips for success:
 - Follow your doctor's directions and attend scheduled follow up visits.
 - Educate yourself on your disease/condition and the medications you are prescribed.
 - Ask your doctor or pharmacist questions if there is something you don't understand.
- Option to opt-out:
 - This program is available to you at no cost, and you can opt-out at any time by calling us during regular business hours.
 - If you no longer receive a specialty medication from our pharmacy or choose to opt-out, you will need to call us directly for future refill needs.

YOUR MEDICATIONS



- Some medications have a generic option available. If the prescribed medication has an available generic, we will automatically substitute to provide you with the best financial savings unless you, your health care provider, or your insurance company instructs us otherwise.
- Medications are occasionally recalled by the manufacturer or the U.S. Food and Drug Administration (FDA). If this occurs, we will automatically check our stock, pull the recalled medication, and contact any patients we believe may have received recalled medication to give them further instructions.



DELIVERY OF YOUR SPECIALTY MEDICATIONS



- We must communicate with you before we can ship your medications.
- If we leave you a message, please call us back as soon as possible to avoid any delays in shipping your medication.
- Your medications will be shipped at no additional charge to you through a common carrier, such as UPS, or a courier service (if within their service area). Once a fill is requested, prescription processing typically takes one business day.
- Refrigerated items are packaged accordingly and shipped overnight for delivery the following day. All other prescriptions will be delivered within 1-2 business days.
- Review every item in your package as soon as it arrives. Check the medication name, dosage, storage recommendation, and expiration date. Every package will include a packing slip/receipt of the enclosed contents including the patient's co-pay responsibility and a medication information leaflet.
 - It is your responsibility to contact the UNC Health Specialty and Home Delivery Pharmacy within one business day to report missing or damaged contents.
 - Contact the pharmacy immediately if you are concerned that there are inaccuracies with your delivery, that you may have received a recalled medication, or have missed doses due to delayed deliveries.
- Please contact the pharmacy directly during regular business hours to:
 - Check the status of your shipment
 - Check on the expected shipping date of your medication
 - Report a delivery error or delay
- To reach the pharmacy:
 - Dial toll free 855-788-4101 or 984-974-6779
 - Select Option 4 for Specialty
 - Select the appropriate disease state pod from the following:
 - Option 1 for Hematology or Oncology
 - Option 2 for Inflammatory diseases
 - Option 3 for Neurology, Pulmonary, Allergy, or Immunology
 - Option 4 for Infectious Diseases or Transplant
 - Option 5 for Cardiology or Endocrine
 - Option 6 for any other specialty disease state
- If your delivery is delayed, we will make every effort to contact you to explain the reason for the delay. We will do our best to prevent you from missing any doses of your medication. If the delay will result in missed doses, we can help you obtain your medication from a local pharmacy or from another UNC Health outpatient pharmacy, if available.

SUPPORT RESOURCES

Allergy and Immunology

www.acaai.org
www.allergyasthmanetwork.org
www.foodallergy.org

Cardiology

www.acc.org
www.cardiology.org
www.heart.org

Cystic Fibrosis

www.cff.org
www.cfri.org

Dermatology

www.psoriasis.org

Gastrointestinal Conditions

www.crohnscolitisfoundation.org
www.gi.org

Growth Hormone Conditions

www.hgfound.org
www.aace.com

Hematology/Oncology

www.sicklecelldisease.org
www.cancer.gov
www.cancer.org

Rare Diseases

<https://rarediseases.org/rare-diseases/>

Hepatology

www.liverfoundation.org
www.hepcassoc.org
www.niaid.nih.gov/diseases-conditions/hepatitis

Infectious Diseases

www.cdc.gov
www.hiv.gov
www.ncaan.org
www.aidsmap.com

Infertility

www.americanpregnancy.org
www.resolve.org
www.asrm.org

Inflammatory Conditions

www.rheumatology.org
www.arthritis.org

Neurology

www.nationalmssociety.org
www.mymsaa.org
www.msfocus.org

Pulmonary Diseases

www.thoracic.org
www.pulmonaryfibrosis.org

Solid Organ Transplant

www.transplants.org
www.unos.org

COMPLAINTS OR CONCERNS

The UNC Health Specialty and Home Delivery Pharmacy strives to provide you with best-in-class customer service; however, if at any time you are unhappy with the services provided to you, you have the right to file a complaint or voice concerns.



