

# Mercy Pharmacy

Mercy Specialty Pharmacy

# Welcome Packet

## Mercy Specialty Pharmacy

3183 Riverport Tech Center Dr. | Suite A  
Maryland Heights, MO 63043

P: 314-251-5478 | F: 314-251-6996  
TF: 844-568-3903

Monday - Friday | 8 a.m. - 5 p.m.



**ACCREDITED**  
Specialty Pharmacy Accreditation

Expires: 12/01/2026



# Mercy Pharmacy

## Our Mission

As the Sisters before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service.

## Mercy Specialty Pharmacy

Mercy Specialty Pharmacy's Clinical Pharmacists and Specialty Account Coordinators are valuable members of your health care team. Our Pharmacists specialize in disease state management and meet the needs of patients with complex health conditions. Account Coordinators provide full-service authorization support along with copay and financial assistance services.

Our pharmacy is fully integrated with Mercy's other locations and services using your electronic health record (EHR). This provides for enhanced management of patients across all of Mercy.

### URAC Specialty Pharmacy Accreditation

Mercy Specialty Pharmacy has earned three year URAC Specialty Pharmacy Accreditation. URAC is the independent leader in promoting health care quality through leadership, accreditation, measurement and innovation. By achieving this status, Mercy Specialty Pharmacy has demonstrated a comprehensive commitment to quality care, improved processes and better patient outcomes. Our team of clinical pharmacists and account coordinators is focused on collaborating with providers to offer personalized disease state management for customers with specialized medication needs towards the goal of overall health care quality of life improvement.

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## Mercy-Observed Holiday Schedule

New Years Day

Labor Day

Memorial Day

Thanksgiving Day

Independence Day

Christmas Day

Dear Patient,

Welcome to Mercy Specialty Pharmacy. We're honored to serve you and your pharmacy needs.

Mercy understands that your medical needs may be complex and requires special knowledge when collaborating with your medical provider and insurance company. We provide you with the personal service necessary to ensure that you achieve the most benefit from your therapy.

You can expect:

- **Personalized patient care**

Our specially trained co-workers will work with you to discuss your treatment plan, and we will address any of your questions and concerns. Specialty patients are enrolled in our Patient Management Program which provides all patients with specialized training, education and counseling.

- **Collaboration with your doctor**

We work directly with your doctors and caregivers to make sure any difficulties you may be having with your treatment are addressed immediately.

- **Regular follow-up**

Getting your medications and medical supplies quickly and efficiently is important. We are with you every step of the way during your treatment, to provide refill reminders and serve as your health care advocate.

- **Benefits**

Treatment can be costly. We'll help you navigate the health care system to explore every option available to you. Our relationships with insurers will help provide you with information and explanations of your prescription and medical insurance benefits.

- **Delivery**

We offer fast and convenient delivery to your home or workplace. A Pharmacy co-worker will contact you five to seven days prior to your refill due date to discuss your therapy, answer any questions you may have and confirm your preferred delivery date.

- **24/7 Support**

Clinically trained Mercy co-workers are available 24 hours a day, seven days a week including holidays and weekends. We're always here to answer any questions or address your concerns.

We look forward to providing you with the best service possible.

Thank you for choosing Mercy Specialty Pharmacy.

Sincerely,

The Mercy Specialty Pharmacy Team

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# Important Pharmacy Information

## When to Contact Us:

- If you have questions or concerns about your medication(s)
- If you suspect a reaction or allergy to your medication(s)
- If a change has occurred in your medication(s) usage
- If your contact information or delivery address has changed
- To obtain an order status or report a delivery delay
- If your insurance information or payment source has changed
- To check the status of your order, discuss an order delay or reschedule your delivery
- To receive claims related information
- To get a refill of your prescription
- To ask about pricing options or savings programs for your medication(s)
- To have a prescription transferred

## Patient Management Program

We monitor all Specialty Pharmacy patients' medications and progress through our Patient Management Program. The Patient Management Program helps manage side effects, ensures compliance to drug therapies and promotes overall health improvement. The success of the Patient Management Program depends upon patient cooperation. Without your active participation, the benefits of this program are limited.

If you wish to opt out of the program, please call and speak to our pharmacy co-workers.

## Co-pay Assistance and Payment

Before your care begins, a co-worker will inform you of your financial obligations for prescriptions not covered by your insurance or other third-party sources. These obligations include but are not limited to: out-of-pocket costs such as deductibles, co-pays, co-insurance, annual and lifetime co-insurance limits and changes that occur during your enrollment period. This copayment is due at the time of shipping or pickup. We accept Visa®, MasterCard®, American Express® and Discover®. We can maintain your credit card information on file in a secured environment.

We will help you enroll in financial assistance programs that may help with copayments to minimize financial barriers to starting your medication. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations.

