

ALBANY MED Health System

GLENS FALLS HOSPITAL

SPECIALTY PHARMACY **PATIENT WELCOME PACKET**



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WELCOME TO GLENS FALLS HOSPITAL **SPECIALTY PHARMACY**

Thank you for being a patient of Glens Falls Hospital 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

100 Park Street
Glens Falls, NY 12801

Hours

Specialty Pharmacy
Monday through Friday:
8:00 am - 4:30 pm

After-Hours Clinical Support

24 hours per day,
365 days per year

Website:

www.glensfallshospital.org

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

- New Year's Day (January 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 (December 25)

Email: gfhspecialtypharmacy@glensfallshosp.org

PHARMACY OVERVIEW

Glens Falls Hospital Specialty Pharmacy offers complete specialty pharmacy services to patients living in the North Country and Saratoga Regions. 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.



ACCREDITED
Specialty Pharmacy
3/1/2026



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

We work with you and your provider throughout your therapy. Our role is to provide you the prescribed specialty medication with the highest level of care.

Contact the specialty pharmacy at **1-866-298-6337 (MEDS)** if you have questions about:

- Filling or refilling your medication
- Transferring a prescription to our pharmacy or another pharmacy
- Order statuses or order delays
- Insurance coverage and prescription costs
- Medications or concerns
- Filing a complaint
- Our patient management program

Contact our after-hours clinical support at **518-769-4237** if you have clinical questions or concerns about your medications that cannot wait until the next business day.



PATIENT MANAGEMENT PROGRAM



Our specialty pharmacy patients are automatically enrolled into our disease-specific specialty medication service, which is called the **patient management program (PMP)**. This free 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 due to 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
- Identify and respond to any medication side effects or other areas of concern more quickly
- Work with your provider to address these areas of concern
- Assist with access to Patient Assistance Programs and other financial assistance programs to ensure your access to the medications you need

In order for you to achieve maximum benefit from our PMP, please keep us informed of any concerns, problems, or changes in your response to therapy or ability to obtain therapy. For more information about the PMP, ask any member of the specialty pharmacy team by calling **1-866-298-6337 (MEDS)** or emailing **gfhspecialtypharmacy@glensfallshosp.org**.

Opting Out

Ongoing participation in the PMP is highly encouraged. However, you may choose to opt out of the PMP 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 pharmacy team member. They will connect you with the pharmacist to make the note in your electronic patient record.

Rights and Responsibilities

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



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

Language and Cultural Services

We welcome diversity and comply with standards for language and cultural services. We can provide trained, qualified medical interpreters for our patients and their families at no cost to them.

Interpreters can help ensure effective communication for those who are:

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

We also have resources to support culturally competent care for diverse patient populations.

Please let a pharmacy team member know if:

- You need help from an interpreter service
- 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 from a Retail Pharmacy?

Specialty pharmacies are dedicated to ensuring your therapy provides the best possible outcome.

Here are some of the things we do:

- Enroll you in a patient management program
- Ensure you have access to your medication without any gaps in therapy. This includes:
 - Scheduling prompt delivery of the medication.
 - Assisting with prior authorizations.
 - Helping with financial assistance.
- Partner 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 list of your current prescriptions.
 - Screening for disease-specific drug interactions.

How Does My New Prescription Get to the Pharmacy? How Do I Know When I Will Receive It?

There are a few ways we may receive your new prescription:

- Your provider will send the prescription electronically when treatment is prescribed. This is the most common method.
- Your provider will write a paper prescription and send it to the pharmacy via mail or fax.
- Your provider will call in the prescription.

When we receive the prescription from your provider, we will review it, arrange reimbursement, and fill your medication.

Once it is ready, we will contact you to schedule the delivery. You can also pick up your prescription from the pharmacy at your convenience.

When Will the Specialty Pharmacy Contact Me or My Provider?

The specialty pharmacy will call you to:

- Discuss your prescription and copay amount
- Schedule the delivery or pick-up time
- Advise you of any delays in your order
- Review how to store your medication
- Verify your prescription insurance information
- Get documentation of your income to enroll you in financial assistance
- Provide counseling on your medicine
- Tell you if we must transfer your prescription to another specialty pharmacy
- Notify you of any FDA recalls of your medicine

We will contact your provider:

- At your request
- When you are out of refills

How Do I Pay for My Medication?

Glens Falls Hospital Specialty Pharmacy can accept and bill most insurance companies. Our team will work with your insurance company and provider to cover your prescription. 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. We will let you know the exact amount you will need to pay.

We will provide you with the out-of-network price if:

- You are out-of-network with our pharmacy
- You prefer to pay in cash
- You do not have insurance

For payment, we accept:

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

Will the Specialty Pharmacy Ever Share my Email Address?

The specialty pharmacy values your opinion. We are committed to improving our services. We will share items related to your information such as your email address with business associates. This will be used to complete tasks like satisfaction surveys on our behalf.



How Do I Get a Refill?

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

- Check on your progress
- Ask about any side effects
- Verify your dosage
- Determine the shipment or pick-up time of your next refill

You can also pick up your prescription at the pharmacy at your convenience. Payment is required before your medication can be shipped or picked up from the pharmacy. Please call **1-866-298-6337 (MEDS)** during our normal business hours if you have questions or need help.

What Should 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 by calling **1-866-298-6337 (MEDS)**. You can also leave a message on our voicemail.

