

SCRIPPS HEALTH SPECIALTY PHARMACY Welcome Packet

LOCATION

550 Washington Street
San Diego, CA 92103
Suite 100

HOURS

Monday - Friday
8:30 a.m. to 5:00 p.m.
**Closed on weekends and holidays*
24/7 PHARMACY SUPPORT

PHONE

Toll Free: 1-877-757-0104
Local: 858-964-1014

Website: <https://www.scripps.org/services/pharmacy/specialty-pharmacy>

Email: SHSpecRx@scrippshealth.org



ACCREDITED

Specialty Pharmacy
Expires 05/01/2027



WELCOME LETTER

Dear Patient,

Welcome to Scripps Health Outpatient Specialty Pharmacy. We appreciate the opportunity to serve you for all your specialty pharmacy needs. Our program is designed to provide patient care that is integrated with your healthcare providers, using the same electronic healthcare record. We will work collaboratively to make sure you have access to your specialty medications as well as help manage your complex medical condition.

As a nationally recognized and distinguished healthcare organization, Scripps Health is committed to delivering quality, safe, cost-effective care and continues to devote resources to better meet our patients' needs. This welcome packet will describe the services we offer, including:

- Enrollment in the Specialty Patient Management Program (SPMP): This is a program individualized to meet the needs of each unique patient to help manage side effects, promote medication adherence and improve the overall health of each patient.
- Dedicated liaisons to support your every step in your treatment
- Facilitate communication with your healthcare providers
- Coordination with your insurance company to ensure medication coverage
- Training and education in person or over the phone
- Refill reminders
- My Chart
- Free delivery of your medication
- Access to a pharmacist or a nurse 24 hours a day, 7 days a week (including weekends and holidays)
- Any Scripps patient that can obtain their prescription from our pharmacy is eligible for our service
- We service greater San Diego County

We look forward to providing you with the best service possible. If you have any questions or comments, please call us at 1-877-757-0104. You can also visit us at <https://www.scripps.org/services/pharmacy/specialty-pharmacy>

Thank you for choosing us as your specialty pharmacy.

Sincerely,

Scripps Health Specialty Pharmacy

PATIENT GUIDE CONTENTS

Pharmacy Contact Information and Hours of Operation	4
Mission Statement	5
Services Offered	6
Filling a Prescription	6
Refilling a Prescription	6
Insurance, Billing, and Financial Assistance.....	6
Payment Plans	7
Pharmacist Assistance	7
Prescription Delivery	8
Refill Reminders	8
Interpreter Services	8
Medications Not Available at Scripps Outpatient Retail Pharmacies.....	8
Frequently Asked Questions	9
What is a specialty pharmacy.....	9
Will my insurance company let Scripps Health Specialty Pharmacy dispense my medication	9
Will you ever substitute my medication with another?	9
When should I contact Scripps Health Specialty Pharmacy?.....	9
Is it important to take all my medication?	9
What do I do if I have an adverse reaction to the medication?	10
Can I return my prescription?	10
How do I dispose of unused medications?	10
Patient Information	11
Community Resources and Support.....	11
Drug Recalls	11
Accessing Medications in Event of Emergency or Disaster	11
Patient Safety	12
Adverse Medicine Reactions	12
Sharps and Sharps Disposal	12
Hand Washing and Instructions.....	12
Needle-Stick Safety	12
Patient Information on Emergency Preparedness	13
Falling	13
Poisoning	13
Fire and Burn Prevention	13
Fire	13
Natural Disaster (flood, earthquake or tornado).....	14
Power Outage	14
Winter Storm.....	14
Patient Concerns and Complaints	14
Patient Rights and Responsibilities	16

WHEN TO CONTACT US

Pharmacy Hours of Operation and Contact Information

Scripps Health Specialty Pharmacy

Location: 550 Washington Street, Suite 100

Phone: 858-964-1014

Toll Free: 1-877-757-0104

Email: SHSpecRx@scrippshealth.org

Website: <https://www.scripps.org/services/pharmacy/specialty-pharmacy>

To ensure your privacy, do not send medical information through email.

Hours of Operation

Hours: Monday - Friday, 8:30 a.m. to 5 p.m.

Closed: Saturday and Sunday *and major state holidays*

A licensed pharmacist or nurse is available 24 hours a day, 7 days a week, to discuss urgent matters by calling 1-877-757-0104.

