Enclosed you will find information on our operations and services, patient safety, and other important patient information. Please take a few minutes to read through this information, and keep this packet in a safe place for future reference.

**NOTICE**
It is important that you complete both the Specialty Pharmacy Enrollment Form and the Pharmacy Patient Feedback sheet right away. A postage-paid envelope has been provided for returning these to UK Specialty Pharmacy.

Thank You!
Welcome to the UK HealthCare Specialty Pharmacy. Our service is designed to improve the lives of patients within UK HealthCare who are taking high-cost and complicated medications, called specialty medications. We will work closely with you and your physician to help you succeed on your new therapy. This welcome packet will describe many of the services we offer.

As a specialty pharmacy patient, you have access to many UK Specialty Pharmacy services. Here are a few things you should know about UK Specialty Pharmacy:

- UK Specialty Pharmacy is a specialty pharmacy offering you support 24 hours a day, 365 days a year.
- We treat you as an individual and work with your care providers to create a program tailored to your specific condition.
- Because we want to be sure you understand and follow your prescription guidelines, you will be provided with education regarding your medication(s) in clinic or over the phone. In addition, we will provide you with other patient education materials including medication education handouts.
- Our dedicated team of specialty pharmacy technicians will ensure the delivery of your monthly refills.
- We will handle the details for shipping and delivering your specialty medications.
- We are experts in care with years of experience, and we can help you get the treatment you need.

So that we may provide you with the best care possible, please review the Forms to Return section.

We ask that you:
- Carefully read each form.
- Sign and date forms as indicated.
- Return the forms in the pre-paid envelope to UK Specialty Pharmacy.

If you have any questions, please call us at 844-730-5913 (toll free) or visit us online at ukspecialtypharmacy.org.

Thank you for choosing us as your specialty pharmacy!

Sincerely,

UK Specialty Pharmacy

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UK Specialty Pharmacy is located within the Kentucky Clinic Pharmacy, located just inside the main entrance of the Kentucky Clinic Building. We also offer 24-hour pharmacist support for any after-hours clinical questions. You may contact us at any time:

**UK HealthCare Specialty Pharmacy**

Phone: 844-730-5913 (toll free) or 859-218-5413  
Website: ukspecialtypharmacy.org  
Email: specialtypharmacy@uky.edu  
Hours: Monday – Friday 7:30 a.m. – 5 p.m.  
Closed on university holidays

For after-hours questions, please call the above numbers and ask to speak to the specialty pharmacist.

You may choose to call the Kentucky Clinic Pharmacy for general prescription questions, such as the status of your prescription or your co-pay amount, when UK Specialty Pharmacy is not open. You may also stop by the Kentucky Clinic Pharmacy to pick up your medication in person.

**Kentucky Clinic Pharmacy**

740 S. Limestone St., Room J-134  
Phone: 859-323-5855  
Hours: Monday – Friday 7:30 a.m. – 9 p.m.  
Saturday 9 a.m. – 5 p.m.  
Sunday 1-5 p.m.  
Closed on university holidays

**University Holidays**

- New Year's Day (January 1)  
- Martin Luther King, Jr. Day (third Monday in January)  
- Memorial Day (last Monday in May)  
- Independence Day (July 4)  
- Labor Day (first Monday in September)  
- Thanksgiving Day (fourth Thursday in November)  
- Christmas Day (December 25)

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**Getting started**

You or your provider will send the prescription to UK Specialty Pharmacy. Our staff will begin the process of enrolling you in our personalized specialty pharmacy service. Enrollment is optional, and you may call us at any time to be removed.

**Insurance navigation**

Our team will contact your insurance company to request coverage of the medication. This process is often called a "prior authorization."

**Financial assistance**

The copay amount for a specialty pharmacy medication may still be high, despite having your insurance company pay for most of the cost. We will research various financial assistance programs available to possibly lower your drug therapy cost.

**Clinical support**

A clinical pharmacist will provide you with education on the medication, either during your clinic visit or over the telephone. We will also provide a variety of clinical pharmacy services to assure that you stay in the best health possible. A pharmacist is also available over the telephone 24 hours a day to answer your medication questions.

**Prescription delivery**

We will contact you to determine how you would like your medication delivered. Options include: pickup at our Kentucky Clinic Pharmacy, free mail delivery or delivery to you in clinic.