Will the 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 for any reason, we will transfer your prescription to another pharmacy of your choice. Our team will work with you to ensure you receive all your medications.

Will You Ever Substitute My Medication for a Different One?

We will inform you if any less expensive generic substitutions are available for medications we provide you.

New York requires a generic product be dispensed for your medication unless your provider specifies the brand name is required.

What Should I Do if My Medication is Recalled?

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

What Should I Do if I May Be Having an Adverse (Bad) Reaction to My Medication?

If you feel you are having a bad drug reaction or experiencing symptoms that require urgent attention, you should go to a local emergency room or call 911.



Symptoms that require urgent attention include:

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

Please contact the pharmacy on 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 an error with your medication, please contact us immediately and 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, please contact our Specialty Pharmacy Manager at **518-926-2582**. If you still have concerns, you may contact the Pharmacy Operations Manager at **518-926-2546**.



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

- Patient Experience Department at **518-926-3450**
- Your insurance company
- NYS Board of Pharmacy at **1-800-442-8106**
- Accreditation Commission for Health Care at **855-937-2242**
- URAC at **202-216-9010** or www.urac.org/contact
- Faith Beaty for DNV at **281-396-1757** or www.dnv.us/assurance/healthcare/forms/contact-us-hc.html



PATIENT RIGHTS AND RESPONSIBILITIES

As a patient of Glens Falls Hospital Specialty Pharmacy, you have the following rights and responsibilities. If you feel any of these rights have not been provided, please contact the Pharmacy Operations Manager at **518-926-2546**.



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 the charges associated with care/service, including payment expected from third parties and any charges for which the patient will be responsible
- Receive information about the scope of services 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 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 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 patient property
- Voice grievances/complaints regarding treatment, care, or lack of respect of property and recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal



Patient Rights Continued

- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished and have lack of respect of property investigated
- Have all Protected Health Information (PHI) and other information contained in the patient record kept private and confidential
- Be advised on the pharmacy'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 and 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 provide notice of 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 MEDICATIONS AND SUPPLIES



Unused Medications - Non-Hazardous/Non-Chemotherapy

If you need to dispose of unused medications, there are **three available options**.

1. You can dispose of unused prescriptions at a medication "Take-Back Program." Our team will assist you in finding the dates and locations of such events.
2. You can return unused medication to an NYS RX Drug Drop Site. One is located here at the Glens Falls Hospital Community Pharmacy.
3. You can also dispose of unused medications at home by mixing them into cat litter or used coffee grounds and placing the mixture in a sealed container. The sealed container can then be thrown out in your household trash.



Find more information at:

- NYS Department of Environmental Conservation,
www.dec.ny.gov/chemical/67720.html

Chemotherapy and Hazardous Drugs

You may NOT dispose of chemotherapy and other hazardous drugs by throwing them in trash or flushing them down the toilet.

Instead, please return unused chemotherapy or hazardous drugs to an NYS RX Drug Drop Site. One is located here at the Glens Falls Hospital Community Pharmacy.

Home-Generated Biomedical Waste

Home-generated biomedical waste 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. These precautions will protect you and others from injury and keep the environment safe and clean.

If your therapy involves the use of needles, we will give you a sharps container to use for disposal. After using your injectable medication, place all needles, syringes, lancets, and other sharp objects into a sharps container. Ask your local waste management collection service, public health department, or the Glens Falls Hospital Specialty Pharmacy about ways to dispose of sharps containers in your area.

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 instead. For example, you could use an empty hard can or liquid detergent container. Once the materials are in an acceptable container, you may dispose of it in the trash at home.

You should NOT place sharp objects, such as needles or syringes, into the trash unless they are in a sharps container, and you should NOT flush them down the toilet.



Needle-Stick Safety

- **Plan for safe handling and disposal before use**
- **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 container**
- **Keep out of the reach of children and pets**
- **Report any needle sticks or sharps-related injuries to your physician**



Find more information at:

- **Centers for Disease Control and Prevention (CDC) Safe Community Needle Disposal, www.cdc.gov/needledisposal**

PLANNING FOR AN EMERGENCY



Preparing With the Pharmacy

We would much rather prepare you for an emergency ahead of time rather than wait until it happens. We may ask you where you will go if an emergency occurs, which may be a shelter, home of a friend or relative, or hospital. We may also ask you for the name and phone number of a close family member, friend, or neighbor to use as an alternative contact.

Preparing at Home

Know what to expect, where to go, and what to do.

You should know what the most common emergencies are in your area and what to do if one occurs. Your local emergency resources, such as the Red Cross, law enforcement agencies, and news and radio stations, usually provide excellent information and tips for planning.

One of the most important pieces of information you should know is the location of the closest special needs shelter. These shelters open to the public during voluntary and mandatory evacuation times.

They specialize in caring for patients with special medical needs. They are usually the safest place to go if you cannot get to the home of a friend or family member.

Responding

When you expect an emergency might occur, please contact us. Providing us as much information as possible will help us ensure you receive your needed supplies.

If you do not contact us before or during a known emergency, we will attempt to contact you. We will use the phone numbers you provided us to try to determine your location and safety.

Evacuating your Home

If the emergency requires you to evacuate, please take your medications with you. Remember to bring a cooler with ice bricks if any of your medication requires refrigeration. Once you evacuate to a safe space, notify us of your new location so we can ensure there are no gaps in your therapy.