Mission

Scripps strives to provide superior health services in a caring environment and to make a positive, measurable difference in the health of individuals in the communities we serve.

We devote our resources to delivering quality, safe, cost effective, socially responsible health care services. We advance clinical research, community health education, education of physicians and health care professionals and sponsor graduate medical education.

We collaborate with others to deliver the continuum of care that improves the health of our community.

Vision

Scripps Health will continue to be the leading health care delivery system in the greater San Diego community, as evidenced by the highest clinical quality, patient safety, and patient, physician and employee satisfaction. This will be achieved through unending focus on patient-centered and compassionate care, cost-effective operations, research, advanced technology and innovation.

Values

We provide the highest quality of service.

Scripps is committed to putting the patient first and quality is our passion. In the new world of health care, we want to anticipate the causes of illness and encourage healthy behavior for all who rely on us for service. We teach and encourage patients to participate in their care and to make well-informed decisions. We will be their advocate when they are most vulnerable. We measure our success by our patients' satisfaction, their return to health and well-being, and our compassionate care for dying patients, their families and friends.

We demonstrate complete respect for the rights of every individual.

Scripps honors the dignity of all persons, and we show this by our actions toward one another and those we serve. We embrace the diversity that allows us to draw on the talents of one another.

We respect and honor the cultural, ethnic and religious beliefs and practices of our patients in a manner consistent with the highest standards of care. All this is done in a compassionate setting. Our goal is to create a healing environment in partnership with all caregivers who are committed to serving our patients

We care for our patients every day in a responsible and efficient manner.

Scripps serves as a major community health care resource for San Diego County and, as such, we are accountable for the human, financial and ecological resources entrusted to our care as we promote healing and wholeness. We begin from a base of excellence and collaborate with co-workers, physicians, patients, and other providers to find new and creative ways to improve the delivery of health care services. All members of our community will have access to timely, affordable and appropriate care.

SERVICES OFFERED

Filling a Prescription

Your provider will place an electronic prescription and will be sent to our Central Prior Authorization department and undergo a benefits investigation. Once that is completed your prescription will drop into our specialty pharmacy management queue. If the pharmacy is able to fill the medication then one of our staff will begin the process of enrolling you in our specialized patient management program service that includes education about how and when to take your medication, how to manage potential side effects, and ongoing clinical evaluation and support. Scripps Health Specialty Pharmacy patient management program is provided to you at no additional cost, and your participation is completely voluntary. If you do not wish to participate in the patient management program, please call us.

Filling your prescription with Scripps Health Specialty Pharmacy is also optional; if you would like to use another specialty pharmacy, please call us and we will assist you with the transfer of your prescription.

Refilling a Prescription

You may order refills by:

1. Calling our specialty team at 858-964-1014 or toll free at 877-757-0104. When calling to request a refill, please allow three (3) business days for Scripps Health Specialty Pharmacy to process and deliver your refill order.
2. Email one of our specialty pharmacists at SHSpecRx@scrippshealth.org

If you have lost your medication or supplies, or if you need your prescription(s) in advance of travel, please call Scripps Health Specialty Pharmacy, and our staff will work with you and your insurance company to ensure that your medications are covered and that there is no lapse in therapy.

Insurance, Billing and Financial Assistance

Our team works with your insurance company to help get your specialty prescription covered. You may have to pay a copay each time a medicine is filled. We will tell you the exact amount you need to pay. The copay amount for a specialty pharmacy medication may still be high, despite having your insurance company pay for most of the cost. Our team will research various financial assistance programs available to possibly lower your drug therapy cost. We may ask you to fill out a patient medication assistance program authorization form in order to provide these services.

Some medicines need documentation for costs to be covered. This process is called a prior authorization. Our team has the expertise to process this paperwork, which may take a few business days to complete. Our team keeps you and your doctor informed throughout the process, especially if there are expected delays. If insurance denies coverage for your medicine, our team can help your doctor file an appeal.

If your insurance plan considers Scripps Health Specialty Pharmacy an “out of network” pharmacy, we will inform you of the cost to fill your medicine with us in writing. Our staff will transfer your prescription to an “in network” pharmacy if there is a cost savings to you.