**Refill reminders**

We will call you with refill reminders several days before you should need a refill. You may also call us at any time to request a refill.

**Tools for success**

We provide medication-specific tools for success, including patient education sheets, medication calendars, pill boxes, sharps containers and other items to help you succeed on therapy.
Delivery of your specialty medications
We coordinate delivery of your specialty medications to your home or an approved alternate location. We will also include any necessary supplies, such as needles, syringes and alcohol swabs. If your medications require special handling or refrigeration, they will be packaged and shipped 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.

UK Specialty Pharmacy will make every effort to deliver your supplies early if a weather warning is in place. A UK Specialty Pharmacy representative will attempt to call our patients, in order of disaster priority, with any special instructions. Please make sure we have your secondary contact information on file to ensure there is no lapse in therapy.

How to fill a new prescription
UK Specialty Pharmacy will work with your prescriber when you need a new prescription drug. In many cases, your prescriber will electronically send a new copy of your prescription to UK Specialty Pharmacy. However, you may also call us and request that we contact your prescriber to obtain a new specialty prescription.

Ordering refills
A specialty pharmacy technician will call you before your medication is scheduled to run out, to check your progress and to determine the shipment of your next refill. Please call 844-730-5913 (toll-free) during our normal business hours if you have any questions or need assistance.

Medications not available at UK Specialty Pharmacy
If you cannot obtain a medication at UK Specialty Pharmacy, your specialty pharmacy technician will work with you and another pharmacy to ensure you receive your drug. If you want your prescription transferred to another pharmacy, please contact your specialty pharmacy technician and we will transfer your prescription on your behalf.

Pharmacist assistance
UK Specialty Pharmacy’s pharmacists are specially trained on the medication you are taking, and they are here to answer your questions about your care plan. Please call us if you have any questions regarding your treatment. A licensed pharmacist is available 24 hours a day, seven days a week for any urgent needs relating to your medication. After normal business hours, please leave your contact information with our after-hours paging operator and the pharmacist on-call will promptly return your call. In case of an emergency, call 911.

Patient management programs
UK Specialty Pharmacy offers several patient management programs for specific medical conditions. These services include education about how and when to take your medication, how to manage potential side effects, and ongoing health monitoring and support. This is provided to you at no additional cost, and your participation is completely voluntary.

Benefits and limitations of the patient management program
The Patient Management Program is optimized when the patient is willing to follow directions and is compliant to therapy.

Drug claims
UK Specialty Pharmacy will bill your insurance company for you. However, you may still have to pay a portion of the cost, which is called a copayment. You will be responsible for paying your copayment when you order your medication or refills. 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 before 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.

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 us and advise us of your situation.
Frequently Asked Questions

Why do I need a Specialty Pharmacy?
These complex and costly medications usually require special storage and handling and may not be readily available at
your local pharmacy. Sometimes these medications also have side effects that require monitoring by a trained pharmacist.
UK Specialty Pharmacy focuses on providing these medications while offering excellent customer service and clinical
support to you and your caregivers.

How can I contact the UK HealthCare Specialty Pharmacy?
You may:
- Call us at 844-730-5913 (toll free) or 859-218-5413.
- Email one of our clinical pharmacists at specialtiespharmacy@uky.edu.
- Stop by the Kentucky Clinic Pharmacy, just inside the Kentucky Clinic Building main entrance, during operating hours.
- Ask to speak to a specialty pharmacy employee during your next clinic visit.

How do I refill my medications?
You may request a refill by calling us at 844-730-5913 (toll free) or by submitting a request online at
ukspecialtypharmacy.org. You may request a refill at any time, but a five-day advance notice will give us time to
address any potential issues that may have arisen since the last time it was dispensed.

How much will my medications cost?
Your copay amount will vary based on your insurance plan. We will tell you this amount after we have processed your prescription.

What if I can't afford my medications?
Some patients are eligible for financial assistance through drug companies or charities. We will perform a full review of
options available, tell you about available options and enroll you in the program if you meet eligibility requirements.

What if my insurance company doesn't cover my medication?
Our staff works directly with your physician and insurance company to obtain coverage for your therapy. If it is denied, your
physician will discuss other options with you.

Can I still get access to my specialty medication if I lack prescription insurance?
Some drug companies offer a Free Drug Program. If that's available, we will help you enroll in the program.

