



Marietta Memorial Specialty Pharmacy  
**Patient Welcome Packet**



**MEMORIAL  
HEALTH SYSTEM**  
*Expect More*





MEMORIAL  
HEALTH SYSTEM  
*Expect More*



# MEMORIAL HEALTH SYSTEM

*Expect More*

# Marietta Memorial Specialty Pharmacy

## OUR MISSION

To enhance the health of the people and the communities we serve.

## OUR VISION

Top 10% in the nation in all we do as an independent, innovation health system.

## OUR VALUES

### COMMUNITY

We exist to treat our friends, family, and neighbors. We are part of the social fabric of our community.

### HEALTH

We want to improve and sustain the health of the people in our community with medical treatments that are innovative and cost-effective.

### EXCELLENCE

We will be excellent in all we do and won't choose services we cannot be excellent in providing. We strive for the top 10% in the nation for quality, care, and service.

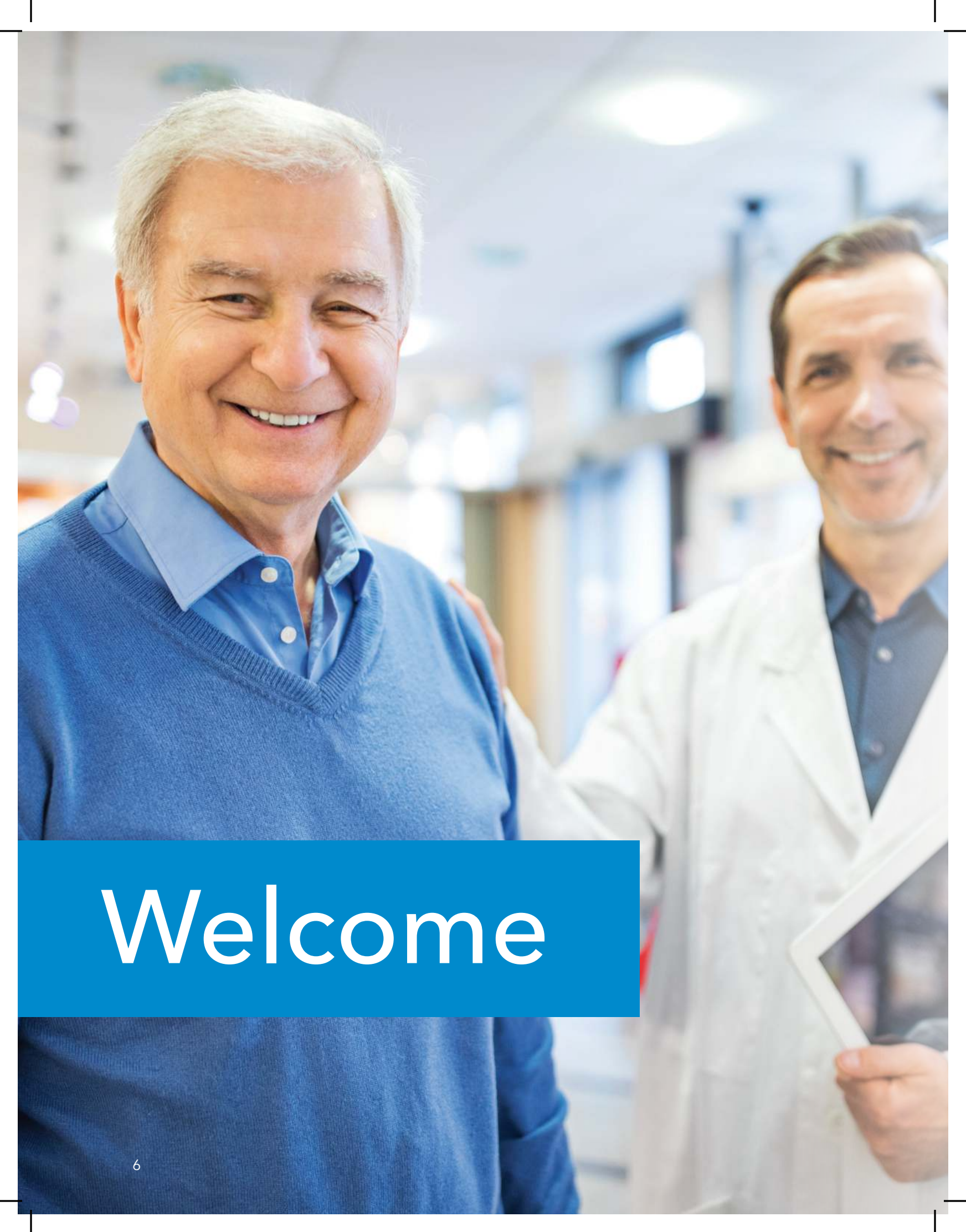
### LIFE

We want to maximize the quality of life for our community from healing to support so they can live their best lives.



