

# Specialty Pharmacy Program

New Patient Welcome Packet



# Welcome!

Thanks from all of us at Sutter Health Specialty Pharmacy at Alta Bates Summit Medical Center for the opportunity to serve your pharmacy needs. This guide has important information about our services. Please keep it handy, so you can refer to it when needed.

Sutter Health Specialty Pharmacy is open during regular business hours, Monday through Friday. Pharmacy staff are available to help you with your prescriptions and questions about medication.

Pharmacists are available 24 hours a day, seven days a week, to address your needs. After business hours, an on-call pharmacist is available to answer urgent clinical questions.



**Telephone:** 510-204-6550

**Toll-Free:** 855-744-1692

**Fax:** 510-204-5895

**Address:** Alta Bates Summit Medical Center,  
Herrick Campus  
2001 Dwight Way, Suite 2182  
(2nd Floor)  
Berkeley, CA 94704

Located in the Comprehensive Cancer Center (CCC).

**Website:** [sutterhealth.org/shsp-pharmacy](http://sutterhealth.org/shsp-pharmacy)

**Hours:** Monday through Friday  
9 am – 5:30 pm

Sutter Health Specialty Pharmacy may be closed or have reduced hours on major holidays.



**ACCREDITED**  
Specialty Pharmacy

Expires: 05/01/2027



## About Us

Sutter Health Specialty Pharmacy at ABSMC helps treat complex medical conditions including all types of cancers and inflammatory conditions. You'll also get hands-on support and educational services.

Sutter Health Specialty Pharmacy is led by specialty pharmacists who are knowledgeable about your medications. We review your medications for safety and effectiveness, and we work in close partnership with your healthcare team to monitor your progress. As part of the Comprehensive Cancer Center (CCC), we can review your medical chart. This allows us to look for drug interactions, monitor your labs for safety and easily communicate with your healthcare team.

## Our Vision

**To be the most comprehensive, integrated and connected health system for getting and staying well**

## Our Mission

**Caring for our patients first and our people always**



# Tips for Success

At Sutter Health Specialty Pharmacy, we're by your side throughout your treatment. To get the most out of our services and medications, here are some tips:

## 1. Be Active in Your Care

Make sure you understand the medications, side effects and symptoms you should watch for. Keep your appointments with the clinic and pharmacy. If we call you, please promptly call us back. Let's work together to manage your health!

## 2. Follow Instructions

Please follow all instructions from your doctor and pharmacist regarding your medications. We try to provide guidance as clearly as possible. If we're not being clear, please ask us to explain it again. That's what we're here for.

## 3. Ask Questions

We welcome all questions and concerns. Let us know about any challenges you may have. The more you ask, the more you know.

## 4. Keep a Medications List

Make sure you list all your medications on paper or your smartphone. Include your prescriptions, over-the-counter (OTC) medications and herbal products. Update your list when it changes, and always carry your list with you.

## 5. Use Reminders and Pillboxes or Medication Trays

Set an alarm on your phone to remind you to take medications on time. Place your medications where you'll have a visual reminder to take them daily — for example, the table where you eat your breakfast. Using a pillbox or a medication tray can also help ensure you take the right medications, in the right amount, at the right time.

## 6. Get Help When You Need It

You may have days when it's harder to keep track of your medications. Ask your family or friends for support. Call us for other ideas on how you can stay on track.

# Support for Therapy Management

Our goal is to support you and your medication therapy management. This means making sure your medications are right for you and will help you reach your best treatment outcomes. Any time you start a new medication, we'll consult with you and your caregiver. We'll help you understand and take charge of your care.

## Our pharmacists will support you to:

- Understand how to take your medications.
- Manage and stay on track with your medications.
- Manage side effects.
- Store and handle your medications.
- Answer your questions regarding your therapy.

### Pharmacist

- Teaches you about your medications, side effects, interactions and monitoring.
- Checks side effects, interactions and outcomes of the medicines.
- Reviews your medical chart and monitors your progress.
- Answers questions and concerns about medications and treatment.
- Communicates with you and your provider when necessary.
- Performs periodic assessments with you as part of the Patient Management Program.

### Pharmacy Technician

- Collects patient information necessary for pharmacy processing.
- Processes prescriptions.
- Dispenses prescriptions.
- Communicates with you regarding insurance, copayments and when your medications will be ready.
- Helps with refills and setting up deliveries.

