

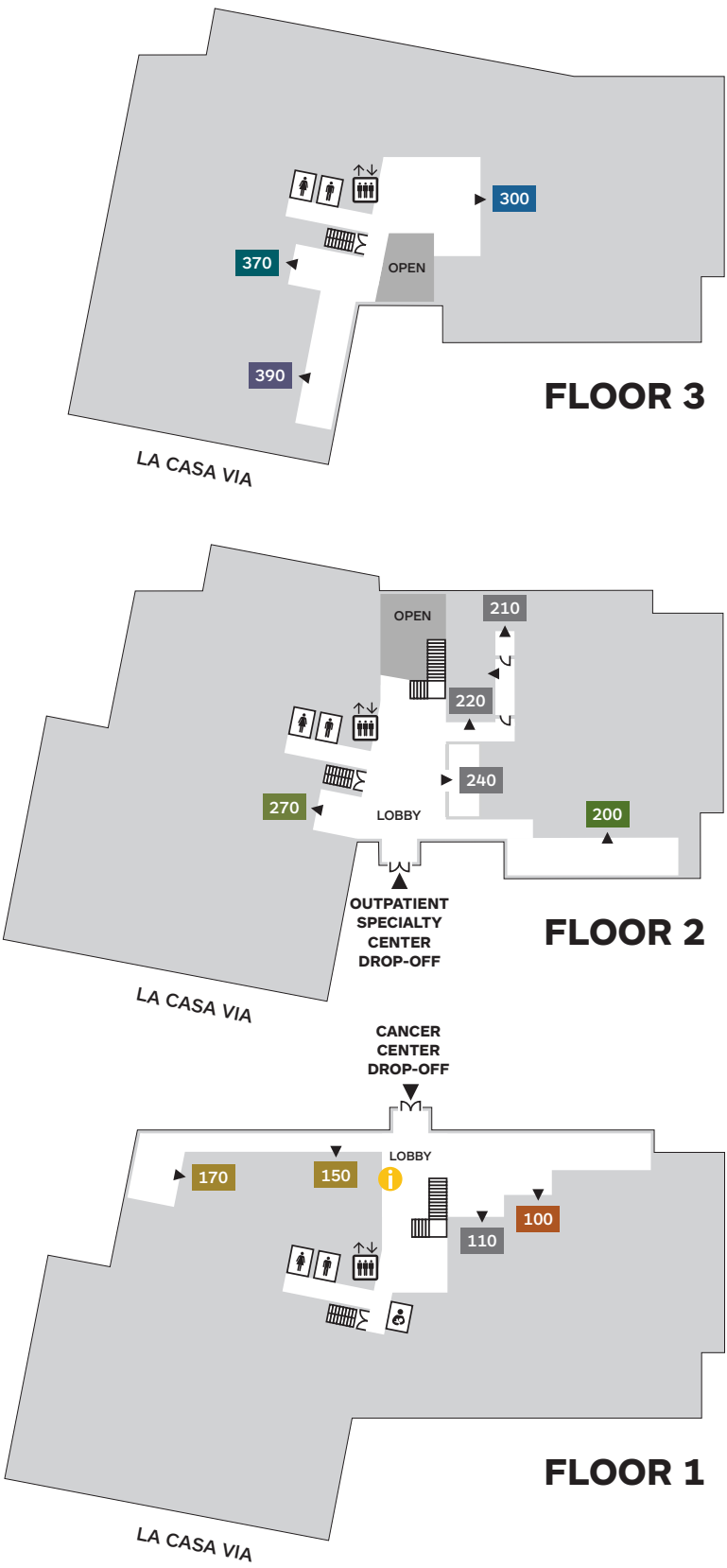
Pavilion Pharmacy Welcome Guide



**JOHN MUIR
HEALTH**

The Behring Pavilion 177 La Casa Via, Walnut Creek, CA 94598

The Behring Pavilion is home to our UCSF-John Muir Health Jean and Ken Hofmann Cancer Center. It also houses outpatient specialty services to help manage other complex conditions.