#### Accreditation Commission for Health Care Accreditation

By achieving Accreditation Commission for Health Care (ACHC) Accreditation, our pharmacy is able to demonstrate commitment to providing the highest-quality service through compliance with national regulations and industry best practices. ACHC is dedicated to delivering the best possible experience and to partnering with organizations and healthcare professionals that seek accreditation and related services. Learn more at [achc.org](http://achc.org).



# Welcome

## Thank you for being a patient of Marietta Memorial Specialty Pharmacy.

Marietta Memorial Specialty Pharmacy ensures patients and their caregivers in the Mid-Ohio Valley area receive the attention and support needed to be successful with their treatment. You can count on our guidance, compassion, and education throughout the length of your therapy.

Working with your healthcare providers, we will deliver the knowledge and customer service you deserve. Our goal is to work with you and your provider to support you through your medication journey. This welcome packet introduces you to our services. It serves as a guide to understand the services we provide, and includes our contact information for when you have questions.

### A Specialty Medication Is One That:

- Requires extra attention from your health care team
- May treat a rare, serious, or chronic condition
- May be expensive
- May be by mouth, injection, infusion, or applied topically

### As a Marietta Memorial Specialty Pharmacy Patient, You Have Access to Our Specialized Pharmacy Services:

- 24/7 clinical support
- Working with your doctors to create a medication journey tailored to your specific condition
- One-on-one counseling with our pharmacy staff either in office, over the phone, or both
- Insurance authorization and financial support program assistance and support
- Refill reminders
- Free home delivery services and pick-up options

### What to Expect:

- You will be contacted by members of the pharmacy team to ensure you have access to your medication without experiencing any gaps in therapy.
- We will partner with you and your provider to achieve therapy treatment goals.
- We will conduct a thorough review of your medications, which includes an accurate listing of your current prescriptions and over the counter, herbal, or homeopathic medications.
- We will conduct screenings for drug interactions and disease states.

### Support Services:

A program representative is always available to help support you. If you have any questions about:

- How to have a prescription filled or transferred to our pharmacy
- How to refill your medication
- How to transfer a prescription to another pharmacy
- Order status and order delays
- Insurance coverage and prescription cost
- Medication questions or concerns
- Filing a complaint

Contact the specialty pharmacy and a program representative at 1(888) 506-0031

# Table of Contents

About Us .....	10
Our Services .....	12
How to Use Our Services .....	17
General Information and Tips for Success .....	18
The Billing Process .....	19
Disposing of Your Medications and Supplies .....	20
Emergency Preparedness Information .....	22
What to Know to Stay Well .....	25
Notice of Privacy Practices .....	26
Patient Rights & Responsibilities .....	31
Medicare Assignment of Benefits and Release of Medical Records .....	33







# About Us

## Location

Marietta Memorial Specialty Pharmacy is located at **807 Farson Street STE 130 Belpre, OH 45714**

## Hours of Operation

**Monday – Friday 8:30 a.m. to 5 p.m.**

We are closed on the following holidays, but offer on-call/after-hours services for the below dates:

- 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 and Friday in November)
- Christmas Day (December 25)

## After-Hours Services

We offer 24-hour pharmacist support for any after-hours clinical questions. You can reach the specialty department after hours, weekends or on holidays at (888) 506-0031.