Does UK HealthCare have access to all specialty medications?
UK HealthCare has access to most specialty medications. If we do not have access, we will transfer your prescription to a
pharmacy that does and have the new pharmacy contact you.

Will my insurance company let UK HealthCare dispense the drug?
UK HealthCare can dispense for most insurance companies. Occasionally your insurance company will require the use of
a specialty pharmacy.

Will you ever substitute my medication with another?
From time to time it is necessary to substitute generic drugs for brand-name drugs. This could occur due to your insurance
company preferring the generic be dispensed or to reduce your copay. If a substitution needs to be made, a member of the
specialty pharmacy staff will contact you prior to shipping the medication to inform you of the substitution.

Will UK Specialty Pharmacy ever call me?
We will call you to:
- Confirm the initial status of your prescription and copay amount.
- Set up the initial dispense and refills.

We may also call you to:
- Notify you of any FDA recalls of your medication.
- Verify prescription insurance information.
- Obtain documentation of your income to enroll you in a financial assistance program.
- Counsel you on the medication, if that isn't done during your physician visit.
- Tell you that the prescription has to be transferred to another specialty pharmacy.
- Ensure safe use of medicine/safedisposalofmedicines/ucm186187.htm
- www.fda.gov/drugs/resourcesforyou/consumer/buyingusingmedicinesafely/
- www.fda.gov/forconsumers/consumerupdates/ucm101653.htm
- www.fda.gov/medicationinformation/medicationinformation/ucm186187.htm

Will your insurance company let UK HealthCare dispense the drug?
UK HealthCare can dispense for most insurance companies. Occasionally your insurance company will require the use of
another pharmacy. In these instances, we will transfer your prescription and have the new pharmacy contact you.

When should I contact your pharmacy?
You should call the UK Specialty Pharmacy if:
- Your address, telephone number or insurance information has changed.
- You have any questions regarding the status of your prescription.
- You have concerns regarding how to take your medication.
- You would like additional information regarding your plan for therapy.
- If you suspect an error in shipping or dispensing has occurred.
- If you suspect your medication has been recalled by the FDA.

You should also contact us with any other questions or concerns. Our staff is happy to assist you with your specialty
pharmacy needs, including:
- Working with another specialty pharmacy to get your medications delivered.
- Helping you get access to medications during an emergency or disaster.
- Providing you with tools to manage your therapy, including educational materials and consumer advocacy support.

What should I do if I have an adverse reaction to the medication?
Patients experiencing adverse drug reactions or other problems should contact the UK Specialty Pharmacy or their
prescribing physician. You should call 911 or have someone drive you to a local Emergency Room if the reaction
appears serious or life threatening.

Can I return my prescription?
Most prescription medications cannot be returned to the pharmacy. Some prescriptions may be returned and credited
if they have not been opened, have been dispensed within 14 days, and meet other requirements specified by Kentucky
law. Please call us and we can tell you if your medication can be returned and credited. Also, if you suspect your
medication is defective, please call us and we will see if a new medication can be sent to you.

How do I dispose of unused medications?
- For instructions on how to properly dispose of unused medications please contact the pharmacy or go to the below
  FDA websites for information and instructions:
  - www.fda.gov/medicationinformation/medicationinformation/ucm186187.htm
  - www.fda.gov/drugs/resourcesforyou/consumer/buyingusingmedicinesafely/
  - www.fda.gov/forconsumers/consumerupdates/ucm101653.htm

Using UK Specialty Pharmacy is optional. If you would like to use another specialty pharmacy, please call us and we will assist
with the transfer of your prescription.
At UK Specialty Pharmacy, we are here to help you get the most out of your medication. Our clinicians are available 24 hours a day, seven days a week to answer your questions and provide you with the support you need. Below are a few tips that can help you achieve the best results from the therapy prescribed by your doctor:

1. **Follow your doctor’s directions.**
   It is especially important that you follow the directions given by your doctor for your medication in order to get the best results. That includes taking the right dosage at the right time and for the prescribed length of therapy.

2. **Ask questions.**
   Educating yourself on the medications you are taking and the disease for which you are being treated is a very important part of dealing with the changes you are experiencing. Ask your doctor or pharmacist for any other educational resources specific to your condition.

3. **Call us!**
   If you have any unanswered questions, or need any further support, call us at any time, day or night, at our toll-free phone number. Our pharmacists are here to help you!

