SPECIALTY PHARMACY WELCOME PACKET

This booklet contains important information. Please keep it in a safe place.
WELCOME TO MIZZOU PHARMACY

We are thrilled to be your specialty pharmacy provider.

The specialty pharmacy team strives to give the best care and service to each and every one of our patients. Our pharmacy team members are experts at helping patients manage high-cost and complicated medications called specialty medications. We will work closely with you and your doctor to help you succeed on your medication. In this packet you will learn more about the services that are offered and how we can help with your specialty medication needs.

As a specialty pharmacy patient, you have access to many different services:

• Support 24 hours a day, 365 days a year, including national holidays.
• You will be treated as an individual, and we will work closely with your health care providers to develop a program tailored to your specific condition.
• We want you to understand your specialty medication and medical condition. We will provide you with ongoing education regarding your medication in clinic or over the phone. In addition, we will give you patient education materials including drug education handouts.
• Our specialty team will ensure the delivery of your monthly refills and will handle the details for shipping and delivery.
• We are medication experts who can help you get the most of your medication.

If you have any questions, please do not hesitate to call us at 573-882-8890 or toll-free at 833-344-8679. We look forward to providing you with the best service possible. We know you have many options to choose from, and we thank you for choosing Mizzou Pharmacy.

Sincerely,
Your specialty pharmacy team
MISSION STATEMENT
University of Missouri Health Care’s core mission is to advance the health of all people, especially Missourians. Through exceptional clinical service, University of Missouri Health Care supports the education and research missions of the University of Missouri.

Mizzou Pharmacy
Together the pharmacy team optimizes patient outcomes across the continuum of care.

The Culture of Yes
Together we care, deliver, innovate and serve.

CONTACT INFORMATION
The specialty pharmacy is located on the second floor of the Ellis Fischel patient care tower.

PHONE: (573) 882-8890
TOLL FREE: 1-833-344-8679
EMAIL: MizzouSpecialty@health.missouri.edu
WEBSITE: www.muhealth.org/pharmacy
AFTER-HOURS PHARMACIST LINE: (573) 882-8890

EMERGENCY AND DISASTER INFORMATION
If there is a disaster in your area, please contact your Patient Medication Liaison (PML) or call 573-882-8890 to instruct us where to deliver your medication. This will ensure that your therapy is not interrupted. Be sure to also let us know when you have returned to your residence.

HOURS OF OPERATION
Monday - Friday, 8 a.m. – 5 p.m.
Closed on University holidays
- New Year’s Day (January 1)
- Martin Luther King, Jr. Day (third Monday in January)
- Independence Day (July 4)
- Labor Day (first Monday in September)
- Thanksgiving Day (fourth Thursday in November)
- Day after Thanksgiving (fourth Friday in November)
- Christmas Day (December 25)
A licensed pharmacist is available 24 hours a day, 7 days a week, for emergency pharmacy services.

Patient Medication Liaison
Your personal Patient Medication Liaison is an important member of your health care team. Your Patient Medication Liaison works within your specialty clinic and has direct access to your doctors, nurses, pharmacists and other health providers. Your Patient Medication Liaison is a friendly, knowledgeable resource to help save time and money on your specialty medications. Contact information for your personal Patient Medication Liaison is included with this packet.

Getting Started
Once your provider sends a prescription to the specialty pharmacy, you will be automatically enrolled in our personalized specialty pharmacy service. Our patient management program has been designed to improve your health through education and compassion. We offer:
- Personalized services specific to your condition
- Expertise to help you save time and money on your specialty medications
- Educational materials to help you better understand and manage your condition
- Monthly refill reminder calls to help you refill your medications on time
- Convenient, timely, confidential delivery options
- 24/7 access to specialty-trained pharmacists

This service is provided to you at no additional cost and enrollment is optional. You may contact us at any time to be removed from this service.

Insurance
Your Patient Medication Liaison will work with your physician and your insurance company to help get your specialty prescription covered. This process is called a prior authorization. While prior authorizations may often take a few business days to complete, our team will be sure to keep you and your doctor informed of each step of the process.

Appeals
If your insurance denies coverage for your medication, you may have the right to file an appeal with your health plan. Our specialty pharmacy team has the knowledge and resources available to help you with the appeals process.

