



ACCREDITED
Specialty Pharmacy

12/01/2026



COOSA VALLEY
SPECIALTY PHARMACY

Welcome Packet

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Welcome

THANK YOU FOR BEING A PATIENT OF COOSA VALLEY SPECIALTY PHARMACY.

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



LOCATION

Coosa Valley Specialty Pharmacy
315 W Hickory St, Suite 151
Sylacauga, AL 35150
Located inside the Coosa Valley Medical Center



CONTACT

PHONE: **Specialty Pharmacy:**
855-237-MEDS(6337)
or 256-401-4690

After-Hours Clinical Support:
855-237-MEDS(6337)
or 256-401-4690

EMAIL: specialty.pharmacy@cvhealth.net

WEBSITE: <https://cvhealth.net>



HOURS

SPECIALTY PHARMACY

Monday through Friday
8:30 am – 5:00 pm
Closed for lunch from 2:00 pm to 2:30 pm

AFTER-HOURS CLINICAL SUPPORT

24 hours per day, 365 days per year

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

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

Pharmacy Overview

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

WE PROVIDE:

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

Patient Services

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

Contact the specialty pharmacy at 855-237-MEDS (6337) or 256-401-4690 if you have questions about:

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

Contact our after-hours clinical support at 855-237-MEDS (6337) or 256-401-4690 if you have clinical questions or concerns about your medication that cannot wait until the next business day.



Patient Management Program

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

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

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

For you to achieve maximum benefit from our PMP, please keep us informed of any concerns, problems, or changes in your response to therapy or ability to obtain therapy. For more information about the PMP, ask any member of the specialty pharmacy team by calling 855-237-MEDS (6337) or 256-401-4690 or emailing specialty.pharmacy@cvhealth.net

OPTING OUT

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

RIGHTS AND RESPONSIBILITIES

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

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

Language and Cultural Services

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

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

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

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

Frequently Asked Questions

HOW IS A SPECIALTY PHARMACY DIFFERENT FROM A RETAIL PHARMACY?

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

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



Frequently Asked Questions

HOW DOES MY NEW PRESCRIPTION GET TO THE PHARMACY? HOW DO I KNOW WHEN I WILL RECEIVE IT?

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

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

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

Once it is ready, we will contact you to schedule the delivery. You can also pick up your prescription from the pharmacy at your convenience.

WHEN WILL THE SPECIALTY PHARMACY CONTACT ME OR MY PROVIDER?

The specialty pharmacy will call you to:

- Discuss your prescription and copay amount
- Schedule the delivery or pick-up time
- Advise you of any delays in your order
- Review how to store your medication
- Verify your prescription insurance information
- Get documentation of your income to enroll you in financial assistance
- Provide counseling on your medicine
- Tell you we must transfer your prescription to another specialty pharmacy
- Notify you of any FDA recalls of your medicine

We will contact your provider:

- At your request
- When you are out of refills

Frequently Asked Questions

HOW DO I PAY FOR MY MEDICATION?

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

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

For payment, we accept:

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

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

HOW DO I GET A REFILL?

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

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

You can also pick up your prescription at the pharmacy at your convenience. Payment is required before your medication can be shipped or picked up from the pharmacy. Please call 855-237-MEDS (6337) or 256-401-4690 during our normal business hours if you have questions or need help.

WHAT SHOULD I DO IF I HAVE QUESTIONS ABOUT THE STATUS OF MY ORDER?

If you have questions about the status of your order, please contact the pharmacy during normal business hours by calling 855-237-MEDS (6337) or 256-401-4690. You can also leave a message on our voicemail.

Frequently Asked Questions

WILL THE SPECIALTY PHARMACY BE ABLE TO FILL ALL MY MEDICATIONS?

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

WILL YOU EVER SUBSTITUTE MY MEDICATION FOR A DIFFERENT ONE?

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

WHAT SHOULD I DO IF MY MEDICATION IS RECALLED?

