



Date: _____

NEW RETAIL PATIENT

Patient Name: _____

Address: _____

Patient Type (check one): ☐ Resident of Delmar Gardens Villa
☐ Employee of Delmar Gardens

I authorize Corum to deliver my prescription to the following Delmar Gardens location (place of residence or place of employment): _____

***Please note: for Villa residents, medications will be delivered and signed for by the front desk.*

DOB: _____ Sex: _____ Phone #: _____

Allergies: _____

SSN: _____ Safety Caps: YES NO

Please fax a copy of your insurance card to Corum (636-733-7334).

The billing statement should be sent to: ☐ The Patient ☐ Other (*information below*)

Bill to: _____ Relationship: _____ Phone #: _____

Billing address: _____

Additional family members who will be filling medications with Corum:

Name: _____ DOB: _____ Sex: _____

Allergies: _____

Name: _____ DOB: _____ Sex: _____

Allergies: _____



Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

You have the right to:

- Get a copy of your paper record
- Correct your paper medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint or concern if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in our directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you. Should you wish to exercise one of these rights, please contact the entity's Privacy Liaison or the Delmar Gardens Family Privacy Officer. This individual will provide you with instructions for submitting your request in writing. It is important to direct your request to the appropriate individual so that we can process your request timely. Failure to contact the Privacy Liaison or Officer directly may delay processing of your request.

Get a paper copy of your medical record

- You can ask to see or get a paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will agree to all reasonable requests consistent with our ability to share information.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, 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 (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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 health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint or discuss a privacy concern if you feel your rights are violated

- We welcome the opportunity to address any questions or concerns regarding the privacy of your health information.
- You may file a complaint if you feel we have violated your rights by first contacting the Delmar Gardens Family Privacy Officer at (636) 733-7000 or (800) 969-1811.
- You can also file a complaint with Secretary of the U.S. Department of Health and Human Services Office for Civil Rights.
- We will not retaliate against you for filing a complaint or voicing a privacy concern. We appreciate your comments and feedback, and welcome hearing from you so that we can answer your questions and alleviate any concerns you may have related to privacy matters.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. We will provide you with the information needed for your written request to be reviewed by the appropriate individual.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in our directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.
Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our community/agency, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Address workers' compensation, law enforcement and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described herein unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office/community, and on our web site.

Effective Date: April 14, 2003

Revised Date: February 1, 2014

This Notice of Privacy Practices applies to the following organizations.

Applicable law permits the Delmar Gardens Family (DGF) and its affiliated entities to designate themselves as a single covered entity for purposes of complying with the HIPAA Privacy Rule. At present, the following facilities, agencies and companies, are considered Affiliated Covered Entities (ACE) for purposes of the HIPAA Privacy Rule and have agreed to this joint notice.

Nursing & Rehabilitation Centers

Delmar Gardens West
Delmar Gardens of Chesterfield
Delmar Gardens on the Green
Delmar Gardens South
Delmar Gardens of Creve Coeur
Delmar Gardens of Lenexa
Delmar Gardens of O'Fallon
Delmar Gardens of Smyrna
Delmar Gardens North
Delmar Gardens of Meramec Valley
Delmar Gardens of Gwinnett
Delmar Gardens of Overland Park
Delmar Gardens of Green Valley
St. Joseph Villa

Assisted Living Communities

Garden Villas Assisted Living
Chesterfield Villas Assisted Living
Garden Villas South Assisted Living
Garden Villas North Assisted Living

14805 N. Outer 40 Road, Suite 140 • Chesterfield, MO 63017-2026 • 636 / 733-7300 • Fax 636 / 733-7334

Garden Villas of O'Fallon Assisted Living
Delmar Gardens of Gwinnett Personal Care
Delmar Gardens of Smyrna Personal Care
Garden Villas of Lenexa Assisted Living

Durable Medical Equipment

Med Resources Home Office
Med Resources Retail Store
Med Resources, Kansas Office
Med Resources, Illinois Office

Homecare & Hospice

Delmar Gardens Home Care
St. Joseph Villa Homecare and Hospice
Delmar Gardens Private Services
Pathways Hospice & Palliative Care
Specialized Wound Management

Pharmacy

Corum Health Services, Inc.



PRIVACY PRACTICE STATEMENT

I, _____, has been offered and/or received a copy of the Delmar Gardens Privacy Practice Statement.

PATIENTS SIGNATURE _____ DATE _____

GUARDIAN/RESPONSIBLE PARTY NAME _____ RELATIONSHIP _____

SIGNATURE _____ DATE _____