Financial Assistance
Specialty drugs can be expensive, even after insurance pays most of the cost. If you cannot afford your copay, your Patient Medication Liaison will research available financial assistance programs to help reduce your out-of-pocket expense. The specialty pharmacy works with a number of foundations and manufacturer programs that provide financial assistance for specialty medications.
We will bill your insurance company for you. However, you may still have to pay a portion of the cost (This is called a copayment or copay). You will be responsible for paying your copay each time your medication is filled. We will tell you the exact amount you need to pay.

Outstanding Balances
If for any reason you owe a balance, the balance will need to be paid prior to your next refill. We accept Visa, MasterCard, American Express, and Discover credit cards. We also accept cash, personal checks, money orders and most flexible spending accounts and health savings accounts.

Payment Plan
If you need help in arranging a payment plan for the money you owe, we will be happy to assist you in setting up a payment plan. Please call the pharmacy or your Patient Medication Liaison to discuss payment options.
FAQ

What is specialty pharmacy?
A specialty pharmacy dispenses specialty medications. Specialty medications are expensive drugs used to treat complex, chronic conditions. They often require special handling and/or administration, and may not be available at your local pharmacy. Sometimes these medications require special teaching and monitoring by a trained pharmacist. We focus on providing these medications while offering the knowledge, support, service and care needed to get the most out of your specialty drug therapy.

How do I contact the specialty pharmacy?
Feel free to:
• Contact your Patient Medication Liaison directly — give them a call or visit during your next clinic visit.
• Call us at 573-882-8890
• Email us at: MizzouSpecialty@health.missouri.edu
• Stop by Mizzou Pharmacy, located on the 2nd floor of the Ellis Fischel patient care tower

When should I contact the specialty pharmacy team?
• When you have any questions or concerns about your medication
• When you suspect a reaction or allergy to your medication
• When a change has occurred in your medication use
• When your medication list has changed — if you start or stop medicines or if your dose changes
• When your address or telephone number has changed
• When your insurance information or payment source has changed
• When you need to reschedule or check the status of your delivery
• When you suspect a dispensing or shipping error has occurred
• When you have any questions or concerns about our specialty pharmacy service

How much will my medication cost?
Your out-of-pocket cost will vary based on your insurance plan. Your Patient Medication Liaison will tell you the amount owed after processing your prescription.

What if I can’t afford my medicine?
Our pharmacy team has knowledge of and access to many financial assistance programs. These include manufacturer discount coupons, disease management foundations, and charities. If you are eligible, we will help enroll you in these programs.

Does the specialty pharmacy have access to all specialty medications?
The specialty pharmacy has access to many specialty medications. If we do not have access, we will transfer your prescription to a pharmacy that does.

Will my insurance let the specialty pharmacy dispense the drug?
The specialty pharmacy can dispense for Missouri Medicaid, most Medicare plans and many commercial/private insurance companies. If your insurance requires the use of another pharmacy, we will transfer your prescription to that pharmacy.

What should I do if I have a bad reaction to the medication?
• Call 911 or have someone drive you to a local Emergency Room if the reaction is serious or life-threatening.
• Contact your physician and pharmacy staff to report the reaction.

Patient Issues and Concerns
If you have any concerns about your medication, services received, delivery or other issues, please contact the pharmacy or your Patient Medication Liaison. We will be happy to assist you.

Returned Goods Policy
Missouri State Board of Pharmacy regulations forbid the resale or reuse of a prescription item that was previously dispensed. As a result, we cannot take back any medication once it leaves the pharmacy, and no credit can be issued for any unused or excess product.
We will arrange a return and reship of medication if your drug or supplies are defective.

Medication Substitution
We may substitute a lower-cost generic medication for a brand name medication unless you or your prescriber have asked for a specific brand name drug. This may occur for new prescriptions, refills, therapeutic changes and prescription transfers. If a substitution is made, your Patient Medication Liaison will contact you to inform you of the substitution before shipping the medication.

Medication Order Status and Delays
Your Patient Medication Liaison will keep you informed on the status of your prescription, including expected delays. However, you may call your Patient Medication Liaison or the pharmacy directly regarding the current status of your prescription.

Inclement Weather Delivery Policy
We will make every effort to deliver your medications and supplies early if a weather warning is in place. We will attempt to contact our patients — in order of disaster priority — with any special instructions. Please make sure your contact information is up to date and on file to avoid disruption in your therapy.