Payment Plans

Any balances must be paid prior to your next refill. We accept credit/debit cards, cash, personal checks, money orders and most flexible spending accounts.

If you get a check from your insurance company, you should send it to Scripps Health Specialty Pharmacy with a copy of the Explanation of Benefits (also known as the EOB) statement you received. If you have any questions regarding this, please call us.

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.

Pharmacist Assistance

Scripps Health Specialty Pharmacy specialty pharmacists are trained on the medication you are taking, and they are here to answer your questions about your therapy and care plan. Our pharmacists have direct access to your doctors, nurses, and other providers, and will reach out to them if needed.

Pharmacists will:

- Teach you how to take your medicine correctly and consistently and share why it’s important.
- Ensure that you know how to use injectable medications.
- Help you understand and manage side effects and drug interactions.
- Discuss any problems you may have, such as administration difficulties or cost concerns.
- Work with your health care team to ensure your therapy is safe, effective and appropriate.

Please call one of our pharmacists if you have any questions regarding your treatment. A licensed pharmacist or nurse is available 24 hours a day, 7 days a week for any urgent needs relating to your medication. After normal business hours, if you must leave a message, a pharmacist or patient care coordinator will return your call, on the next business day. In case of an emergency **call 911**.

Our patient management program is designed to help you get the most out of our specialty medication. Benefits of participation in our program include:

- Improved knowledge of medication use and administration
- Improved medication compliance by creating an individualized plan for the patient to ensure medication doses aren’t missed
- Improved ability to manage potential, difficult side effects
- Greater self-management of medications and medical condition
- Improved coordination of healthcare services through the collaboration of your pharmacist and doctor
- 24/7 accessibility to a pharmacist or other clinical staff.

While our dedicated specialty pharmacy team can help you maximize the benefits of your therapy, only your physician can diagnose your condition and prescribe medication. You should maintain your

appointments with your physician and take your medication as prescribed to avoid complications and achieve the best results from your therapy. It is also important that you share accurate and up-to-date information about other medications you are taking, updates to your allergies, and any changes to your health with our clinicians because this information impacts the care and coordination we provide.

Prescription Delivery

Scripps Health Specialty Pharmacy will deliver your medication for free the same evening or next day via Deliver-It to your home. Deliver-It delivers Monday through Friday. Signature upon receipt is requested; however, if you cannot accept the package, it can be left at your home or another approved location based on a communication with the pharmacy. We are not able to ship to a PO Box.

We will also include any necessary supplies, such as needles, syringes, sharps containers and alcohol swabs, at no cost to you. If your medication(s) require special handling or refrigeration, they will be packaged and shipped accordingly.

Scripps Health Specialty Pharmacy will make every effort to deliver your medication and supplies early if a weather warning is in place. A Scripps Health Specialty Pharmacy team member 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 we can reach you in case of an emergency or a delivery delay so there is no lapse in therapy. In addition, please let our staff know if your contact information changes.

Refill Reminders

A patient care coordinator or pharmacy technician will call you:

- One (1) week before your medication is scheduled to run out
- To check your progress
- To determine the shipment or delivery of your next refill
- To verify your therapy and get a new prescription if you do not have any refills left

Our patient care coordinator or pharmacy technician will connect you to a clinical pharmacist if you have any questions or concerns about your therapy.

Interpreter Services

If you are deaf, hearing impaired or if English is not your primary language, an interpreter is available. There are special services available if you are visually impaired as well.

Medications not available at Pharmacy

Scripps Health Specialty Pharmacy has access to most specialty medicines, but if our specialty pharmacy is unable to provide your medicine, our team works with both you and another pharmacy to ensure that you receive your medicine. Let us know if you want your prescription transferred to another pharmacy, and we will transfer your prescription on your behalf.

FREQUENTLY ASKED QUESTIONS

What is a specialty pharmacy?

A specialty pharmacy provides complex and costly medications, usually requiring special storage and handling that may not be available at your local pharmacy. The medications are injected, taken by mouth or infused. Sometimes, these medications have side effects that require monitoring by a trained pharmacist. Scripps Health Specialty Pharmacy focuses on providing these medications while providing you with excellent customer service and clinical support.

Will my insurance company let Scripps Health Specialty Pharmacy dispense my medication?

Scripps Health Specialty Pharmacy 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.