To file a complaint, voice concerns about the services provided, or report a suspected medication issue, please contact the pharmacy at 984-974-6779 (Option 4) and ask to speak to a Pharmacy Manager.

If staff are unavailable or your call is placed after the pharmacy is closed, you may leave a voicemail message and staff will return your call as soon as possible.

Pharmacy staff will resolve your complaint within 7 business days; however, it is our goal to resolve the complaint within 72 hours. The Pharmacy Manager will monitor the timeliness of our response to you. If you have not received resolution of your complaint within 7 business days, you will be provided with a written notice indicating the projected time of response. This will occur every 15 business days until your complaint or grievance has been resolved. Any complaints that are unable to be resolved by pharmacy staff will be immediately referred to UNC Health Patient Relations (984-974-5006). You may request the assistance of Patient Relations at any time during the complaint process, regardless of pharmacy staff's ability to resolve your complaint.

STATE BOARDS OF PHARMACY AND ACCREDITING BODIES

North Carolina Board of Pharmacy

6015 Farrington Road Suite 201
Chapel Hill, NC 27517
Phone: 919-246-1050

<https://complaints.ncbop.org/>

South Carolina Board of Pharmacy

110 Centerview Dr
Columbia, SC 29210
Phone: 803-896-4700

<https://lir.sc.gov/bop/>

Virginia Board of Pharmacy

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

Phone: 800-533-1560 (Complaints Hotline)

<http://www.dhp.virginia.gov/Complaints/>

Accreditation Commission for Health Care (ACHC)

139 Weston Oaks Ct.
Cary, NC 27513

Phone: 855-937-2242

<https://www.achc.org/contact/>

Utilization Review Accreditation Commission (URAC)

1220 L Street NW Suite 900
Washington, DC 20005

Phone: 202-216-9010

<https://www.urac.org/contact/file-a-grievance/>

PATIENT RIGHTS & RESPONSIBILITIES

As a patient at UNC Health Specialty and Home Delivery Pharmacy, you have rights and responsibilities about the care you receive. Understanding these rights and responsibilities keeps you involved and helps us provide excellent care to all patients.

YOU HAVE THE RIGHT TO:

1. Have personal health information (PHI) shared with the patient management program only in accordance with state and federal law.
2. Speak to a health care provider.
3. Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
4. Be informed, in advance of care/service being provided and their financial responsibility.
5. Receive information about the patient management program, including the scope of services that the organization will provide and specific limitations on those services.
6. Participate in the development and periodic revision of the plan of care.
7. Refuse care or treatment, decline participation, or dis-enroll at any point in time, after the consequences of refusing care or treatment are fully presented.
8. Be informed of patient rights under state law to formulate an Advanced Directive, if applicable.
9. Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
10. Be able to identify visiting personnel members through proper identification, including their job title, and to speak with a staff member's supervisor if requested.
11. Care without discrimination based upon age, race, ethnicity, color, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity (or expression), national origin, expression, or source of payment.
12. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
13. Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
14. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
15. Confidentiality and privacy of all information contained in the patient record and of Protected Health Information (PHI).
16. Be advised on the agency's policies and procedures regarding the disclosure of clinical records.
17. Choose a healthcare provider, including an attending physician, if applicable.
18. Receive appropriate care without discrimination in accordance with physician's orders, if applicable.
19. Be informed of any financial benefits when referred to an organization.
20. Be fully informed of one's responsibilities.
21. Receive a detailed explanation of one's financial responsibility.
22. Information and counseling on the availability of known financial resources for one's health care.
23. Receive a notice of non-coverage (if you are a Medicaid or Medicare beneficiary).