Drug Recalls
The specialty pharmacy follows the drug recall guidelines created by the FDA, drug manufacturers, drug distributors, and/or state and federal regulatory agencies. We will contact you and your prescriber in the event you are affected by a drug recall.

Interpreter Services
You may ask for an interpreter if you are deaf, hearing impaired, or if English is not your primary language.

Patient Advocacy Support
We are here to serve you—we want to help you get the most out of your specialty medication therapy. If you have a question or a problem, please contact us immediately and let us try to resolve the situation.

Listed below are just a few resources dedicated to helping patients learn more and connect with support groups and organizations dedicated to educating patients about their condition. In addition to education, these organizations can provide valuable support to patients dealing with complex and difficult healthcare needs.

• National Coalition for Cancer Survivorship: 1-877-622-7937
• Hepatitis C Careline: 1-800-832-5274
• MS Advocate for Change: 1-800-344-4867
• RA Advocate 101: 1-844-571-4357
• Crohn’s and Colitis Advocacy Network: 1-800-932-2423
• Cystic Fibrosis Foundation: 1-800-344-4823
• Human Growth Foundation: 1-800-451-6434
• National Psoriasis Foundation: 1-800-723-9166

To learn more about consumer protection and advocacy services, you may visit the following websites:
• National Association of Consumer Advocates: www.consumeradvocates.org
• Consumer Council of Missouri: moconsumers.org

PATIENT INFORMATION
PATIENT SAFETY

How To Throw Away Home-Generated Biomedical Waste
Home-generated biomedical waste is any type of syringe, lancet or needle (“sharps”) used in the home to either inject medication or draw blood. Special care must be taken with the disposal of these items to protect you and others from injury, and to keep the environment clean and safe.

If your therapy involves the use of needles, an appropriately sized sharps container will be provided. Please follow these simple rules to ensure your safety during your therapy.

Sharps
After using your injectable medication, place all needles, syringes, lancets and other sharp objects into a sharps container. Do not dispose of sharps in the trash unless they are contained within a sharps container. Do not flush them down the toilet. If a sharps container is not available, a hard plastic or metal container with a screw-on top or other tightly securable lid (for example, an empty hard can or liquid detergent container) could be used. Before discarding, reinforce the top with heavy-duty tape. Do not use clear plastic or glass containers. Containers should be no more than three-quarters full.

Disposal
Check with your local waste collection service or public health department to verify the disposal procedures for sharps containers in your area. You can also visit the Centers for Disease Control and Prevention (CDC) Safe Community Needle Disposal website at www.cdc.gov/needledisposal

Needle-stick safety
• Never replace the cap on needles.
• Throw away used needles immediately after use in a sharps disposal container.
• Plan for the safe handling and disposal of needles before using them.
• Report all needle stick or sharps-related injuries promptly to your physician.

If your therapy does not involve the use of needles or sharps items
You do not need a sharps container. You should place all other used supplies in a bag you can’t see through. Put this bag inside a second bag, and put this in your garbage with your other trash.

Adverse Reactions
Patients experiencing adverse drug reactions, acute medical symptoms or other problems should contact their primary care provider (PCP), local emergency room or 911.

Hand Washing Instructions
Infections are serious issues. The best way to make sure you do not get an infection is to wash your hands often. Remember to always wash your hands before and after you prepare or handle any medication.
1. Collect the supplies:
   • Soap.
   • Paper towels or a clean cloth towel.
2. Wet your hands with warm water.
3. Place a small amount of soap on your hands.
4. Rub your hands briskly together for at least 30 seconds.
5. Don’t forget about the in-betweens of your fingers.
6. Rinse your hands with warm water.
7. Dry your hands with a paper towel or clean cloth towel.
8. Turn off your faucet with the towel.
9. If you touch anything (your hair, for example), sneeze into your hands or feel that your hands may no longer be clean, wash your hands again before continuing with your care. If no water supply is available, use an alcohol-based antibacterial hand cleanser.

PATIENT INFORMATION ON EMERGENCY PREPAREDNESS

General Home Safety — Patient Education
Each year nearly 21 million family members suffer injuries in the home. We want you and your family to live in a safe environment. We have provided some suggestions that could help you prevent an injury within your home. Check every room in your house and make your home safer.