## Contact Information

You may contact us during business hours at:

**(740) 374-1583** (local) or **(888) 506-0031** (toll free)

[mhssystem.org/specialtypharmacy](http://mhssystem.org/specialtypharmacy)



## Patient Complaints, Concerns, or Issues

You may express concerns, complaints, or dissatisfaction about the services at any time. We will try to resolve any concerns or issues you have as quickly as possible. If we cannot resolve your complaint, or additional research is required, we will contact you with the results of our investigation. We will communicate either by telephone or in writing about the complaint as soon as possible. If the pharmacy staff is unable to help resolve your complaint to your expectation, you may contact the Pharmacy Manager at (740) 374-1583 or (888) 506-0031. If you are still not satisfied, you may contact the Ohio Board of Pharmacy at (614) 466-4143 or either of the following agencies:

### Ohio Board of Pharmacy or Licensing Division

Address 77 S High Street, 17th Floor Columbus, OH 43215-6126

Phone: (614) 466-4143

Fax: (614) 752-4836

### Accreditation Commission for Health Care

1 (855) 937-2242

To file complaints: [complaints@achc.org](mailto:complaints@achc.org)

To file online anonymously: [www.achc.org/contact](http://www.achc.org/contact)

## We Value Your Feedback

Patient satisfaction is important to us, and your opinion matters! We want to know what we can do to better serve you! A member of our pharmacy team may contact you to ask for your feedback about the quality of care you have received from Marietta Memorial Specialty Pharmacy. Feedback is important for us to improve, so please call anytime!



# Our Services

## Patient Management Program

Upon filling your prescription, Marietta Memorial Specialty Pharmacy will enroll you into our specialty medication services known as the Patient Management Program (PMP).

The program maximizes positive outcomes and minimizes any negative effects associated with your specialty therapy. Specialty medications are often considered high-risk medications because of their high cost, high frequency of side effects, and in some cases are difficult to administer. By participating in the PMP, our clinicians will be able closely monitor your response to therapy and quickly identify any side effects or other areas of concern. It will allow us to work with your prescriber to address areas of concern. Our team will also be able to ensure you are provided access to all financial patient assistance programs that are available to you. The PMP is one of the many services we offer and is free of charge to you.

Ongoing participation is highly encouraged. However, you may choose to opt out of the PMP at any point in your therapy. You may also choose to opt back into the program at any point. To opt out or opt back into the PMP, simply tell any staff member, and they will connect you with the pharmacist to make the appropriate notifications in your patient record.

## Patient Management Program Rights & Responsibilities

As a participant of the Patient Management Program, you have the following rights and responsibilities. Some of these will overlap with your general patient rights and responsibilities reported elsewhere in this packet.

1. The right to have personal health information shared with the Patient Management Program only in accordance with state and federal law
2. The right to identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
3. The right to speak to a health professional
4. The right to receive information about the Patient Management Program
5. The right to decline participation, revoke consent, or disenroll at any point in time
6. The responsibility to submit any forms that are necessary to participate in the program, to the extent required by law
7. The responsibility to give accurate clinical and contact information and to notify the Patient Management Program of changes in this information
8. The responsibility to notify your treating provider of your participation in the Patient Management Program, if applicable



Our pharmacists are available 24 hours a day to address any medication issues after hours.

### Clinical Support

A trained specialty pharmacist will explain your medication at your clinic visit or over the phone. We are also available to answer questions, provide education, and communicate with your provider as needed. Our pharmacists are available 24 hours a day to address any medication issues after hours.

### Refill Reminders

We will call you with refill reminders 5-7 days before you are scheduled to run out of medication. You can also contact the specialty department at any time to request a refill.



# Our Services

## Convenient Pickup & Delivery Options

Once your prescription is ready, we offer several delivery options for your convenience:

- Pick up in person at Marietta Memorial Specialty Pharmacy
- Overnight delivery (requires signature)
- Same-day delivery in the case of emergencies

All specialty medications will be delivered free of charge. We will set up delivery of your medications to your home or another approved location. If your medication requires special handling, we will package and ship it accordingly. If you cannot be there to accept the package, we can arrange for it to be left either at your home or at an approved alternate location. If you miss your delivery, please let us know, and we will work with you to reschedule your delivery.

Marietta Memorial Specialty Pharmacy will make every effort to deliver your medications early if a weather warning is in place. A member of our team will attempt to contact you with any special instructions. Please make sure you have a secondary contact on file to ensure there is no gap in therapy.

## Support Tools & Products

Our team will provide the tools and products you need to succeed in your treatment. These may include patient education sheets, teaching materials provided by manufacturers, disposal containers, and other supplies associated with the administration of your medication.