YOU HAVE THE RESPONSIBILITY TO:

Submit forms that are necessary to receive services.

Give accurate clinical and contact information and notify the patient management program of changes in this information.

Notify the treating prescriber of their participation in the patient management program.

Notify the pharmacy of any concerns about the care or services provided.

Treat UNCHCS providers and staff with consideration and respect, without regard to age, race, ethnicity, color, religion, culture, language, disability, socioeconomic status, sex, sexual orientation, gender identity (or expression), or national origin. This includes refraining from inappropriate, discriminatory, harassing or abusive language and behavior.

Answer calls/messages from the UNC Health System Pharmacy.

Assure that the financial obligations for your health care are fulfilled in a reasonable period of time.



PATIENT SAFETY



ADVERSE DRUG REACTIONS

- Patients experiencing adverse drug reactions, acute medical symptoms or other problems should contact their primary care provider, local emergency room or call 911.
- To report an overdose or accidental poisoning, the Poison Control Center can be reached at 1-800-222-1222.
- For non-emergent drug reactions or side effects, you may call our on-call pharmacist who is available 24/7 to discuss urgent clinical matters. Keeping a journal to document any side effects is encouraged to track any changes in severity or frequency.

INFECTION CONTROL

- Always wash your hands before and after you handle or prepare any medication to administer to yourself or someone else.
- When washing your hands, use soap and warm water. Rub your hands together briskly for at least a minute. Clean between your fingers, under your fingernails, and the backs of your hands. Rinse your hands with warm water. Dry your hands off with paper towel or clean cloth towel. If no water supply is available, use an alcohol-based antibacterial hand cleanser.
- If you touch anything or sneeze/cough into your hands, wash your hands again before continuing with your care.

MEDICATION HANDLING & STORAGE

- For hazardous agents, patients and caregivers should always wear gloves when handling or preparing. If gloves are not worn, it is best to tip the medication from the bottle into a disposable medicine cup and carefully avoid spills.
- For patients taking chemotherapy agents, wash your clothes and bed linens separately from other laundry and double-flush the toilet after use while you are taking cytotoxic medications and 4 to 7 days after discontinuing oral chemotherapy.

*Adapted from: S Goodin, et al. Safe Handling of Oral Chemotherapeutic Agents in Clinical Practice: Recommendations From an International Pharmacy Panel. J Onc Pract 7: 7-12, 201

- Knowing the proper storage conditions for your specialty medication is extremely important to ensure your medication works optimally. Education about appropriate storage is provided by our pharmacists when enrolled in our Specialty Patient Management Program.
- Most injectable medications will require refrigeration when not in use. If your medication must be refrigerated, avoid storing it directly with food or beverages to be consumed. Instead, designate a clear area to be used solely to store your cold medication.
- Do not leave medication in open areas, near water, direct sunlight, or where they can be reached by children and pets.
- Using a pill box is an effective way to store your medications and help you remember to take them. Use a separate pill box for any chemotherapy drugs.

DISPOSAL OF MEDICATIONS

- Disposing of old, unused or expired medicine the right way helps protect you, those around you and the environment.
 - Expired Medication Information: <https://www.fda.gov/drugs/special-features/dont-be-tempted-use-expired-medicines>



- You can return wet, damaged, unused, discontinued, or expired medications to the medication disposal boxes at UNC Health Medical Center or to any drug takeback event in your area. Many local police stations and pharmacies have a medication drop-off disposal bin.
 - <https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-drug-take-back-locations>
- Flushing or pouring medications down the drain can contaminate our water supply. Do not flush or pour old medicines down the drain unless you know it is safe. See list of flushable medications at <https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-fdas-flush-list-certain-medicines#FlushList>
- You can throw away unused medications by following these easy steps:
 - Mix medicines (liquid or pills; do not crush tablets or capsules) with an unappealing substance such as dirt, cat litter, or used coffee grounds;
 - Place the mixture in a container such as a sealed plastic bag;
 - Throw away the container in your trash at home; and
 - Delete all personal information on the prescription label of empty medicine bottles or medicine packaging, then trash or recycle the empty bottle or packaging.