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 Scripps Health Specialty Pharmacy team will contact you prior to shipping the medication to inform you of the substitution.

When should I contact Scripps Health Specialty Pharmacy?

You should call Scripps Health 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 you take your medication
- You need to reschedule or check the status of your delivery
- To start or stop a medication or if your dose changes
- You have a reaction or allergy to your medicine
- You would like additional information regarding your plan for therapy
- If you suspect an error in shipping or dispensing has occurred
- If you notice 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 education materials and consumer advocacy support

Is it important to take all my medication?

Yes. Follow your doctor's instructions for both the amount of the medication you should take and the length of time you should take it. We understand that some medications may have unpleasant side effects or be difficult to administer. Our pharmacists are available to offer practical advice about dealing with these issues and can help you to contact your prescriber about the medical management of these side effects.

What do I do if I have an adverse reaction to the medication?

Call 911 or have someone drive you to a hospital emergency room if the reaction appears serious or life threatening. Contact Scripps Health Specialty Pharmacy or your doctor who prescribed the medicine to report the reaction.

Can I return my prescription?

Once your prescription is dispensed from the pharmacy it cannot be returned to the pharmacy. If you suspect your medication or device is defective, please call us and we will see if a new medication or device can be sent to you. If you believe the medication you are taking has been recalled, please call Scripps Health Specialty Pharmacy, and our staff will assist you.

How do I dispose of unused medications?

For instructions on how to properly dispose of unused medications, please contact Scripps Health Specialty Pharmacy or go to the below FDA websites for information and instructions:

- www.fda.gov/forconsumers/consumerupdates/ucm101653.htm
- www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm

Scripps Health is a U.S. Drug Enforcement Administration (DEA) authorized collection location. This means you can throw away unused or old medicines in green medicine disposal bins in the locations below:

Scripps Pharmacy at Scripps Clinic Encinitas
(Main entrance, 1st floor lobby)
310 Santa Fe Drive, Suite 109
Encinitas, CA, 92024
Mon-Fri: 9 am – 5:30 pm
858-964-1012

Scripps Pharmacy at Scripps Clinic Torrey Pines
(Main Entrance, 2nd floor lobby)
10710 N. Torrey Pines Rd.
La Jolla, CA, 92037
858-964-1011

Scripps Pharmacy at Scripps Mercy Hospital San Diego
(Across from the hospital)
4060 4th Ave., Suite 110
San Diego, CA, 92103
858-964-1013

PATIENT INFORMATION

Community Resources and Support

Scripps Health Specialty Pharmacy staff will ensure that you have access to and information from community resources to help you optimize your medication therapy and better manage your disease state. Visit our website at <https://www.scripps.org/services/pharmacy/specialty-pharmacy> for more information.

Drug Recalls

Scripps Health Specialty Pharmacy follows the drug recall guidelines by the FDA, the drug manufacturers and/or state and federal regulatory agencies. We contact you and your provider if a drug recall affects you.

Accessing Medications in Event of Emergency or Disaster

We make every effort to deliver your medicines and supplies early if there is a weather event. If we are unable to deliver your medicines or supplies, we transfer your prescription to another pharmacy. If there is a disaster in your area, call 858-964-1014 to tell us where to deliver your medicine. Be sure to let us know when you return to your home. Make sure your contact information on file is up to date to avoid delay or disruption in your therapy.

PATIENT SAFETY

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.

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 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. Sharps and sharps disposal

After using your injectable medication, place all needles, syringes and 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 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.

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 sticks or sharps-related injuries promptly to your physician.

PATIENT INFORMATION ON EMERGENCY PREPAREDNESS

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. 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 the 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 degrees Fahrenheit.
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 Scripps Health 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 Scripps Health 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 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

PATIENT CONCERNS AND COMPLAINTS

Patient Complaint Policy

The Scripps Health Specialty Pharmacy grievance process supports the patient or their representative's right to complain and obtain timely resolution about any aspect of Scripps Health information practices or concerns regarding safety and quality of care or service. The policy establishes standard

definitions, a mechanism to receive, investigate, evaluate and respond to complaints or grievances. You have a right to voice grievances and recommend changes in care or services without fear or unreasonable interruption of services. There are several ways for you to inform us of your comments or concerns.