## Insurance Claims

We will submit claims to your health or prescription insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you as necessary so that we can work together to resolve the issue. There may be financial obligations if our pharmacy is out-of-network for your benefit plan. We will provide notice of any changes in covered costs verbally or in writing within 30 calendar days from the date Mercy becomes aware of the change(s).

## Medication Delivery and Storage

We deliver the medication to your home, doctor's office or other preferred location at no cost to you. Upon request, we can also include other supplies, such as a sharps container. We coordinate all refills to make sure that you or an adult caregiver is available to receive the shipment. A signature may or may not be required for the delivery but is an available option for each shipment.

Medication that requires refrigeration is sent in special packaging to maintain the appropriate temperature. Once you receive the package, store the medication in the refrigerator. If the package looks damaged or is not in the correct temperature range, please call us.

In the event of an order delay, we will contact you and assist you in obtaining the medication elsewhere if necessary.

## Refills

We'll contact you five to seven days prior to your refill date. You can call us and speak to a specialty account coordinator or pharmacist to process your refill requests. If needed, we will assist you with refilling a prescription which would otherwise be limited by your prescription benefit plan.

## Prescription Transfers

If we cannot provide your medication due to limited availability of the drug to our pharmacy, health and pharmacy plan restrictions, and medication order delays, we'll help you transfer your prescription to another pharmacy.

## Adverse Drug Reactions

If the medication causes you unexpected or harmful side effects, please contact your doctor or the Pharmacy as soon as possible

## Drug Substitution Protocols

We'll always use the most cost-efficient option for you. Occasionally, it may be 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 co-pay. If this is the case, we'll will contact you prior to shipping the medication to inform you of the substitution. When available, our pharmacy will default to generic to save you money. We will use brand name medication at your or your prescriber's request.

## Proper Disposal of Sharps

Place all needles, syringes, and other sharp objects into a sharps container. We'll provide one if you are prescribed an injectable medication. For instructions on how to properly dispose of sharps in your community, check with your local waste collection service.

## Proper Disposal of Unused Medications

For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also check the following websites for additional information:

[fda.gov/forconsumers/consumerupdates/ucm101653.htm](https://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm)

[fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm](https://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm)

[rxdrugdropbox.org](https://www.rxdrugdropbox.org)

## Drug Recalls

If your medication is recalled, we'll contact you with further instructions, as directed by the FDA or drug manufacturer.

## After Hours Support

Our specialty pharmacists and clinicians are here to support you 24/7. When you call the pharmacy outside regular business hours, you will be connected directly to our call support services. If you have a non-urgent request that can be answered next day, such as a refill request, please choose the option to leave us a message. Otherwise, select the option to have your urgent call fielded by a live representative.

## Emergency Disaster Information

In the event of a disaster in your area, please contact our pharmacy to instruct us on how to deliver your medication. This will ensure your therapy is not interrupted.

## Concerns, Complaints, or Suspected Errors

We want you to be completely satisfied with the pharmacy care we provide. Most issues can be resolved directly and confidentially by your specialty pharmacy team. If you or your caregiver have any concerns or complaints, please contact us by phone, fax, or writing.

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We will promptly address your concern(s) within seven business days. Additionally, you may also contact your State Board of Pharmacy or URAC, our accrediting organization, to report a complaint.

- **Illinois Board of Pharmacy** | Department of Financial and Professional Regulation  
Division of Professional Regulation | Complaint Intake Unit
  - 100 West Randolph St. | Suite 9-300 | Chicago, IL 60601
  - 312.814.6910
  - [idfpr.com/admin/DPR/DPRcomplaint.asp](http://idfpr.com/admin/DPR/DPRcomplaint.asp)
- **Kansas Board of Pharmacy** | 785.296.4056
  - [pharmacy.ks.gov](http://pharmacy.ks.gov) | [pharmacy@ks.gov](mailto:pharmacy@ks.gov)
- **Missouri Board of Pharmacy** | 573.751.0091
  - [pr.mo.gov/pharmacists](http://pr.mo.gov/pharmacists) | [MissouriBOP@pr.mo.gov](mailto:MissouriBOP@pr.mo.gov)
- **Oklahoma Board of Pharmacy** | 405.521.3815
  - [ok.gov/pharmacy](http://ok.gov/pharmacy) | [pharmacy@pharmacy.ok.gov](mailto:pharmacy@pharmacy.ok.gov)
- **URAC Complaint Info**
  - [urac.org](http://urac.org) | [grievances@urac.org](mailto:grievances@urac.org)

# Specialty Pharmacy

## Patient Rights and Responsibilities

You have the right to:

- 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 Advanced 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
- Receive information to assist in interactions with the organization
- Receive information on how to access support from consumer advocates groups
- Receive information about health plan transfers to a different facility or Pharmacy Benefit Management organization that includes how a prescription is transferred from one pharmacy service to another.
- Receive information about product selection, including suggestions of methods to obtain medications not available at the pharmacy where the product was ordered
- Receive information about an order delay, and assistance in obtaining the medication elsewhere, if necessary.
- Request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
- 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
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records
- Choose a health care 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
- Receive pharmacy health and safety information to include consumers' rights and responsibilities
- Know about the philosophy and characteristics of the Patient Management Program.
- Have personal health information shared with the patient management program only in accordance with the state and federal law
- Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
- Speak with a health care professional
- Receive information about the Patient Management Program
- Receive administrative information regarding changes in, or termination of, the Patient Management Program
- Decline participation, revoke consent, or disenroll at any point in time

You have the responsibility to:

- Notify your Physician and the Pharmacy of any potential side effects and/or complications
- Submit forms that are necessary to receive services
- Provide accurate clinical/medical and contact information and to notify the Patient Management Program of any changes
- Notify the treating provider of participation in the services provided by the pharmacy, such as the Patient Management Program
- Maintain any equipment provided
- Notify the pharmacy of any concerns about the care or services provided
- Participate in the development and updating of a plan of care

# Patient Diversity, Equity, and Inclusion (DEI)

- Mercy Specialty Pharmacy ensures that all patients have equitable access to quality care, regardless of their background or characteristics. We recognize dignity and respect diversity among patients, addressing any barriers that may limit access to care, and creating an inclusive environment where all patients feel welcomed and valued.
- Key aspects of patient DEI in healthcare include:
  - Access to Care: Ensuring that all patients, regardless of their socioeconomic status, race, ethnicity, or other characteristics, have access to quality health care.
  - Cultural Competence: Understanding and respecting the beliefs, values, and cultural practices of diverse patient populations.
  - Language Access: Providing language access services, such as interpreters and translated materials, to ensure that all patients can communicate effectively with their healthcare providers.
  - Health Disparities: Addressing and reducing health disparities among different patient populations, including those based on race, ethnicity, and socioeconomic status.
  - Inclusive Environment: Creating a welcoming and inclusive healthcare environment that respects and values the dignity and diversity of all patients.
- Mercy Specialty Pharmacy is committed to prioritizing patient DEI in healthcare, to improve patient outcomes, reduce healthcare disparities, and promote a more equitable and inclusive healthcare system.

# Helpful support websites for your condition or diagnosis:

Allergy and Immunology	<a href="https://www.aaaaifoundation.org">https://www.aaaaifoundation.org</a>
Crohn's Disease	<a href="http://www.ccfa.org/science-and-professionals/programs-materials/patient-brochures">http://www.ccfa.org/science-and-professionals/programs-materials/patient-brochures</a> <a href="http://www.crohnonline.com">http://www.crohnonline.com</a> <a href="http://www.crohnsforum.com">http://www.crohnsforum.com</a>
Cystic Fibrosis	<a href="https://www.cff.org/">https://www.cff.org/</a>
Growth Hormone Deficiency	<a href="http://www.hgfound.org">http://www.hgfound.org</a>
Hemophilia	<a href="https://www.hemophilia.org">https://www.hemophilia.org</a> <a href="https://www.wfh.org/en/home">https://www.wfh.org/en/home</a>
Hepatitis	<a href="http://www.liverfoundation.org">http://www.liverfoundation.org</a> <a href="http://www.hepatitis-central.com">http://www.hepatitis-central.com</a> <a href="http://www.hepb.org/resources/printable_information.htm">http://www.hepb.org/resources/printable_information.htm</a>
HIV	<a href="https://www.hiv.gov">https://www.hiv.gov</a> <a href="https://www.cdc.gov/hiv/basics/livingwithhiv/resources">https://www.cdc.gov/hiv/basics/livingwithhiv/resources</a>
IBD	<a href="https://www.crohnscolitisfoundation.org">https://www.crohnscolitisfoundation.org</a>
Infertility	<a href="https://resolve.org">https://resolve.org</a>
Lipid Disorders	<a href="https://www.lipid.org/foundations">https://www.lipid.org/foundations</a>
Multiple Myeloma	<a href="https://themmrf.org/multiple-myeloma/what-is-multiple-myeloma">https://themmrf.org/multiple-myeloma/what-is-multiple-myeloma</a>
Multiple Sclerosis	<a href="http://www.mymsaa.org">http://www.mymsaa.org</a> <a href="http://www.msfocus.org">http://www.msfocus.org</a> <a href="http://www.nationalmssociety.org">http://www.nationalmssociety.org</a>
Oncology/Hematology	<a href="https://www.cancer.org">https://www.cancer.org</a> <a href="https://www.livestrong.org/we-can-help">https://www.livestrong.org/we-can-help</a>
Psoriasis	<a href="http://www.psoriasis.org">http://www.psoriasis.org</a>
Pulmonary Hypertension	<a href="https://phassociation.org/patients/aboutph">https://phassociation.org/patients/aboutph</a>
RemediChain:	<a href="https://www.donatemy meds.org">https://www.donatemy meds.org</a> <i>(RemediChain accepts donations of unopened, unexpired medication and matches those donations with vulnerable patients in need)</i>
Rheumatoid Arthritis	<a href="https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Rheumatoid-Arthritis">https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Rheumatoid-Arthritis</a> <a href="http://www.rheumatoidarthritis.com">http://www.rheumatoidarthritis.com</a> <a href="http://www.arthritis.org">http://www.arthritis.org</a>
Solid Organ Transplant	<a href="https://transplantliving.org">https://transplantliving.org</a>
Stem Cell Transplant	<a href="https://www.asbmt.org/patient-education/external-resources">https://www.asbmt.org/patient-education/external-resources</a>