SUITE	DEPARTMENT	FLOOR
210	Administration	2
240	Mocha Mocha Café	2
110	Central Registration	1
200	Clinical Research	2
220	Conference Rooms	2
100	Imaging Services	1
300	Infusion Services	3
150	Labcorp	1
390	Medical Oncology / Hematology	3
370	Oncology Lab	3
270	Pavilion Pharmacy	2
170	Radiation Oncology	1
200	Specialty Services	2
	Breast Health	
	Colorectal	
	Gynecological Oncology	
	Head and Neck / Endocrine Surgery	
	Hepato Pancreato Biliary	
	Urology	
200	Symptom and Supportive Care Services	2

Legend

	Information Desk
	Entrance
	Elevators
	Stairs
	Restrooms
	Lactation Room

JOHN MUIR HEALTH

Behring Pavilion
177 La Casa Via
Walnut Creek, CA 94598
(925) 692-5600
johnmuirhealth.com

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Welcome to the Pavilion Pharmacy at John Muir Health

Managing a complex health condition can be overwhelming. We're here to help! Our specialty pharmacy offers personalized medicines and targeted therapies that generally can't be found at a traditional retail pharmacy. We work closely with you and your care team to provide you with high touch, one-on-one care and monitoring to help you get the best results from your medication regimen.

You can expect:

- + **Personalized Care & Regular Follow-Ups** Our specialty trained staff members will work with you to discuss your treatment plan and address your questions or concerns. We will be in close contact with you throughout the course of your treatment.
- + **Benefits** There may be instances where you are prescribed a medication that your insurance plan may not cover. We will work diligently to lower your drug costs by getting the medication covered, switching to a medication that is covered, or applying valid manufacturer discounts.
- + **Patient Management Program** With your participation in your treatment plan, we'll work with you and your care team to help manage your side effects and adjust your medication regimen, as needed, to help you achieve your desired health results. If you no longer wish to participate in our Patient Management Program, you may contact our team by phone to opt-out.
- + **In-depth Consultation Services** Educational touch-points with your pharmacy team to help you understand your medication therapy
- + **Refill Reminder Calls**
- + **Free delivery on your medications. Call Pavilion pharmacy for more details.**
- + **Prescription Transfer services if we can't fulfill the prescription**
- + **24/7 Support**

Pharmacy Location	Contact Information	Hours
177 La Casa Via Suite 270 Walnut Creek, CA 94598	Toll Free: 833-382-6755 Local Line: 925-692-5656	Monday-Friday 9:00 AM - 5:00 PM
Holiday Closure Days		
New Year's Day, Martin Luther King, Jr Day, President's Day, Cesar Chavez Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day		

Important Information



Contact Us When/If:

- + You have any questions or concerns about your medication.
- + You suspect a reaction or allergy to your medication.
- + A change has occurred in your medication use.
- + You would like to start taking a vitamin/supplement or any over the counter medication.
- + Your contact information or delivery address has changed.
- + Your insurance information or payment source has changed.
- + You need to check the status of your delivery.
- + You need to reschedule or change your delivery.
- + You have any questions or concerns about our specialty pharmacy service.

Prescription Transfers

- + If you feel that our pharmacy is unable to meet your needs, we can transfer your prescription to the appropriate pharmacy of your choice. All we request is a phone call from you to inform us where you would like your prescription transferred to.
- + If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care prior to transferring your prescription.

Delivery and Storage of your Medication

- + We will deliver medication to your home, doctor's office, or to an alternative location at no cost to you. Call Pavillion Pharmacy for more details. Please note some deliveries may require a signature.
- + If your medication requires refrigeration, we will ship it in special packaging that will maintain the appropriate temperature throughout the shipping process. Once you receive the package, take the medication out of the box and place it in the refrigerator.
- + If the package looks damaged or is not in the correct temperature range, please give the pharmacy a call.

Adverse Drug Reactions

- + If you are experiencing adverse effects to your medication, please contact your doctor or our pharmacy as soon as possible.

Drug Substitution Protocols

- + From time to time it is necessary to substitute generic drugs for brand name drugs. This may occur if your insurance company prefers the generic to be dispensed or to reduce your co-pay. You will be informed of any changes to your medication prior to our pharmacy filling your prescription.