## What To Do in The Event of a Medication Recall

If there is a recall on one of your medications, we will follow these steps:

- Review our inventory and records to see if we have the medication in stock
- Remove and quarantine any stock of the medication in the dispensary
- Follow the steps recommended by the manufacturer and document the steps with the date completed and the signature of the person completing the form.
- Contact any patient that may have potentially received the recalled medication and their prescriber if necessary.

## What To Do if You Feel You May Be Having an Adverse Reaction to Your Medication

If you have an adverse drug reaction with symptoms such as shortness of breath, skin rash, hives, fever, swelling, or wheezing that requires urgent attention, go to an emergency room or call 911. Please contact the pharmacy the next business day and tell our staff of the reaction and any actions that may have been taken.

## What To Do if You Suspect a Medication Error

Medication errors are serious matters. Errors need to be addressed as soon as they are discovered. If you suspect there has been an error, please contact the specialty pharmacy immediately.

## Language & Cultural Services

We are committed to welcoming diversity and complying with standards for Language & Cultural Services. Marietta Memorial Specialty Pharmacy can provide trained, qualified medical interpreters at no cost to our patients/families in order to ensure effective communication for those who are:

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

We provide resources and education that support the practice of culturally competent care within our organization. Please notify a pharmacy staff member if you have a preferred language or mode of communication other than English or if you have any additional communication or cultural needs.

## Patient Safety & Suicide Prevention

If you need help or have questions about child abuse or child neglect, call the Childhelp National Child Abuse Hotline at 1-800-4-A-CHILD, 1 (800) 422-4453 then push 1 to talk to a counselor. You can also visit [childhelp.org/get\\_help](http://childhelp.org/get_help)







# How to Use Our Services

## Filling a New Prescription

The specialty pharmacy will contact you before your medication is scheduled to run out. We will check on your progress, ask about any side effects and verify dosage. We will set up the shipment of your next refill. Payment is required before your medication can be shipped. You can also pick up your prescription at the pharmacy at your convenience. Please call (740) 374-1583 or (888) 506-0031 during our normal business hours if you have questions or need assistance.

## Medications Not Available at Marietta Memorial Specialty Pharmacy

Our pharmacy has access to a wide range of specialty medications. If we are not able to obtain your medications due to manufacturer restrictions, back order, or other limitation, we will work with you and another pharmacy to ensure you get your medication.

## Prescriptions That Must be Transferred to Another Specialty Pharmacy

If we cannot fill your prescription for any reason, we will transfer it to a pharmacy of your choice that can provide the medication.

## Medication Substitution

The pharmacist will substitute a generic equivalent drug if the price of the generic is not more than the brand drug specified by the doctor. When the cost of a prescription is to be reimbursed under the Manufacturer Rebate Program, the pharmacist must substitute a generic and therapeutically equivalent drug only when the Department of Health and Human Services has determined that the substitute drug would be a more cost-effective alternative than the drug prescribed by the practitioner. The prescription will not be substituted if a practitioner has handwritten “dispense as written,” “DAW,” “brand,” “brand necessary,” or “brand medically necessary” and signed the prescription.



# General Information and Tips for Success



## Before taking your medication, let us know if you:

- Have any drug allergies or unusual reactions to medication, food or other substances such as latex
- Are taking any over-the-counter or herbal products such as vitamins, supplements, or dietary aids
- Are taking any prescription medications
- Are, may be, or are trying to become pregnant
- Are breastfeeding
- Have any diagnosed medical problems
- Are on a special diet

## What you should know about your medication

- The name of your medication and what it is used for
- How to take it, what time of day, and for how long
- How long it will take your medication to start working
- What kind of side effects to look for and what to do if you experience them
- What to do if you miss a dose
- How to store your medications and if there are any specific storage requirements
- How to dispose of your medication and supplies
- Whether the medication can be taken with or without food

# The Billing Process

## Insurance

Marietta Memorial Specialty Pharmacy can accept and bill most insurance companies. If your insurance requires you to use another pharmacy, we will transfer your prescription where you are able to fill.

## Copays & Financial Assistance

The pharmacy will bill your insurance company on your behalf. However, you may still owe a portion of the cost. This cost is called a copayment or coinsurance. You will be responsible for paying your copayment when you order your medication or refills. We will inform you of the exact amount you need to pay. If you are out of network with our pharmacy, we will provide you with the out-of-network cost or cash price. If your copayment is not affordable, we will work with you. We will search for financial support to lower your out-of-pocket cost. You will always be informed of the exact amount that you are responsible to pay for your prescription.