# Financial Assistance Programs

Accessia Health	<a href="https://accessiahealth.org/">https://accessiahealth.org/</a>
Cancer Care:	<a href="https://www.cancercare.org/">https://www.cancercare.org/</a>
Good Days:	<a href="https://mygooddays.org/">https://mygooddays.org/</a>
HealthWell Foundation:	<a href="http://www.healthwellfoundation.org">www.healthwellfoundation.org</a>
Leukemia and Lymphoma Society:	<a href="https://www.lls.org/support-resources/financial-support/co-pay-assistance-program">https://www.lls.org/support-resources/financial-support/co-pay-assistance-program</a>
Patient Advocate Foundation Co-Pay Relief:	<a href="http://www.copays.org">www.copays.org</a>
The Assistance Fund:	<a href="http://www.theassistancefund.org">www.theassistancefund.org</a>

## Emergency & Disaster Preparedness Plan

Mercy Specialty Pharmacy has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility or region, chemical spills in the community, hurricanes, snowstorm, tornadoes and community evacuations. Our primary goal is to continue to service your prescription care needs. When there is a threat of disaster, we will ensure you have enough medication to sustain you.

1. The pharmacy will call you three to five days before an anticipated local weather disaster emergency utilizing the weather updates as point of reference.
  - A. If you are not in the pharmacy local area but reside in a location that will experience a weather disaster you are responsible for calling the pharmacy three to five days before the occurrence.
2. The pharmacy will send your medication via courier, Fedex or UPS next day delivery during any suspected inclement weather emergencies.
3. If the pharmacy cannot get your medication to you before an inclement weather emergency occurrence, the pharmacy will transfer your medication to a local specialty pharmacy, so you do not go without medication.
4. If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication. Visit your local hospital immediately if you will miss a dose.
5. The pharmacy recommends all patients leave a secondary emergency number.

If you have an emergency that is not environmental but personal and you need your medication, please contact the pharmacy at your convenience and we will aid you.

# Hand Washing

The most important step to prevent the spread of germs and infections is hand washing. Wash your hands often. Be sure to wash your hands:

- **Before, during,** and **after** preparing food
- **Before** eating food
- **Before** and **after** caring for someone at home who is sick with vomiting or diarrhea
- **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

## **Here's how you should clean your hands:**

- Wet your hands and wrists with warm water.
- Use soap. Work up a good lather and rub hard for 15 seconds or longer.
- Rinse your hands well.
- Dry your hands well.
- Use a clean paper towel to turn off the water. Throw the paper towel away.

## **Here's how you should clean your hands with hand sanitizers (waterless hand cleaners):**

- For gel product, use one application.
- For foam product use a golf-ball size amount.
- Apply product to the palm of your hand.
- Rub your hands together. Cover all surfaces of your hands and fingers until they are dry.

# Home Safety Information

Here are some helpful guidelines to help you keep a careful eye on your home and maintain safe habits.

## Medication

- If children are in the home, store medications and poisons in childproof containers and out of reach.
- All medication should be labeled clearly and left in original containers.
- Do not give or take medication prescribed for other people.
- When taking or giving medication, read the label and measure doses carefully. Know the side effects of the medication you're taking.
- Throw away outdated medication by mixing medications with dirt, cat litter, or used coffee grounds. Place mixture in a container such as a sealed plastic bag and place in trash.

## Mobility Items

When using mobility items to get around such as; canes, walkers, wheelchairs or crutches you should use extra caution to prevent slips and falls.

- Avoid using walkers, canes or crutches on slippery or wet surfaces.
- Always put the wheelchairs or seated walkers in the locked position when standing up or before sitting down
- Wear shoes when using these items and try to avoid obstacles, soft, and uneven surfaces.

## Slips and Falls

Slip and falls are the most common and often the most serious accidents in the home. Here are some things you can do to prevent them in your home.

- Arrange furniture to avoid an obstacle course
- Install handrails on all stairs, showers, bathtubs and toilets.
- Keep stairs clear and well lit.
- Place rubber mats or grids in showers and bathtubs.
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath or dizziness.
- Wipe up all spilled water, oil or grease immediately.
- Install good lighting

## **Lifting**

If it is too big, too heavy or too awkward to move alone - GET HELP.