Please call UK Specialty Pharmacy at 844-730-5913 (toll free) for more details.

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**Hand-washing instructions**
Infections are serious. 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.

**Adverse drug reactions**
Patients experiencing adverse drug reactions, acute medical symptoms or other problems should contact their primary care provider (PCP) or local emergency room, or call 911.
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](http://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 sharp 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.

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**How to Throw Away Home-Generated Biomedical Waste**

**General home safety – patient education**
Each year nearly 21 million people 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-slip 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. Have all walkways well lighted 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 800-222-1222 if a poisoning occurs.

**Fire and burn prevention**
1. Have smoke detectors in the home, and replace batteries at least once a 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.

**Fire**
1. Rescue anyone from immediate danger.
2. If you are safe, alert the fire department. Otherwise evacuate the 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 once you are safe.
5. If relocation is necessary, please call UK Specialty Pharmacy to alert us to your updated contact information and new medication delivery location to ensure that there is no lapse in therapy.

**Natural disasters (flood, earthquake, or tornado)**
1. In disaster-prone areas, store food and extra bottled water. Have a battery-operated radio, flashlights and extra batteries. If you are on a nebulized medication or other medication that requires electricity to administer, please call your local electric company to report your special needs. They may be able to prioritize the restoration of your electricity.
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. Wear shoes at all times.
5. Evacuate the area if necessary.
6. If evacuation is necessary, go to the nearest shelter and notify the organizers of any special needs you have. Please call UK Specialty Pharmacy to alert us to your updated contact information and new medication delivery location to ensure that there is no lapse in therapy.

Power outage
1. Notify your gas and electric companies if there is a loss of power. If you are on a nebulized medication or other medication that requires electricity to administer, please call your local electric company to report your special needs. They may be able to prioritize the restoration of your electricity.
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
   - Flashlights and fresh batteries
   - First-aid kit, including prescription medicines
2. Keep a full charge in 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 or warm winter coats, 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 lit candles unattended.

You have the right to . . .
- Receive care, no matter what your age, race, ethnicity, culture, color, national origin, language, sex, gender identity or expression, sexual orientation, appearance, socio-economic status, physical or mental disability, religion, or diagnosis.
- Have the right to designate a support person of your choosing. This support person may be, but is not limited to a spouse, a domestic partner (including a same sex domestic partner), a family member, or a friend.
- Know what’s medically wrong and how we can help you get better. We’ll also tell you the things you’ll need to know when you get home so that you can stay well.
- Know the names of your doctors and nurses.
- Feel safe here and ask questions if you have concerns.
- Say “no” to anything we suggest.
- Not be involved with research unless you want to be involved.
- Receive help with pain.
- Have your religious beliefs respected.
- Have your regular doctor or a family member notified that you’re in the hospital.
- Have your choices about end-of-life decisions respected.
- Be treated politely and with consideration.
- Have your privacy respected.
- Know about any rules that might affect you or your family.
- Receive a copy of your medical records; request amendment to your records and request list of disclosures to your records.
- Have your questions about any costs or bills answered at any time.

If you have complaints or conflicts...
- You can complain about anything without worry. If you don’t want to talk to your doctor or nurse, please contact the patient representative at 859-257-2178.
- If you have conflicts about care, you may ask your nurse or the patient representative how to contact the Ethics Committee by calling Hospital Administration at 859-257-9474 to help resolve those conflicts.
- If you still have a complaint, you may contact the Kentucky Office of Inspector General at 800-372-2973.
- If you still have a complaint, you may contact the Kentucky Office of Inspector General at 800-372-2973.
- If you still have a complaint, you may contact the Kentucky Office of Inspector General at 800-372-2973.
- You may also contact the Joint Commission on Accreditation of Healthcare Organizations at 800-994-6610 or email to: complaint@jcaho.org; or mail to:

  Office of Quality Monitoring
  The Joint Commission
  One Renaissance Boulevard
  Oakbrook Terrace, IL 60181
To help us help you, please:

- Tell us everything we need to know about your condition and history.
- Do what your doctor recommends or tell your doctor why you don’t want to follow the recommendations.
- Be considerate of the people with whom you come in contact.
- Take part in making your hospital stay safe; be an active and involved part of your health care team.
- Provide your health insurance information or ask us about other options available to assist you with your payments.
- Let us know if you have legal papers about end-of-life decisions, such as a living will or advance directives. Tell your nurse if you want to make a living will or advance directives. Contact the Department of Patient & Family Services for more information at 859-323-5501.