If you were to not receive your medication for any reason, please call us as soon as possible, and we will do our best to assist you.

Reaching the Pharmacy

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

If travel or access to the pharmacy is restricted due to damage from the disaster, we will attempt to alert you through the phone numbers you provided.



Need Help?

For more information on emergency preparations and responses, visit the FEMA website at www.fema.gov.



WELLNESS TIPS



Washing Your Hands

Keeping your hands clean is one of the most important steps in staying well. Basic hand washing with soap and water significantly reduces the spread of germs. If you do not have access to clean water, use hand sanitizer instead.



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 and cleaning up or helping 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?

1. Wet your hands with clean, running water (warm or cold). Turn off the tap. Apply soap.
2. 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.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

WELLNESS TIPS



Preventing the Flu

The flu affects millions of people every year. While many people recover from the flu at home, an estimated 250,000 people are admitted to the hospital each year. Unfortunately, more than 18,000 people die annually due to the flu.

→ How Can You Help Stop the Spread?

- Get a flu shot
- Cover your cough
- Try to stay away from others who are sick
- Stay home when you feel sick
- Avoid touching your eyes, nose, and mouth
- Clean and disinfect potentially contaminated areas

→ Resources

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

NOTICE OF PRIVACY PRACTICES



Summary of the Joint Notice of Privacy Practices

A federal law called the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) creates new rights for patients regarding the privacy of their health information. You are entitled to an explanation from Glens Falls Hospital (“GFH”) and the doctors who practice at the Hospital about how we protect the privacy of your health care information. We must provide you with a copy of this Joint Notice of Privacy Practices (“Notice”) and ask that you sign a document stating that we gave the Notice to you. We are using a Joint Notice rather than separate notices from the Hospital and the doctors for your convenience and to improve your access to the separate health care services that the Hospital and the physicians independently provide. You may read the Notice now, or at a later time. At some point, you should read the full Notice carefully because it explains:

1. Generally how we use health care information about you;
2. That we, like other health care providers, may use and disclose health information about you as part of your treatment, to arrange for payment for services provided, and for our internal operations. We are not required to have separate permission for these uses and disclosures;
3. Other circumstances where we may use or disclose information about your health where we are not required to get your permission first;
4. Circumstances where New York law provides special privacy protections for certain types of health information;
5. Your rights with respect to health information we have about you, namely:
 - Your right to have a copy of this privacy notice;
 - Your right to review and copy your health information;
 - Your right to an accounting of certain disclosures of your health information;
 - Your right to request that we communicate with you at alternative locations, mailing addresses or telephone numbers;
 - Your right to request restrictions on how we use your health care information;
 - Your right to request an amendment to information in our records that you think is in error; and
 - Your rights to file a complaint if you think your privacy rights have been violated.

We maintain a directory listing patients in the Hospital so that family members and clergy can visit. Please let us know if you do not want to be included in the directory.

GFH and the physicians who practice here take your confidentiality very seriously. We encourage you to read this Notice and keep a copy for your records.

This Notice describes how information about you may be used and disclosed and how you can get access to the information. Please review it carefully.

This is the Joint Notice of Privacy Practices from Glens Falls Hospital and the doctors of the GFH Medical Staff. This Joint Notice of Privacy Practices ("Notice") will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you directly, or could be used to identify you. In this Notice, we call all of that protected health information "medical information" or "health information."

This Notice also will tell you about your rights and our duties with respect to your medical information. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

GFH and the doctors are committed to protecting the privacy of your medical information. This Notice refers to GFH and the doctors on the Medical Staff by using the terms "us," "we," "our," or "GFH" or "the Hospital."

How We May Use and Disclose Medical Information About You

1. What records does this Notice cover? When you receive treatment from us as a patient (whether as an inpatient, a behavioral health services patient, a patient in one of our health centers, or a patient in one of our outpatient departments), both your doctor and GFH personnel helping with your care (such as nurses, pharmacists, technicians and other health care personnel) keep your medical information in a set of records which we maintain. If you are admitted to GFH as an inpatient, we will make an inpatient record that contains your doctor's orders for your care, notes from your doctor, consulting doctors, and nurses caring for you, reports of laboratory tests and other examinations, and other information. If you have a test or procedure in one of our outpatient departments or a visit from home care clinicians, or you come to the Emergency Care Center, a record of your care will be made in the department, and doctors and Hospital personnel caring for you will make entries in that record.

The billing office will also have records of billing statements, your insurance coverage, and other payment information. This Notice applies to the medical and billing records relating to your care in GFH and any of its departments or off-site facilities (see a listing of current facilities/programs on page 13), and includes portions of the record created by doctors participating in your care (who may not be employed by GFH). This Notice does not apply to your doctor's office records including billing records unless that doctor is employed by GFH.

2. Does the law require GFH to protect patient privacy? Yes. The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 ("HITECH"), is a federal law which requires us to maintain the privacy of individual patient information, and to give you this Notice describing our privacy practices. We are required by law to follow the terms of this Notice (but we may change the Notice from time to time). There also are state laws that protect the privacy of certain records.
3. How may GFH use or disclose patients' health information? This section applies to most patients, and describes common circumstances when health information may be disclosed. See Section 4 for a discussion of special state laws protecting privacy of certain patient records.
 - A. **For Your Treatment.** The doctors, nurses, and other personnel who are providing care to you at GFH may use your health information.