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

WHAT SHOULD I DO IF I MAY BE HAVING AN ADVERSE (BAD) REACTION TO MY MEDICATION?

If you feel you are having a bad drug reaction or experiencing symptoms that require urgent attention, you should go to a local emergency room or call 911.

Symptoms that require urgent attention include:

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

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

Frequently Asked Questions

WHAT SHOULD I DO IF I SUSPECT A MEDICATION ERROR?

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

WHAT IF I AM NOT HAPPY WITH THE SERVICES I RECEIVE?

We will attempt to resolve any concerns or issues you experience as quickly as possible. If you would like to file a complaint, please call 855-237-MEDS(6337) or 256-401-4690. If you still have concerns, you may contact the Director of Pharmacy Services at 256-401-4066

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

- Patient Experience Department at 855-237-MEDS (6337) or 256-401-4690
- Your insurance company
- Alabama Board of Pharmacy at 205-981-2280
- Accreditation Commission for Health Care at (855) 937-2242
- URAC at 202-216-9010 or www.urac.org/contact



Patient Rights and Responsibilities

As a patient of Coosa Valley Specialty Pharmacy, you have the following rights and responsibilities. If you feel any of these rights have not been provided, please contact the Specialty Pharmacy Manager at 855-237-MEDS (6337) or 256-401-4690.

PATIENT RIGHTS

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

PATIENT RESPONSIBILITIES

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

Disposing of Medications and Supplies

UNUSED MEDICATIONS

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

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

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

Find more information at: [ademhomenedicalwastedisposal.pdf](#) ([alabamapublichealth.gov](#))

CHEMOTHERAPY AND HAZARDOUS DRUGS

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

Instead, please return unused chemotherapy or hazardous drugs to the Sylacauga Police Department.

Find more information at: Disposal of Unused Medicines: <https://www.fda.gov/drugs/safe-disposal-medicines>

HOME-GENERATED BIOMEDICAL WASTE

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

Needle-Stick Safety

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

Disposing of Medications and Supplies

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

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

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

Find more information at:

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



Planning for an Emergency

PREPARING WITH THE PHARMACY

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

PREPARING AT HOME

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

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

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

RESPONDING

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

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

EVACUATING YOUR HOME

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

Planning for an Emergency

REACHING THE PHARMACY

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

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

NEED HELP?

For more information on emergency preparations and responses, visit the FEMA website at www.fema.gov.



Wellness Tips

WASHING YOUR HANDS

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

WHEN SHOULD YOU WASH YOUR HANDS?

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



Wellness Tips

HOW SHOULD YOU WASH YOUR HANDS?

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

PREVENTING THE FLU

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

HOW CAN YOU HELP STOP THE SPREAD?

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

RESOURCES

www.cdc.gov/flu

www.cdc.gov/handhygiene

Your Privacy Matters

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

(Effective September 23, 2013)

The Sylacauga Health Care Authority d/b/a Coosa Valley Medical Center (“Provider”) is dedicated to protecting your health information. Provider is required by law to maintain the privacy of protected health information, to provide you adequate notice of your rights and our legal duties and privacy practices with respect to protected health information and to notify affected individuals following a breach of unsecured protected health information. 45 CFR § 164.520. “Protected Health Information” is defined at 45 CFR § 164.501 and includes past, present and future information created or received by Provider. It also includes demographic information that may identify you and that relates to your past, present or future medical condition (physical or mental), the providing of health care to you, or payment for the health care treatment. We will use or disclose Protected Health Information in a manner that is consistent with this notice.

WHAT IS THIS NOTICE?

Provider maintains a record (paper/electronic file) of the information we receive and collect about you and of the care we provide to you. This record includes physicians’ orders, assessments, medication lists, clinical progress notes and billing information. This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights regarding your Protected Health Information.