Payment Policy

- + Before your care begins, a staff member will inform you of your financial obligations that are not covered by your insurance or other third-party sources. These obligations include but are not limited to: out-of-pocket costs such as deductibles, co-pays, co-insurance, and annual out of pocket limits. We will also provide this information if there is a change in your insurance plan.

Insurance Claims

- + The Pavilion Pharmacy at John Muir Health will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you, as necessary, so that we can work together to resolve the issue.

Co-payments

- + You may be required to pay a part of your medication cost, called a co-payment. If you have a co-payment, it must be paid at the time of shipping or pick-up unless you would like to be billed by the Pavilion Pharmacy at John Muir Health.

Financial Assistance

- + We have access to financial assistance programs to help with co-payments and ensure no financial barriers to starting your medication. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will assist you with enrollment into such programs, if applicable.

Proper Disposal of Sharps

- + Place all needles, syringes and other sharp objects into a sharps container. This will be provided by the pharmacy if you are prescribed an injectable medication.
- + Contact local waste pickup services for their policy on sharps container pickup. You can also check the following websites for additional information:

- + [SafeNeedleDisposal.org](https://www.fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/best-way-get-rid-used-needles-and-other-sharps)

- + [U.S Food and Drug Administration \(FDA\)](https://www.fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/best-way-get-rid-used-needles-and-other-sharps)

<https://www.fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/best-way-get-rid-used-needles-and-other-sharps>

Proper Disposal of Unused Medications

- + For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also review guidance provided from U.S. Food and Drug Administration (FDA) on their website.

Drug Recalls

- + If your medication is recalled, the specialty pharmacy will contact you with further instructions, as directed by the U.S. Food and Drug Administration (FDA) or drug manufacturer.

Emergency Disaster Information

- + In the event of a disaster in your area, please contact our pharmacy to instruct us on how to deliver your medication. This will ensure your therapy is not interrupted.

Additional Information on your Disease

- + The National Institutes of Health (NIH) website is an excellent resource for additional information on your disease state.

Concerns or Suspected Errors

- + Patients and caregivers have the right to voice complaints and/or recommendations on services to the pharmacy. Patients and caregivers can do so by phone, in writing, or by email.
- + The following organizations are available to contact anytime you feel your complaint was not resolved by the pharmacy:

California State Board of Pharmacy

- + Website: www.pharmacy.ca.gov
- + Telephone: (916) 518-3100

ACHC Complaint Info

- + Website: <https://www.achc.org>
- + For further information, you may contact ACHC toll-free at (855) 937-2242 or (919) 785-1214 and request the Complaints Department

URAC Complaint Info

- + Website: <https://www.urac.org>
- + Email Address: grievances@urac.org
- + General Phone Number: (202) 216-9010

Emergency & Disaster Preparedness Plan



The Pavilion Pharmacy at John Muir Health has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include, but are not limited to, fire to our facility, chemical spills in the community, earthquakes, hurricanes, tornadoes, and community evacuations. Our primary goal is to continue to service your prescription care needs. When there is a threat of disaster or inclement weather in the local area, the Pavilion Pharmacy at John Muir Health will contact you prior to any disasters the city may encounter. However, if there may be a threat of disaster or inclement weather in an area you reside, which is outside of the Walnut Creek area, it is your responsibility to contact the pharmacy prior to the occurrence (if permissible). This process will ensure you have enough medication to sustain you.

The Pavilion Pharmacy at John Muir Health will utilize every resource available to continue to service you. However, there may be circumstances where the Pavilion Pharmacy at John Muir Health cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local rescue or medical facility. Please read the guide below to aide you in the case of an emergency or disaster:

1. The pharmacy will call you 3-5 days before any predicted inclement weather emergency such as a severe snowstorm or hurricane utilizing the weather updates as point of reference.
 - a. If you are not in the Contra Costa County area and are aware you will be experiencing inclement weather, you are responsible for calling the pharmacy 3-5 days before the occurrence.
2. The pharmacy will send your medication via courier or national carrier next day delivery during any suspected inclement weather emergencies.
3. If the pharmacy cannot get your medication to you before an inclement weather emergency occurrence, the pharmacy will transfer your medication to a local specialty pharmacy so you do not go without medication.
4. If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication. Visit your local hospital immediately if you will miss a dose.
5. The pharmacy recommends all patients leave a secondary emergency number.
6. If you have an emergency that is not environmental but personal and you need your medication, please contact the pharmacy at your convenience and we will aide you.