Example: You come to GFH for surgery. Your health information may be used by the surgeon; by consulting physicians (such as a radiologist who reads your x-rays, or a pathologist who examines tissue removed from you during surgery); by nurses providing care for you; by pharmacists who fill your doctor's medication orders; care managers who make arrangements for care you may need after discharge.

Also, we may consult with other health care providers about your care, or refer you to another health care provider for additional care. In these cases, we may send your health information to other health care providers.

Example: You need to receive services from a physician with a particular specialty. When we refer you to that physician, we also will contact that physician's office and provide medical information about you to him, so he will have information he needs to provide services to you.

The Family Treatment Center will not share information with other GFH programs, entities and/or health care providers without an authorization signed by you to release information.

- B. **To Receive Payment for Health Care We Provide to You.** We may use and disclose medical information about you so we can be paid for the services we provide to you. This can include billing you, your insurance company, or a third party payor (such as Medicare). For example, we may need to give your insurance company information about the health care services we provide to you so your insurance company will pay us for those services, or reimburse you for amounts you have paid. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the health care you need to receive, so that company or program may determine whether you are covered.

Example: You may need outpatient physical therapy after knee surgery and we will send medical information to your insurance company to determine whether you are covered for the treatments.

- C. **For Health Care Operations.** We may use and disclose your medical information for our own health care operations. These are necessary for us to operate the Hospital and to maintain quality health care for our patients.

Example: We may collect data from your record and other patient records, so that we can review the quality of the services we provide.

- D. **To Business Associates.** We may use a third party to help us receive payment for health care or assist with our operations, or to provide management, financial, legal, consulting, and other services. When we contract for these services, we may disclose your medical information to our business associates so that they can perform the job we have asked them to do. To protect your medical information, however, we require the business associate to appropriately safeguard your information. (GFH Business Associate Agreements require that all HIPAA security administrative safeguards, physical safeguards, technical safeguards and security policies, procedures, and documentation requirements apply directly to the business associate.)

Example: If you request a copy of your record from our contracted copy service, the copy service must safeguard your medical information, the same as the Hospital.

- E. **Patient Information Directory.** We may include certain limited information about you in the hospital directory while you are a patient at GFH. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name including family, friends and members of the media.

Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

You may ask to restrict the information that is given out about you. If you are in an emergency situation and are not able to make your wishes known, we will use this information in the directory. The Behavioral Health Services and the Family Treatment Center will not release any directory information without your specific authorization except as required by law.

- F. **To Your Family or Close Friend.**

Unless you object, we may use or disclose your medical information in order to notify a family member, personal representative, or other person responsible for your care that you are at the Hospital, and we may describe your general condition. Also, unless you object, health professionals may disclose your medical information to a family member, other relative, close personal friend, or other person involved in your care or in paying for your care. If you are unable to express an objection, we will use our judgment on whether providing information to your family is in your best interest. There are special rules that apply to certain patients, such as patients receiving behavioral health services. These special rules are described in Section 4.

- G. **Appointments and Other Matters.**

We may use and disclose medical information to contact you (e.g.: by telephone or postcard) about scheduled or canceled appointments, registration/insurance updates, billing or payment matters, pre-procedure assessment or test results.

H. **Health-Related Benefits and Treatment Alternatives.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you or recommend possible treatment options or alternatives or other health-related information that may be of interest to you.

For example, we may notify you of upcoming health fairs, lectures, health screenings and other community health activities.

Special Situations

I. **As Required or Permitted by Law.**

The law permits or requires the Hospital to disclose health information in some cases:

- 1) *Abuse, neglect and domestic violence:* We may report information to agencies which investigate reports of child abuse, elder abuse and abuse of the disabled. Where the law permits, but does not require reporting, we may report information to government agencies when you agree to this, or when the disclosure is necessary to prevent serious harm to you or other potential victims. We will only make a report if you agree or when required or authorized by law.
- 2) *Deaths:* We may disclose medical information to a coroner, medical examiner, or funeral director.
- 3) *Health oversight activities:* We may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigations, licensure or other disciplinary actions. These types of activities are needed for government oversight of the health care system, and for the administration of government benefit programs (such as Medicare and Medicaid).

4) *Incidental Disclosures:* Disclosures of your information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information.

For example, during the course of your treatment, other patients in the area may see or overhear discussion of your medical information.

- 5) *Inmates; persons in custody:* If you are in law enforcement custody, we may disclose medical information to a prison or law enforcement official who has custody of you. The disclosure will be made if necessary (a) to provide health care to you; (b) for the health and safety of others; or (c) for the safety, security, and good order of the prison
- 6) *Judicial and administrative proceedings:* We may disclose medical information about you as required by law in response to an order of a court or administrative tribunal. We also may disclose medical information in response to a subpoena, discovery request, or other legal process, but only if we receive assurances that efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.
- 7) *Law enforcement purposes:* We may disclose medical information about you to a law enforcement official for law enforcement purposes to:
 - a. comply with the law;
 - b. respond to a court, grand jury or administrative order, warrant or subpoena;
 - c. identify or locate a suspect, fugitive, material witness or missing person;
 - d. report an actual or suspected victim of a crime if that person agrees to the disclosure. If we are unable to obtain that person's agreement, the information may still be disclosed in limited circumstances;