Specialty medications may be expensive and require additional steps to be approved by insurance. These steps are called a “prior authorization.” They may require supporting documentation from your prescriber to be approved. Our pharmacy team will work with your insurance company and your provider to get the prescription authorized.

## Payment Options

If you are responsible for a copayment, or any balance after financial assistance, we accept all major credit cards. We also accept cash, personal checks, and flexible spending or health savings accounts.



# Disposing of Your Medications and Supplies

## How to Dispose of Your Unused Medications

Should you need to dispose of unused medications, our staff will assist you in finding out dates and locations of prescription medication “Take-Back Programs” or sites.

Additionally, unused medications can be mixed into cat litter or used coffee grounds and then placed in a sealed container. The sealed container can then be disposed of in your household trash.

Additional information can be found on the pharmacy.ohio.gov website or the Food and Drug Administration (FDA) website [fda.gov](https://www.fda.gov) and search “drug disposal.”

## How to Dispose of Chemotherapy or Hazardous Drugs

- DO NOT throw chemotherapy or hazardous drugs in the trash or flush it down the toilet
- You can also contact your local health department or waste collection service for disposal instructions:
  - Athens County Health Department:  
(740) 592-4431
  - Washington County Health Department:  
(740) 374-2782
  - Wood County Health Department:  
(304) 485-7374

## How to Dispose of Home-Generated Biomedical Waste

Home-generated biomedical waste is defined as 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 to protect you and others from injury, and to keep the environment safe and clean. If your therapy involves the use of needles, an appropriately sized sharps container will be provided.

## Needle-Stick Safety

- 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 disposal container
- Plan for safe handling and disposal before use
- Keep out of the reach of children and pets
- Report any needle sticks or sharps-related injuries to your physician



Special care needs to be taken in the disposal of medications, syringes, and needles.

### Sharps Containers

After using your injectable medication, place all needles, syringes, lancets and other sharp objects into a sharps container. Do not place sharp objects such as needles into the trash unless they are in a sharps container. Do not flush them down the toilet.

If a sharps container is not available, you may use a hard plastic or metal container with a screw-on top or other tightly securable lid.

### Disposal

Check with your local waste management collection service or public health department to verify how to dispose of sharps containers in your area. You can also visit the Centers for Disease Control and Prevention (CDC) Safe Community Needle Disposal website at [cdc.gov/niosh/topics/bbp/disposal.html](https://www.cdc.gov/niosh/topics/bbp/disposal.html)



# Emergency Preparedness Information

## Know What to Expect & What to Do

Know what the most common emergencies are in your area and what you should do if one occurs. If the emergency requires you to evacuate, remember to take your medications. If your medication needs to be refrigerated, use ice bricks and a cooler. Let us know where you have evacuated to so we can ensure there are no gaps in your therapy. If you do miss your medication delivery for any reason, please call the pharmacy as soon as possible, and we will do our best to assist you.

## Know Where to Go

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

## Reaching Us

If the pharmacy must close due to a disaster, we will provide instructions on contacting our staff and other important information on our answering machine message.

## If The Emergency Was Unforeseen

We will try to locate you using the numbers you provided in order to determine your safety and location. If travel is restricted due to the disaster, we will attempt to alert you through the alternative phone numbers you provide.

## Community Support

Local law enforcement agencies, the Red Cross, local news and radio stations usually provide excellent information and tips for planning.

## An Ounce of Prevention...

We would much rather prepare you for an emergency ahead of time than wait until it has happened and then send you the supplies you need. To do this, we need for you to give us as much information as possible before the emergency. We may ask you for the name and phone number of a close family member or a close friend or neighbor. We may ask you where you will go if an emergency occurs. Will you go to a shelter? Or a relative's home? If your prescriber has instructed you to go to a hospital, which one is it?



### Make a Personal Disaster Kit! What to Include in Your Kit:

- An accurate medication list
- A small supply of any over-the-counter medications that you frequently use
- The phone numbers of your prescriber, our pharmacy, and any other emergency services or contacts written down; the internet may not be available
- Bottled water
- Hand sanitizer, soap, and paper towels
- Any non-perishable snacks that you may need
- Flashlight

For more information, Visit the FEMA website at [fema.gov](http://fema.gov).