Washing Your Hands



You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- + Before, during, and after preparing food
- + Before eating food
- + Before and after caring for someone at home who is sick with vomiting or diarrhea
- + Before and after treating a cut or wound
- + After using the toilet
- + After changing diapers or cleaning up 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

Follow Five Steps to Wash Your Hands the Right Way

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals. Follow these five steps every time.

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. 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.

Use Hand Sanitizer When You Can't Use Soap and Water

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.



Sanitizers can quickly reduce the number of germs on hands in many situations.

However,

- + Sanitizers do **not** get rid of all types of germs.
- + Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- + Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

How To Use Hand Sanitizer

- + Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- + Rub your hands together.
- + Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

Home Safety Information



Here are some helpful guidelines to help you keep a careful eye on your home and maintain safe habits. The safe way is always the right way to do things. Shortcuts may hurt. Correct unsafe conditions before they cause an accident. Take responsibility. Keep your home safe. Keep emergency phone numbers handy.

Medication



- + If children are in the home, store medications and poisons in childproof containers and out of reach.
- + All medication should be labeled clearly and left in original containers.
- + Do not give or take any medication that was prescribed for other people.
- + When taking or giving medication, read the label and measure doses carefully.
- + Know the side effects of the medication you are taking.
- + Do not throw away outdated medication by pouring down a sink or flushing down the toilet.

Mobility Items



When using mobility items to get around such as canes, walkers, wheelchairs or crutches, you should use extra care to prevent slips and falls.

- + Use extreme care to avoid using walkers, canes or crutches on slippery or wet surfaces.
- + Always put the wheelchairs or seated walkers in the lock position when standing up or before sitting down.
- + Wear shoes when using these items and try to avoid obstacles in your path and soft and uneven surfaces.

Slips and/or Falls

Slip and falls are the most common and often the most serious accidents in the home. Here are some things you can do to prevent them in your home:



- + Arrange furniture to avoid an obstacle course.
- + Install handrails on all stairs, showers, bathtubs, and toilets.
- + Keep stairs clear and well lit.
- + Place rubber mats or grids in showers and bathtubs.
- + Use bath benches or shower chairs if you have muscle weakness, shortness of breath or dizziness.
- + Wipe up all water spills, oil, or grease immediately.
- + Pick up and keep surprises out from under your feet, including electrical cords & rugs.
- + Keep drawers and cabinets closed.
- + Install good lighting.

Lifting

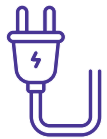
If it is too big, too heavy or too awkward to move alone – GET HELP.
Here are some things you can do to prevent low back pain or injury:



- + Stand close to the load with your feet apart for good balance.
- + Bend your knees and “straddle” the load.
- + Keep your back as straight as possible while you lift and carry the load.
- + Avoid twisting your body when carrying a load.
- + Plan ahead – clear your way.

Electrical Accidents

Watch for early warning signs; overheating, a burning smell or sparks. Unplug the appliance and get it checked right away. Here are some things you can do to prevent electrical accidents:



- + Keep cords and electrical appliances away from any water or leaks.
- + Do not plug cords under rugs, through doorways or near heaters. Check cords for damage before use.
- + Extension cords must have a large enough wire for larger appliances.
- + If you have a broken plug outlet or wire, get it fixed immediately.
- + Use a grounded 3-wire plug to prevent shock in case of electrical fault.
- + Do not overload outlets with too many plugs.
- + Use three-prong adapters when necessary.

Smell Gas?

- + Open windows and doors immediately.
- + Shut off appliance(s) involved. You may be able to refer to the front of your telephone book for instructions regarding turning off the gas to your home.
- + Do not use matches or turn on electrical switches.
- + Do not use the telephone – dialing may create electrical sparks.
- + Do not light candles.
- + Call your gas company from a neighbor's home.
- + If your gas company offers free annual inspections, take advantage of them.



