



**OZARKS**  
HEALTHCARE



# Specialty Pharmacy Welcome Packet

Neighbors Caring for Neighbors



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# Welcome



Thank you for being a patient of Ozarks Medical Center DBA Ozarks Healthcare Specialty Pharmacy.

Our goal is to ensure patients and their caregivers receive the attention and support they need to be successful with their treatment. You can count on our guidance, compassion, and education throughout your therapy.

## Location

18 Parkway Shopping Center  
West Plains, MO 65775

## Hours

**Specialty pharmacy** Monday through Friday 8:30 am - 5:00 pm

**After-hours clinical support** 24 hours per day, 365 days per year

We are closed but offer on-call services on the following holidays:

- New Year's Day (January 1)
- Memorial Day (last Monday in May)
- Independence Day (July 4)
- Labor Day (first Monday in September)
- Thanksgiving (fourth Thursday in November)
- Friday after Thanksgiving
- Christmas Day (December 25)

## Contact Us

Phone: [417-505-7900](tel:417-505-7900)

Email: [ozhspecialtypharmacy@ozhcare.com](mailto:ozhspecialtypharmacy@ozhcare.com)

Website: [www.ozarkshealthcare.com](http://www.ozarkshealthcare.com)

# Pharmacy Overview



Ozarks Healthcare Specialty Pharmacy offers complete specialty pharmacy services to patients living in the Southern Missouri area. Our services are designed to meet the needs of each of our patients. Our team of clinical pharmacists and technicians are specially trained in your condition.

We provide:

- One-on-one counseling about your medication
- Refill reminders
- Free delivery of your specialty medications to the location of your choice
- Assistance with your benefits and financial assistance programs
- Information about your disease

## Patient Services

We work with you and your provider throughout your therapy. Our role is to provide you prescribed specialty medications with the highest level of care.

Contact the specialty pharmacy at **417-505-7900** if you have questions about:

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

Contact our after-hours clinical support at **417-505-7900** if you have clinical questions or concerns about your medication that cannot wait until the next business day.



# Patient Management Program



Our specialty pharmacy patients are automatically enrolled into our disease-specific specialty medication service, which is called the patient management program (PMP). This free program is designed to maximize your opportunity for a positive outcome and minimize any negative effects of your specialty therapy.

Specialty medications are often considered high risk due to their high cost, high frequency for side effects, and, in some cases, difficult administration processes. By participating in the PMP, our clinicians can:

- Monitor your response to therapy more closely
- Identify and respond to any side effects or other areas of concern more quickly
- Work with your provider to address these areas of concern
- Assist with access to Patient Assistance Programs and other financial assistance programs to ensure your access to the medications you need

For you to achieve maximum benefit from our PMP, please keep us informed of any concerns, problems, or changes in your response to therapy or ability to obtain therapy. For more information about the PMP, ask any member of the specialty pharmacy team by calling **417-505-7900** or emailing [ozhspecialtypharmacy@ozhcare.com](mailto:ozhspecialtypharmacy@ozhcare.com).

## Opting Out

Ongoing participation in the PMP is highly encouraged. However, you may choose to opt out of the PMP at any point in your therapy. You will still receive your refill reminder calls even if you opt out of the PMP. You may also choose to opt back into the program at any point. To opt out or back into the PMP, simply tell any pharmacy team member. They will connect you with the pharmacist to make the note in your electronic patient record.

## Rights and Responsibilities

As a participant in the PMP, you have the following rights and responsibilities. Some of these will overlap with your general patient rights and responsibilities found later in this packet.

