

AULTMAN SPECIALTY PHARMACY SERVICES



 **AULTMAN**
SPECIALTY
PHARMACY SERVICES

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Welcome

Thank you for being a patient of Aultman Specialty Pharmacy.

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

Location

2600 6th St. SW, Canton 44710

Hours

Monday through Friday: 8:30 a.m. – 4:30 p.m.

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

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

Contact us:

- Pharmacy phone: 330-915-3520
- Oncology specialty phone: 330-915-4285
- Toll free: 888-708-2753
- Fax: 330-363-5837
- In-person: 2600 6th St. SW, Canton 44710
- After-hours: Clinical support is provided 24 hours a day, 365 days a year by calling 330-915-4285 or 888-708-2753.

Overview of our services

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

We provide:

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

Patient Services

Contact the specialty pharmacy at 330-915-4285 if you have questions about:

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

Language and Cultural Services

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

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

We also focus on providing resources and education that support cultural competence to diverse patient populations. Please let a pharmacy staff member know if:

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

Frequently Asked Questions

How is a specialty pharmacy different than a retail pharmacy?

Specialty pharmacies are dedicated to ensuring the best possible outcome from your therapy. Some of the things we do include:

- Enrollment in a patient management program.
- Ensuring you have access to your medication without any gaps in therapy.
 - This includes:
 - Delivery of medication.
 - Assisting with prior authorizations.
 - Assisting with financial assistance.
- Partnering with you and your provider to achieve therapy treatment goals through our patient management program.
- Provide you with a thorough review of your medication. This includes:
 - Getting an accurate listing of your current prescriptions.
 - Screening for drug interactions and your condition.

How does my new prescription get to the pharmacy? How do I know when to pick it up?

There are a few ways:

- Your provider will send the prescription electronically when treatment is prescribed. This is most common.
- Your provider will write a paper prescription.
- Your provider will call in the prescription.

We can also contact your provider at your request, or when you are out of refills. We will fill your prescription once we receive and review your prescription, and reimbursement is arranged.

Once it is ready, we will contact you to schedule the delivery.

When will the specialty pharmacy call me?

The specialty pharmacy will call you to:

- Discuss your prescription and copay amount.
- Schedule the delivery, and let you know of a delay in your delivery for any reason.
- Review how to store your medication.
- Verify prescription insurance information.
- Get documentation of your income to enroll you in a program for financial help.
- Provide counseling on your medicine.
- Tell you that your prescription must be transferred to another specialty pharmacy.
- Notify you of any FDA recalls of your medicine.
- Notify you of delays in your order.

How do I pay for my medication?

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

- You are out-of-network with our pharmacy.
- Would prefer to pay cash.
- Do not have insurance.

For payment, we accept:

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

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

How do I get a refill?

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

- Check on your progress.
- Ask about any side effects.
- Verify dosage.
- Determine the shipment of your next refill.

Payment is required before your medication can be shipped. You can also pickup your prescription at the pharmacy at your convenience. Please call 330-915-4285 during our normal business hours if you have questions or need help.

What do I do if I have questions about the status of my order?

If you have questions about the status of your order, please contact the pharmacy during normal business hours. You can also leave a message on our voicemail.

Will Aultman specialty pharmacy be able to fill all my medications?

We have access to and stock a wide range of specialty medications. If we are not able to obtain your medications due to manufacturer restrictions, back order or other limitations, we will work with you and another pharmacy to make sure you receive your prescription medication.

If we cannot fill your prescription for any reason, we will transfer it to a pharmacy of your choice.

Will you ever substitute my medication?

If applicable, we will give you information about any less expensive generic substitutions for the medications we provide. You can either accept the generic substitution or request the brand name product. Note that if you select the brand name product and your prescriber has said a generic substitution is acceptable, you may have a much higher copay.

What should I do if a medication is recalled?

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

What should I do if I feel I may be having an adverse (bad) reaction to my medication?

If you feel you are having a bad drug reaction and are having symptoms that require urgent attention such as the ones below, you should be seen in a local emergency room or call 911.

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

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

What should I do if I suspect a medication error?

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

What if I am not happy with the services I receive?