What everyone needs to know about AIDS

Kentucky law requires that we inform you about AIDS. AIDS stands for acquired immunodeficiency syndrome. It is a disease caused by a virus (human immunodeficiency virus or HIV) that can destroy the body’s ability to fight illness. People can protect themselves if they take reasonable precautions. AIDS is spread in three main ways:

- Having sex with someone who has HIV.
- Sharing drug needles and syringes with users of heroin, cocaine and other drugs.
- Babies can be born with the virus if the mother has been infected.

It’s true that some people have acquired AIDS from infected blood transfusions or transplanted organs in the past, but that is very rare. Today, all donated blood and organs are tested for the AIDS virus. There is no proof that the virus is spread through casual contact – you can touch someone with AIDS without getting it. There is no reason to avoid an infected person in ordinary social contact.

What you need to know about advance directives

Advance directives are documents that state your choices about medical treatment. They will also allow you to name someone to make decisions about your medical treatment if you are unable to make decisions for yourself.

Kentucky law recognizes three types of advance directives: 1) Living will; 2) Designation of Health Care Surrogate; 3) Advance Directive for Mental Health Treatment.

Living will

A living will is a document that tells your doctor or other health care providers whether or not you want treatments or procedures which will prolong your life if you are in a terminal condition or are in a permanently unconscious state. Procedures that can prolong your life may include mechanical respirators to help you breathe, kidney dialysis to clean your body of wastes, CPR (cardiopulmonary resuscitation) to restore your heartbeat, and artificial nutrition and hydration. Your living will may also include your wishes regarding organ donation.

Health care surrogate designation

This type of advance directive lets you name a specific person to make your medical decisions when you are unable to do so. This person acts in your best interest to authorize treatment, refuse treatment or withdraw treatment when you are temporarily or permanently unable to decide for yourself.

To whom should I talk?

You do not have to have an advance directive. If you choose to write an advance directive giving your instructions, you should first talk with your family and those close to you who are concerned about your care and your feelings.

When do I write an advance directive?

Illness or injury can happen at any time. It is easier to discuss possible situations and your wishes at a time when you are healthy. You can always change or cancel an advance directive later if you desire.

What else do I need to know?

- Anyone 18 years of age or older can make an advance directive.
- If you change your mind, you can destroy the document, or revoke it either verbally or in writing.
- You don’t need a lawyer to write an advance directive.
- We do not automatically honor advance directives in outpatient areas as we don’t know of your wishes or your visit may be for unrelated care. If you want us to honor an advance directive in an outpatient area, please speak to a nurse or your doctor.
- While you are a patient at UK HealthCare, if you would like more information on advance directives, you may contact the Department of Patient & Family Services in UK Chandler Hospital Room H149 or call 859-323-5501.
YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

We are committed to protecting the privacy of all health information we create and maintain as a result of the health care we provide you. Your “protected health information” (PHI) includes information about your past, present or future health, health care we provide you and payment for your health care contained in the record of care and services provided by University of Kentucky health care facilities. The purpose of this Notice is to explain who, what, when, where and why your protected health information may be used or disclosed, and assist you in making informed decisions when authorizing anyone to use or disclose your PHI.

OUR PLEDGE REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

- To request in writing to the treatment area a restriction on the uses and disclosures of protected health information as described in this Notice. We are not required to agree to the restriction you request. We may not be able to comply with your request in certain situations, which include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services and uses and disclosures that do not require your authorization.
- To request in writing a restriction on disclosures for payment or health care operations when paying out-of-pocket in full for health care item or service. We are required to agree to this restriction.
- To obtain a paper copy of this Notice and upon written request submitted to the UK health care facility maintaining the record, inspect and/or obtain a copy of your health record.
- To amend your health record by submitting a written request with the reasons supporting the request to the Privacy Officer of the Medical Records department. We may deny your request if: a) the record was not created by us, unless the person that created the record is no longer available to make the amendment; b) the record is not part of the health information used to make decisions about you; c) we believe the record is correct and complete; or d) you would not have the right to inspect and copy the record as described herein.
- To request in writing to the Privacy Officer a written list of disclosures we made of your health information, except that we are not required to account for disclosures for purposes of treatment, payment, operations, directory notification, disaster relief, as allowed under certain circumstances by law or pursuant to your authorization.
- To request in writing to the treatment area that we communicate with you in a specific method and at a specific location. We will typically communicate with you in person; or by letter or telephone.
- To revoke your authorization to use or disclose PHI at any time except, unless your authorization was obtained as a condition of obtaining insurance coverage, and except to the extent your PHI has already been disclosed pursuant to your authorization. Your revocation request must be made in writing to the Medical Records unit of the facility where you originally filed your authorization.
- To be notified of a breach of your unsecured protected health information
- To receive a copy of your medical record in electronic format, if possible.