1. The right to know about philosophy and characteristics of the PMP
2. The right to have personal health information shared with the PMP only in accordance with state and federal law
3. The right to identify the PMP team members, including their job title, and to speak with a team member's supervisor upon request
4. The right to speak to a health professional
5. The right to receive information about the PMP
6. The right to receive administrative information regarding changes in, or termination of, the PMP
7. The right to decline participation, revoke consent, or disenroll at any point in time
8. The responsibility to submit any necessary forms to participate in the program to the extent required by law
9. The responsibility to give accurate clinical and contact information and notify the PMP of changes in this information
10. The responsibility to notify your treating provider of your participation in the PMP, if applicable

# Language and Cultural Services



We welcome diversity and comply with standards for language and cultural services. We can provide trained, qualified medical interpreters for our patients and their families at no cost to them. Interpreters can help ensure effective communication for those who are:

- Limited-English Proficient (LEP)
- Deaf/Hard of Hearing (HOH)
- Having other communication challenges

We also have resources to support culturally competent care for diverse patient populations. Please let a pharmacy team member know if:

- You need help from an interpreter service
- You have a preferred language or mode of communication other than English
- You have any other communication or cultural needs

# Frequently Asked Questions

## How is a specialty pharmacy different from a retail pharmacy?

Specialty pharmacies are dedicated to ensuring your therapy provides the best possible outcome. Here are some of the things we do:

- Enroll you in a patient management program
- Ensure you have access to your medication without any gaps in therapy, which includes:
  - ✓ Scheduling prompt delivery of the medication
  - ✓ Assisting with prior authorizations
  - ✓ Helping with financial assistance
- Partner with you and your provider to achieve therapy treatment goals through our patient management program
- Provide you with a thorough review of your medication, which includes:
  - ✓ Getting an accurate list of your current prescriptions
  - ✓ Screening for disease-specific drug interactions

## How does my new prescription get to the pharmacy? How do I know when I will receive it?

There are a few ways we may receive your new prescription:

- Your provider will send the prescription electronically when treatment is prescribed, this is the most common method
- Your provider will write a paper prescription and send it to the pharmacy via mail or fax
- Your provider will call in the prescription

When we receive the prescription from your provider, we will review it, arrange reimbursement, and fill your medication.

Once it is ready, we will contact you to schedule the delivery.

## When will the specialty pharmacy contact me or my provider?

The specialty pharmacy will call you to:

- Discuss your prescription and copay amount
- Schedule your medication delivery



# Frequently Asked Questions continued

- Advise you of any delays in your order
- Review how to store your medication
- Verify your prescription insurance information
- Get documentation of your income to enroll you in financial assistance
- Provide counseling on your medicine
- Tell you we must transfer your prescription to another specialty pharmacy
- Notify you of any FDA recalls of your medicine

We will contact your provider:

- At your request
- When you are out of refills

## How do I pay for my medication?

Ozarks Healthcare Specialty Pharmacy can accept and bill most insurance companies. Our team will work with your insurance company and provider to cover your prescription. We will assist you with getting financial help if needed. You will be responsible for paying your copayment or coinsurance when you order your medication. We will let you know the exact amount you need to pay. We will provide you with the out-of-network price if:

- You are out-of-network with our pharmacy
- You prefer to pay in cash
- You do not have insurance

For payment, we accept:

- Credit cards
- Cash
- Personal checks
- Flexible spending or health savings accounts

If you still owe a balance for any reason, you will need to pay the balance before your next refill.

## How do I get a refill?

A specialty pharmacy technician will contact you before your medication is scheduled to run out. We will:

# Frequently Asked Questions continued

- Check on your progress
- Ask about any side effects
- Verify your dosage
- Determine the shipment of your next refill

Payment is required before your medication can be shipped from the pharmacy. Please call **417-505-7900** during our normal business hours if you have questions or need help.

## **What should I do if I have questions about the status of my order?**

If you have questions about the status of your order, please contact the pharmacy during normal business hours by calling **417-505-7900**. You can also leave a message on our voicemail.

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

We have access to and stock a wide range of specialty medications. If we are not able to obtain your medications for any reason, we will transfer your prescription to another pharmacy of your choice. Our team will work with you to ensure you receive all your medications.