We will attempt to resolve any concerns or issues you experience as quickly as possible. If you would like to file a complaint, call 330-915-4285. If you still have concerns, you may contact the director of ambulatory pharmacy services at 330-915-4285 and ask for them directly.

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

- Aultman Patient Experience Department at 330-363-6222.
- Your insurance company.
- Ohio Board of Pharmacy at 614-466-4143.
- Accreditation Commission for Health Care at 855-937-2242.
- URAC at 202-216-9010 Or www.uran.org/contact.

Patient Management Program

Our specialty pharmacy patients are automatically enrolled into our disease-specific specialty medication services. This is called the Patient Management Program (PMP). The program is designed to maximize your opportunity for a positive outcome and minimize any negative effects of your specialty therapy.

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

- Monitor your response to therapy more closely.
- More quickly identify and respond to any side effects or other areas of concern.
- Work with your prescriber to address these areas of concern.
- Assistance with access to patient assistance programs and other financial programs to ensure access to the medications you need.

However, for you to achieve maximum benefit from our PMP, we need our patients to keep us informed of any concerns, problems or changes in the response to therapy or the ability to obtain therapy. The PMP is one of the many services we offer, and it is a free service we provide.

For more information about the PMP, ask any member of the specialty pharmacy team by calling 330-915-4285.

Opting-out of the patient management program

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



Patient management program rights and responsibilities

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

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

Patient Rights and Responsibilities

As a patient of Aultman Specialty Pharmacy, you have the following right and responsibilities. If you feel any of these rights have not been provided, please contact the director of ambulatory pharmacy services at 740-250-2099.

Patient Rights

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
- Be informed, in advance both orally and in writing, of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible.
- Receive information about the scope of services that the organization will provide and specific limitations on those services.
- Participate in the development and periodic revision of the plan of care.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Be informed of client/patient rights under state law to formulate an Advance Directive, if applicable.
- Have one's property and person treated with respect, consideration and recognition of client/patient dignity and individuality.

- Be able to identify visiting personnel members through proper identification.
- Be free from mistreatment, neglect or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of client/patient property.
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel or care/service without restraint, interference, coercion, discrimination or reprisal.
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI).
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records.
- Choose a healthcare provider, including an attending physician, if applicable.
- Receive appropriate care without discrimination in accordance with physician's orders, if applicable.
- Be informed of any financial benefits when referred to an organization.
- Be fully informed of one's responsibilities.

Patient Responsibilities

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



Disposing of Your Medications and Supplies

How to dispose of your unused medications

If you need to dispose of unused medications, our staff will assist you in finding out dates and locations of prescription medication “take-back programs.” Or the unused medications can be mixed into cat litter or used coffee grounds. Then place them in a sealed container. The sealed container can then be thrown out in your household trash.

Find more information at:

- RXdrugdropbox.org
- <http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>

How to dispose of chemotherapy or hazardous drugs

- DO NOT throw chemotherapy or hazardous drugs in the trash or flush it down the toilet.

How to dispose of home-generated biomedical waste

This is any type of syringe, lancet or needle used in the home to inject medication or draw blood. Special care needs to be taken with the disposal of these items. This is to protect you and others from injury, and to keep the environment safe and clean. If your therapy involves the use of needles, we will give you a sharps container.

Needle-stick safety

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

Sharps containers

After using your injectable medication, place all needles, syringes, lancets and other sharp objects into a sharps container. Do not place sharp objects, such as needles or syringes, into the trash unless they are in a sharps container. Do not flush them down the toilet. If a sharps container is not available, you can use a hard plastic or metal container with a screw-on top or other tightly securable lid. For example, you could use an empty hard can or liquid detergent container.

Disposal of sharps

Check with your local waste management collection service or public health department to check 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 cdc.gov/needledisposal.

Preparing for an Emergency

Know what to expect and what to do

Know what the most common emergencies are in your area, and what you should do if one occurs. If the emergency requires you to evacuate, please remember to take your medications with you. Don't forget ice bricks and a cooler if your medication requires refrigeration. Let us know where you have evacuated to so we can ensure there are no gaps in your therapy. If you were to miss your medication delivery for any reason, please call us as soon as possible and we will do our best to assist you.