OUR RESPONSIBILITIES

Maintain the privacy of your protected health information and provide you with notice of our legal duties and privacy practices with respect to protected health information.

Abide by the terms of the Notice currently in effect. We have the right to change our Notice of Privacy Practices and we will apply the change to all of your personal health information, including information obtained prior to the change.

Post notice of any changes to our Privacy Practices Direct your questions, complaints and requests made in the lobby and make a copy available to you upon request.

CONTACT FOR QUESTIONS/COMPLAINTS/REQUESTS

Direct your questions, complaints and requests made in the lobby and make a copy available to you upon request. Pursuant to this Notice to: Privacy Officer, 2333 Alumni Drive, Suite 200, Lexington, KY 40517, 859-323-1184 or 859-323-8002. You may also file a complaint with the Secretary of Health and Human Services. Filing a complaint will not result in retaliation.

HOW WE MAY USE AND DISCLOSE YOUR PHI

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

- Treatment: We may use and disclose your protected health information to anyone involved in the provision of health care to you, including for example, University physicians, nurse practitioners, nurses and other medical professionals, including our medical students, residents and volunteers. We may also disclose your protected health information to outside treating medical professionals and staff as deemed necessary for your health care.
- Payment: We may use and disclose your protected health information to billing and collection agencies, insurance companies and health plans to collect payment for our services.
- Heath Care Operations: We may use and disclose your protected health information for our own health care operations. For example, we may use your protected health information to assess your care in an effort to improve the quality and safety of our service to you; to evaluate the skills, qualifications and performance of our health care providers; to provide training programs to students, trainees and other health care providers. In addition, our accountants, auditors and attorneys may use your protected health information to assist our compliance with applicable law.
- Business Associates: There are some services provided to our organization through contracts with business associates, such as laboratory and radiology services. We may disclose your protected health information to our business associates so that they can perform these services. We require the business associates to safeguard your information to our standards.
- Individuals Involved With Your Care: We may disclose your protected health information to family or others identified by you or who is involved in your care or payment for your care. We may also notify a family member, or another person responsible for your care, about your location and general condition, unless you object by contacting the caregiver at the facility providing your care.
- Legally Required Disclosures & Public Health: We may disclose your protected health information as required by law, including to government officials to prevent or control disease, to report child, adult or spouse abuse, to report reactions or problems with products, and to report births and deaths.
- Heath Oversight Activities: We may disclose your protected health information to a federal or state health oversight agency that is authorized to oversee our operations.
- Workers Compensation: We may disclose your protected health information for workers compensation or similar programs.
- Serious Threats to Health and Safety: We may disclose your protected health information if necessary to prevent or reduce the risk of a serious or imminent threat to the health or safety of an individual or the general public.
- Law Enforcement & Subpoenas: We may disclose your protected health information to law enforcement and other health care providers. In addition, our accountants, auditors and attorneys may use your protected health information to assist our compliance with applicable law.
We want to hear about your experience with our pharmacy so that we may better serve you. Please complete this survey and mail it back to us using the enclosed postage paid self-addressed envelope. You may return this to the Kentucky Clinic Pharmacy or complete it online at ukspecialtypharmacy.org.