## **Will you ever substitute my medication for a different one?**

We will inform you if any less expensive generic substitutions are available for medications we provide you. You can either accept the generic substitution or request the brand name product. If you request the brand name product, you may have a much higher copay.

## **What should I do if my medication is recalled?**

If there is a recall on any of your medications, we will call you with important information and provide any replacement dose(s) as needed.

## **What should I do if I may be having an adverse (bad) reaction to my medication?**

If you feel you are having a bad drug reaction or experiencing symptoms that

# Frequently Asked Questions continued

require urgent attention, you should go to a local emergency room or call 911.

Symptoms that require urgent attention include:

- Shortness of breath
- Skin rash
- Hives
- Fever
- Swelling
- Wheezing

Please contact the pharmacy on the next business day and let us know of the reaction and any steps you may have taken.

## What should I do if I suspect a medication error?

Medication errors are serious matters that need to be addressed as soon as they are discovered. If you suspect an error with your medication, please contact us immediately and ask to speak with the pharmacist or the specialty pharmacy supervisor.

## What if I am not happy with the services I receive?

We will attempt to resolve any concerns or issues you experience as quickly as possible. If you would like to file a complaint, please call [417-505-7900](tel:417-505-7900). If you still have concerns, you may contact the Senior Director of Specialty and Ambulatory Operations at [901-232-2441](tel:901-232-2441).

If we are unable to resolve your complaint, you may contact:

- Patient Experience Department at [417-257-6728](tel:417-257-6728)
- Your insurance company
- Missouri Board of Pharmacy at [573-751-0091](tel:573-751-0091)
- Accreditation Commission for Health Care at [855-937-2242](tel:855-937-2242)
- URAC at [202-216-9010](tel:202-216-9010) or [www.urac.org/contact](http://www.urac.org/contact)

# Patient Rights and Responsibilities

As a patient of Ozarks Healthcare Specialty Pharmacy, you have the following rights and responsibilities. If you feel any of these rights have not been provided, please contact the Senior Director of Specialty and Ambulatory Operations at [901-232-2441](tel:901-232-2441).

## Patient Rights

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
- Be informed in advance, both orally and in writing, of the charges associated with care/service, including payment expected from third parties and any charges for which the patient will be responsible
- Receive information about the scope of services the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of patient rights under state law to formulate an Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of patient property
- Voice grievances/complaints regarding treatment, care, or lack of respect of property and recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished and have lack of respect of property investigated
- Have all Protected Health Information (PHI) and other information contained in the patient record kept private and confidential.

# Patient Rights and Responsibilities continued

- Have all Protected Health Information (PHI) and other information contained in the patient record kept private and confidential.
- Be advised on the pharmacy's policies and procedures regarding the disclosure of clinical records
- Choose a healthcare provider, including an attending physician, if applicable
- Receive appropriate care without discrimination and in accordance with physician's orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

## Patient Responsibilities

- Submit forms that are necessary to receive services
- Provide accurate medical and contact information and provide notice of any changes
- Notify the treating provider of participation in the services provided by the organization
- Notify the organization of any concerns about the care or services provided



# Disposing of Medications and Supplies



## Unused Medications

If you need to dispose of unused medications, there are two available options.

You can dispose of unused prescriptions at a medication “Take-Back Program.” Our team will assist you in finding the dates and locations of such events.

You can also dispose of unused medications at home by mixing them into cat litter or used coffee grounds and placing the mixture in a sealed container. The sealed container can then be thrown out in your household trash.

Find more information at

- [Where and How to Dispose of Unused Medicines | FDA](#)

## Chemotherapy and Hazardous Drugs

You may NOT dispose of chemotherapy and other hazardous drugs by throwing them in trash or flushing them down the toilet.

- Instead, please return unused chemotherapy or hazardous drugs to the Ozarks Healthcare Specialty Pharmacy. Please call the Ozarks Healthcare Specialty Pharmacy at [417-505-7900](tel:417-505-7900) and ask to speak to a pharmacist about safe medication disposal.