NEEDLE STICK SAFETY & DISPOSAL OF SHARPS CONTAINER

- Never replace the cap on used needles (high risk of injury).
- Before using the needle, have a plan for handling and disposing of it.
- After using your injectable medication, place all needles, syringes, lancets, and other sharp objects into an FDA-cleared sharps disposal container. If you do not have one, our pharmacy will provide one free of charge. A household container made of heavy-duty plastic with a tight-fitting, puncture-resistant lid may also be used (such as an empty laundry detergent bottle).
- Never place loose needles or other sharps in the household or public trashcans and never flush them down the toilet. Dispose of used sharps disposal containers according to your community guidelines. For more information, visit <http://www.fda.gov/safesharpsdisposal>
- Always keep the sharps disposal container out of reach of children and pets.
- Report all needle sticks or sharps-related injuries promptly to your doctor.

HOME SAFETY

- Promptly clean up any spills.
- If you use throw rugs, use rugs with non-skid backs or use a non-skid rug pad.
- Use a non-skid mat or adhesive non-skid strips in your tub or shower.
- Tuck away phone, computer, or electrical cords.
- Install handrails in all areas with stairs and ensure all walkways are well lighted.
- Keep all medications and hazardous materials out of reach of children and pets.
- Have smoke detectors installed in your home and replaces the batteries at least once a year. Test smoke detectors monthly. Have a fire plan and be sure all family members know the plan.

DISASTER PREPAREDNESS

- Store non-perishable food, extra bottled water, and a first-aid kit. Regularly check for expiring items and replace when necessary. Have a battery-operated radio, flashlights, and extra batteries on-hand.
- Keep an up-to-date list of your medications, including dose and indicated use, and know how much medication you have on hand. Place medication bottles/packages in a water-tight container if there is a possibility of flooding or water damage. Have ice available for medications that need refrigeration.
 - <https://www.fda.gov/media/73856/download>
- If you are on a nebulized medication or other medication that requires electricity to administer, please call your local electric company to report your special needs. They may be able to prioritize the restoration of your electricity.



Emergency Preparedness for People With Chronic Diseases

During natural disasters and other emergencies, people with chronic diseases can face special health challenges. The tips below can help you prepare.

3 Health Tips to Prepare



- Should you experience a natural disaster or other emergency that requires you to leave your home, take your medication with you. Once safe, please call our pharmacy to inform us of your new location and contact information to set up a new delivery.
- Should a natural disaster, such as a hurricane or ice storm, impact shipping to your area the pharmacy will contact you to determine if you will need medication shipped early or locate your medication locally to avoid interruptions in therapy.
- Learn more how to protect your loved ones:
 - <https://www.emergency.cdc.gov/protect.asp>

NOTICE OF NONDISCRIMINATION

UNC Health and its affiliated Network Entities comply with applicable Federal civil rights laws and do not discriminate, exclude people, or treat them differently on the basis of race, ethnicity, color, culture, religion, language, national origin, age, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression.

A. Free Aids and Services

UNC Health and its affiliated Network Entities:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need to receive these services, contact the individual identified below (Section C), for the Network Entity location where you are receiving services.

B. Grievances

If you believe that UNC Health or an affiliated Network Entity has failed to provide these services or discriminated in another way on the basis of race, ethnicity, color, culture, religion, language, national origin, age, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression, you can file a grievance with the following individuals (Section C), depending on where you are receiving services. You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, the individual identified below, for the Network Entity location where you are receiving services, is available to help you.