### Prior Authorization Staff Member

- Works with prescribers and insurance companies to try to obtain medication coverage for non-formulary medications.

# The Patient Management Program

The Patient Management Program is designed to help enhance your compliance with prescribed medication therapy and, as a result, achieve better control of your health. The program consists of one-on-one consultations, assessments and periodic reassessments with a pharmacist. The pharmacist uses current medical and scientific evidence and clinical guidelines to help devise a customized therapy plan in conjunction with your input and individual needs.

## **Benefits of the program include:**

- Information about safe and effective use and handling of your medications to maximize therapy.
- Assistance in learning how to take or inject your medications correctly to decrease the risk of adverse events.
- Advice to help prevent and manage side effects.
- Refill reminder calls to ensure you always have enough medication on hand.
- Dedicated staff available to answer questions.

## **Limitations of the program may include:**

- Your willingness to follow directions and adherence with your prescribed therapy.
- Your willingness to remain enrolled in the program.
- Your adherence with recommended interventions.
- Your willingness to interact with clinical staff.

There is no extra cost to you to enroll in this program. All patients are automatically enrolled into the Patient Management Program, but you have the right to opt out of (or opt back into) it at any time.

## **If you'd like to opt out of the program, please notify us by:**

- Calling or visiting the pharmacy and speaking with a staff member regarding your wishes to opt out of the Patient Management Program.

Opting out of the Patient Management Program in no way affects the services available to you through Sutter Health Specialty Pharmacy. If at a later time you'd like to opt back in, please contact the pharmacy and speak with a staff member.

# Know About Your Medications

## Make sure you know about each of the medications you take. This includes:

- Why you take it.
- How to take it.
- How to store it.
- What to do with your injectable medication after administration.
- What you can expect while you're taking it.
- The medication's side effects and warnings.

## Be sure to tell your doctor or pharmacist about:

- All the medications you take. This includes prescription and (OTC) medications, vitamins, herbs and supplements.

## Side Effects to Your Medications

Many medications can cause side effects. Some may go away after taking the medication over time, but some side effects can be a problem or become more serious. If you're having problems with side effects, call your provider or pharmacist. We're here to offer support.

Watch closely for changes in your health, and be sure to contact your provider if you have any problems with your medication.

Ask your pharmacist or provider about what a bad or even life-threatening reaction to your medications might look like. **Call 911 immediately if you think you're having a life-threatening reaction.**

After treatment, contact your provider and our staff to discuss changes in medication.

## Concerns or Suspected Errors

Patients and caregivers have the right to voice complaints or recommendations on services to the pharmacy by phone, in writing or by email.

If you feel your complaint wasn't resolved by the pharmacy, you may contact these organizations:

### California State Board of Pharmacy

[pharmacy.ca.gov/consumers/complaint\\_info.shtml](http://pharmacy.ca.gov/consumers/complaint_info.shtml)  
916-574-3100

### URAC

[urac.org/contact/file-a-grievance](http://urac.org/contact/file-a-grievance)  
202-216-9010

### ACHC

[achc.org/contact](http://achc.org/contact)  
855-937-2242

## What Questions Should I Ask About My Medications?

Here are some examples:

- What if I miss a dose or take it incorrectly?
- Can I drink alcohol with my medications?
- What if I think there's an error in my medication?
- What if I become pregnant?
- When should I call about side effects or reactions?

# Accessing Your Medications

Once we receive your medication orders, our staff will contact you to keep you updated on when your medications will be ready. Please feel free to call us if you have questions.

## New Medications

Your provider may send your prescription to our pharmacy. Once your health insurance company approves your claim, your medication should be available within the next few business days. We'll contact you when your prescription is ready. Alternatively, you may bring a written prescription from your provider to our pharmacy to fill.

## Medication Refills

We keep track of your medications so you don't have to. Our staff will call you three to seven days before your next refill is due. During this call, you can:

- Arrange a pickup time or request a delivery of your medications.
- Verify your shipping address.
- Update us if you have any new or existing allergies or changes in your health.
- Connect with a pharmacist if you have any questions about your medications.

If we leave a voicemail, please return our call as soon as possible. We can't automatically ship medications to you without speaking to you first.

## Refill Management and Medication Synchronization

To make delivery and pickup easier for you, we offer two services to organize your medications — refill management and medication synchronization.