- Email us at SHSpecRx@scrippshealth.org
- Call the Scripps Health Specialty Pharmacy at 858-964-1014 and request the pharmacist in charge or the staff pharmacist on duty

Scripps Health Specialty Pharmacy has a formal complaint process that ensures your concerns, complaints and suggestions are reviewed and investigated within five (5) business days of receipt. You are notified, either by phone or in writing, of our resolution.

If Scripps Health Specialty Pharmacy cannot resolve your patient care or safety concern, you may contact:

- State Health and Human Services
- Office of Quality Monitoring for The Joint Commission, 800-994-6610, complaint@jointcommission.org
- Medicare beneficiaries may also submit complaints regarding concerns of quality of care, coverage decisions and premature discharge by mailing
- ACHC
855-937-2242
Website: <https://www.achc.org/assets/1717-complaint-intake-form-dme-rx-sl.pdf>
- URAC
202.216.9010
Website: <https://www.urac.org/file-a-complaint>

PATIENT RIGHTS AND RESPONSIBILITIES

For Our Patients

As a patient, you have rights regarding the care you receive, and we want you to be involved. Knowing your rights can help you make better decisions about your care. If you have any questions, problems, safety concerns or unmet needs, please notify a member of our staff. Language assistance and interpreters are free of charge and available in many languages. In addition, TDD services and Voice Relay is available for individuals that are deaf, hard of hearing, or speech impaired. Ask a staff member if you need any assistance. Below are the patient rights and responsibilities under our Patient Management Program and the rights and responsibilities provided by our organization Scripps Health

Patient Rights

As a patient, you have the right to:

1. **Have personal health information shared with the patient management program only** in accordance with state and federal law
2. **Identify the program's staff members**, including their job title, and to speak with a staff member's supervisor if requested
3. **Have the right to speak to a member of the patient management program**, including the pharmacist
4. **Receive information about the patient management program**
5. **Decline participation, or disenroll**, at any point in time
6. **Receive considerate and respectful care and** be made comfortable. You have the right to have your cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected.
7. **Have notification of your admission** to a hospital sent promptly to a family member (or other representative of your choosing) and your own physician.
8. **Know the name of the physician** who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians who will see you.
9. **Receive information about your health status**, diagnosis, prognosis, treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.

10. **Make decisions regarding your medical care and** receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
11. **Request or refuse treatment,** to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the facility even against the advice of physicians, to the extent permitted by law.
12. **Be told about any human experimentation** that the facility or your personal physician proposes to engage in that might affect your care or treatment. You have the right to refuse to participate in such research projects.
13. **Reasonable responses to any reasonable requests** made for service.
14. **Appropriate assessment and management of your pain,** and to be given information about pain and pain relief measures. You have the right to participate in decisions about your pain management. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic intractable pain with methods that include the use of opiates.
15. **Formulate advance directives.** This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Staff and practitioners who provide care will comply with these directives. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.
16. **Respect for your personal privacy.** Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.
17. **Confidential treatment** of all communications and records pertaining to your care. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how Scripps may use and disclose your protected health information.
18. **Receive care in a safe setting,** free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
19. **Freedom from restraints and seclusion** of any form used as a means of coercion, discipline, convenience or retaliation by staff.

20. **Reasonable continuity of care** and to know in advance the time and location of appointments as well as the identity of the persons providing the care.
21. **Be informed** by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided this information also.
22. **Know which rules and policies apply** to your conduct while a patient.
23. **Designate visitors/support individuals of your choosing**, if you have decision-making capacity, whether or not the individual is related by blood or marriage, unless:
- No visitors are allowed,
 - The facility determines that the presence of a particular visitor would endanger the health or safety of you or other patients, staff members, other visitors, or would significantly disrupt the operations of the facility
 - You have told the health facility staff that you no longer want a particular person to visit.
- We may establish restrictions upon visitation, including the hours and number of visitors. You or your support person will be informed of your visitation rights, including any restrictions or limitations. There will be no restrictions, limits, or otherwise denial of visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
24. **Have your wishes considered** for determining who may visit if you lack decision-making capacity. The method for determining who may visit will comply with federal law and be reflected in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household and any support person pursuant to federal law
25. **Examine and receive an explanation of your bill** regardless of the source of payment.
26. **Exercise these rights** without regard to, and be free of discrimination on the basis of, sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity/expression, disability, medical condition, marital status, registered domestic partner status, genetic information, citizenship, primary language, immigration status (except as required by federal law) or the source of payment for care.
27. **File a grievance** by writing to Administration or by calling a supervisor or patient representative. A grievance committee will review each grievance and provide you with a written response within 10 days, including the name of a person to contact, steps taken to investigate, the results of the investigation, and the date of completion. Concerns regarding quality of care or premature discharge will also be referred to the appropriate Utilization and Quality Control Peer Review Organization (PRO).
28. **File a complaint** with the California Department of Public Health regardless of whether you use the hospital's grievance process. The California Department of Public Health phone number and address is: Facilities south of Interstate 8, call 1-866-706-0759, north of Interstate 8, call 1-800-824-0613. Address is: 7575 Metropolitan Drive, San Diego, CA 92108.