# What to Know to Stay Well

## Hand Washing

Keeping hands clean is one of the most important steps to staying well. Basic hand washing with soap and water will reduce the spread of germs significantly. If the water is unclear, hand sanitizer should be used.

### 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 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.

### How should you wash your hands?

- **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- **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.
- **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- **Rinse** your hands well under clean, running water.
- **Dry** your hands using a clean towel or air dry them.



# Notice of Privacy Practices—How We Use & Share Your Health Information

## Your Information. Your Rights. Our Responsibilities.

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.

## Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Effective: April 1, 2013

**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.**

Memorial Health System, OBA Marietta Memorial and Selby General Hospitals, uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of Memorial Health System.

## How We May Use and Disclose Medical Information About 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, or others who need to know about you to provide quality patient care. This information may be disclosed through information we record in your medical record or verbally between health care providers. We will also provide other medical facilities with information about you and your diagnoses which they will need in order to treat you.

## For Payment:

We may use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your insurance company information about a procedure we performed so we can be paid for the procedure.



### For Health Care Operations:

We may use and disclose medical information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to evaluate the performance of our staff, assess the quality of care, and learn how to improve our facility and services.

### Appointments:

We may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

### Fundraising:

Memorial Health Foundation may use your information to contact you to raise funds for Memorial Health System and its health-related activities. We would only release contact information such as your name, address, phone number, and the dates you received treatment or services at the hospital. If you do not want the Foundation to contact you for fundraising efforts, you must notify the Memorial Health Foundation Office.

### Hospital Directory:

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 (undetermined, good, fair, serious, critical), and your religious affiliation.

### Special Situations in Which Your Information May be Released (including in response to federal, state, or local law):

- For judicial administrative proceedings pursuant to legal authority.
- To report information related to victims of abuse, neglect or domestic violence and to assist law enforcement officials in their law enforcement duties; if necessary to reduce or prevent a serious threat to your health or safety or the health or safety of another person or the public, in response to appropriate military authorities if you are a member of the military (including veterans).

### Local Public Health Authorities:

- In reporting child or older abuse and neglect;
- In reporting communicable diseases or your potential exposure to such;
- In notifying you of recalls of drugs, products, or devices you may be using.

### Deceased Patients:

- To a medical examiner or coroner to identify a deceased individual or to identify the cause of death;
- To allow funeral directors to do their jobs.

### Organ/Tissue Donation:

Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

### Workers' Compensation:

Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

### We Will Always Get Your Written Authorization Before Releasing or Using Your Information:

- For marketing purposes;
- In a manner that would constitute the sale of your protected health information;
- In a manner not described in this notice and where required by either federal or state law.

### Your Health Information Rights

You have a right to request a restriction on certain uses and disclosures of your information as provided by 45 CFR §164.522. This may include a limit on medical information we disclose about you to someone who is involved in your care or payment for your care, such as a family member or friend. We are, however, not required to agree to a requested restriction except in cases where you have paid your bill in full and requested a restriction on releasing your information to a group health plan, insurer, or other payor for purposes of payment or health care operations. You may request a restriction by completing a form developed by the hospital, or you can send a written request to our medical records department.

- Obtain a paper copy of this notice at any time from the Registration Department at Memorial Health System.
- Amend your health record as provided in 45 CFR §164.526. To request a copy or to amend your information, you must make your request in writing to the medical records department.



- Request communications of your health information by alternative means or at alternative locations.
- Revoke special authorizations to use or disclose health information for certain purposes except to the extent that action has already been taken.
- Request an accounting of all disclosures of your health information when the disclosure has not been pursuant to treatment, payment operations, or an authorization and if your information is maintained in an electronic format, request an accounting of any disclosures dating back three years from the date of the request.
- Inspect or receive a hard copy or an electronic copy of your medical information in a format requested by you if such format is readily producible.
- Receive a written notification of any inappropriate release or use of your protected health information.