C. Contact Information

Director of Patient Relations
 Patient Relations Department
 UNC Medical Center
 101 Manning Drive Chapel Hill, NC 27514
 Phone: (984) 974-5006
 Fax: (984) 974-8895
 E-mail: patient.relations@unchealth.unc.edu

D. Attention: UNC Medical Center: 1-984-974-5006

- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al:
- ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le:
- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số:
- 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電：
- ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer:
- 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 연락처:
- ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए भाषा सहायता सेवाएँ नि:शुल्क उपलब्ध हैं। इस पर कॉल करें:
- PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa:
- LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau:
- સુચના: જો તમે ગુજરાતી બોલતા હો, તો નન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો:
- ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните:
- Dè dè nià ke dyédé gbo: Ɔ jũ ké nò [Bàsɔ̀-wùdù-po-nyò] jũ ní, ní, à wuɖu kà kò dò po-poò bé in m̀ gbo kpáa. Dá:
- గమనిక: మీరు తెలుగు భాషను మాట్లాడేవారు అయితే, భాష సహాయక సేవలు మీకు ఎటువంటి ఛార్జ్‌లు లేకుండా ఉచితంగా అందుబాటులో ఉన్నాయి. ఈ నంబర్కు కాల్ చేయండి:
- ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero:
- ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم:

JOINT NOTICE OF PRIVACY PRACTICES OF THE UNIVERSITY OF NORTH CAROLINA HEALTH CARE SYSTEM ORGANIZED HEALTH CARE ARRANGEMENT

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.

Effective date: **May 1, 2019**

WHO FOLLOWS THIS NOTICE

This Joint Notice of Privacy Practices (“Notice”) applies to entities that are owned or managed by the University of North Carolina Health Care System (“UNCHCS”), including UNCHCS facilities, practices, departments, and other sites of service (“UNCHCS entities”); our employees, contractors, trainees, and volunteers; members of our medical staffs and their approved personnel when providing services to you at a UNCHCS location; and any other members of the UNCHCS workforce who are authorized to use or access your health information (collectively, “we” or “us”). For a list of the UNCHCS entities that follow this Notice, please see our website (www.unhealthcare.org) or call the UNCHCS Privacy Office toll free at 1-833-407-6257.

We have formed an Organized Health Care Arrangement (“OHCA”) to enable us to better address your health care needs by simplifying the ways we protect and use your health information. The OHCA allows us to provide you with this single Notice and to efficiently share your health information among ourselves for purposes of treatment, payment, and health care operations. For example, when physicians, nurses, and other individuals who are not employed by a UNCHCS entity provide health care to you at a UNCHCS location, they are part of the UNCHCS OHCA and abide by this Notice. However, each member of the OHCA retains its own legal identity. By participating in the OHCA, no member is providing health care services for or on behalf of another member of the OHCA.

OUR DUTY TO PROTECT YOUR HEALTH INFORMATION

We are required by law to maintain the privacy of your protected health information, to provide you with notice of our legal duties and privacy practices with respect to protected health information, and to abide by the terms of this Notice as currently in effect. Protected health information (“PHI”) includes information that we collect about your past, present, or future health, health care we provide to you, and payment for your health care.

Changes to this Notice. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that we maintain. If we change this Notice, we will post a copy of the Notice at our facilities and on our website at www.unhealthcare.org.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Federal law requires us to protect the privacy of your PHI. In addition, North Carolina law protects not only your rights of privacy, but also your relationship with your provider and, if applicable, your mental health provider. State law restricts the disclosure of your health information in many instances. However, we may disclose your health information under State and Federal law: for treatment, payment and health care operations; with your permission; pursuant to a court order; or as otherwise may be permitted or required by law.

North Carolina and federal law allow us to use and disclose your PHI without your written permission as follows:

Treatment: We need to use and disclose your PHI to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. For example, we need to use and disclose your PHI, both inside and outside our system, when you need a prescription, lab work, an x-ray, or other health care services. In addition, we need to use and disclose your PHI when referring you to another health care provider.

Payment: We may use and disclose your PHI to others to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, we may need to share information about these services with your health plan(s). Sharing information allows us to ask for coverage under your health plan or policy and for approval of payment before we provide the services. We may also need to share medical information about you with the following:

- Collection departments or agencies, or attorneys assisting us with collections, including the State of North Carolina Office of the Attorney General.
- Insurance companies, health plans and their agents.
- Consumer reporting agencies (e.g., credit bureaus).
- Others who are responsible for your bills, such as your spouse or a guarantor of your bills, as necessary for us to collect payment.