As required by law, Provider maintains policies and procedures about our work practices, including how we coordinate care and services provided to our patients. These policies and procedures include how we create, receive, access, transmit, maintain and protect the confidentiality of all health information in our workforce and with contracted business associates and/or subcontractors; security of Provider’s building and electronic files; and how we educated staff on privacy of patient information.

PERMITTED AND REQUIRED USES AND DISCLOSURES.

As our patient, information about you must be used and disclosed to other parties for purposes of treatment, payment and health care operations. Examples of information that must be disclosed:

Treatment: Providing, coordinating or managing health care and related services, consultation between health care providers relating to a patient or referral of a patient for health care from one provider to another. For example, we may need to give information to doctors, nurses, technicians, medical students or other personnel who are involved in taking care of you both in and outside of Provider’s office.

Payment: Billing and collecting for services provided, determining plan eligibility and coverage, utilization review (UR), precertification, and medical necessity review. For example, we may need to give information to your health plan about surgery you received so that your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.

Health Care Operations: General agency administrative and business functions, quality assurance/improvement activities; medical review; auditing functions; developing clinical guidelines; determining the competence or qualifications of health care professionals; evaluating agency performance; conducting training programs with students or new employees; licensing, survey, certification, accreditation and credentialing activities; internal auditing; and certain fundraising activities, if applicable, and with your authorization, marketing activities. For example, we may disclose medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We also may disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. The medical information we have may be combined with medical information from other sources in order 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 that others may use it to study health care and health care delivery without learning who the specific patients are.

Your Privacy Matters

continued...

The following uses and disclosures do not require your consent, and include, but are not limited to, a release of information contained in financial records and/or medical records, including information concerning communicable diseases such as Human Immune Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), drug/alcohol abuse, psychiatric diagnosis and treatment records and/or laboratory test results, if applicable, medical history, treatment progress and/or any other related information as permitted by state law to:

1. Your insurance company, self-funded or third-party health plan, Medicare, Medicaid or any other person or entity that may be responsible for paying or processing for payment any portion of your bill for services;
2. Any person or entity affiliated with or representing us for purposes of administration, billing and quality and risk management;
3. Any hospital, nursing home or other health care facility to which you may be admitted;
4. Any assisted living or personal care facility of which you are a resident;
5. Any physician providing you care;
6. Licensing and accrediting bodies, including the information contained in the OASIS Data Set to the state agency acting as a representative of the Medicare/Medicaid program;
7. Contact you to raise funds for Provider; you will be given the right to opt out of receiving such communications, if applicable;
8. Any business associate or institutionally related foundation for the purpose of raising funds for the agency (information may include: demographics – name, address, contact information, age, gender, date of birth; dates of health care provided; department of services; treating physician; outcome information; and health insurance status), if applicable. You will be given the right to opt out;
9. Refill reminders for drugs, biologicals and/or drug delivery systems that have already been prescribed to you;
10. Marketing communications promoting health products, services and information programs or communications if the communication is made face to face with you or the only financial gain consists of a promotional gift of nominal value provided by Provider; and
11. Other health care providers to initiate treatment.

We are permitted to use or disclose information about you without consent or authorization in the following circumstances:

1. In **emergency treatment situations**, if we attempt to obtain consent as soon as practicable after treatment;
2. Where **substantial barriers to communicating with you** exist and we determine that the consent is clearly inferred from the circumstances;
3. Where we are **required by law** to provide treatment and we are unable to obtain consent;
4. Where the use or disclosure of medical information about you **is required by federal, state or local law**;
5. To provide information **to state or federal public health authorities**, as required by law to: prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify persons of recalls of products they may be using; 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 notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence (if you agree or when required or authorized by law);
6. Health care oversight activities such as audits, investigations, inspections and licensure by a government health oversight agency as authorized by law to monitor the health care system, government programs and compliance with civil rights laws;
7. To business associates regulated under HIPAA that work on our behalf under a contract that requires appropriate safeguards of Protected Health Information;

Your Privacy Matters continued...