- e. alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct;
 - f. report a crime that occurred at GFH; and/or
 - g. report a crime in emergency circumstances.
- 8) *Military and Veterans:* If you are a member of the Armed Forces, we may use and disclose medical information about you for activities deemed necessary by military command authorities. We also may release information about foreign military personnel to the appropriate foreign military authority.
- 9) *Minors:* We may release medical information to a minor about his/her treatment without parental authorization in certain circumstances such as diagnosis and treatment of sexually transmitted diseases, or when the minor is emancipated (not yet 18 years of age but married or self-supporting and living apart from parents).
- 10) *National security and intelligence:* We may disclose medical information to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities.
- 11) *Organ, eye, or tissue donation:* We may notify organ procurement organizations to help them with organ, eye, or tissue donation and transplants.
- 12) *Protective services for the President and others:* We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- 13) *Public health activities/risks:* We may disclose medical information about you for public health activities. These activities generally include the following:
- a. to prevent or control disease, injury or disability;
 - b. to report births and deaths;
 - c. to report reactions to medications or problems with products;
 - d. to notify people of recalls of products they may be using;
 - e. 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;
 - f. to the Food and Drug Administration relating to safety of medical devices
- 14) *Research:* Usually we will disclose your medical information for research purposes only with your authorization. However, in some circumstances, we may use or disclose medical information for research without getting your authorization. For example, we may allow a researcher to review patient records in order to prepare for a research project, but no medical information will leave the Hospital during that person's review of the information. Also, we may disclose medical information for a research project which has been approved through a formal process that evaluates the needs of the research project with the need to protect privacy of medical information. The researchers may use this information to contact you to ask if you want to participate in such research.
- 15) *Security clearances:* We may use medical information about you to make medical suitability determinations and may disclose the results to officials in the United States Department of State.
- 16) *To avert a serious threat to health or safety:* We may use or disclose medical information if we believe this is necessary to prevent or lessen a serious threat to the health or safety of a particular person, or the public in general.

We also may release information if we believe the disclosure is necessary for law enforcement authorities to identify or arrest a person who admitted that he/she committed a violent crime, or who escaped from a prison or lawful custody.

- 17) *Workers' Compensation:* We may disclose medical information about you as needed to comply with workers' compensation and similar laws that provide benefits for work-related injury or illness.

J. **For Information on our Products and Services.** We may use and disclose medical information about you to communicate with you about our products or services. This may be:

- 1) To describe a health-related product or service that is provided by us;
- 2) To assist in your treatment; and/or
- 3) To perform case management or care coordination for you;

K. **For Marketing Communications.** We may tell you about other products or services in a face-to-face communication. We may not use or disclose your medical information to encourage you to purchase products or services without your written authorization.

L. **To Request Donations to the Hospital.** We may use and disclose your medical information to contact you to raise funds for GFH (either directly or through the Glens Falls Hospital Foundation or a business associate). We may release demographic information (such as your name and address), dates of service, department of service, treating physician, outcome information and health insurance status.

If you do not wish to be contacted for marketing or fund-raising efforts, please notify the Vice President of The Glens Falls Hospital Foundation or the Privacy Officer by calling Glens Falls Hospital at 518.926.1000, via email by visiting our website "Contact Us" page, or by mailing your request to our attention.

M. **With your Authorization.** The Hospital may not make any other uses or disclosures of your medical information without your written authorization.

Example: You apply for life insurance and the life insurance company wants to review your medical information before issuing an insurance policy. We would not send information to the life insurance company without your written authorization.

You may revoke your authorization at any time by written notice to the Hospital.

N. **Prohibition on the Sale of Medical Information.** We may not receive direct or indirect payment in exchange for any of your medical information unless we have obtained a valid authorization from you. The authorization must state whether the medical information can be further exchanged for payment by the entity receiving your medical information. This does not apply to:

- 1) Public Health Activities;
- 2) Research (and the price charged reflects the costs of preparation and transmittal of the data);
- 3) Your treatment;
- 4) Health care operations involving the sale, transfer, merger, or consolidation of all or part of GFH with another entity that is or will be subject to HIPAA;

- 5) Payment that is provided by us to a business associate for activities involving the exchange of medical information that the business associate undertakes on behalf of in accordance with the request of GFH;
- 6) For providing you or your legal representative with your medical information; or
- 7) Any other exception allowed by the Department of Health and Human Services.

O. **Prohibition on Disclosure of Psychotherapy Notes.** Most uses and disclosure of psychotherapy notes require your express authorization.

4. What special state laws protect privacy of certain patient records? Section 3 of this Notice describes when GFH is permitted under HIPAA to use or disclose your medical information. In certain cases, New York law and other federal law provide more stringent privacy protections for specific kinds of medical information than HIPAA requires. In those cases, GFH must follow the state law. Those laws provide more stringent protection in the following areas:

- A. **Behavioral Health Patients:** If a patient has received behavioral health services, GFH may not reveal, with certain exceptions, that the patient is a recipient of services or disclose behavioral health records without written consent.
- B. **HIV/AIDS:** GFH may not reveal, with certain exceptions, that a patient has been tested for HIV, or the results of the test, without written authorization on a form either developed by the New York State Department of Health or in conformance with that form.
- C. **Alcohol or Drug Abuse Treatment:** If a patient has received treatment for alcohol or drug abuse, GFH may not reveal, with certain exceptions, that the patient is a recipient of

services or disclose alcohol or drug abuse treatment records without written consent.