29. **File a complaint** with the Department of Fair Employment and Housing at www.dfeh.ca.gov, (800) 884-1684 or (800) 700-2320 (TTY) or 2218 Kausen Dr., #100, Elk Grove, CA 95758.
30. **File a complaint** with the Medical Board of California at www.mbc.ca.gov/consumers/complaints, (800) 633-2322 or 2005 Evergreen St., #1200, Sacramento, CA 95815.
31. **Contact The Joint Commission** if you have a patient safety event or concern regarding the health care organization. On-line: www.jointcommission.org/website, using the "Report a Patient Safety Event" link in the "Action Center" on the home page. Fax: Office of Quality and Patient Safety, 630-792-5636, Mail: Office of Quality and Patient Safety, The Joint Commission, One Renaissance Blvd, Oakbrook Terrace, IL 60181

This Patient Rights document incorporates the requirements of The Joint Commission; Title 22, California Code of Regulations, Section 70707, Health and Safety Code Sections 1262.6, 1288.4, and 124960; and 42 C.F.R., Section 482.13 (Medicare Conditions of Participation).

Patient Responsibilities

The following patient responsibilities have been identified to facilitate safe delivery of care by the patient management program and Scripps Health for treatment and services.

As a patient you have the responsibility to:

1. **Give accurate clinical and contact information** and to notify the patient management program of changes in this information.
2. **Notify the treating prescriber of their participation in the patient management program**, if applicable.
3. **Provide information.** Patients and families, as appropriate, must provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalization, medications, and other matters relating to their health. Patients and their families must report perceived risks in their care and unexpected changes in their condition.
4. **Ask questions.** Patients and families, as appropriate, must ask questions when they do not understand their care, treatment, or service or what they are expected to do.
5. **Follow instructions.** You must follow the care, treatment, and service plan adapted for your specific needs by your practitioner and healthcare team. You should express any concerns about your ability to follow the proposed care plan or course of care, treatment and services. Your practitioner will explain any consequences for not following the proposed course of treatment.
6. **Follow Facility Policy.** Patients and their families/visitors must follow policies as explained in your handbook and as explained by our staff. This includes respecting the privacy of staff and visitors in regard to photography and filming.

7. **Accept consequences.** Patients and their families are responsible for the outcomes if they do not follow the care, treatment, and service plan.
8. **Show respect and consideration.** Patients and families must be considerate of the facility staff and property as well as other patients and their property, and for assisting in the control of noise and the number of visitors.
9. **Meet financial commitments.** Patients and their families should promptly meet any financial obligation agreed to by providing information necessary for your insurance processing and when necessary, working with a financial representative to arrange payment.
10. **Recognize the effect your lifestyle has on your personal health.** Your health depends not just on your professional medical care but also on the decisions you make in your daily life. You can ask your care provider if you need assistance in making healthier decisions.
11. **Express safety concerns.** Notify your care providers if you have any safety or privacy concerns or questions regarding your care or environment.

NOTICE OF PRIVACY PRACTICES



Original Effective Date: April 14, 2003

Revised Date: September 15, 2016

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

Our Pledge Regarding Your Health Information

We understand that information about you and your health is confidential. We are committed to protecting the privacy of this information. Each time you visit a Scripps Health facility, we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by any of the Scripps Health entities, whether made by health care personnel or your physician.

This notice tells you about the ways in which we may use and disclose health information about you, as well as certain obligations we have regarding the use and disclosure of health information. It also describes your rights regarding your health information.