## Home-Generated Biomedical Waste

Home-generated biomedical waste is any type of syringe, lancet, or needle used in the home to inject medication or draw blood. Special care needs to be taken with the disposal of these items. These precautions will protect you and others from injury and keep the environment safe and clean.

# Disposing of Medications and Supplies continued

## Needle-Stick Safety

- Plan for safe handling and disposal before use
- Do not use a needle more than once
- Never put the cap back on a needle once removed
- Throw away used needles immediately after use in a sharps container
- Keep out of the reach of children and pets
- Report any needle sticks or sharps-related injuries to your physician

If your therapy involves the use of needles, we will give you a sharps container to use for disposal. After using your injectable medication, place all needles, syringes, lancets, and other sharp objects into a sharps container. Check with your local waste management collection service or public health department to determine disposal procedures for sharps containers in your area.

If a sharps container is not available, you can use a hard plastic or metal container with a screw-on top or other tightly securable lid instead. For example, you could use an empty hard can or liquid detergent container. Once the materials are in an acceptable container, you may dispose of it in the trash at home.

You should NOT place sharp objects, such as needles or syringes, into the trash unless they are in a sharps container, and you should NOT flush them down the toilet.

Find more information at:

- Centers for Disease Control and Prevention (CDC) Safe Community Needle Disposal, [cdc.gov/needledisposal](https://www.cdc.gov/needledisposal)

# Planning for an Emergency



## Preparing with the Pharmacy

We would much rather prepare you for an emergency ahead of time than wait until it has happened. We may ask you where you will go if an emergency occurs, which may be a shelter, home of a friend or relative, or hospital. We may also ask you for the name and phone number of a close family member, friend, or neighbor to use as an alternative contact.

## Preparing at Home

*Know what to expect, where to go, and what to do*

You should know what the most common emergencies are in your area and what to do if one occurs. Your local emergency resources, such as the Red Cross, law enforcement agencies, and news and radio stations, usually provide excellent information and tips for planning.

One of the most important pieces of information you should know is the location of the closest **special needs** shelter. These shelters open to the public during voluntary and mandatory evacuation times. They specialize in caring for patients with special medical needs. They are usually the safest place to go if you cannot get to the home of a friend or family member.

## Responding

When you expect an emergency might occur, please contact us. Providing us as much information as possible will help us ensure you receive your needed supplies.

# Planning for an Emergency continued

If you do not contact us before or during a known emergency, we will attempt to contact you. We will use the phone numbers you provided us to try to determine your location and safety.

## Evacuating Your Home

If the emergency requires you to evacuate, please take your medications with you. Remember to bring a cooler with ice bricks if any of your medication requires refrigeration. Once you evacuate to a safe space, notify us of your new location so we can ensure there are no gaps in your therapy. If you were to not receive your medication for any reason, please call us as soon as possible, and we will do our best to assist you.

## Reaching the Pharmacy

If the specialty pharmacy must close due to a disaster, we will provide instructions on contacting our team, reviewing medication orders, scheduling deliveries, and receiving other important information on our answering machine message.

If travel or access to the pharmacy is restricted due to damage from the disaster, we will attempt to alert you through the phone numbers you provided.

## Need Help?

For more information on emergency preparations and responses, visit the FEMA website at [www.fema.gov](http://www.fema.gov).

# Wellness Tips



## Washing Your Hands

Keeping your hands clean is one of the most important steps in staying well. Basic hand washing with soap and water significantly reduces the spread of germs. If you do not have access to clean water, use hand sanitizer instead.

When should you wash your hands?

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers and cleaning up or helping a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

How should you wash your hands?

1. **Wet** your hands with clean, running water (warm or cold). Turn off the tap. Apply soap.
2. **Lather** your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.



## Preventing the Flu

The flu affects millions of people every year. While many people recover from the flu at home, an estimated 250,000 people are admitted to the hospital each year. Unfortunately, more than 18,000 people die annually due to the flu.