- D. **Genetic Testing:** The Hospital may not disclose results of genetic testing except as permitted by law. There are special rules governing when parents of a minor have access to genetic testing records.

5. What are your rights concerning your medical information?

- A. **You Have the Right to Inspect Your Record, and Get a Copy.**
With some exceptions, you have the right to inspect and obtain a copy of medical information about you after you have been discharged. To inspect or copy medical information about you, you must write to the Health Information Management Department, Glens Falls Hospital, 100 Park Street, Glens Falls, New York 12801. You should tell us specifically what medical information you want to inspect or copy. If you ask for a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing.

You have a right to access your electronic health record (e-health record) in an electronic format and to direct GFH to send the e-health record to a third party. GFH may charge for the labor costs of such transmission. This pertains only to records that are in an electronic format; GFH does not have to convert paper records to an electronic format.

You have the right to look at your medical information within ten (10) days from receipt of your written request.

We will respond within thirty (30) days from receipt of your written request for copies of your medical information. If you request a copy of the information, a statutory fee is charged to cover the costs of copying, mailing or other supplies associated with your request. We may offer to give you a summary or explanation of the information you requested as long as you agree in advance to this and to any fees that it might cost. If you ask for information that we do not have, but we know where it is, we must tell you where to direct your request.

We may deny your request to inspect and copy medical information in limited circumstances, including the following:

- 1) The information you requested includes psychotherapy notes; information compiled in anticipation of, or use in, a civil, criminal, or administrative action or proceeding; information related to laboratories under the Clinical Laboratory Improvements Amendment of 1986; or information obtained from someone other than a healthcare provider under a promise of confidentiality and disclosure would reveal the source of the information;
- 2) You are a prison inmate and providing the information would jeopardize health, safety, security, custody, or rehabilitation of you or other inmates, or the safety of correctional officers;
- 3) You are participating in a research project and have agreed in advance that you will not have access to the research information during the project;
- 4) A licensed health care professional has determined that if you are given access to the information, this could endanger your life or safety, endanger another person's life or safety, or cause substantial harm to another person. (You are entitled to a review of a denial made on this basis.); or

- 5) Access to your medical information is requested by your personal representative rather than you, and a licensed health care professional determines that providing access to this person may cause substantial harm to you or someone else. (You are entitled to a review of a denial made on this basis.)

If we deny your request, we will inform you of the basis for the denial, whether and how you may have our denial reviewed, and how you may register your complaint. Any review of our denial will be done by a licensed health care professional designated by us, who was not directly involved in the denial. We will comply with the outcome of that review. If they agree that it should be denied, it may be appealed to the state's medical records access committee. We will comply with the outcome of both reviews. You have additional rights to appeal a denial to the New York State Department of Health.

- B. You Have the Right to Request Amendment of Your Record.
You have the right to ask us to amend medical information about you. You have this right for so long as the medical information is maintained by us.

To request an amendment, you must submit your request in writing to Health Information Management Department, Glens Falls Hospital, 100 Park Street, Glens Falls, New York 12801 ATTENTION: DIRECTOR. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive it. If we agree to your request, we will amend your medical information as you requested. We will link the amended part to the original part, so that someone reviewing the record can see what was changed.

We may also agree to make some changes you asked for, but not others.

If we agree to your request, in whole or in part, we will ask you to tell us if you want the amended medical information to be sent to anyone, and also ask you to authorize us to send the changes to persons who should know of these modifications.

We may deny your request to amend medical information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend medical information if we determine that the information:

- 1) Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- 2) Is not part of the medical information maintained by us;
- 3) Would not be available for you to inspect or copy; or,
- 4) Is accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement disagreeing with our denial. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the medical information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

Even if you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved.

You also will have the right to complain about our denial of your request.

- C. You Have the Right to Request Restrictions on Uses or Disclosures of Your Medical Information. You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister.

To request a restriction, you may do so at any time. If you request a restriction, you should address your request to: Glens Falls Hospital, 100 Park Street, Glens Falls, New York 12801 ATTENTION: Privacy Officer. You should tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse).

We are not required to agree to any requested restriction. However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

- D. You Have the Right to Request that We Communicate in a Special Confidential Way. Unless you tell us otherwise in writing, we may contact you by either telephone or by mail, at either your home or workplace. At either location, we may leave messages for you on the answering machine or voice mail but we will not disclose your medical information. If you want us to communicate with you only in a certain way or at a certain location, you can request this. For example, you can ask that we only contact you by mail or at work. We will not ask you to tell us why you are asking for the confidential communication.

If you want to request confidential communication, you must do so in writing to: Glens Falls Hospital, 100 Park Street, Glens Falls, New York 12801 ATTENTION: Privacy Officer. Your request must state how or where you can be contacted.

We will accommodate your request as long as it is reasonable. However, we may, when appropriate, require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you.

- E. You Have the Right to Receive an Accounting of Disclosures of Medical Information About You. You have the right to request an “accounting of non-authorized disclosures.” This is a list of the disclosures we made of medical information about you not as part of our normal operations or that you did not authorize. You may request this as far back as six (6) years. The listing will include the date, name and address (if known) of the person or organization receiving your information. It will also include a brief description of the information given and a brief statement of why the information was shared.