Health Care Operations: We may use and disclose your PHI to perform business activities, which we call “health care operations” that allow us to improve the quality of care we provide and reduce health care costs. We may use your PHI for our own “health care operations” and those of the Organized Health Care Arrangement in which we participate. In addition, we may need to disclose your PHI for the “health care operations” of other providers involved in your care to improve the quality, efficiency and costs of their care or to evaluate and improve the performance of their providers. For example: members of the medical staff, the risk management team or the quality improvement team, including Patient Safety Organizations, may use information in your health record to assess the care you receive and the outcomes of your treatment. We may also disclose information to doctors, nurses, technicians, medical students and other UNCHCS personnel for review and teaching purposes.

Fundraising Activities: We may use and/or disclose certain PHI about you, including disclosure to one of our foundations and to contact you to raise money for our services and operations. You have the right to opt out of receiving these communications. If you do not want us to use your PHI to contact you for fundraising efforts, please call the number or write to the address listed on the last page of this Notice.

Appointment Reminders: We may use and share health information to contact you as a reminder that you have an appointment for treatment or medical care.

Treatment Alternatives and Health-Related Benefits and Services: We may use and share health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you, health-related benefits or services that may be of interest to you, or to tell you about new facilities that we are opening.

Organized Health Care Arrangements (OHCAs): Many UNCHCS entities also participate in the UNC Health Alliance, LLC, a clinically integrated network that has established itself as an OHCA. This arrangement enables the participants to share your PHI among themselves for treatment, payment, and health care operations, and for certain joint activities.

We may use and disclose your PHI under other circumstances without your authorization or an opportunity to agree or object:

We may use and/or disclose your PHI in a number of circumstances for which we need not seek your permission or give you an opportunity to agree or object, such as:

- When necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- To organizations that facilitate donation and transplantation of tissues and/or organs.
- To authorized officials when required by federal, state, or local law. For example: reporting abuse or neglect of a child or disabled person or reporting certain types of wounds or injuries.
- In response to certain subpoenas, court orders, or administrative orders.
- As required by law, for public health activities. For example: preventing or controlling disease and reporting births and deaths.
- For authorized Worker’s Compensation activities.

- To health oversight agencies. For example: agencies that enforce compliance with licensure or accreditation requirements.
- To law enforcement, such as in the event of certain crimes.
- To coroners, medical examiners, or funeral directors to carry out their duties.
- As required by military command authorities, if you are a member of the armed forces.
- To our business associates to carry out treatment, payment, or health care operations on our behalf. For example: we may disclose health information about you to a company who bills insurance companies for our services.
- For research or to collect information in databases to be used later for research. We may disclose your PHI, and surplus specimens, for research that is approved by an institutional review board that has determined that your written consent to the disclosure is not required. We may also review your PHI to determine if you are eligible to participate in a medical research study or to allow a researcher to contact you via phone, email, text message or by mail to determine if you are interested in participating in a medical research study.
- To a correctional institution having lawful custody of you as necessary for your health and the safety of others.
- We can remove or aggregate identifiers so the information becomes anonymous and then use or share it without your written permission.

You can object to certain uses and disclosures:

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

- **Hospital or Facility Directories.** We may share your location in the facility and your general condition (critical, serious, etc.) in our patient listing with people who ask for you by name. We also may share your religious affiliation with clergy.
- **Individuals Involved in Your Care or Payment of Your Care.** We may share your health information with a family member, personal representative, friend or other person you identify when information is directly related to their involvement in your care or payment for your care.
- **Emergency Circumstances and Disaster Relief.** We may share with a public or private agency (for example, American Red Cross) your PHI for disaster relief purposes. Even if you object, we may still share the PHI if necessary for the emergency circumstances. In an emergency, or if you are unable to make decisions for yourself, we will use our professional judgment to decide if it is in your best interest to share your PHI with a person involved in your care.