- Refill management: We'll ask your provider for refills of your medications well before you're due for your next fill. This will ensure you have uninterrupted therapy.
- Medication synchronization: We'll coordinate the refills of all your medications so you can pick them up or have them delivered together once a month.

## Deliveries

We offer a once-monthly complimentary courier delivery of your medications to your home, work or another approved location within California. Unfortunately, we're unable to ship to a post office box or to any U.S. Postal Service mailbox at this time.

- Medications are usually delivered Monday through Friday. Same-day deliveries are available in urgent circumstances and depending on the destination location.
- Prior to every delivery, staff will contact you to confirm your address and date and time of delivery. They'll also collect payment if you have a copay for your medication.
- We'll need to speak to you and confirm your delivery address every time before delivering your medications to you.
- We require a signature for all deliveries.

If you prefer, you may pick up your medication from the pharmacy during regular business hours.



## Medication Delays or Unavailability

If your medication is delayed or not available, we'll contact you as soon as possible. Our staff work creatively with alternative ordering and partner with other pharmacies to solve delays. In some cases, we may direct you to another pharmacy that has your medication in stock.

If there are situations (such as emergencies, natural disasters, etc.) that cause the medication to be unavailable, we'll work with your provider to obtain an alternative medication and keep you informed.

If our pharmacy can't provide or order your medication, our staff will work with you to find a pharmacy that can provide it.

# Safe Storage and Disposal of Medications and Sharps

## Safe Storage of Medications

It's important to store all medications safely. Each medication may have different storage requirements. Please ask us how to store your medication.

Always store medications out of children's reach. In case of an emergency, call your local poison control number or the National Capital Poison Center at 800-222-1222. Or visit poison.org.

## Using Injectable Medications: Needle-Stick Safety

Make sure you have a plan for handling and disposing of needles before using them.

- Have a sharps container to dispose of used needles.
- Never replace the cap on needles and syringes.
- Throw away used needles immediately after use in a sharps container.
- Report all needle-stick or sharps-related injuries promptly to your doctor.

## Preparing Unused Medications and Sharps for Trash Disposal

Always dispose of medications when they expire or are no longer needed. If you use an injectable medication, you'll need to dispose of the sharps containers regularly.

## Preparing Medications for Disposal

- **Don't place medications in the regular trash.**
- Remove medications from their containers and place them in a clear plastic zippered bag. For creams or liquids, keep them in their original containers and cross out your name before you place them in the clear bag.

## Preparing Sharps for Disposal

- **Don't place needles, syringes, lancets and other sharp objects in the regular trash.**
- Place all needles, syringes, lancets and other sharp objects into a sharps container.
- If a sharps container isn't readily available, use a hard plastic or metal container with a screw-on top or other tightly securable lid, such as a liquid detergent container. Don't use clear plastic or glass containers.
- Tape the top of the sharps container or hard plastic or metal container with heavy-duty tape, such as duct or masking tape. Containers should be no more than three-quarters full.
- For more information on safe needle disposal, please visit [safeneedledisposal.org](http://safeneedledisposal.org).

## Preparing Supplies for Disposal

- Place all other non-sharp, non-medication used supplies in a bag that you can't see through. Place this bag inside of a second bag.
- Place the (double-bagged) used supplies in your garbage with your other trash.

## Special Disposal Bins

Dispose of unused or expired medications and sharps containers in a special bin located at a pharmacy or other location.

**Please don't flush them in a sink or toilet, and don't dispose of them with regular trash.**

To find a bin near you:

- Go to the California Product Stewardship Council website at [dontrushflush.org](http://dontrushflush.org).
- Call your local law enforcement or public health department to find a bin. Some bins are for medications only. Other bins accept medications and sharps.

# 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're likely to get and spread germs:

- Before, during and after preparing food.
- Before eating food.
- Before and after caring for someone at home who's 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 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 aren't readily available, use an alcohol-based hand sanitizer containing 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. Keep in mind:

- Sanitizers don't get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers may not remove harmful chemicals – such as pesticides and heavy metal – from hands.

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 surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

# Billing, Payment and Insurance

## Medication Cost

We'll bill your insurance company for your medications. However, you may still need to pay a portion of the cost. This is called a copayment or copay. You'll need to pay your copay each time we fill your medication. Copay amounts may vary for medications depending on your insurance formulary plan. A pharmacy staff member will inform you of the exact amount you need to pay for each medication.