Falling
(This is the way people are most often injured in their homes.)
1. Keep the floor clean. Promptly clean up spills.
2. If you use throw rugs, place them over a rug liner or choose rugs with non-skid backs to reduce your chance of falling.
3. Use a non-slip mat or install adhesive strips in your tub or shower.
4. Tuck away telephone, computer and electrical cords out of walkways.
5. All stairs and steps need handrails. If you have stairs in your home and have children, use baby gates at the top and bottom of the stairs.
6. Make sure all walkways are well lit and use night lights as needed.
7. Have a flashlight that works.

Poisoning
1. Keep all hazardous materials and liquids out of the reach of children.
2. Keep medications out of the reach of children.
3. Know your local poison control number or dial 1-800-222-1222.

Fire and Burn Prevention
1. Have smoke detectors in the home, and replace batteries at least once per year.
2. Test each smoke detector once a month.
3. Have a fire plan and be sure all family members know what to do if there’s a fire.
4. Place covers over electrical outlets.
5. Check to make sure your water heater is set no higher than 120° F.
6. Keep children away from the stove and never leave the stove unattended while cooking.
7. Keep matches and lighters out of the reach of children.
Natural Disasters
(Earthquake, Hurricane, Tornado)
1. In disaster-prone areas, store food and extra bottled water. Have a battery-operated radio, flashlights, and extra batteries. Report any special needs (e.g., you are on a nebulized medication or other medication that requires electricity) to electric and gas companies. They may be able to prioritize the restoration of your services.
2. Check for injuries.
3. Check your home for any gas or water leaks and turn off appropriate valves.
4. Stay away from windows or broken glass.
5. Evacuate area if necessary. If evacuation is necessary, go to the nearest shelter and notify the organizers of any special needs you have. Please contact the specialty pharmacy or your Patient Medication Liaison to alert us to your updated contact information and new delivery location to ensure there is no lapse in therapy.

Power Outage
1. Notify your gas and electric companies if there is a loss of power. Report any special needs (e.g., you are on a nebulized medication or other medication that requires electricity) to electric and gas companies. They may be able to prioritize the restoration of your services.
2. Have a battery-operated radio, flashlights, batteries, and/or candles available. (If you are on oxygen, turn it off before lighting candles.)

Winter Storm
1. Prepare an emergency kit with:
   - Water
   - Nonperishable food
   - Battery-operated radio
   - Flashlight and fresh batteries
   - First-aid kit, including prescription medications
2. Keep a full charge on your cell phone.
3. Do NOT use your stove for heat. If your power goes out, use these items as heat sources:
   - Extra blankets, sleeping bags, warm winter clothes, gloves, and hats
   - A wood-burning fireplace (be sure to keep a supply of dry firewood)
4. Never use a charcoal grill or portable gas camp stove inside your home. Both of these items produce deadly fumes.
5. Avoid using candles as they can lead to house fires. If you do use candles, never leave them unattended.

Fire
1. Rescue anyone from immediate danger.
2. If you are safe, alert the fire department. Otherwise evacuate area.
3. Turn off oxygen (if applicable), and try to contain the fire by closing off any access, such as doors.
4. Attempt to extinguish the fire only if it is in a small localized area, otherwise evacuate the building and notify the fire department when you are safe.
5. If relocation is necessary, please contact the specialty pharmacy or your Patient Medication Liaison to alert us to your updated contact information and new delivery location to ensure there is no lapse in therapy.

Our Responsibilities
This Notice of Privacy Practices ("Notice") explains how University of Missouri Health and its affiliates (collectively "MU Health") will use information about you and when MU Health can share that information with others. We are required by law to maintain the privacy of your protected health information (PHI). We are also required by law to give you this notice of our legal duties and privacy practices regarding your health information. We are required to notify you if there is a breach of your unsecured PHI. We are required to follow the terms of the current Notice of Privacy Practices. It informs you about your rights as a valued customer. You may opt out of provisions in this notice by notifying the registration employee at the point of care or the Health Information Services department. If you have any questions, please contact the Privacy Officer at (573) 882-3253.

Who will follow this notice?
- All hospitals, clinics, physician practices, and affiliates that are part of MU Health.
- Any MU Health health care provider that treats you at any of our locations.
- All MU Health employees, temporary or contract staff, students and volunteers.