Electronic Health (“E-Health”) Records

— You have a right to receive an accounting of disclosures through our e-health records used to carry out treatment, payment and health care operations. You may request this as far back as three (3) years. We must provide you with either (i) disclosures made by GFH and all of our business associates; or (ii) disclosures made by us and a list of business associates, including their contract information, who will be responsible for providing you with an accounting upon your request.

Because the implementation of e-health records is a staged process, the obligation to provide such accounting depends upon the time of implementation of the e-health record for which an accounting is requested.

An Accounting of disclosures does not include disclosures made:

- 1) Of your medical information for the purpose of treatment, payment or health care operations;
- 2) To you or your personal representative;
- 3) With your written authorization;
- 4) In the Patient Information Directory;
- 5) To your family or friends involved in your care or payment for your care;
- 6) To you about your health condition;
- 7) Incidental to permissible uses or disclosures;
- 8) About inmates to correctional institutions or law enforcement officers;
- 9) For national security or intelligence purposes; or
- 10) Before April 14, 2003.

To request this list of accounting of disclosures, you must submit your request in writing to Health Information Management: Attention: Director of Health Information Management. You may also direct your request to Corporate Compliance Attention: Chief Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically, etc.).

The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- 1) Have sixty (60) days to respond to your request.
- 2) If we are not able to act on the request within the sixty (60) days, we will notify you that we are extending the response time by thirty (30) days. If we extend the response time, we will explain the delay to you in writing and give you a new date of when to expect a response.
- 3) There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

- F. You Have the Right Not to Disclose to Your Health Insurer.
- If you pay in full for the services you receive, you may request that the services you received not be disclosed to your health insurer. To request this non-disclosure, you must contact the Health

Information Management Department, Glens Falls Hospital, 100 Park Street, Glens Falls, New York 12801 ATTENTION: DIRECTOR.

- G. You Have the Right to Receive Notification if Your Medical Information Is Breached. We must notify you within sixty (60) days from discovery that there has been a breach of your medical information has been or is reasonably believed by us to have been accessed, acquired or disclosed as a result of such breach. This notice must:
- 1) Contain a brief description of what happened, including the date of the event and the discovery;
 - 2) The steps which you should take to protect yourself from potential harm resulting from the event; and
 - 3) A brief description of what GFH is doing to investigate the event, lessen the losses, and protect against such event occurring again.
- H. Right to a Paper Copy of this Notice. You may request a paper copy of this notice from the Health Information Management: Attention: Director of Health Information Management or the Privacy Officer. You may also obtain a copy of this notice at the following website: www.glensfallshospital.org
- I. Management or the Privacy Officer.
6. 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 medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in all of our locations providing patient care. The notice will contain the effective date on the first page.

7. Complaints

If you believe your privacy rights have been violated or you disagree with any action we have taken with regard to your medical information, we want you, your family, or your guardian to speak with us. If you present a complaint, your care will not be affected in any way. It is the goal of Glens Falls Hospital to give you the best care while respecting your privacy.

You may file a complaint by contacting the Privacy Officer as listed at the end of this Notice. You may also send a written complaint to the U.S. Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza- Suite 3312, New York, NY 10278, Voice Phone (212) 264-3313, or email to OCRCComplaint@hhs.gov

We will take no retaliatory action against you if you file a complaint about our privacy practices and you will not be penalized for filing a complaint.

8. Contacts

Privacy Officer.....518-926-1987
Director, Health Information
Management.....518-926-5417
Patient Representative.....518-926-3450

GLENS FALLS HOSPITAL PATIENT AGREEMENT



In this agreement, use of the terms “I,” “my” and “me” refer to (a) the patient, (b) any party guaranteeing or otherwise financially responsible for the patient’s receipt of care, treatment and supplies (hereinafter “Hospital Services”)

CONSENT TO CARE: I wish to be treated by/ admitted to Glens Falls Hospital. While I am a patient, I permit my doctor(s), the hospital employees, and all the persons caring for me to treat me in ways they judge are beneficial to me. I understand that this care may include tests, examinations, photographs of wound and skin abnormalities and medical treatment. I understand that Glens Falls Hospital is a teaching facility and that students and physicians in training may participate in my care and treatment. I understand that no guarantees have been made to me about the outcome of this care.

AUTHORIZATION TO RELEASE

INFORMATION: I authorize Glens Falls Hospital to release my Patient information to other healthcare providers, physicians, Public Health Reporting, Insurance Companies, organized Health Care Arrangements, or clinically integrated networks in which Glens Falls Hospital participates, Government

Agencies and post discharge facilities. The information may include HIV, AIDS, Psychiatric, Psychotherapy, Drug/Alcohol, Mental Health and Behavioral Health. I understand that this is in accordance with HIPAA under treatment, payment and healthcare operations. A more detailed description of possible uses and disclosures is set forth in Glens Falls Hospital’s Notice of Privacy Practices. I agree that I have received a copy of the Notice of Privacy Practices for Glens Falls Hospital.

TELEPHONE CONSUMER PROTECTION ACT:

I authorize Glens Falls Hospital and all clinicians who have provided care to the patient, along with any billing services, collection agencies, attorneys, or other agents working on their behalf, to contact the patient on his or her cell phone and/ or home phone using automatic telephone dialing systems or other computer-assisted technology.

ACCESS TO e- MEDICATIONS HISTORY:

I understand that it may be necessary to access my prescription medication history electronically that was previously prescribed: I authorize Glens Falls Hospital and outpatient services access for the purpose of my care and treatment. I understand

that this information will facilitate the creation of my ongoing medication list and this information will be available for continuing treatment.