## Payment

We accept Visa, MasterCard, American Express and Discover credit cards. We also accept cash, personal checks, money orders and most flexible spending account cards.

## Financial Assistance

Our pharmacy team knows about and has access to some financial assistance programs. These may include manufacturer discount coupons, copay cards, state or federal programs, or foundation assistance. If you're eligible, we'll help you enroll in these programs.

## Insurance Prior Authorizations

Depending on your insurance plan, some medications may require prior authorization (PA) before we can fill your medications. A PA is approval from your health insurance provider to pay for your medications, which may be a part or all of the cost. Our staff work diligently to ensure you receive the maximum benefit from your insurance.

We'll work with your insurance company and providers to submit the necessary paperwork to complete a PA. This process may take a few days to weeks, depending on the insurance plan and the complexity of your case. Our staff will inform you if your medication needs a PA, and we'll be in contact with you during and after the PA process. We thank you in advance for your patience.

## Insurance Denial

If your insurance denies coverage for your medication, you have the right to file an appeal with your health plan. We'll inform you and your provider if this occurs. Our pharmacy team has the knowledge and resources to help you and your provider with the appeals process.

## Insurance Change

If your insurance changes, please call us right away to ensure your therapy isn't interrupted. We can reach out to your new insurance company to approve your medications.

# Frequently Asked Questions

## 1. How Long Do I Have To Wait for My Medications?

When you have a new prescription, your prescription health insurance must receive and approve a prescription claim for them to pay part or all of the cost. Once your insurance approves your prescription claim, your medication will usually be available within the next few business days. A pharmacy staff member will contact you when a prescription is ready for you.

## 2. Can I Get My Medication Transferred to Another Pharmacy?

We can transfer your medication to another pharmacy at your request. Please ask your preferred pharmacy to call us so we can transfer your prescriptions. After the transfer is complete, please follow up with the new pharmacy about the status of your medications.

## 3. Will I Get Brand Name or Generic Medications?

Sutter Health Specialty Pharmacy fills cost-saving, generic-equivalent prescription medications as required by state law, unless you or your doctor require otherwise. Many specialty medications don't have available generic equivalents. But if they do, we substitute only Food and Drug Administration (FDA)-approved generic equivalents to brand-name medications.

## 4. Can I Return Medications?

No. By California law, you can't return a medication once it leaves the pharmacy.

## 5. What If My Medication Is Recalled?

A drug or medication recall occurs when a prescription or an OTC medication is removed from the market because it's found to be either defective or potentially harmful. Sometimes, the makers of the medication discover a problem and voluntarily recall it. Other times, the FDA requires a medication recall after receiving reports of problems from the public. Once a drug is recalled, the medication is removed from our pharmacy stock. Our pharmacy monitors recalls from federal and state agencies, manufacturers and distributors. We'll contact you and your prescriber if your medication is recalled and inform you about next steps.

## 6. What If I Need an Interpreter?

You may request an interpreter anytime if you're deaf or hearing-impaired, or if English isn't your primary language. We'll help you have what's necessary for effective communication.

## Frequently Asked Questions (Continued)

### 7. Can I Opt Out of the Patient Management Program?

The Patient Management Program was created to help optimize patient medication outcomes. It's designed to enhance your compliance with prescribed medication therapy and achieve better control of your disease.

All patients are automatically enrolled into the Patient Management Program. You have the right to opt out of (or opt back into) the program anytime. If you'd like to opt out, please:

- Call the pharmacy and speak with a staff member about how to opt out of the Patient Management Program.
- Or fill out the Patient Management Program Opt-Out Form and mail or hand it to a pharmacy staff member.

Opting out of the Patient Management Program doesn't affect the services available to you through Sutter Health Specialty Pharmacy. Whenever you'd like to opt back in, please contact the pharmacy and speak with a staff member.

### 8. When Should I Call the Pharmacy?

Please don't hesitate to call us during regular business hours if:

- You'd like to check the status of your order or ask about a delay in delivery.
- You have about five doses of your medication left, and we haven't contacted you. We'll work to process your refill as soon as possible.
- You have questions about your medication, its storage, administration or potential side effects.

- You believe you may be experiencing a non-life-threatening adverse drug reaction.