Our Responsibilities

Our primary responsibility is to safeguard your personal health information. We must give you this notice of our privacy practices, and follow the terms of the notice currently in effect. We will notify you in the event we become aware of an unauthorized access, use or disclosure of your unsecured protected health information.

Changes to this notice: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. A copy of the current notice is posted in our facilities, and on our web sites at www.scripps.org and www.scrippsclinic.com. A copy of the notice is available at the registration area of each facility.

How We May Use and Disclose Health Information About You

The following categories describe different ways that we use your health information within Scripps Health and disclose your health information to persons and entities outside of Scripps Health. We have not listed every use or disclosure within the categories below, but all permitted uses and disclosures will fall within one of the following categories. In addition, there are some uses and disclosures that require your specific authorization.

Treatment: We use and disclose your protected health information to provide, coordinate or manage your health care and any related services. We may disclose health information about you to doctors, nurses, technicians, medical students, interns or other allied health personnel who are involved in taking care of your medical or pastoral needs during your visit with us. We may communicate information to another non-Scripps health care provider for the purposes of coordinating your continuing care, and may make that information available electronically. If you telephone our 1-800-SCRIPPS telephone service to seek information for health care, we may use and disclose the information you provide to us to a care team member to assist in providing quality health care.

Payment: We may use and disclose your information to bill for services provided by Scripps and to obtain payment from you, an insurance company, a third party or a collection agency. This may include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan.

Health Care Operations: Uses and disclosures of health information are necessary to operate our health care facility and to make sure all of our patients receive quality care. We may use and disclose relevant health information about you for health care operations. Examples include quality assurance activities, post-discharge telephone calls to follow up on your health status, medical staff credentialing, administrative activities including Scripps Health financial and business planning and development, customer service activities including patient satisfaction surveys, investigation of complaints and certain marketing activities such as health education options for treatment and services.

Business Associates: Scripps Health provides services through contracts with business associates. Examples of business associates include accreditation agencies, management consultants, quality assurance reviewers and billing

and collection services. We disclose your health information to our business associates so they can perform the job we've asked them to do. To protect your health information, we require our business associates to sign a contract or written agreement that states they will appropriately safeguard your information.

Special Situations That Do Not Require Your Authorization

State or federal law permits the following disclosures of your health information without verbal or written permission from you.

Organ and Tissue Donation: We may release health information to organizations that handle organ, eye or tissue procurement or transplantation.

Research: We may disclose protected health information about you when preparing to conduct a research project, as long as the protected health information does not leave Scripps.

Military and Veterans: If you are a member of the armed forces, we may release health information about you as required by military command authorities.

Worker's Compensation: We may release health information about you for worker's compensation or similar programs if you have a work-related injury. These programs provide benefits to you for your work-related injuries.

Averting a Serious Threat to Health or Safety: We may use and disclose health information about you, when necessary, to prevent a serious threat to your health or safety or the health and safety of another person or the public. These disclosures would be made only to someone able to help prevent the threat.

Health Oversight Activities: We disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Public Health Activities: We may disclose health information about you for public health activities. These generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child and adult abuse or neglect
- To report reactions to medications, problems with products or other adverse events
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

Law Enforcement: We may disclose health information if asked to do so by law enforcement officials for the following reasons:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness or missing person
- To identify the victim of a crime if, under certain circumstances, we are unable to obtain the person's authorization
- To release information about a death we believe may be the result of criminal conduct
- Criminal conduct at our facility
- Emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime

Coroners, Medical Examiners and Mortuaries: We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We may release health information about patients at our facility to mortuaries as necessary to carry out their duties.

National Security and Intelligence Activities: We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Inmates: If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with health care, to protect your health and safety and the health and safety of others or for the safety and security of the correctional institution.

Legal Requirements: We disclose health information about you without your permission when required to do so by federal, state or local law.

Situations Requiring Your Verbal Agreement

Directory Information: Each Scripps hospital has a “directory” of information about currently hospitalized patients available to anyone who asks for a patient by name. The directory information includes four items: 1) patient name; 2) location; 3) general condition (e.g., serious, fair, good, etc.); and 4) religious affiliation (available to clergy only). This directory information allows visitors to find your room and florists to deliver flowers to you. You will be asked to agree to have all or part of this information included in the directory each time you come to a Scripps hospital. If you refuse to have your information included in the directory, we will not be able to reveal your presence or your location in the hospital to your family or friends.