Here are some things you can do to prevent low back pain or injury.

- Stand close to the load with your feet apart for good balance.
- Bend your knees prior to carrying the load
- Keep your back as straight as possible while you lift and carry the load.
- Avoid twisting your body when carrying a load.
- Plan ahead - clear your way.

## **Electrical Accidents**

Watch for early warning signs; overheating, a burning smell, sparks. Unplug the appliance and get it checked right away. Here are some things you can do to prevent electrical accidents.

- Keep cords and electrical appliances away from water.
- Do not plug cords under rugs, through doorways or near heaters. Check cords for damage before use.
- Extension cords must have a big enough wire for larger appliances.
- If you have a broken plug outlet or wire, get it fixed right away.
- Do not overload outlets with too many plugs.

## **Smell Gas?**

- Open windows and doors.
- Shut off appliance involved
- Don't use matches or turn on electrical switches.
- Don't use telephone - dialing may create electrical sparks.
- Don't light candles.
- Call Gas Company from a neighbor's home.
- If your gas company offers free annual inspections, take advantage of them.

## **Fire**

Pre-plan and practice your fire escape. Look for at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located. Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs. Here are some steps to prevent fires:

- Install smoke detectors. They are your best early warning. Test frequently and change the battery every year.
- If there is oxygen in use, place a “No Smoking” sign in plain view of all persons entering the home.
- Do not allow ashtrays or toss matches into wastebaskets unless you know they are out. Wet down first
- Have your chimney and fireplace checked frequently. Look for and repair cracks and loose mortar.
- Keep paper, wood and rugs away from area where sparks could hit them.
- Be careful when using space heaters.
- Follow instructions when using heating pad to avoid serious burns.
- Check your furnace and pipes regularly. If nearby walls or ceilings feel hot, add insulation.
- Keep a fire extinguisher in your home and know how to use it.

### **If you have a fire or suspect fire**

1. Take immediate action per plan - Escape is your top priority.
2. Get help on the way - with no delay. CALL 9-1-1.
3. If your fire escape is cut off, close the door and seal the cracks to hold back smoke. Signal help from the window.

# Notice of Privacy Practices

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

## **Who Will Follow This Notice**

This Notice applies to Mercy Health and Mercy hospitals, clinics and other providers of health care services at all their service delivery sites as described in this Notice (referred to collectively as “We,” “Us” or “Mercy” in this Notice). Mercy Health is a large health care system providing health care services in multiple states. Mercy entities together form an affiliated covered entity under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and may share protected health information with each other for treatment, payment and health care operations as described in this Notice. The privacy practices described in this Notice will be followed by Mercy workforce, including employees, volunteers and trainees. The Notice also applies to independent health care providers that provide services to patients at Mercy facilities (such as physicians, physician assistants, therapists and other health care providers not employed by Mercy), unless such providers give you their own notice of privacy practices. This Notice does not govern the privacy practices of these health care providers for services they provide outside of Mercy facilities.

## **Mercy's Duties Regarding Your PHI**

By law, we are required to maintain privacy of your protected health information (“PHI”), to provide you with this Notice of our legal duties and privacy practices with respect to your PHI, and notify you if a breach occurs that may have compromised the privacy or security of your PHI. PHI is any information, including verbal, electronic and on paper, that is created or received by Mercy pertaining to your health care and payment for your health care. When we use or disclose your PHI, we are required to abide by the terms of this Notice.

**How We May Use and Disclose Your PHI:** We may use and disclose your PHI without obtaining your authorization as described below. Below is a brief explanation of use or disclosure, but we do not list every use or disclosure in a category.

**For Treatment:** We may use and disclose your PHI to provide you with health care services. We may share PHI about you with health care providers involved in your care. For example, a doctor may need to review your medical history before treating you. We may also disclose your PHI to other health care providers to provide you with various items and services, such as laboratory tests or medications and to make arrangements for home care services, rehabilitation services or other health care services you may need. We may contact you to provide appointment reminders, patient registration information, information about treatment alternatives or other health related benefits and services that may be of interest to you or to follow up on your care.

**For Payment:** We may use and disclose your PHI for billing purposes. For example, we may share your PHI with your insurance company to receive payment for services Mercy provides to you, and we may share information with an ambulance company so that it may bill for services provided to bring you to Mercy for treatment. We may also tell your health insurance company about a treatment that you need to obtain prior approval or check if your insurance will pay for the treatment.

**For Health Care Operations:** We may use and disclose PHI about you for our health care operations which are various activities necessary to run our business, provide quality health care services and contact you when necessary. For example, we may share your PHI to evaluate our doctors' and nurses' performance in caring for you and for quality improvement activities. We may disclose your PHI to medical or nursing students and other trainees for review and learning purposes.