**If you're experiencing what you think is a life-threatening reaction, immediately call 911.**

- You need an early refill due to scheduled travel. Please call us at least five days ahead of your scheduled travel date.
- Your insurance has changed.
- You have concerns about access to your medications during natural disasters or emergencies.
- You believe an error may have occurred with your order.
- You need help obtaining a medication not available through Sutter Health Specialty Pharmacy.
- You have a question about a medication recall or safe disposal of your medication.
- You'd like to transfer your prescription to another pharmacy.
- You have questions about any substitutions we've made on your order, such as a generic rather than brand-name medication.

A pharmacist is available 24 hours a day, seven days a week, to answer any urgent or clinical questions. To reach a pharmacist, please call:

**Local Telephone Number**  
510-204-6550

**Toll-Free Telephone Number**  
855-744-1692

# Patient Rights and Responsibilities

The following terms are in addition to Sutter Health's Patient Rights and Responsibilities and are exclusively applicable to the pharmacy services of the Sutter Health Specialty Pharmacy at ABSMC and East Bay Advanced Care Pharmacy (each, the "Pharmacy") and their patient management programs (each, the "Patient Management Program"). To view Sutter Health's Patient Rights and Responsibilities, visit [sutterhealth.org/patient-resources/privacy/patient-rights-and-responsibilities](http://sutterhealth.org/patient-resources/privacy/patient-rights-and-responsibilities).

## The Patient Has the Right:

- To know about the philosophy and characteristics of the Patient Management Program.
- To have personal health information shared with the Patient Management Program only in accordance with state and federal law.
- To speak with a pharmacist or health professional regarding questions or concerns about their medication.
- To identify the staff member of the Pharmacy and their job title, and to speak with a supervisor of the staff member if requested.
- To receive information about the Patient Management Program.
- To receive administrative information regarding changes in or termination of the Patient Management Program.
- To decline participation, revoke consent, or disenroll at any point in time.
- To get 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.
- To be informed, in advance of care/service being provided and their financial responsibility.
- To participate in the development and periodic revision of the plan of care.
- To have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.
- To be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
- To be able to voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel or care/service without restraint, interference, coercion, discrimination or reprisal.
- To have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- To be advised on the agency's policies and procedures regarding the disclosure of clinical records.

## Patient Rights and Responsibilities (Continued)

### The Patient Has the Responsibility:

- To give accurate clinical, insurance and contact information and to notify the Pharmacy of changes in this information.
- To provide accurate and complete information regarding your past and present medical history and contact information and any changes.
- To submit any forms that are necessary to participate in the Patient Management Program, to the extent required by law.
- To notify their treating provider of their participation in the Patient Management Program.
- To notify the organization of any concerns about the care or services provided.
- To participate in the development and updating of a plan of care and to communicate whether you comprehend the course of treatment and plan of care.
- To comply with the plan of care and clinical instructions.
- To accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services.
- To respect the rights of Pharmacy personnel.
- To notify your doctor and the Pharmacy with any potential side effects or complications.
- To notify Pharmacy staff by telephone when medication supply is running low, so a refill may be shipped to you promptly.

# HIPAA and Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

## Who Will Follow This Notice

This notice summarizes the privacy practices of healthcare providers within Sutter Health's Affiliated Covered Entity (ACE), which are healthcare facilities and other healthcare providers that are now or in the future controlled by or under Sutter Health's common ownership or control. The Sutter Health ACE members are located in California, Hawaii, Oregon and Utah. The healthcare components of any current or future hybrid entity under common ownership or control of Sutter Health are also included as part of the Sutter Health ACE.

Sutter Health operates certain alcohol and drug abuse treatment programs that may have an additional notice of privacy practices governing their records. For those treatment programs, Sutter Health will comply with both notices of privacy practices.

This notice also describes the privacy practices of the physicians, nurse practitioners and other healthcare professionals on affiliated medical staffs when they provide healthcare services in our hospitals, clinics and other sites. The Sutter Health ACE and these healthcare professionals may share your health information for joint treatment, payment activities, and healthcare operations.

## Federal and State Law

Federal and state laws require Sutter Health to protect your health information and federal law requires Sutter Health to describe to you how we handle that information. When federal and state privacy laws differ, and the state law is more

protective of your information or provides you with greater access to your information, then we comply with the more stringent state law.