Some uses and disclosures of your PHI require your written permission: We will obtain your authorization in the event we may seek to:

- Use or disclose psychotherapy notes;
- Use or disclose your PHI for marketing purposes; or
- Sell any of your PHI.

We will also obtain your authorization for any other use and/or disclosure of your PHI not otherwise described in this Notice of Privacy Practices.

If you authorize us to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the purpose(s) covered by your written authorization. However, we cannot take back any disclosures already made pursuant to a valid authorization.

You may have additional rights under other laws: North Carolina laws may provide you with more protection for specific types of information than federal laws protecting the privacy of your PHI, and where applicable, we will follow the requirements of North Carolina law. North Carolina law generally requires that we obtain your written consent before we may disclose health information related to your mental health, developmental disabilities, or substance abuse services. There are some exceptions to this requirement.

Certain alcohol, drug abuse and psychiatric treatment information may have special privacy protections: If you receive treatment in one of these programs or facilities, you will receive an additional notice related to the confidentiality of your health information. We will not disclose any health information identifying you as a patient of such a program or facility, or provide information relating to your treatment in such a program or facility, unless:

- You or your personal representative consents in writing.
- A court order requires disclosure.
- Medical personnel need information to treat you in a medical emergency.
- Qualified personnel use the information for research or operations activities.
- It is necessary to report a crime or a threat to commit a crime.
- It is necessary to report abuse or neglect as required by law.

Special provisions for minors under North Carolina Law: Under North Carolina law, minors, with or without the consent of a parent or guardian, have the right to consent to services for the prevention, diagnosis and treatment of certain illnesses including: venereal disease and other diseases that must be reported to the State of North Carolina; pregnancy; abuse of controlled substances or alcohol; and emotional disturbance. If you are under the age of 18, are not married and have not been legally emancipated or have joined the armed forces, you can consent to treatment for pregnancy, drug and/or alcohol abuse, venereal disease, or emotional disturbances without an adult's consent. This information will remain confidential, unless your doctor determines your parents or guardian need to know this information because there is a serious threat to your life or health, or your parents or guardian have specifically asked about your treatment. Note that minors are still required to get parental or court consent for an abortion or court consent for sterilization.

We may contact you by email, phone call, or text message: If you have provided us with an email address or a land line or mobile telephone number, we may use that information to contact you by email, phone call, or text message to coordinate your health care, make you aware of services that may benefit you or discuss your bill. Medical researchers affiliated with UNCHCS may also use this information to offer you an opportunity to participate in an approved medical research study or communicate with you about a medical research study for which you are enrolled.

Health Information Exchanges: Some UNCHCS entities may participate in one or more Health Information Exchanges (HIEs). An HIE is an electronic system that allows other health care providers treating you to access and share your medical information if they also participate in the HIE. UNCHCS entities that participate in one or more HIEs will share your PHI with the HIEs and may use the HIEs to access your PHI to assist in providing health care to you. Some UNCHCS entities may participate in North Carolina HealthConnex (the "Exchange") through the North Carolina Information Exchange Authority. UNCHCS entities that participate in the Exchange share your PHI with the Exchange and may use the Exchange to access your PHI to assist us in providing health care to you. If you do not want your PHI accessible to Exchange participants, you must opt out by submitting a form directly to the Exchange. The opt out form may be downloaded directly from the NC Health Information Authority Website (<https://hiea.nc.gov/patients/your-choices>). Information explaining the benefits of the exchange and instructions on how to opt out are available on the Exchange website as well. Even if you opt out of the Exchange, we may use your PHI available from the Exchange in order to provide emergency care to you or for public health or research purposes authorized by law. Your opt out will also not affect our obligation to disclose your PHI to the Exchange when you receive hospital services that are paid for by Medicaid or other NC State funded resources.