Know where to go

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

Reaching us

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

If the emergency was unforeseen

We will try to locate you using the numbers you give us to determine your safety and location. If travel is restricted due to damage from the disaster, we will attempt to alert you through the alternate phone numbers you provide.

Your local Red Cross

Local law enforcement agencies, as well as local news and radio stations, usually provide excellent information and tips for planning.

An ounce of prevention...

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

For more information

Visit the FEMA website at www.fema.gov.

Tips to Stay Well

Handwashing

Keeping hands clean is one of the most important steps to staying well. Basic hand washing with soap and water will reduce the spread to germs significantly. Use hand sanitizer if you do not have access to clean water.

When should you wash your hands?

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

How should you wash your hands?

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

Preventing getting the flu

Flu affects millions of people every year. While many people get better at home, an estimate 250,000 people a year are admitted to the hospital. Unfortunately, more than 18,000 people may die.

Prevention

- Get a flu shot.
- Cover your cough.
- Try to stay away from others that are sick.
- Stay home.
- Avoid touching your eyes, nose and mouth.
- Clean and disinfect areas that could be contaminated.

Resources:

- www.cdc.gov/flu
- www.cdc.gov/handhygiene

**NOTICE OF PRIVACY PRACTICES
THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION. PLEASE REVIEW IT CAREFULLY.**

WHO WILL FOLLOW THIS NOTICE

Aultman provides health care to our patients in a clinically integrated health care setting. The privacy practices described in this Notice will be followed by the members of this clinically integrated health care team, which includes all the health care professionals, employees, medical staff, trainees, students, volunteers, and business associates of the Aultman.

Aultman organizations that will follow this Notice include all of our hospitals, employed physicians, doctor offices, entities, foundations, facilities, home care programs, and other services. These organizations are listed on our website, www.aultman.org/patientprivacy, or may be obtained by calling the Aultman Privacy Office at 330-363-3380.

OUR PLEDGE TO YOU

We understand that health information about you is personal. Aultman is committed to protecting your health information. This Notice applies to all of the health records that identify you and the care you receive at Aultman facilities. We are legally required to maintain the privacy of our patients' health information, provide you with a copy of this Notice, and follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The members of Aultman's clinically integrated health care team may share your health information with each other for reasons of treatment, payment, and health care operations. Sharing this information makes it possible for Aultman to care for you thoroughly and efficiently. Everyone at Aultman is required to protect your health information.

Your Authorization: Except as outlined in the following pages, we will not use or disclose your health information for any reason unless you have signed a form authorizing us to do so. You have the right to cancel your authorization in writing unless we have taken any action in reliance on the authorization.

Uses and Disclosures for Treatment: We will use and disclose your health information as needed for your treatment. For example, doctors and nurses and other professionals involved in your care will use information in your medical record, and/or information that you give them, in order to treat you. We may also disclose your health information to another health care facility or professional who is not affiliated with Aultman but who is or may be providing treatment to you.

For instance, if you are going to receive home care after you leave the hospital, we may release your health information to that home health care agency so that they can treat you.

Uses and Disclosures for Payment: We will use and disclose your health information for the purpose of allowing us, as well as other entities, to secure payment for the health care services provided to you. For example, we may forward information regarding your medical treatment to your health plan to arrange payment for the

services provided to you. We also may tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your health plan will cover the treatment.

Uses and Disclosures for Health Care Operations: We will use and disclose your health information as needed, and as permitted by law, in the process of our daily operations. These operations may include, but are not limited to: clinical improvement, professional peer review, business management, accreditation, and licensing. For example, we may use and disclose your health information for purposes of improving the clinical treatment and care of our patients or to determine the needs and preferences of our patients. We may also disclose your health information to another health care facility, health care professional or other covered entity for such things as quality assurance and case management, but only if they have or had a patient relationship with you.

Our Hospitals' Patient Directory: In our hospital settings, Aultman will list your name, location, general condition and, if you wish, your religious membership in the Patient Directory. Unless you choose to be excluded from this directory, your information, not including religious membership, will be given to anyone who asks for you by name. This information, including your religious membership, may also be provided to members of the clergy. You have the right to request that your information be excluded from this directory.