## Your Rights

When it comes to your health information, you have rights. You may contact the Sutter Health privacy office at 855-771-4220 to exercise the following rights:

### Get an electronic or paper copy of your medical record:

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- You have to put your request in writing, and we will provide you with access to your medical record.

### Additional Applicable State Law Requirement:

California law generally requires access to be provided within five business days. We will provide a copy or, if you prefer, a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Additional Applicable State Law Requirement:

California law requires provision of your record within 15 days of your request.

### Ask us to correct your medical record:

- You can ask us to correct health information about you that you think is incorrect or incomplete. You have to put your request in writing.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

# HIPAA and Privacy Practices (Continued)

## **Request confidential communications:**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We require you to ask us in writing, but we will honor any reasonable request.

## **Ask us to limit what we use or share:**

- You can ask us, in writing, not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

## **Get a list of those with whom we've shared information:**

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, with whom we've shared it and why.
- We will include all the disclosures except for those about treatment, payment and healthcare operations, and certain other disclosures, such as any you asked us to make. We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

## **Get a copy of this privacy notice:**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## **Choose someone to act for you:**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## **File a complaint if you feel your rights are violated:**

- If you feel we have violated your rights, you may complain by contacting our Chief Privacy and Information Security Officer in the Office of General Counsel at: Privacy Office, 9100 Foothills Blvd., Roseville, CA 95747, or 855-771-4220.
- You can file a complaint with the U.S. Department of Health and Human Services – Office for Civil Rights.
- We will not retaliate against you for filing a complaint.

## **Your Choices**

### **For certain health information, you can tell us your choices about what we share.**

Let us know if you have a clear preference for how we share your information in the situations described below. We will follow your instructions where we can.

In these cases, you have both the right and choice to tell us to:

- Share (or not share) information with your family, close friends or others involved in your care.
- Share information in a disaster relief situation.

- Include your information in a hospital directory.

If you are not able to tell us your preference, for example if you are unconscious, we may still be able to share minimal information if we believe it is in your best interest or when needed to lessen a serious and imminent threat to health or safety.

#### **Fundraising:**

We may contact you for fundraising efforts, but you can tell us not to contact you again. If you change your mind, you can always ask to start receiving fundraising information again.

### **Our Uses and Disclosures**

We use or share your health information in the following ways.

#### **Treat you:**

We can use your health information and share it with other professionals who are treating you. We may use your health information to provide you with medical care in our facilities or in your home. We may also share your health information with others who provide care to you such as hospitals, nursing homes, doctors, nurses or others involved in your care.

Example: Your doctor speaks with a behavioral health professional within our clinic about getting you help for an anxiety disorder.

#### **Run our organization:**

We can use and share your health information to run our practice, improve your care and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Sutter Health may use and share your health information to support necessary business, legal, auditing, financial and clinical functions. Examples of these functions may include auditing our clinical procedures, analyzing our cost of care, arranging for patient satisfaction surveys, fundraising and determining the need for new healthcare services.

#### **Bill for your services:**

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

### **How Else Can We Use or Share Your Health Information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

#### **Help with public health and safety issues:**

We can share health information about you for certain situations such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

# HIPAA and Privacy Practices (Continued)

## **Do research:**

We can use or share your health information for health research.

## **Additional Applicable State Law Requirements:**

Oregon law protects the genetic privacy of individuals and gives you the right to decline to have your health information or biological samples used for research. We will provide you with a separate notice where you can make your choice known to us.

## **Comply with the law:**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## **Respond to organ and tissue donation requests:**

We can share health information about you with organ procurement organizations.

## **Work with a medical examiner or funeral director:**

We can share health information with a coroner, medical examiner or funeral director when an individual dies.

## **Address workers' compensation, law enforcement and other government requests:**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official

- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security and presidential protective services

## **Respond to lawsuits and legal actions:**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Health Information Exchange**

Sutter Health participates in electronic exchange networks and some of the uses and disclosures of information described above may be done through electronic means, such as a Health Information Exchange (HIE). Other entities may access your health information for treatment or other permitted uses.

## **Business Associates**

There are some services provided in our organization through contracts with business associates. Examples include transcribing your medical record, surveying for patient satisfaction, and a copy service we use when making copies of your health record. When services are provided by contracted business associates, we may disclose the appropriate portions of your health information to them so they can perform the job we have asked them to do. However, our business associates are also required by law to safeguard your information.