**Family Members and Friends Involved in Your Care:** We may share PHI about you with your friend, family member, personal representative, or any individual you identify who is involved in your care or is paying for some or all of your care. If you are present, we may disclose the PHI if you agree to the disclosure, we provide you with an opportunity to object to the disclosure and you do not say no, or if we reasonably infer that you do not object to the disclosure. If you are unable to tell us your preference, for example, if you are not present or are unconscious, we may share your PHI that is directly relevant to the person's involvement with your care if we believe it is in your best interest. In addition, we may disclose your PHI to an entity legally authorized to assist in disaster relief efforts so that your family can be notified of your condition and location.

**Facility Directory:** For hospital patients, unless you advise the registration representative otherwise, if we maintain a facility directory, we may use your name, location in the facility, general condition (e.g., fair, good) for directory purposes. This information may be provided to members of the clergy and to other people who ask for you by name. This helps your family, friends and clergy to visit you and learn about your general condition.

**For Research:** We may use or disclose your PHI for research purposes provided that we comply with applicable laws. We may share your PHI with researchers when their research has been approved by an institutional review board (IRB) and found by the IRB not to require patient permission.

**Fundraising:** We may use and disclose to a business associate or an institutionally related foundation certain limited PHI about you to contact you as part of a fundraising effort on behalf of Mercy, unless you have told us that you do not want to receive communications from us for fundraising purposes. You have the right to opt out of receiving fundraising communications and if you receive a communication for fundraising purposes, you will be provided with instructions on how to request not to be contacted for fundraising purposes in the future. In addition, if you would like to opt out from receiving any fundraising communications, you can contact our Mercy Health Foundation.

**Public Health Activities:** We may disclose your PHI for public health activities to public health or other governmental authorities authorized by law to receive such information. This may include disclosing your medical information to report certain diseases, report child abuse or neglect, report information to the Food and Drug Administration if you experience an adverse reaction from a medication, to enable product recalls or disclosing PHI for public health surveillance, investigations or interventions.

**Victims of Abuse, Neglect or Domestic Violence:** We may disclose your PHI to a governmental authority authorized by law to receive reports of abuse, neglect or domestic violence, if we reasonably believe that you are a victim of abuse, neglect or domestic violence, if the disclosure is required or authorized by law.

**Health Oversight Activities:** We may use and disclose your PHI to a health oversight agency that oversees the health care system so they can monitor, investigate, inspect, discipline or license those who work in health care and engage in other health care oversight activities.

**Judicial and Administrative Proceedings:** We may use and disclose your PHI in the course of judicial or administrative proceedings in response to a legal order, subpoena, discovery request or other lawful process, subject to applicable procedural requirements.

**Law Enforcement Officials:** We may disclose your PHI to the police or other law enforcement officials to report or prevent a crime or as otherwise required or permitted by law.

**Decedents:** We may disclose PHI to coroners, medical examiners and funeral directors when an individual dies so that they can carry out their duties or for identification of a deceased person or determining cause of death.

**Organ and Tissue Donation:** We may disclose PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

**Health or Safety Threat:** We may use or disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Workers Compensation:** We may use and disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs providing benefits for work-related injuries or illnesses.

**Specialized Government Functions:** We may use and disclose PHI for special government functions such as military, national security and presidential protective services.

**Correctional Institutions:** If you are in the custody of law enforcement or a correctional institution, we may disclose your PHI to the law enforcement official or the correctional institution as necessary for health and safety of you or others, provision of health care to you or certain operations of the correctional institution.

**Business Associates:** We may disclose your PHI to third party business associates, which are vendors that perform various services for Mercy. For example, we may disclose your PHI to a vendor that provides billing or collection services for us. We require our business associates to safeguard your PHI.

**Limited Data Sets:** We may use or disclose a limited data set (which is PHI from which certain identifying information has been removed) for purposes of research, public health, or health care operations. We require any recipient of such information to agree to safeguard such information.

**As Required by Law:** We may disclose your PHI to the Secretary of the Department of Health and Human Services and as otherwise required by Federal or state law.

**Uses and Disclosures Requiring Your Authorization:** For any purpose other than the ones listed above in this Notice, we may use or share your PHI only when you give us your written authorization. Your authorization is required for most uses and disclosures of psychotherapy notes, most uses and disclosures of your PHI for marketing purposes and for sale of your PHI. In addition, certain Federal and state laws may require special protections for certain medical information, including information that pertains to HIV/AIDS, mental health, alcohol or drug abuse treatment services, genetic information or certain other information. If these laws do not permit disclosure of such information without obtaining your authorization, we will comply with those laws.

**Revoking Your Authorization:** If you give us written authorization to use and share your PHI, you can take back your authorization at any time, as long as you tell us in writing. If you take back your authorization, we will stop using or sharing your PHI, but we will not be able to take back any PHI that we have already shared. To revoke any previously provided authorization you must submit a written request for revocation to our Health Information Management Department.