Family and Friends Involved in Your Care: With your approval, we may disclose your health information to designated family, friends and others who are involved in your care or in payment of your care. If you are unable to give approval or facing an emergency situation, we may then share parts of your health information with such individuals without your approval in order to treat you. We may also disclose limited health information to an entity that is authorized to assist in disaster relief efforts, so your family can be notified of your condition, status and location.

Business Associates: Certain aspects and components of our health care operations such as auditing, accreditation, legal services, etc. may be performed through contracts with outside persons or organizations. At times, we may need to provide some of your health information to these outside persons or organizations. In all cases, we require these business associates to protect the privacy of your information.

Appointments and Services: We may contact you with reminders or test results. You may request that we provide this information by another means or at another location. For example, if you do not want appointment reminders left on voice mail or sent to a certain address, we will make every effort to accommodate reasonable requests. Please make this request in writing to the medical records department of the Aultman facility where you received services.

Health Information Exchanges: We may participate in health information exchanges that facilitate the secure exchange of your electronic health information between and among several health care providers or other health care entities for your treatment, payment, and/or other health care operations purposes. This means we may share information we obtain or create about you with outside entities (such as hospitals, doctors' offices, pharmacies, or health plans). Or we may receive information they create or obtain about you (such as medication history, medical history, treatment notes, or insurance information) so each of us can provide better, safer treatment,

and coordinate your health care services. Research: In limited cases, we may use or disclose your health information for research purposes. For example, a research organization may wish to compare all patients who received a certain drug and will thus need to review medical records. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements. These requirements are applied by an Institutional Review Board that oversees the research or by representations of the researchers that will limit their use and disclosure of patient information.

Marketing: We must receive your authorization for any use or disclosure of your health information for marketing - unless the communication is made directly to you in person, is a promotional gift of nominal value, is a prescription refill reminder, is general health or wellness information, or a communication about health related products or services we offer or that are directly related to your treatment.

Sales of Health Information: We must receive your authorization for any sale of your health information unless for treatment or payment purposes or as required by law.

Psychotherapy Notes: We must receive your authorization for any use or disclosure of psychotherapy notes unless the use or disclosure is otherwise permitted or required by law.

Fundraising Activities: We may contact you to donate to a fundraising effort for or on our behalf. We may disclose your health information to a foundation related to Aultman, so that they may contact you. You have the right to "opt out" of receiving fundraising materials or communications by submitting your name and address to The Aultman Foundation, 2600 Sixth St. S.W., Canton, Ohio 44710 in writing with a statement that you do not wish to receive fundraising materials or communications from us.

Incidental Disclosures: Although we take reasonable measures to ensure your privacy, certain disclosures of your health information may occur incidentally. For example, other patients may see your name on a sign-in sheet, or you may overhear a physician's confidential conversation with another provider or patient.

Teaching: Aultman uses many of its facilities to provide educational opportunities to residents, fellows and students in medicine, nursing, radiology, pharmacy, allied health and other studies. These individuals may be assisting with your care under the supervision of a licensed health care provider as a part of their professional health care training program.

Organ and Tissue Donation: As necessary, we may use or disclose your health information to organizations that arrange organ donations, eye or tissue procurements, transplants, or donations to an organ donation bank.

Other Uses or Disclosures of Information: We are permitted or required by law to make certain other uses and disclosures of your health information without your consent or authorization as follows:

- For any purpose required by law.
- For public health activities such as required reporting of disease, injury, birth, and death; and for public health investigations.
- If we suspect child abuse or neglect, or if we think you are a victim of abuse, neglect or domestic violence.