Fire



Pre-plan and practice your fire escape. Look for a plan with at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located. Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs. Here are some steps to prevent fires:

- + Install smoke detectors. They are your best early warning. Test frequently and change the battery every year or as needed.
- + If there is oxygen in use, place a "No Smoking" sign in plain view of all persons entering the home.
- + Throw away old newspapers, magazines, and boxes.
- + Empty wastebaskets and trashcans regularly.
- + Do not allow ashtrays or toss matches into wastebaskets unless you know they are out. Wet down first or dump into toilet.
- + Have your chimney and fireplace checked frequently. Look for and repair cracks and loose mortar. Keep paper, wood, and rugs away from area where sparks could hit them.
- + Be careful when using space heaters.
- + Follow instructions when using a heating pad to avoid serious burns.
- + Check your furnace and pipes regularly. If nearby walls or ceilings feel hot, add insulation.
- + Keep a fire extinguisher in your home and know how to use it.

If you have a fire or suspect fire

- + Take immediate action per plan – Escape is your top priority.
- + Get help on the way – with no delay. CALL 9-1-1.
- + If your fire escape is cut off, close the door and seal the cracks to hold back smoke. Signal help from the window.

Patient Bill of Rights and Responsibilities

The Pavilion Pharmacy at John Muir Health recognizes that patients have inherent rights. Patients who feel their rights have not been respected, or who have questions or concerns, should talk to the pharmacist on duty. Patients and their families also have responsibilities while under the care of the Pavilion Pharmacy at John Muir Health to facilitate the provision of safe, high-quality health care for themselves and others. The following patient rights and responsibilities shall be provided to, and expected from, patients or legally authorized individuals.

To ensure the finest care possible, as a patient receiving our pharmacy services, you should understand your role, rights and responsibilities involved in your own plan of care.

As our patient, you have the right to:

- + Select those who provide you with Pharmacy services.
- + Receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.
- + Be treated with friendliness, courtesy and respect by each and every individual representing our Pharmacy, who provided treatment or services for you and be free from neglect or abuse, be it physical or mental.
- + Assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs, including management of pain.
- + Be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services.
- + Express concerns, grievances, or recommend modifications to your Pharmacy regarding services or care, without fear of discrimination or reprisal.
- + Request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans.
- + Receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our Pharmacy's policies, procedures and charges.
- + Request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality.
- + Be given information as it relates to the uses and disclosure of your plan of care.
- + Have your plan of care remain private and confidential, except as required and permitted by law.

- + Receive instructions on handling drug recall.
- + Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information.
- + Receive information on how to access support from consumer advocates groups.
- + Receive pharmacy health and safety information to include consumers rights and responsibilities.
- + 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, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible.
- + Receive information about the scope of services that 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 client/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 client/patient dignity and individuality.
- + Can 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 client/patient property.
- + Voice grievances/complaints regarding treatment or care, lack of respect of property or 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, or lack of respect of property investigated.
- + Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information.
- + Be advised on agency's policies and procedures regarding the disclosure of clinical records.
- + Choose a health care provider, including choosing an attending physician, if applicable.
- + Receive appropriate care without discrimination in accordance with physician orders, if applicable.
- + Be informed of any financial benefits when referred to an organization.

- + Be fully informed of one's responsibilities.

As a patient, you have the responsibility to:

- + Provide accurate and complete information regarding your past and present medical history and contact information and any changes
- + Agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments
- + Participate in the development and updating of a plan of care
- + Communicate whether you clearly comprehend the course of treatment and plan of care
- + Comply with the plan of care and clinical instructions
- + Accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services
- + Respect the rights of Pharmacy personnel
- + Notify your Physician and the Pharmacy with any potential side effects and/or complications
- + Notify the Pavilion Pharmacy at John Muir Health by telephone when medication supply is running low, so refill may be shipped to you promptly
- + Maintain any equipment provided, if applicable

Specialty Pharmacy Patients have the below additional rights and responsibilities:

- + The right to have personal health information shared with the patient management program only in accordance with state and federal law.
- + The right to identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested.
- + The right to speak to a health care professional.
- + The right to receive information about the patient management program.
- + The right to decline participation, revoke consent or dis-enroll at any point in time.
- + The responsibility to give accurate clinical and contact information and to notify the patient management program of changes in this information.
- + The responsibility to notify their treating prescriber of their participation in the medication management program.