#### **Your Rights Regarding Your PHI**

**Right to Request Restrictions:** You have the right to ask us not to use or disclose your PHI for purposes of treatment, payment or health care operations or to individuals who are involved in your care. To request a restriction, you must submit your request in writing to our Health Information Management Department. In your request, you must tell us what PHI you want us not to use or disclose and to whom you want the restriction to apply (for example, disclosures to a certain family member). We are not required to agree to your request, and we will notify you if we don't agree. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that PHI for the purpose of payment or our operations with your health insurer, and we will agree to such request unless a law requires us to share that information. If we agree to your request, we will comply with the restriction unless the information is needed to provide emergency treatment to you. Even if we agree to your request, we may still disclose your PHI to the Secretary of the Department of Health and Human Services and for certain other purposes described in this Notice for which disclosure is permitted without your authorization. We may end a restriction to which we previously agreed if we inform you that we plan to do so.

**Right to Request Confidential Communication:** You have the right to request PHI in a certain form or at a specific location. For example, you can request that we only contact you at a certain phone number or only send mail to a certain address. Your request must be in writing and must be submitted to our Privacy Department. In your request, you must tell us how or where you wish to be contacted and to what address we may send bills for services provided to you. We will not ask you about the reason for your request. We will agree to reasonable requests. If we agree to your request, we will honor your request until you tell us in writing that you have changed your mind and no longer want the confidential communication.

**Right to Inspect and Receive a Copy of Your PHI:** You have the right to review your PHI and to receive a paper or electronic copy of your PHI. You may request that we send a copy of your PHI to a third party. Your request must be in writing and must be submitted to our Health Information Management Department. We may charge a reasonable cost based fee for the cost of providing you with copies. We may deny your request to access and receive a copy of your PHI in certain limited circumstances. If we deny your request, we will explain the reasons to you and in most cases you may have the denial reviewed.

**Right to Request a Change to Your PHI:** You have a right to request that your PHI be corrected if you believe that it contains a mistake or is missing information. Your request must be in writing and must be submitted to our Health Information Management Department. You must tell us the reasons for the change in writing using the request form you can get from your provider or from our Health Information Management Department. Mercy can deny your request if: (1) it is not in writing or does not include a reason for the change; (2) the information you want to change was not created by Mercy; (3) the information is not part of the medical record kept by Mercy; (4) the information is not part of the information that you are permitted to inspect or copy; or (5) the information contained in the record is accurate and complete. If we accept your request, we will inform you about our acceptance and make the appropriate corrections. If we deny your request, we will inform you and give you a chance to submit to us a written statement disagreeing with the denial. We will add your written statement to your record and include it whenever we disclose the part of your PHI to which your written statement relates.

**Right to Notice of a Breach:** You have the right to receive notice if a breach occurs that may have compromised the privacy or security of your PHI.

**Right to an Accounting of Disclosures:** You have the right to request a list of the times we have shared your PHI for six years prior to the date of your request, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures. To request this list, you must submit your request in writing to our Health Information Management Department. Your request must state a time period for which you want to receive this information. We will provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within twelve months. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

**Right to Choose Someone to Act for You:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We will verify that the person has this authority and can act for you before we take any action.

**Right to Receive a Paper Copy of this Notice:** You have the right to a paper copy of this Notice. Even if you have agreed to receive this Notice electronically, you may still ask for a paper copy of this Notice at any time. Copies of the Notice will be available at our facilities. You may view and print a copy of this Notice from our website at [www.mercy.net](http://www.mercy.net). If you want a paper copy of this Notice mailed to you, or to exercise any of your rights outlined above, please send a written request to our Privacy Department.

**For Further Information; Privacy Complaints:** If you have any questions about this Notice or would like more information about our privacy practices, please contact our Privacy Department at 1.833.364.3381 or by mail at the address specified in this Notice.

If you believe your privacy rights have been violated, you may file a written complaint with our Privacy Department at the address specified in this Notice or with the U.S. Department of Health and Human Services Office for Civil Rights Secretary by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., 20201, calling 1.877.696.6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. We will not retaliate against you for filing a complaint.

**Changes to This Notice:** We have the right to change this Notice at any time. If we change this Notice, we may apply the revised Notice to all PHI that we maintain about you. We will post a copy of the current Notice on our website at [www.Mercy.net](http://www.Mercy.net). The Notice will specify the effective date of the Notice. Each time you visit our website, you will see a link to the current Notice in effect. In addition, at any time you may request a copy of the Notice currently in effect. You can also call or write our Privacy Department at the address listed in this Notice to obtain a copy of the Notice currently in effect.