- To release immunization records to a student's school, but only if parents or guardians (or the student if not a minor) agree either orally or in writing.
- To the Food and Drug Administration, if necessary, to report adverse events or product defects, or to participate in product recalls.
- To your employer when we have provided health care to you at the request of your employer to determine workplace-related illness or injury; in most cases you will receive notice that information is disclosed to your employer.
- To government agencies conducting audits, investigations or civil or criminal proceedings.
- If required to do so by subpoena or discovery request; in some cases you will have notice of such release.
- To law enforcement officials as required by law or to report wounds or injuries and crimes.
- To coroners and funeral directors consistent with the law.
- If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release information about you to the correctional institution as authorized or required by law.
- In limited instances, if we suspect a serious threat to health or safety.
- If you are a member of the military, as required by armed forces services; we may also release your health information, if necessary, for national security or intelligence activities.
- To workers' compensation agencies, if necessary, for your workers' compensation benefit determination.
- As required by Ohio law. Ohio law requires that we obtain a consent from you in many instances before disclosing the performance or results of an HIV test or diagnosis of AIDS or an AIDS-related condition; before disclosing information about drug or alcohol treatment you have received in a drug or alcohol treatment program; before disclosing information about mental health services you may have received; and before disclosing information to the State Long-Term Care Ombudsman. For more information on when such consents may be necessary, you can contact the Compliance Department listed at the end of this notice.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Right to Inspect and Copy: You have the right to request a copy and/or inspect much of the health information that we keep on your behalf. All requests to inspect or copy must be made in writing and signed by you or your representative. If you request copies, you will be charged our regular fees for copying and mailing the requested information. You may obtain an authorization request form and a fee schedule from the medical records department of the Aultman facility where you received services.

Right to Electronic Copies: You have the right to obtain an electronic copy of your health information that we keep on your behalf and that exists in an electronic format. You may direct that the copy be transmitted directly to an entity or person designated to you, provided that any such designation is clear, conspicuous, and specific with complete name and mailing address or other identifying information. We will charge you a fee for our labor and supplies in preparing your copy of the electronic health information.

Right to Amend: You have the right to request in writing that the health information we maintain about you be amended or corrected. We are not required to make all the changes or corrections you request. However, we will give each request careful consideration. All requests must be in writing, be signed by you or your representative, and must state the reasons for the amendment or correction. If an

amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from the medical records department of the Aultman facility where you received services.

Right to an Accounting of Disclosures: You have the right to an accounting of certain disclosures we have made of your health information. Requests must be made in writing and signed by you or your representative. The first accounting in any 12-month period is free; you will be charged our regular fees for each subsequent accounting you request within the same 12-month period. You may obtain an accounting request form and a fee schedule from the medical records department of the Aultman facility where you received services.

Right to Request Individual Restrictions: You have the right to request restrictions on certain uses and disclosures of your health information for treatment, payment or health care operations. In most cases, we are not required to agree to your restriction request but will attempt to accommodate reasonable requests as appropriate, and we may terminate an agreed-to restriction if we believe such termination is appropriate. We will tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We will notify you if we terminate a requested restriction. We will honor any request to restrict disclosures to your health plan if the information to be disclosed pertains solely to a health care item or service for which Aultman has been paid in full. You may obtain a restriction request form from the medical records department of the Aultman facility where you received services.

Breach Notification: In the unlikely event that there is a breach, or unauthorized release of your personal health information, you will receive notice and information on steps you may take to protect yourself from harm.

Changes to This Notice: We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new notice effective for all health information maintained by us. You may obtain a copy of the current notice from the Aultman facility where you received services, from www.aultman.org, or by mailing a request to the Aultman Compliance Department listed below.

Complaints: If you believe your privacy rights have been violated, you may file a complaint in writing to: Aultman Compliance Department, 2600 Sixth St. S.W., Canton, Ohio 44710; by phone at 330-363-3380; or by email at privacyoffice@aultman.com. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. There will be no retribution for filing a complaint.

Acknowledgement of Receipt of Notice: You will be asked to sign a form that you received this Notice of Privacy Practices.

For Further Information About This Notice, Contact: Aultman Compliance Department, 2600 Sixth St. S.W., Canton, Ohio 44710; 330-363-3380; privacyoffice@aultman.com.

You have the right to obtain a paper copy of this notice upon request, even if you have requested such a copy by email or other electronic means. Paper copies may be obtained from any Aultman facility or from the Aultman Compliance Department listed above. This notice is also available at www.aultman.org.