Your Information — Understanding your PHI
Each time you visit or interact with a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:
- Basis for planning your care and treatment.
- Means of communication among the many health care providers who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- Tool in educating health care providers.
- Source of data for medical research.
- Source of information for public health officials charged with improving the health of the nation.
- Source of data for facility planning and marketing.
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.
Understanding what is in your record and how your PHI is used helps you to:
- Ensure its accuracy.
- Better understand who, what, when, where, and why others may access your PHI.
- Make more informed decisions when authorizing disclosure to others.

Your Rights

When it comes to your health information, you have certain rights. Although your PHI is the physical property of MU Health, the information belongs to you. You have the right to:

- Get a copy of this privacy notice
- Get an electronic or paper copy of your medical record
- Ask us to correct your medical record
- Request confidential communications
- Ask us to limit what we use or share

Get a list of those with whom we’ve shared information

- You can obtain a list (an accounting of disclosures) of the times we have shared your PHI without authorization for six years prior to the date you asked, who we shared it with, and why, subject to certain exceptions set out in federal regulations. The first list you request in a 12 month period is free. If you make more requests during that time, you may be charged our cost to produce the list. We will tell you about the cost before you are charged.

If you believe that your privacy rights may have been violated, you may contact our Privacy Office at (573) 882-3293 or DC054.00, One Hospital Dr., Columbia MO 65212.

You can call our Ethics and Compliance Hotline at (866) 447-9821.

You may also call (573) 751-6303 and/or the State Attorney General’s Office Consumer Hot Line: (800) 392-8222.

You may file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights at: http://www.hhs.gov/ocr/privacy/hipaacomplaints/index.html

- The Privacy Office can provide the mailing address.

- We will not retaliate against you for filing a complaint.

Our Uses and Disclosures

Example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment. Members of your health care team will record the actions they took, their observations, and their assessments. In that way, your health care team will know how you are responding to treatment. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you are discharged from our facilities.

Example: We may use and disclose PHI for activities that MU Health engages in to operate its business, such as quality assurance, case management, receiving and responding to patient comments and complaints, physician reviews, compliance programs, audits, business planning, conducting disease management, and other population health management programs and activities, which may include development and the management of health outcomes and the identification of opportunities to improve the health of individuals or groups of individuals. In addition, we will use information to study health care and health care delivery and implement quality improvement initiatives.

Example: A bill will be sent to you and/or a third-party payer (insurance company). The information on the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may provide copies of the applicable portions of your medical record to your insurance company in order to validate your claim.

Payment

- Treatment

- Health care operations

- Get a copy of this notice at any time.

- You can inspect and obtain a paper or electronic copy of your PHI usually within 30 days of your written request. If your PHI is not readily producible in the format you request, it will be provided either in our standard electronic format or as a paper document. We may charge you a reasonable cost-based fee for the labor associated with providing you with access.

- If we deny your request to review or obtain a copy of your PHI, you may have the right to have that denial reviewed by a licensed health care provider who was not directly involved in the denial of your request, and we will comply with the outcome of that review.

- You can request a amendment (correction) to your PHI if you believe information is incorrect or incomplete. Your request to amend your PHI may be denied if it was not created by us; if it is not part of the information maintained by us; or if we determine that the information is correct. You may submit a written appeal if you disagree. Your request for amendment will be included as a part of your PHI.

- You can request communications of your PHI by alternative means or at alternative locations. For example, you may request that we send correspondence to a post office box rather than your home address.

- You have the right to request that your PHI be given to you in a confidential manner.

- You have the right to request that we communicate with you in a certain way or at a certain location, such as by mail or at your workplace. Any such request must be made in writing to Health Information Services. We will accommodate reasonable requests.

- You can request a restriction on certain uses and disclosures of your information; however, MU Health is not required to agree to such a request if the facts do not warrant it.

- You can revoke your authorization to use or disclose PHI except to the extent that action has already been taken.

- If you pay for a service out-of-pocket in full, you can request that information not be shared for the purpose of payment or our operations with your health insurer.

- Please note when your medical record is released by MU Health, any pictures contained in the record will also be included.

- Make more informed decisions when authorizing disclosure to others.

- Better understand who, what, when, where, and why others may access your PHI.