## Other Uses of Health Information

Uses and disclosures of health information that are not discussed by this notice or required by law will only be made with your written permission. Your written authorization will typically be required for most uses and disclosures of psychotherapy notes, if you receive treatment in an addiction treatment program, most uses and disclosures for marketing, and most arrangements involving the sale of health information. We comply with state and federal laws that require extra protection for your health information. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time.

## Additional Applicable State Law Requirements:

**California** – Your written authorization will typically be required for most uses and disclosures of HIV test results, outpatient psychotherapy information, involuntary commitment records, and alcohol and drug abuse treatment information.

**Utah** – Your written authorization will typically be required for most uses and disclosures of confidential communications provided to a psychologist, licensed substance abuse counselor or mental health therapist.

**Oregon** – Your written authorization will typically be required for most uses and disclosures of genetic information, and alcohol and treatment information.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

## Changes to the Terms of This Notice

We may change our Notice of Privacy Practices from time to time. The changes will apply to all health information we have about you. The new notice will be available upon request in Sutter facilities and Sutter Health websites.

**Contact:** If you have any questions, you may contact:

**Privacy and Information Security Office**  
9100 Foothills Blvd.  
Roseville, CA 95747  
855-771-4220

Effective Date: June 12, 2017

# Medicare Drug Coverage and Your Rights

You have the right to ask for a coverage determination from your Medicare drug plan to provide or pay for a drug you think should be covered, provided, or continued. You also have the right to ask for a special type of coverage determination called an “exception” if you:

- Need a drug that's not on your plan's list of covered drugs.
- Believe a coverage rule (like prior authorization or a quantity limit) shouldn't apply to you for medical reasons.
- Need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price.

## How to Ask for a Coverage Determination

To ask for a coverage determination, you or your prescriber can call your Medicare drug plan's toll-free phone number on the back of your plan membership card, or go to your plan's website. You can ask for 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:

- The name of the prescription drug, including dose and strength (if known).
- The name of the pharmacy that tried to fill the prescription.
- The date you tried to fill the prescription.
- If you ask for an exception, your prescriber will need to explain why you need the off-formulary or non-preferred drug, or why a coverage rule shouldn't apply to you.

Your Medicare drug plan will send you a written decision. If coverage isn't approved and you disagree with this decision, you have the right to appeal. The plan's notice will explain why coverage was denied and how to ask for an appeal.

## Get Help and More Information

Look at your plan materials or call 1-800-MEDICARE (1-800-633-4227) for more information about how to ask for a coverage determination. TTY users can call 1-877-486-2048. For help contacting your plan, call 1-800-MEDICARE.

To get this form in an accessible format (like large print, Braille, or audio) contact your Medicare drug plan. You also have the right to file a complaint if you feel you've been discriminated against. Visit [medicare.gov/about-us/accessibility-nondiscrimination-notice](http://medicare.gov/about-us/accessibility-nondiscrimination-notice) or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

# Other Patient Information

## Patient Advocacy Support

We're here to serve you, and we want to help you get the most out of your specialty medication therapy. If you have a question or an issue, please contact us immediately and let us help to resolve the situation.

Listed below are resources to learn more and connect with support groups and organizations dedicated to educating patients about their conditions. They can also provide valuable support in dealing with complex and difficult healthcare needs.

**Crohn's and Colitis Advocacy Network**  
800-241-0758

**Cystic Fibrosis Foundation**  
800-344-4823

**Hepatitis C Care Line**  
844-737-6676

**HIV/AIDS Hotline**  
800-367-2437

**MS Advocate for Change**  
800-344-4867

**National Coalition for Cancer Survivorship**  
877-622-7937

**National Psoriasis Foundation**  
800-723-9166

**RA Advocate 101**  
844-571-4357

To learn more about consumer protection and advocacy services, visit:

**California Department of Consumer Affairs**  
[dca.ca.gov](http://dca.ca.gov)

**National Association of Consumer Advocates**  
[consumeradvocates.org](http://consumeradvocates.org)

## Notes

## Notes

## Notes





Sutter Health Specialty Pharmacy at ABSMC  
Alta Bates Summit Medical Center, Herrick Campus  
2001 Dwight Way, Suite 2182 (2nd Floor)  
Berkeley, CA 94704

**[sutterhealth.org/shsp-pharmacy](http://sutterhealth.org/shsp-pharmacy)**