NOTICE OF RELATIONSHIP BETWEEN THE MEMBERS OF THE MEDICAL STAFF AND THE HOSPITAL:

Many of the physicians (i.e. pathologists, radiologists, anesthesiologists, surgeons, specialists and subspecialists) treating and providing services to you are NOT employed by Glens Falls Hospital. These physicians are qualified professionals and independent contractors who alone are responsible for their own clinical judgments and the medical care they provide to their patients.

NOTICE OF PRIVACY PRACTICES / USE / DISCLOSURE OF INFORMATION:

I understand that Glens Falls Hospital may use and/or disclose information about me for treatment, payment and/or healthcare operations purposes. Recipients of this information may include, but are not limited to, physicians, healthcare providers, post-discharge facilities and/or services.

CONSENT FOR TESTING DUE TO UNFORESEEN SITUATION:

In the event that any healthcare

provider or first responder (including emergency medical service workers and police officers) involved in the Patient's care is exposed to the Patient's blood or bodily fluids and makes a request for testing and results of such testing, I consent to the drawing of blood for the purpose of testing it for various blood-borne pathogens including, but not limited to, Human Immunodeficiency Virus (HIV) and Hepatitis B and C. I understand and agree that the results of the blood test shall be released to me and to the healthcare provider/first responder exposed to the Patient's blood or bodily fluids. To the extent possible, these results will be provided to the healthcare provider/first responder without disclosing the Patient's name.

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES:

I hereby acknowledge receipt of Statement of Patient's Rights and Responsibilities, including Advance Directive and Organ/Tissue Donation information. I understand that professional personnel are available to explain the Statement if needed.

PERSONAL VALUABLES: I understand that Glens Falls Hospital and its employees are not responsible for the loss of or damage to, any money, articles or

personal property unless I have such items placed in the vault for safekeeping. Glens Falls Hospital strongly recommends valuables not be kept at the Hospital.

ASSIGNMENT OF BENEFITS: I authorize payment directly to Glens Falls Hospital and to any physician rendering services to me for health insurance benefits payable to me under the terms of my policy and I agree to assist in the processing of claims for benefits. Services rendered by Glens Falls Hospital generate both professional and technical fees. The hospital bills for the technical fees and the physician bills for the professional fees.

MEDICARE AUTHORIZATION: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and Centers for Medicare & Medicaid Services (CMS) or its intermediaries or carriers any information needed for this or a related Medicare claim. I request the payment of authorized benefits be made on my behalf to the hospital or any physician rendering services during my treatment.

APPEALS TO THIRD PARTY PAYORS: I hereby authorize Glens Falls Hospital and its employees to appeal adverse decisions made by my commercial and/or governmental health insurance carrier.

PATIENT RESPONSIBILITIES RELATING TO DISCHARGE: Many patients require assistance from local agencies to support their return to the community. The patient agrees to comply with all Glens Falls Hospital policies to ensure timely discharge. You may contact Care Management at 926-3300 if you have specific questions regarding these policies.

OTHER CHARGES: I may receive separate bills from persons providing emergency care, anesthesia services, interpretation of x-rays, physician care or other services or supplies that are neither the responsibility of nor billed by Glens Falls Hospital, I understand that if I request a private room for my convenience that I shall pay all charges for that single room exceeding my healthcare coverage payments for a semi-private room.

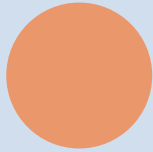
CHANGING THIS AGREEMENT: This agreement may not be changed or canceled, except as agreed upon, in writing by both parties.

MY PAYMENT OBLIGATION: I shall receive/have received Hospital services and I am responsible for and shall pay for my receipt of these Hospitals services if Glens Falls Hospital is not otherwise timely and appropriately paid for them by another party. I understand that in certain instances my Payer or Glens Falls Hospital may determine that (a) certain Hospital services are not covered or paid for by my Payer and Glens Falls Hospital will not be paid for my receipt of them. Therefore, if I want to receive them I must personally pay for them; and/or (b) either I no longer need, or am not covered to receive any more of, certain Hospital services. If I choose to receive these non-covered/exhausted Hospital services after being informed by a Payer or by Glens Falls Hospital that they will not, or no longer will be, covered and paid for by my Payer, I shall pay Glens Falls Hospital for its provision of these non-covered/exhausted Hospital services to me as required by Glens Falls Hospital existing payment policies.

I acknowledge that I have read this consent and agreement and that I fully understand the terms of the financial agreement. I understand that by signing this agreement I am responsible to pay Glens Falls Hospital for all hospital services provided, or to be provided, to me by Glens Falls Hospital unless the hospital is paid by another party.

I hereby acknowledge that I was offered a copy of the following documents, as appropriate: Notice of Privacy Practices, Patient's Rights and Responsibilities, Medicare Important Message, Advanced Care Directives.

_____	_____	_____	_____
Signature of Patient/Legal Guardian/Other	Date		Time
_____	_____	_____	_____
Relationship of Authorized Individual	Witness	Date	Time



ALBANY MED Health System

GLENS FALLS HOSPITAL
Specialty Pharmacy

100 Park Street | Glens Falls, NY 12801

We are located inside the main tower entrance.



**PFAC
APPROVED**