- File a complaint if you feel your rights are violated

- We will not retaliate against you for filing a complaint.
NOTICE OF PRIVACY PRACTICES (continued)

We may use and disclose PHI for the following other purposes:

Appointment reminders
- To remind you that you have an appointment scheduled with us. Please note if you would like these reminders to be provided to you via text message and or your personal email, these are not secure forms of transmission. We will honor your request; however, any change to the email address and or telephone number is the responsibility of the patient to notify MU Health. MU Health is not responsible for the transmission reaching the incorrect individual if you have not updated the information.

Treatment alternatives
- To inform you of:
  - New/existing services, programs, upcoming events
  - New/existing staff – doctors, leadership
  - Health information
  - Research updates
  - Marketing research

As required by law
- When required to do so by applicable law.

Prevent a serious threat to health or safety
- We can share health information about you to prevent a serious threat to your health and safety or the health and safety of others.
- For public health activities such as prevention or control of disease, reporting births and deaths, and reporting child abuse and neglect.

Individually involved in your care
- Unless you object, to friends, family members or others involved in your medical care or who may be helping pay for your care. Your health care provider may ask your permission or may use his or her professional judgment to determine the extent of that involvement. In all cases, your health care provider may discuss only the information that the person involved needs to know about your care or payment for your care.

Law enforcement
- We will share information about you when permitted to do so by applicable law.

Decedents
- Health records for patients deceased 50 or more years ago are no longer considered Protected Health Information.

Genetic information
- Genetic information is considered Protected Health Information, which may be disclosed without authorization but cannot be used by health plans for underwriting purposes.

Military and veterans
- If you are a member of the armed forces, we may disclose information as required by military command authority.

Health oversight activities
- To governmental agencies and boards as authorized by law such as licensing and compliance purposes.

Business associates
- We may disclose your PHI to contractors, agents and other associates who need this information to assist us in carrying our business operations. Our contracts with them require that they protect the privacy of your PHI in the same manner as we do.

Facility directory
- Unless you notify us that you wish to opt out, MU Health will release your name and location to the general visiting public while you are a patient in a MU Health facility. In addition, your religious affiliation will be made available to the visiting clergy. The directory includes information about your location and general condition.
As a patient you have certain rights and understanding them will help us provide you with the best possible care. It is our responsibility to protect and defend your rights.

You have a right to:
- be treated with dignity and respect
- personal privacy
- receive care in a safe environment
- participate in the development and implementation of your plan of care
- advance directives and to have them respected by our staff

You have a right to:
- identify a support person to be present with you for emotional support during the course of your stay
- designate a decision-maker of your choice
- have a family member/representative of your choice and your physician notified promptly of your admission to the hospital

You have a right to:
- information about relevant hospital policies
- information about and a copy of our “Patient Rights and Responsibilities”
- be provided information in a way you can easily understand
- a language interpreter if needed (free service provided by our facility)
- accommodation for disabilities and provision of needed assistance for communication or mobility issues

You have a right to:
- confidentiality of patient records
- access you clinical records within a reasonable timeframe

You have a right to:
- be free from all forms of harassment or abuse
- be free from restraint or seclusion

You have a right to:
- refuse care from a health care staff worker
- request a consultation from another provider at any time
- all available information about possible research participation (only with your informed consent)

Your responsibilities as a patient include:
- Provide us full information about your health, medical history, and insurance
- Provide us with your advance directive information
- Follow your recommended treatment plan and keep follow up appointments
- Know your medications, why you are taking them, and take them at your doctor’s directions
- Tell your health care provider about any pain you may have and if pain relief measures are effective
- Ask for clear explanations to help you make informed decisions
- Pay bills promptly and call with any questions or financial problems
- Follow hospital rules and consider the rights of others and treat them with respect
- If you have concerns or feel your rights have not been respected, please tell your health care provider

Changes to the Terms of this Notice
If we change our policies regarding our use and/or disclosure of your PHI, we will change our Notice of Privacy Practices and make the revised notice available to you on our website and at our practice locations. You may access our website at http://www.muhealth.org. You may also request a paper copy of the current Notice of Privacy Practices at any time.
PATIENT RIGHTS AND RESPONSIBILITIES (continued)

As a specialty pharmacy patient, you have a right to:

• Choose your pharmacy service providers.
• Receive proper and professional pharmacy care without discrimination against your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.
• Be treated with courtesy, dignity and respect.
• Participate in the development and implementation of your plan of care and to receive the necessary information to take part in your care, including the proper use, handling and storage of your medications.
• Assist in making decisions regarding your care.
• Express concerns, grievances, or recommend modifications to pharmacy services without fear of discrimination or reprisal.
• Request and receive complete and evidence-based information relative to your condition, treatment, alternative treatments, risk of treatment or care plans. Receive treatment and services promptly and professionally, while being fully informed of the pharmacy’s policies, procedures and charges.