How can you help stop the spread?

- Get a flu shot
- Cover your cough
- Try to stay away from others who are sick
- Stay home when you feel sick
- Avoid touching your eyes, nose, and mouth
- Clean and disinfect potentially contaminated areas

## Resources

- [www.cdc.gov/flu](http://www.cdc.gov/flu)
- [www.cdc.gov/handhygiene](http://www.cdc.gov/handhygiene)

# Notice of Privacy Practices



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

PLEASE READ IT CAREFULLY.

## Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool Ozarks Healthcare can use to assess and continually work to improve rendered care and achieved outcomes

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

## Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Obtain a paper copy of the notice of privacy practices upon request
- Inspect and copy your health record as provided for in 45 CFR 164.524

# Notice of Privacy Practices continued

- Amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

## Ozarks Healthcare's Responsibilities

Ozarks Healthcare is required to:

- Maintain the privacy of your health information
- Notify you following a breach of your unsecured protected health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Ozarks Healthcare reserves the right to change its practices and make the new provisions effective for all protected health information it maintains. The most recent copy of Ozarks Healthcare's Notice of Privacy Practices is available at the main campus, clinics and on the website, located at [www.ozarkshealthcare.com](http://www.ozarkshealthcare.com).

Ozarks Healthcare will not use or disclose your health information without your authorization, except as described in this notice.

## For More Information or to Report a Problem

If you have questions and would like additional information, you may contact Ozarks Healthcare's Privacy Officer at [417-257-6774](tel:417-257-6774).

If you believe your privacy rights have been violated, you may file a complaint with Ozarks Healthcare's Privacy Officer or with the secretary of Health and Human Services. There will be no retaliation for filing a complaint.

## Examples of Disclosures for Treatment, Payment and Health Operations

*Ozarks Healthcare will use your health information for treatment.*

# Notice of Privacy Practices continued

**For example:** Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the best course of treatment. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. As a result, the physician will know how you are responding to treatment.

Ozarks Healthcare will also provide your physician or sub-sequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from this hospital.

*Ozarks Healthcare will use your health Information for payment.*

**For example:** Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

*Business associates:* There are some services provided in the Ozarks Healthcare organization through contracts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and independent auditing firms. When these services are contracted, Ozarks Healthcare may disclose your health information to its business associate so that they can perform the job the healthcare organization has asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

## Uses or Disclosures for Which You May Object

*Directory:* Unless you notify Ozarks Healthcare that you object, Ozarks Healthcare will use your name, location in the facility, general condition and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

*Notification:* Unless you notify Ozarks Healthcare that you object, it may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition. Your directory information may be given to Public Relations, to members of the clergy or released to the media.

*Communication with family:* Unless you notify Ozarks Healthcare that you object, health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

## Uses and Disclosures Ozarks Healthcare is Permitted to Make without your Authorization

*Research:* Ozarks Healthcare may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

*Funeral directors:* Ozarks Healthcare may disclose health information to funeral directors and coroners consistent with applicable law to carry out their duty.

*Organ procurement organizations:* Consistent with applicable law, Ozarks Healthcare may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

*Marketing:* Ozarks Healthcare may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

*Appointment Reminders:* Ozarks Healthcare may contact you to provide appointment reminders.

*Fund raising:* Ozarks Healthcare may contact you as part of a fund-raising effort.

*Food and Drug Administration (FDA):* Ozarks Healthcare may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

*Workers compensation:* Ozarks Healthcare may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Abuse, neglect and domestic violence:* Ozarks Healthcare may use or disclose protected health information to provide information about suspected abuse, neglect and domestic violence as required by law.

*Judicial and administrative proceedings:* Ozarks Healthcare may use or disclose protected health information as necessary to comply with a court order or with a HIPAA compliant subpoena as consistent with a judicial or administrative proceeding.