1. How satisfied were you with our customer service?
   - Very Satisfied
   - Satisfied
   - Dissatisfied
   - Very Dissatisfied

2. How satisfied were you with the medication education and support provided by the specialty pharmacy staff?
   - Very Satisfied
   - Satisfied
   - Dissatisfied
   - Very Dissatisfied

3. How satisfied were you with the way your questions were answered?
   - Very Satisfied
   - Satisfied
   - Dissatisfied
   - Very Dissatisfied
   - Not applicable

4. Was your medication order complete and accurate?
   - Yes
   - No

5. If you picked up your medications, was the wait time for your medications what you expected?
   - Yes
   - No
   - Not applicable

5a. What was the length of time you waited?
   - Less than 15 minutes
   - 15-30 minutes
   - 30-60 minutes
   - More than 60 minutes
   - Not applicable

6. If your medications were delivered to you in clinic, how satisfied were you with the delivery process?
   - Very Satisfied
   - Satisfied
   - Dissatisfied
   - Very Dissatisfied
   - Not applicable

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Inmates: We may disclose your protected health information to a correctional facility which has custody of you if necessary a) to provide health care to you; b) for the health and safety of others; or, c) for the safety and security of the correctional facility.

Information Regarding Decedents: We may disclose your protected health information regarding a deceased person to: 1) coroners and medical examiners to identify cause of death or other duties, 2) funeral directors for their required duties and 3) to procurement organizations for purposes of organ and tissue donation.

Research: We may also disclose your protected health information where the disclosure is solely for the purpose of designing a study, or where the disclosure concerns decedents, or an institutional review board or privacy board has determined that obtaining authorization is not feasible and protocols are in place to ensure the privacy of your health information. In all other situations, we may only disclose your protected health information for research purposes with your authorization.

Treatment Alternatives: We may contact you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

Fund Raising: We may contact you as part of a fund raising effort. You may opt out of fund raising communications by using the contact information listed on the fund raising material you receive.

Directory Information: We may disclose your name, location and general condition to those persons who ask for you by name or to members of the clergy. You may object to such disclosure by contacting the Registration Office/Desk at the facility from which you received this Notice.

Appointment Reminders: We may use and disclose your PHI to provide a reminder to you about an appointment.

DISCLOSURES REQUIRING AUTHORIZATION

1. Sale and Marketing of PHI. We may not sell your PHI or use or disclosure your PHI for marketing purposes without your authorization.

2. Psychotherapy Notes. Most uses and disclosures of psychotherapy notes require an authorization.

3. All Other Uses and Disclosures. All other uses and disclosures of your protected health information will only be made pursuant to your written authorization, which you have the right to revoke at any time, except to the extent we have already made disclosures pursuant to your authorization.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all your protected health information that we maintain by posting the revised Notice at our facilities, making copies of the revised Notice upon request to the facility or the Privacy Officer, or posting the revised Notice on our website.
7. If your medications delivered through the UK Pharmacy mail-order service, how satisfied were you with the delivery process?  
- Very Satisfied  
- Satisfied  
- Dissatisfied  
- Very Dissatisfied  
- Not Applicable  

8. How satisfied were you with the cost of your specialty medications?  
- Very Satisfied  
- Satisfied  
- Dissatisfied  
- Very Dissatisfied  

9. Please select the aspects of pharmacy services that are important to you. (Check TWO that apply.)  
- Medication review and counseling  
- Affordable cost and out-of-pocket expenses  
- Wait time  
- Friendly, compassionate staff  
- Medication delivery  
- Other  

Please list other pharmacy services important to you: ____________________________________________________  

10. Please rate your overall experience with the UK Specialty Pharmacy  
- Excellent  
- Good  
- Fair  
- Poor  

11. Please share with us any suggestions or improvements for the UK Specialty Pharmacy.  

____________________________________________________________________________________  
____________________________________________________________________________________  
____________________________________________________________________________________  

12. What clinic were you seen in? (optional)  
- Cystic Fibrosis  
- Digestive Health  
- Liver (Hepatitis C)  
- Markey Cancer Center  
- Multiple Sclerosis  
- Rheumatology  
- Other  

If you selected “Other” please list what clinic you were seen in. __________________________________________  

Name (optional) __________________________________________  

If you have any questions about your prescriptions please call us at 844-730-5913 (toll free) or 859-218-5413.
Payment Information
You may complete and return this form if you would like us to keep payment information on file. This will make refilling your medication easier.

**PATIENT INFORMATION**

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<th>Address:</th>
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<td>Street Address</td>
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<th>City</th>
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<th>Home Phone:</th>
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**CREDIT CARD INFORMATION**

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I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify UK Specialty Pharmacy of any changes to my account information and if needed, I agree to terminate this authorization at least 10 days prior to the next medication refill. I understand that payments may be executed to satisfy co-payments for any medications that I request. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.