**Effective Date: (3/5/21)**

**Nondiscrimination Notice:** Mercy complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Mercy does not exclude people or treat them differently because of race, color, national origin, sex, religion, age, disability, sexual orientation, or gender identity. Mercy provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats. Mercy also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, you or your representative can contact your local Mercy facility. If you believe that Mercy has failed to provide these services or discriminated in another way on the basis of race, color, national origin, sex, religion, age, disability, sexual orientation, or gender identity, you can file a grievance with Mercy by mail or phone at: 14528 S. Outer 40, Suite 100, Chesterfield, MO 63017, Attention: Section 504/1557 Coordinator, Tony M. Krawat, 1-844-764-0100. If you need help filing a grievance, the Section 504/1557 Coordinator, Tony M. Krawat is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Language Assistance Available**

**Español (Spanish)**  
 ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-364-0425.

**Tiếng Việt (Vietnamese)**  
 CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-802-3924.

**繁體中文 (Chinese)**  
 注意：如果您講中文，可免費為您提供語言援助服務。普通話服務請致電1-844-802-3927；粵語服務請致電1-844-372-8337。

**Polski (Polish)**  
 UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-802-3930.

**한국어 (Korean)**  
 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-802-3925번으로 전화해 주십시오.

**العربية (Arabic)**  
 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-802-3928.

**Tagalog (Filipino)**  
 PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-820-7170.

**Français (French)**  
 ATTENTION : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-802-3931.

**Русский (Russian)**  
 ВНИМАНИЕ: Если вы говорите на русском языке, вы можете воспользоваться бесплатными услугами перевода. Звоните 1-844-802-3926.

**اردو (Urdu)**  
 خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کل کریں 1-844-372-8338۔

**Deutsch (German)**  
 ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-802-3929.

**ગુજરાતી (Gujarati)**  
 સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ડોન ૭૨૧ 1-844-372-8340.

**हिंदी (Hindi)**  
 ध्यान दें: अगर आप हिंदी बोलते हैं/ए भाषा सहायता सेवाएँ मुफ्त में उपलब्ध हैं। 1-844-372-8344 पर कॉल करें।

**فارسی (Farsi)**  
 توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. 1-844-372-8347 تماس بگیرید.

**ພາສາລາວ (Lao)**  
 ໂປດຂ່າຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-844-477-7622.

**Italiano (Italian)**  
 ATTENZIONE: Se parlate italiano, potete usufruire di servizi di assistenza linguistica totalmente gratuiti. Chiamate il numero 1-844-802-4021.

**日本語 (Japanese)**  
 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-477-7617まで、お電話にてご連絡ください。

**λληνικά (Greek)**  
 ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε στον αριθμό 1-844-477-7620.

**Srpsko-hrvatski (Serbian/Croatian/Bosnian)**  
 OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-844-477-7623.

**Kajin Majōl (Marshallese)**  
 LALE: Ne kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejjelōk wōñāān. Kaalok 1-844-865-1243.

**Portugués (Portuguese)**  
 ATENÇÃO: se você fala português, tem à sua disposição serviços linguísticos gratuitos. Ligue para 1-844-477-7618.

**Hmoob (Hmong)**  
 LUS CEEV: Yog hais tias koj hais lus Hmoob peb muaj cov kev pab cuam hais ua koj hom lus pub rau koj yam tsis xam tus nqi hlo li. Hu rau 1-844-477-7621.

**မြန်မာစကား (Burmese)**  
 သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကားကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်အဆင့်ရက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-844-477-7624 သို့ ခေါ်ဆိုပါ။

**Deutsch (Pennsylvania Dutch)**  
 Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff. Call 1-844-372-8349.

**ภาษาไทย (Thai)**  
 หมายเหตุ: ถ้าพูดภาษาไทยขอความช่วยเหลือทางภาษาฟรีไม่มีค่าบริการ โทร 1-844-372-8350.

**Oromiffa (Oromo)**  
 XIYYEEFFANNA: Afaan dubbattu Oromiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-372-8351.

**አማርኛ (Amharic)**  
 አማርኛ የሚናገሩ ከሆኑ የቋንቋ አገዛ አገልግሎቶች፣ ከክፍያ ገንዘብ ይቀርባል። ወደ ሚኒተላው ቁጥር ይደውሉ 1-844-372-8355.

**tsalagi gawonihisdi (Cherokee)**  
 Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1-844-372-8357.

**Kiswahili (Swahili)**  
 KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-844-701-0309.

**Mercy Health | Mercy Health Services**  
**Mercy Hospital St. Louis**  
**Mercy Hospital Washington**  
**Mercy Hospital Jefferson**  
**Mercy Hospital Lincoln**  
**Mercy Hospital South**  
**Mercy Hospital Perry**  
**Mercy Hospital Southeast**  
**Mercy Hospital Stoddard**  
**Mercy Clinic**

**Contact Information**  
**Privacy Department**  
 14528 S. Outer Forty Rd., Ste. 100 | Chesterfield, MO 63017  
**1.833.364.3381**

**Health Information Management Department**  
 615 S. New Ballas Rd. | St. Louis, MO 63141  
**314.251.4622**  
 OR  
 Contact your Physician Office

**Mercy Health Foundation**  
**314.615.1800**

STL\_1490 (12/12/23)