*Threat to health or safety:* Ozarks Healthcare is permitted to use or disclose protected health information about you if healthcare officials believe that it is necessary to avert a serious threat to the health and safety of yourself or others.

*Specialized Governmental Functions:* Ozarks Healthcare may use or disclose protected health information as necessary for specialized governmental functions, such as national security and intelligence activities.



# Notice of Privacy Practices continued

*Public health:* As required by law, Ozarks Healthcare may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Correctional institution:* Should you be an inmate of a correctional institution, Ozarks Healthcare may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

*Law enforcement:* Ozarks Healthcare may disclose limited health information for law enforcement purposes.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney provided that a work force member or business associate believes in good faith that Ozarks Healthcare has engaged in unlawful conduct or has otherwise violated professional standards and are potentially endangering one or more patients, workers or the public.

# Notice of Privacy Practices



## Notice of Privacy Practices Acknowledgment

We keep a record of the health care services we provide you. You may ask to see and copy that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes us to do so. You may see your record or get more information about it by contacting Ozarks Healthcare's Privacy Officer.

### Our Notice of Privacy Practices

DESCRIBES IN MORE DETAIL HOW YOUR MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION.

**By my signature below I acknowledge receipt of the Notice of Privacy Practices.**

\_\_\_\_\_  
Printed name of patient

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient or legally authorized individual signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Printed name if signed on behalf of the patient

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Patient or legally authorized individual refused to sign acknowledgment.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date/Time

**This form will be retained in your medical record.**

# Assignment of Benefits and Release Information



I hereby authorize Ozarks Healthcare to release to my insurance company any information acquired in the course of exam or treatment. I also authorize my insurance company to pay Ozarks Healthcare any benefits due. I understand that payment is my obligation regardless of insurance or other third party involvement. This authorization expires upon written notice. I permit a copy of this authorization to be used in place of the original.

Payer: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Patient or personal representative)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Relationship to patient if signed by representative:

\_\_\_\_\_

Print representative name:

\_\_\_\_\_

# Assignment of Benefits and Release Information continued

Practice name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ ID: \_\_\_\_\_

I, \_\_\_\_\_, understand that services rendered to me by \_\_\_\_\_ are my Financial responsibility and that the provider will bill my insurance company, \_\_\_\_\_ as a courtesy. I authorize my insurance company to pay my benefits directly to \_\_\_\_\_ and I understand that I will be fully responsible for any outstanding balance on my account. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. This payment will not exceed my indebtedness to the above- mentioned assignee and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment.

I have been given the opportunity to pay my estimated deductible and co-insurance at the time of service. I have chosen to assign the benefits, knowing that the claim must be paid within all state or federal prompt payment guidelines. I will provide all relevant and accurate information to facilitate the prompt payment of the claim by \_\_\_\_\_.

I authorize the provider to release any information necessary to adjudicate the claim, and understand that there may be associated costs for providing information beyond what is necessary for the adjudication of a clean claim.

I also understand that should my insurance company send payment to me, I will forward the payment to \_\_\_\_\_ within 48 hrs. I agree that if I fail to send the payment to the provider and they are forced to proceed with the collections process; I will be responsible for any cost incurred by the office to Retrieve their monies. In the event patient receives any check draft or other payment subject to this agreement, I Will immediately deliver said check, draft or payment to provider and bring any balance owed by patient to provider immediately due and payable.

To avoid this additional cost and inconvenience, should the insurance company forward payment to me, I Authorize \_\_\_\_\_ to facilitate payment utilizing the credit card number on file to resolve the balance. A photocopy of this assignment shall be considered as effective and valid as the original.

I authorize the provider to initiate a complaint or file appeal to the insurance commissioner or any payer authority for any reason on my behalf and personally will be active in the resolution of claims delay or unjustified reductions or denials.

Dated: \_\_\_\_\_ Witness: \_\_\_\_\_

\_\_\_\_\_  
Signature of policy holder

\_\_\_\_\_  
Patient or guardian



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