8. **Certain judicial administrative proceedings** 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, 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 or to obtain an order protecting the information requested;
9. **Certain law enforcement purposes** such as helping to identify or locate a suspect, fugitive, material witness or missing person, or to comply with a court order or subpoena and other law enforcement purposes;
10. **To coroners, medical examiners and funeral directors**, in certain circumstances, for example, to identify a deceased person, determine the cause of death or to assist in carrying out their duties;
11. **For cadaveric organ, eye or tissue donation purposes** to communicate to organizations involved in procuring, banking or transplanting organs and tissues (if you are an organ donor);
12. **For certain research purposes** under very select circumstances. We may use your health information for research. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive approval process. We may also request your written authorization before granting access to your individually identifiable health information but are not required to do so;
13. **To avert a serious threat to health and safety:** To prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public, such as when a person admits to participation in a violent crime or serious harm to a victim or is an escaped convict. Any disclosure, however, would only be to someone able to help prevent or lessen the threat;
14. **For specialized government functions**, including military and veterans' activities, national security and intelligence activities, protective services for the President, foreign heads of state and others, medical suitability determinations, correctional institution and custodial situations; and
15. **For Workers' Compensation purposes:** Workers' compensation or similar programs provide benefits for work-related injuries or illness.

We are permitted to use or disclose information about you provided you are informed in advance and given the opportunity to individually agree to, prohibit, or restrict the use or disclosure in the following circumstances:

1. Use or disclosure of a directory (including name, location, condition described in general terms and/or religious affiliation) of individuals served by Provider;
2. Provide proof of immunization to a school that is required by state or other law to have such proof with agreement to disclosure by parent, guardian or other person acting in loco parentis of the individual, if the individual is an emancipated minor; and
3. Provide a family member, relative, friend, or other identified person, prior to, or after your death, the information relevant to such person's involvement in your care or payment for care; to notify a family member, relative, friend, or other identified person of your location, general condition or death.

Other uses and disclosures not covered in this notice will be made only with your written authorization. Authorization is required and may be revoked, in writing, at any time, except in limited situations, for the following disclosures:

1. Marketing of products or services or treatment alternatives, including any subsidized treatment communications, that may be of benefit to you when we receive direct payment from a third party
2. for making such communications, other than as set forth above with regard to face-to-face communications and promotional gifts of nominal value;
3. Psychotherapy notes under most circumstances, if applicable; and
4. Any sale of Protected Health Information resulting in financial gain by Provider unless an exception is met.

Your Privacy Matters continued...

YOUR RIGHTS

You have the right, subject to certain conditions, to:

- **Request restrictions on uses and disclosures of your Protected Health Information** for treatment, payment or health care operations. However, we are not required to agree to any requested restriction. Restrictions to which we agree will be documented. Agreements for further restrictions may, however be terminated under applicable circumstances (e.g., emergency treatment).

We must agree to your request to restrict disclosure of Protected Health Information about you to a health plan if: 1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and 2) the Protected Health Information pertains solely to a health care item or service for which you or someone on your behalf paid the covered entity in full. (164.522 Rights to request privacy protection for Protected Health Information).

- **Confidential communication of Protected Health Information.** We will arrange for you to receive Protected Health Information by reasonable alternative means or at alternative locations. Your request must be in writing and must contain a statement that disclosure of all or part of the information to which the request pertains could endanger you. We do not require an explanation for the request as a condition of providing communications on a confidential basis and will attempt to honor reasonable requests for confidential communications.

If you request your Protected Health Information to be transmitted directly to another person designated by you, your written request must be signed and clearly identify the designated person and where the copy of Protected Health Information is to be sent.