All communications are guaranteed to be handled in a confidential manner. We assure you that no adverse reaction will occur as the result of any comments made. We value your opinions and use all comments — both positive and negative — to continuously improve our services.

Thank you. We appreciate your input in making this stay the best it can be for you and your family.

Patient Responsibilities – To help us help you, please:

• Provide accurate and complete information regarding your medical history and contact information and notify us if this information changes.
• Follow your care plan or tell your doctor why you do not want to follow the recommendations.
• Participate in the development of your care plan.
• Communicate whether you clearly understand your care plan.
• Be considerate of pharmacy staff and your entire healthcare team.
• Notify your doctor and the pharmacy of any side effects and/or complications.
• Submit any forms that are necessary to participate in the program to the extent required by law.
• Tell your doctor that you are participating in our patient management program, if applicable.
• Report any cancellation of scheduled appointments and/or treatments.
• Accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services.

If you have questions, concerns or issues that require assistance, please call your Patient Medication Liaison or Mizzou Pharmacy – Ellis Fischel at 573-882-8890. Any complaints will be forwarded to management and you will receive a response within 5 business days.
PATIENT CONCERNS AND COMPLAINTS

How to file a complaint
There are several ways for you to inform us of your concerns or complaints.

• Complete and return the Specialty Pharmacy – Patient Suggestion Form
• Email us at: MizzouSpecialty@health.missouri.edu
• Submit a comment online by visiting www.muhealth.org/feedback

At Mizzou Pharmacy, we strive to fulfill your needs with complete satisfaction. You have the right to express concern, dissatisfaction or make complaints or suggestions about services you do or do not receive without fear of reprisal, discrimination or unreasonable interruption of services. There are several ways for you to inform us of your comments or concerns.

• Complete and return the Specialty Pharmacy – Patient Suggestion Form
• Email us at: MizzouSpecialty@health.missouri.edu
• Submit a comment online by visiting www.muhealth.org/feedback

For additional assistance, you may contact these agencies for assistance in resolving concerns regarding your health care.

- Missouri Department of Health and Senior Services Health Standards at 800-392-0210 or Health Standards and Licensure Section at 573-751-6303
- The Joint Commission, Office of Quality Monitoring, to report any concerns or register complaints by either calling 800-994-6610 or by emailing complaint@jointcommission.org
- Medicare Beneficiaries may also contact Medicare at 800-633-4227 or TTY 877-486-2048 or online at www.medicare.gov
- Beneficiary Hotline at KEPRO (Quality Improvement Organization) at 855-408-8557 or TTY at 855-843-4776.

PATIENT SUGGESTION FORM

Mizzou Pharmacy strives to provide our patients with consistently excellent customer service. If you are not completely happy with the care or services we have provided, we want to know about it. We take all concerns very seriously, will address them promptly, and view them as opportunities to improve our services.

Please submit your suggestion online through MU Healthcare’s Patient Safety Network (PSN) by visiting www.muhealth.org/feedback.

You may also fill out this form and return it using the enclosed self-addressed, pre-paid envelope to:

Mizzou Pharmacy - Ellis Fischel
1 Hospital Drive, T2000
Columbia, MO 65212

Date: ______________________
Patient name: ______________________
Employee involved (if applicable): ______________________

Please describe your concern or suggestion: ____________________________________________________________
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Mizzou Pharmacy has a formal complaint procedure that ensures your concerns, complaints and suggestions shall be reviewed and investigated within five (5) business days of receipt. Every attempt shall be made to resolve all grievances within 14 days. You will be notified, either by telephone or in writing. There will be no retaliation for filing a complaint.

FOR OFFICE USE ONLY
Date received: ______________________
Date PSN created: ______________________
Date of initial patient contact (within 5 days of receipt): ______________________
Date resolved: ______________________
Date patient informed of resolution (within 14 days of receipt): ______________________
Date logged on the complaint log: ______________________

Please describe your concern or suggestion: ____________________________________________________________
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