Medicare Prescription Drug Coverage and Your Rights

Drug and Prescription Number: _____ (Optional)

Your Medicare Rights

You have the right to request a coverage determination from your Medicare drug plan if you disagree with information provided by the pharmacy. You also have the right to request a special type of coverage determination called an “exception” if you believe:

- + You need a drug that is not on your drug plan’s list of covered drugs. The list of covered drugs is called a “formulary;”
- + A coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- + You need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price.

What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan’s toll-free phone number on the back of your plan membership card, or by going to your plan’s website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan’s notice will explain why coverage was denied and how to request an appeal if you disagree with the plan’s decision.

Refer to your plan materials or call 1-800-Medicare for more information.

PRA Disclosure Statement

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0975. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.

Form CMS - 10147

OMB Approval No. 0938-0975 (Expires: 02/28/2025)

Joint Notice of Privacy Practices.

Effective Date: June 5, 2017

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.

Who Will Follow this Notice:

John Muir Health provides you (the patient) with health care by working with doctors and many other health care providers (referred to as “we,” “our,” or “us”). This is a joint Notice of our information privacy practices.

The following entities, people, or groups will follow this Notice:

- + Any health care provider who comes to John Muir Health to care for you. These health care professionals include doctors, nurses, technicians, physician assistants, and others;
- + All departments and units of our organization, including pharmacy, home health, outpatient services, mobile units, hospice, and emergency departments; and
- + All our employees, contractors, students, and volunteers, including regional support offices and affiliates.

These people, places, and entities may share medical information with each other for treatment, payment, or health care purposes described in this notice.

Our Commitment to Privacy

We understand that medical information about you and your health is personal. We are dedicated to maintaining the privacy and integrity of your medical information. Each time you visit a hospital, physician, or other health care provider, a record of the care and services is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. We need this record to provide you with quality care and to comply with certain legal requirements.

This Notice is required by law and applies to all of the records of your care at John Muir Health, whether created by hospital staff or by your personal doctor. Your doctor may have different practices or notices regarding the use and sharing of your medical information in their own offices or clinics.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- + Maintain the privacy of your medical information (with certain exceptions);
- + Provide you with this Notice of our legal duties and privacy practices with respect to your medical information; and
- + Abide by the terms of the Notice that is currently in effect.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of all of the ways we are permitted to use and disclose information will fall within one of the categories. In addition, there are some uses and disclosures that will require your specific authorization.

Disclosure at Your Request

We may disclose information when requested by you to do so, but we may require a written authorization from you.

For Treatment

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and X-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as skilled nursing facilities, home health agencies, and physicians or other practitioners. For example, we may share medical information with your designated primary care physician or other subsequent health care provider in order for him or her to treat you once you are discharged from the hospital.

For Payment

We may use and disclose medical information about you so that the cost of treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for that surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside the hospital who are involved in your care, to assist them in obtaining payment for services they provide to you.

For Health Care Operations

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes.

We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Business Associates

There are some services provided in our organization through contracts with business associates. Examples of business associates include accreditation agencies, management consultants, quality assurance reviewers, and billing and collection services. We may disclose your medical information to our business associates so that they can perform the job we have asked them to do. We require our business associates to sign a contract or written agreement stating they will appropriately safeguard your medical information.

Health Information Exchange

John Muir Health has created a community Health Information Exchange (HIE), a secure electronic system for health care providers to share your medical information. Through the HIE, your participating providers will be able to access information about you that is necessary for your treatment, unless you choose to have your information withheld from the HIE by personally opting out from participation. You do not have to participate in HIE to receive care. If you choose to opt out of the HIE (that is, if you feel that your medical information should not be shared through the HIE), John Muir Health will continue to use your medical information in accordance with this Notice and applicable law, but will not make it available to other health care providers through the HIE. To opt out of the HIE, please submit your request in writing to John Muir Health, Health Information Management at 5003 Commercial Circle, Concord, CA 94520.