- **Inspect and obtain copies of Protected Health Information** that is maintained in a designated record set, except for psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding, or Protected Health Information that may not be disclosed under the Clinical Laboratory Improvements Amendments of 1988 [42 USC § 263a and 45 CFR 493 § (a)(2)]. If you request a copy of your health information, we will charge a reasonable, cost-based fee, that includes only the cost of labor for copying, supplies, postage, if applicable, and preparing an explanation or summary of the projected health information if agreed to, in accordance with applicable state and federal regulations. If the requested Protected Health Information is maintained electronically and you request an electronic copy, we will provide access in an electronic format you request, if readily producible, or if not, in a readable electronic form and format mutually agreed upon. IF YOU REQUEST AN ELECTRONIC COPY, PROVIDER HEREBY EXPRESSLY DISCLAIMS ALL DUTIES AND RESPONSIBILITY FOR THE SECURITY AND PROTECTION OF SUCH INFORMATION ONCE TRANSMITTED TO YOU AND HAS NO CONTROL OVER ACCESS TO THAT INFORMATION AFTER THE TRANSMISSION TO YOU THEREOF. ALL SUCH INFORMATION MAINTAINED BY PROVIDER WILL CONTINUE TO BE SECURED AND PROTECTED AS REQUIRED BY APPLICABLE LAW.

If we deny access to Protected Health Information, you will receive a timely, written denial in plain language that explains the basis for the denial, your review rights and an explanation of how to exercise those rights. If we do not maintain the medical record, we will tell you where to request the Protected Health Information if we have knowledge thereof.

- **Request to amend Protected Health Information** for as long as the Protected Health Information is maintained in the designated record set. A request to amend your record must be in writing and must include a reason to support the requested amendment. We will act on your request within sixty (60) days of receipt of the request. We may extend the time for such action by up to thirty (30) days, if within the initial sixty (60) days we provide you with a written explanation of the reasons for the delay and the date by which we will complete action on the request.

Your Privacy Matters continued...

We may deny the request for amendment if the information contained in the record was not created by us, unless you provide a reasonable basis for believing the originator of the information is no longer available to act on the requested amendment; is not part of the designated medical record set; would not be available for inspection under applicable laws and regulations; or the record is accurate and complete. If we deny your request for amendment, you will receive a timely, written denial in plain language that explains the basis for the denial, your rights to submit a statement disagreeing with the denial and an explanation of how to submit that statement.

- **Receive an accounting of disclosures of Protected Health Information** made by Provider for up to six (6) years prior to the date on which the accounting is requested for any reason other than for treatment, payment or health operations and other applicable exceptions. The written accounting includes the date of each disclosure, the name of the entity or person who received the Protected Health Information and, if known, the address, a brief description of the information disclosed and a brief statement of the purpose of the disclosure or a copy of the written request for disclosure. We will provide the accountings within sixty (60) days of receipt of a written request. However, we may extend the time period for providing the accounting by thirty (30) days if within the initial sixty (60) days we provide you with a written statement of the reasons for the delay and the date by which you will receive the information. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests within the applicable 12-month period may be subject to a reasonable cost-based fee, which fee information will be provided to you in advance of fulfilling your request; you will also have an opportunity upon receipt of fee information to withdraw or modify your request for the accounting in order to avoid or reduce the applicable fee.
- **Receive notification of any breach in the acquisition, access, use or disclosure** of unsecured Protected Health Information by Provider, its business associates and/or subcontractors.
- **Obtain a paper copy of this notice from us upon request**, even if you had previously agreed to receive this notice electronically. We reserve the right to amend this notice of privacy practices at any time.

COMPLAINTS

If you believe that your privacy rights have been violated, you may complain to Provider or to the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint. The complaint should be filed in writing, and should state the specific incident (s) in terms of subject, date and other relevant matters. A complaint to the Secretary must be filed in writing within 180 days of when the act or omission complained of occurred, and must describe the acts or omissions believed to be in violation of applicable requirements. 45 CFR § 160.306. For further information regarding filing a complaint, contact:

Privacy Officer
The Sylacauga Health Care Authority d/b/a Coosa Valley Medical Center
Brad McCormick
Privacy Compliance Officer
(256) 401-4534

EFFECTIVE DATE

This notice is effective: September 23, 2013. We are required to abide by the terms of the notice currently in effect, but we reserve the right to change these terms as necessary for all Protected Health Information that we maintain. If we change the terms of this notice (while you are receiving service), we will promptly revise and distribute a revised notice to you as soon as practicable by mail, e-mail (if you have agreed to electronic notice), hand delivery or by posting on our website at <http://www.cvhealth.net>.