## Obligations of Memorial Health System

### We are required to:

- Maintain the privacy of protected health information.
- Provide you with this notice of our legal duties and privacy practices with respect to your health information.
- Abide by the terms of this notice.
- Notify you of certain breaches or the inappropriate use or release of your information.
- Notify you if we are unable to agree to a requested restriction on how your information is to be used or disclosed.
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations.
- Release the minimum amount of your information necessary to accomplish information-related functions and deidentify your information to the extent practicable.
- Obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

## Changes to This Notice

We reserve the right to change our information practices and to make new provisions effective for all protected health information we maintain. At the end of this notice, you will be asked to sign that you have received the notice and have had the opportunity to receive a copy. Your signature is requested to help us determine which version of the notice you have received. Revised notices will be posted in the Registration areas, outpatient center, billing office and our website, and a paper copy will be made available to you upon request

If you have questions or complaints, please contact:

**Memorial Health System Patient Representative**

**401 Matthew Street**

**Marietta, Ohio 45750**

**(740) 374-1541**

If you believe your privacy rights have been violated, you can file a complaint with the Memorial Health System patient representative or with the Department of Health and Human Services. There will be no retaliation for filing a complaint.

---

Signature of Patient DATE/TIME

---

Other Person Legally Authorized to Acknowledge DATE/TIME

---

Relationship to Patient DATE/TIME

MMH USE ONLY

From: HIPM3.0  
Reviewed: 07/30/18  
Revised: 4/13

Reason acknowledgment was not obtained:



# Patient Rights & Responsibilities - Marietta Memorial Specialty Pharmacy

As a patient of the Marietta Memorial Specialty Pharmacy, you have the following rights and responsibilities. If you feel any of these rights have been violated, please contact the Pharmacy Manager at (740) 374-1583 or (888) 506-0031.

## 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 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 advance directive, if applicable
- Have one's property and person treated with respect, consideration, and recognition of client/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 an unknown source, and misappropriation of client/patient property
- 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
- 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 (PHI)
- Be advised on the agency'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 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 Rights & Responsibilities - Marietta Memorial Specialty Pharmacy

## Patient Responsibilities

- Submit forms that are necessary to receive services
- Provide accurate medical and contact information and 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





\*\*\*\*NOTICE Medicare Part B Patient, Signature Required \*\*\*\*

## Medicare Assignment of Benefits and Release of Medical Records

ASSIGNMENT OF BENEFITS: MEDICARE PART B LIFETIME AUTHORIZATION: I hereby assign to Marietta Memorial Specialty Pharmacy all insurance benefits and payments to which I am entitled from all third party payors that are obligated to pay for my medications, including Medicare and/or Medicaid if applicable, for any services, medications, equipment or supplies which are furnished to me by Marietta Memorial Specialty Pharmacy, and authorize Marietta Memorial Specialty Pharmacy to seek such insurance benefits and payments from all third party payors that are obligated to pay for my medications directly and that this assignment of benefits shall be ongoing and continuous, unless and until canceled by me in writing. Cancellation of this assignment of benefits shall become effective when the cancellation is delivered to Marietta Memorial Specialty Pharmacy, my insurer(s), and each third-party payor that is obligated to pay for my medications. I request that payment of authorized Medicare benefits be made directly to Marietta Memorial Specialty Pharmacy on my behalf, for any medications furnished to me by Marietta Memorial Specialty Pharmacy.



# Medicare Assignment of Benefits and Release of Medical Records

Beneficiary Name \_\_\_\_\_

HI CN # \_\_\_\_\_

Account # \_\_\_\_\_

Product(s) to be Supplied \_\_\_\_\_

Start Date: \_\_\_\_\_

Beneficiary Signature \_\_\_\_\_ Date: \_\_\_\_\_

If beneficiary is unable to sign, the following information must be completed in full by the Authorized Representative:

Beneficiary Name \_\_\_\_\_

Authorized Representative \_\_\_\_\_

Relationship to Beneficiary \_\_\_\_\_

Medical Reason for Beneficiary Inability to Sign \_\_\_\_\_



MEMORIAL  
HEALTH SYSTEM  
*Expect More*



**MEMORIAL  
HEALTH SYSTEM**  
*Expect More*

**Belpre Medical Campus**

807 Farson Street, STE 130  
Belpre, Ohio 45714

Hours: Monday – Friday; 8:30 a.m. – 5 p.m.

**Phone:** (740) 374-1583

**Toll free number:** 1 (888) 506-0031

**Fax:** (740) 374-1604

[mhsystem.org/SpecialtyPharmacy](http://mhsystem.org/SpecialtyPharmacy)