Individuals Involved in Your Care or Payment for Your Care: We may disclose health information about you to a family member or friend who is involved in your medical care, unless you tell us in advance not to do so. At Scripps, we may disclose health information about you to an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location.

Situations Requiring Your Written Authorization

If there are reasons we need to use your information that have not been described in the sections above, we will obtain your written permission. This permission is described as an “authorization.” If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons stated in your written authorization. Please understand that we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care we provide to you. Listed below are some typical disclosures that require your authorization.

Special Categories of Treatment Information: In most cases, federal or state law requires your written authorization or the written authorization of your representative, for disclosure of drug and alcohol abuse treatment, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) test results, and mental health treatment.

Sale of Health Information: It is not Scripps practice to sell your health information. Sale of your health information would require your written authorization.

Research: When a research study involves your treatment, or, in certain circumstances, records research, we may disclose your health information to researchers only after you have signed a specific written authorization. In addition, an Institutional Review Board (IRB) will already have reviewed the research proposal, established appropriate protocols to ensure the privacy of your health information and approved the research. You do not have to sign the authorization, but if you refuse you cannot be part of the research study and may be denied research-related treatment.

Marketing: Under most circumstances, we obtain your authorization for Scripps Health related marketing activities. Some exceptions are when we have a direct face-to-face communication; if we give you a gift that is of nominal value or if the activity is to provide you with information about Scripps Health treatment options or services.

Fundraising: For fundraising purposes, we will obtain your authorization except for our own fundraising purposes. You may opt out of receiving such communication, and opt back in upon request. Information on how to do so will be available on fundraising communications and on our web page.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you. You may contact a health information representative where services were provided to obtain additional information and instructions for exercising the following rights.

Obtain a copy of our Notice of Privacy Practices.

Request a restriction on certain uses and disclosures of your information. This request must be in writing. If we agree to your request, we will comply unless the information is needed to provide you with emergency treatment. However, if our system capabilities will not allow us to comply with your request, we are not required to agree to your request. **Services paid for out of pocket:** We must however agree to your request to restrict disclosure of your health information to your health plan (or insurer of healthcare services) for purposes of payment or operations if the PHI pertains solely to a healthcare item or service for which you, or someone else on your behalf (other than the health plan or insurer), had paid for the item or service out of pocket in full at the time of service. We can only address requests for Scripps affiliated facilities. Your request will not extend to a physician's private practice.

Inspect and request a copy of your health record. Your request for inspection or copies, including electronic copies, must be in writing and directed to the Scripps entity where your services were provided. A reasonable fee for copies will be charged. We may deny your request under very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by another health care professional chosen by someone on our health care team. We will abide by the outcome of that review.

Request an amendment to your health record if you feel the information is incorrect or incomplete. Your request must be made in writing and it must include a reason that supports the request. We may deny your request if the information was not created by our health care team; if it is not part of the information kept by our facility; if it is not part of the information which you are permitted to inspect and copy; or if the information is accurate and complete as stated. Please note: if we accept your request for amendment, we are not required to delete any information from your health record.

Obtain an accounting of disclosures to others of your health information. The accounting will provide information about disclosures made for purposes other than treatment, payment, health care operations, disclosures excluded by law or those you have authorized.

Request confidential communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. We will accommodate all requests that are reasonable for our system capabilities. Your request must be in writing and specify the exact changes you are requesting.

Revoke your authorization. You have the right to revoke your authorization for the use or disclosure of your health information except to the extent that action has already been taken.

Complain about any aspect of our health information practices to us or to the United States Department of Health and Human Services. Complaints about this notice or how Scripps Health handles your health information should be directed in writing to: Scripps Health Privacy Officer, 10140 Campus Point Drive, San Diego, CA 92121. There will be no retaliation against you if you file a complaint with us. You also may submit a formal complaint in writing to the Secretary of the US Department of Health and Human Services, Office for Civil Rights.

This notice applies to all Scripps locations.

If you have questions about this notice, contact the Scripps Health Privacy Officer at 1-800-SCRIPPS (1-800-727-4777).