YOUR RIGHTS REGARDING YOUR PHI

You have the right to request restrictions on uses and disclosures of your PHI: You have the right to request that we restrict the use and disclosure of your PHI for treatment, payment, or health care operations; for us in a hospital or facility directory; or to family members and others involved in your care. But we are not required to agree to your requested restrictions in most circumstances. If we agree to your request, we will comply unless the information is needed to provide emergency treatment or is required to be disclosed by law or as otherwise described in this Notice. If you pay in full and in advance for certain items or services and request that we not disclose information about those items or services to your health plan, we will comply. All other requests for restrictions on the use or disclosure of your PHI must be made to us in writing. To request a restriction, you must submit your written request on the appropriate form to the Health Information Management Department or the clinic where you received treatment. Forms are available on our website or by contacting the Health Information Management Department or location where you received treatment.

You have the right to request different ways to communicate with you: 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 address or phone number or by email. Your request must be in writing. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment will be handled and your specification of an alternative address or other method of contact. To request an alternative method of communication, you must submit your written request on the appropriate form to the Health Information Management Department or the clinic where you received treatment. Forms are available on our website or by contacting the Health Information Management Department or location where you received treatment.

You have the right to see and copy PHI about you: You have the right to request to see and receive a copy of your PHI contained in clinical, billing and other records used to make decisions about you that are part of our designated record set. You have the right to receive your copy of PHI in its original electronic version if possible or, if not possible, in another electronic format that is mutually agreeable to you and us. To view and/or copy your health information, you must submit your written request on the appropriate form to the Health Information Management Department or the clinic where you received treatment. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to see and obtain copies of your health information in certain very limited circumstances. You have the right to appeal the denial.

If you think that your health and billing information is incorrect or incomplete, you may ask us to correct it. We may deny your request if:

- The information was not created by us.
- The information is not part of the records used to make decisions about your care.
- We believe the information is correct and complete.
- The request pertains to a part of the record that you do not have the right to review.

Your request must be in writing and must explain your reason(s) for the request. If we deny the request, we will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received the PHI and who need the amendment. To request an amendment you must submit your written request on the appropriate form to the Health Information Management Department or the clinic where you received treatment. Forms are available on our website or by contacting the Health Information Management Department or location where you received treatment.

You have the right to a listing of certain disclosures of your PHI that we have made: You have the right to receive a written list of certain disclosures we have made of PHI about you. You may ask for disclosures made up to six (6) years before your request. We are required to provide a listing of all disclosures except the following:

- For your treatment.
- For billing and collection of payment for your treatment.
- For health care operations.
- Made to or requested by you, or that you authorized.
- Incidental to permitted uses and disclosures.
- Made to individuals involved in your care, for directory or notification purposes.
- Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations.
- As part of a limited set of information which does not contain certain information which would identify you.

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information. If you request a list of disclosures more than once in a 12 month period, we can charge you a reasonable fee. To request a listing of disclosures, contact the Health Information Management Department to obtain a form to complete to make your request.

You have the right to breach notification: You have the right to receive notice in the event of a breach of your unsecured PHI.

You have the right to a copy of this Notice: You have the right to request a paper copy of this Notice at any time by contacting the UNCHCS Privacy Office at (984) 974-1069 or toll-free at (833) 407-6257. We will provide you with a copy of this Notice no later than the date you first receive service from us (except for emergency services, and then we will provide the Notice to you as soon as possible). We will post a copy of the current Notice of Privacy Practices at each treatment facility and on our website: www.unhealthcare.org.

CONTACTS FOR QUESTIONS AND COMPLAINTS

If you need more information about our privacy practices or have questions about this Notice, if you think we have violated your privacy rights, or if you want to complain to us about our privacy practices, you can contact the UNCHCS Privacy Office by phone, email, or US Mail using the contact information listed below:

Privacy Office
 UNC Health Care System
 101 Manning Drive
 Chapel Hill, North Carolina 27514
Privacy@unhealth.unc.edu
 Phone: (984) 974-1069; toll free (833) 407-6257

If you file a complaint, we will not take any action against you or change our treatment of you in any way. You may also send a written complaint to the United States Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting: www.hhs.gov/ocr/privacy/hipaa/complaints/

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