If you require further information about matters covered by this notice or to make any of the foregoing requests, please contact:

Privacy Officer
The Sylacauga Health Care Authority d/b/a Coosa Valley Medical Center
Brad McCormick
Privacy Compliance Officer
(256) 401-4534

SERVICE AGREEMENT AND FINANCIAL RESPONSIBILITY

AUTHORIZATION TO RELEASE INFORMATION: The undersigned authorizes Coosa Valley Specialty Pharmacy to release medical or other information about the patient which may be necessary for the completion of insurance claims, review of service, or receipt of benefits. Such information may include current medical records. The information may be released to third-party payors, including the third-party payer's agent and/or representative or anyone responsible for payment of hospital and/or physician charges.

ASSIGNMENT OF BENEFITS: The undersigned assigns to and authorizes direct payments of benefits (including insurance benefits, otherwise payable with respect to the patient) to the Coosa Valley Specialty Pharmacy. The undersigned agrees to assist processing claims for benefits.

MEDICARE AUTHORIZATION: I certify the information given by me in applying for payment under Title XVII of Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and CMS or its Intermediaries or carriers any information needed for this or a related Medicare claim. I request payment of the authorized benefits be made on my behalf to the Coosa Valley Specialty Pharmacy.

FINANCIAL RESPONSIBILITY: The undersigned agrees to pay for hospital services, accommodations and physician services rendered to patient and is hereby obligated to pay the accounts of the hospital. It is understood that in the event of obstetrics care the undersigned is obligated to pay the hospital account for mother and infant(s). It is understood and agreed that Coosa Valley Medical Center charges not paid may be placed with an attorney or collection agency. It is understood and agreed that reasonable cost of collection including attorneys fees, collection agency fees, and/or open account interest charges assessed are payable by the undersigned. To the extent not expressly prohibited by applicable law, the undersigned agrees to pay all hospital charges not paid in full to the hospital by a third-party payor. I understand that inpatients in a private room (patient requested or medically necessary) are charged per day over the semi-private room rate, which I agree to pay balance after deposit when I am discharged. Coosa Valley Specialty Pharmacy accepts cash, MasterCard, Visa, and Discover Card.

The undersigned is aware that in some cases the patient's medication may not be covered in full by the insurance company. The undersigned is aware of the fact the (patient/responsible party/guarantor) are responsible for any balance insurance does not pay. This balance due may include provisions set by your insurance company such as: co-payments, deductibles, and "usual and customary" allowances. Co-payments and deductibles are due upon admission and must be paid prior to discharge.

The undersigned is aware that debt considered uncollectible is subject to submission to the Alabama Department of Revenue to be collected against your Alabama State income tax refund in accordance with the Debt Setoff Collection Act Amendment (#2014-321) amending sections 40-18-100 and 40-18-103 of the Code of Alabama 1975, a local collection assistance fee of \$25.00 will also be incurred

I ACKNOWLEDGE THAT I HAVE READ THIS FORM AND UNDERSTAND ITS PURPOSE AND CONTENT

Guarantor (Agreement to Pay)

I have received the privacy notice

Refused the privacy notice

Date /Time

Witness



COOSA VALLEY
SPECIALTY PHARMACY



315 W Hickory St., Suite 151
Sylacauga, AL 35150
Located inside the Coosa
Valley Medical Center



855-237-MEDS (6337)
or 256-401-4690



www.cvhealth.net