Appointment Reminders

We may also use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

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.

Health-Related Products and Services

We may use and disclose medical information about you to tell you about related products or services that may be of interest to you.

Fundraising Activities (Except Behavioral Health Patients)

We may use information in order to contact you in an effort to raise money for John Muir Health. You have the right to opt-out of receiving these fundraising communications at any time. Fundraising communications will include instructions about the procedure to opt-out. If you have any questions, please contact the John Muir Health Foundation at (925) 947-4449.

Marketing Activities

We may use your medical information about you to contact you in an effort to encourage you to purchase or use a product or service. If we receive any direct or indirect payment for making such communication, however, we would need your prior written authorization to contact you, unless one of the following exceptions allows us to do so without seeking such authorization: 1) to provide you information about health-related products or services we provide; 2) to provide you information about services or products relating to your treatment; 3) to provide you information about services or products of case management, or care coordination, or to recommend alternative treatments, therapies, providers or care settings; 4) to provide you with marketing materials in a face-to face encounter; and 5) to give you a promotional gift of nominal value.

Facility/Hospital Patient Directory (Except Behavioral Health Patients)

We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., good, fair, etc.) and your religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This information is released so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

Individuals Involved in Your Care or Payment for Your Care

We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are in the hospital.

In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you arrive at the emergency department, either unconscious or otherwise unable to communicate, we are required to attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).

Research

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery for all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this special research approval process. We may also disclose medical information about you to people preparing to conduct a research project (e.g., to help them look for patients with specific medical needs), so long as the disclosure of medical information and its review take place at the hospital and none of that information leaves the hospital or facility.

SPECIAL SITUATIONS

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Organ and Tissue Donation

We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Activities

We may disclose medical information about you for public health activities. These activities generally include the following:

- + To prevent or control disease, injury or disability;
- + To report births and deaths;
- + To report regarding the abuse or neglect of children, elders and dependent adults;
- + To report reactions to medications or problems with products;
- + To notify people of recalls of products they may be using;
- + To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- + To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

Victims of Abuse, Neglect or Domestic Violence

If we reasonably believe you are a victim of abuse, neglect, or domestic violence, we may disclose your medical information to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and other Legal Disputes

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

Law Enforcement

We may release medical information if asked to do so by a law enforcement official as required or permitted by law:

- + In response to a court order, subpoena, warrant, summons or similar process;
- + To identify or locate a suspect, fugitive, material witness, or missing person;
- + About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- + About a death we believe may be the result of criminal conduct;
- + About criminal conduct at the hospital; and
- + In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

Specialized Government Functions

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official. This disclosure 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

As Required by Law

We will disclose medical information about you when required to do so by federal, state or local law. For example, the Secretary of the Department of Health and Human Services may review our compliance efforts, which may include reviewing your medical information.

Multidisciplinary Personnel Teams

We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.

Special Categories of Treatment Information

In most cases, federal or state law requires your written authorization or the written authorization of your representative for disclosures of drug and alcohol abuse treatment, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) test results, and mental health treatment.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. This permission is described as a written “authorization.” If you authorize us to use or disclose medical information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your medical information about you for the reasons stated in your written authorization, except to the extent we have already acted in reliance on your authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care we provide to you.

Minimum Necessary

To the extent required by law, when using or disclosing your medical information or when requesting medical information from another covered entity, we will make reasonable efforts not to use, disclose, or request more than a limited data set (as defined below) of your medical information or, if needed by us, no more than the minimum amount of medical information necessary to accomplish the intended purpose of the use, disclosure, or request, taking into consideration practical and technological limitations. For purposes of this Notice, a “limited data set” means medical information that excludes all of the following items: names; postal address information other than town or city, state, and zip code; telephone numbers; fax numbers; email addresses; Social Security numbers; medical record numbers; health plan beneficiary numbers; account numbers; certificate/license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; Web Universal Resource Locators (URLs); Internet Protocol (IP) address numbers; biometric identifiers, including finger and voice prints; and full face photographic images and any comparable images.

Your Rights Regarding Medical Information About You

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

Right to Inspect and Copy

You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information. If your medical information is maintained in electronic health record, you may request to obtain an electronic copy of your medical information, and if you choose, instruct us to transmit such copy directly to an entity or person you designate in a clear, conspicuous and specific manner.

To inspect and obtain a copy of medical information that may be used to make decisions about you, you may obtain and complete an Authorization form and/or submit your written request to John Muir Health, Health Information Management at 5003 Commercial Circle, Concord, CA 94520. To request an Authorization form, contact the Health Information Management Department at (925) 947-5375. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other

supplies associated with your request. Our fee for providing you an electronic copy of your medical information will not exceed our labor costs in responding to your request for the electronic copy (or summary or explanation).

We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by John Muir Health will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital. To request an amendment, your request must be made in writing and submitted to John Muir Health, Health Information Management at 5003 Commercial Circle, Concord, CA 94520. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- + Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- + Is not part of the medical information kept by or for the hospital;
- + Is not part of the information which you would be permitted to inspect and copy; or
- + Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations (as those functions are described above), and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to John Muir Health, Health Information Management at 5003 Commercial Circle, Concord, CA 94520. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on

paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. In addition, we will notify you as required by law following a breach of your unsecured protected health information.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or insurer for payment or health care operations purposes if you, or someone else on your behalf (other than the health plan or insurer), has paid for the item or service out of pocket in full. Even if you request this special restriction, we can disclose the information to a health plan or insurer for purposes of treating you. If we agree to another special restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

To request a restriction, you must make your request in writing to John Muir Health, Health Information Management at 5003 Commercial Circle, Concord, CA 94520. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential or alternative communications, you must make your request in writing at the time of admission or registration, directly to your provider's office or to John Muir Health, Health Information Management at 5003 Commercial Circle, Concord, CA 94520. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to be Notified of a Breach

John Muir Health is committed to safeguarding your health information and proactively works to prevent health information breaches from occurring. If a breach of unsecured health information occurs, we will notify you in accordance with applicable state and federal laws.

Right to a Paper Copy of this Notice

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website: www.johnmuirhealth.com. To obtain a paper copy of this Notice, please ask us for a copy the next time you receive services at one of our facilities or contact us by using the contact information at the end of this Notice.

Changes to this Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the hospital. The Notice will contain the effective date on the first page, in the top right-hand corner. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current Notice in effect.

Concerns or Complaints

If you are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your medical information, you may contact our Privacy Officer (listed below). All complaints must be submitted in writing. You may file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Our Privacy Officer can provide you the address. We will not take any action against you for filing a complaint.

How to Contact Us

If you would like more information about your privacy rights, please contact John Muir Health by calling (925) 941-2688 and ask to speak with the Privacy Officer. To the extent you are required to send a written request to John Muir Health to exercise any right described in this Notice, you must submit your request to:

John Muir Health
1400 Treat Boulevard
Walnut Creek, CA 94597
Attn: Privacy Officer
Fax: (925) 952-2979

John Muir Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, and gender identity or expression.

Attention: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-844-495-6108 (TTD: California Relay Service, 711).

John Muir Health cumple las leyes federales sobre derechos civiles y no discrimina por raza, color, origen nacional, edad, discapacidad, sexo, orientación sexual, identidad o expresión de género.

Atención: Si no habla inglés, hay servicios de asistencia idiomática, gratuitos, disponibles para usted. Llame al 1-844-495-6108 (TTD: servicio de transmisión de mensajes de California, 711).

John Muir Health از قوانین حقوق مدنی فدرال پیروی می‌کند و هیچ گونه تبعیضی را بر اساس نژاد، رنگ پوست، ملیت، سن، معلولیت، جنسیت، گرایش جنسی، هویت جنسیتی یا رفتار جنسیتی افراد قائل نمی‌شود.

توجه: اگر انگلیسی زبان نیستید، تسهیلات زبانی به صورت رایگان در دسترس شما قرار خواهد داشت. با شماره 1-844-495-6108 تماس بگیرید (TTD: خدمات رله کالیفرنیا، 711).