PIKEVILLE MEDICAL CENTER

PATIENT SERVICE GUIDE

Information you need during your stay

INSIDE:

THE JOINT COMMISSION NATIONAL QUALITY APPROVAL

Donovan Blackburn
Pikeville Medical Center
President / CEO
Chairman of the Board of Directors

Our mission is to advance the health and well-being of our region through comprehensive care in a Christian environment.

I would like to welcome you to Pikeville Medical Center on behalf of the Board of Directors, Medical Staff and all hospital employees.

At Pikeville Medical Center, we live our Mission Statement and strive to accommodate you and your family by providing world-class quality health care in a Christian environment. You are the most important person here and our goal is to always provide the best care available anywhere.

In this guide, you'll find helpful information about your stay and we hope it will help you feel more at home while with us. Please keep in mind, our policies and procedures are for your protection, safety and comfort. If you have any questions or concerns during your stay, please ask any of our staff members.

Thank you for choosing Pikeville Medical Center. We understand you have a choice and, with that, we appreciate your decision to choose us to care for your needs.

God bless you and we hope you have a comfortable experience.

PIKEVILLE MEDICAL CENTER

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SPEAK UP

Everyone has a role in making health care safe. That includes doctors, health care executives, nurses and many health care technicians. Health care organizations all across the country are working to make health care safe. As a patient, you can make your care safer by being an active, involved and informed member of your health care team.

An Institute of Medicine (IOM) report says that medical mistakes are a serious problem in the health care system. The IOM says that public awareness of the problem is an important step in making things better.

The "Speak Up™" program is sponsored by The Joint Commission. They agree that patients should be involved in their own health care. These efforts to increase patient awareness and involvement are also supported by the Centers for Medicare & Medicaid Services.

This program gives simple advice on how you can help make health care a good experience. Research shows that patients who take part in decisions about their own health care are more likely to get better faster. To help prevent health care mistakes, patients are urged to "Speak Up."

SPEAK UP if you have questions or concerns. If you still don't understand, ask again. You have the right to know.

- Your health is very important. Don't worry about being embarrassed if you don't understand something that your doctor, nurse or other health care professional tells you. If you don't understand because you speak another language, ask for someone who speaks your language. You have the right to get free help from someone who speaks your language.
- Don't be afraid to ask about safety. If you're having surgery, ask the doctor to mark the area that is to be operated on.
- Don't be afraid to tell the nurse or the doctor if you think you are about to get the wrong medicine.
- Don't be afraid to tell a health care professional if you think he or she has confused you with another patient.

PAY ATTENTION to the care you get. Always make sure you're getting the right treatments and medicines by the right health care professionals. Don't assume anything.

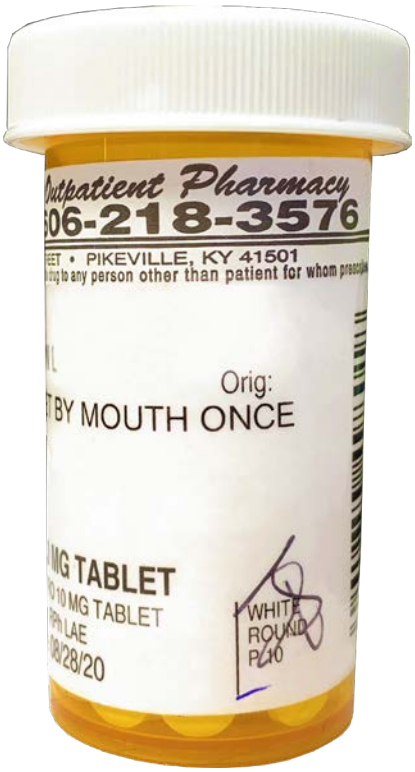
- Tell your nurse or doctor if something doesn't seem right.
- Expect health care workers to introduce themselves. Look for their identification (ID) badges. A new mother should know to whom she is handing her baby. If you don't know who the person is, ask for their ID.
- Notice whether your caregivers have washed their hands. Hand washing is the most important way to prevent infections. Don't be afraid to remind a doctor or nurse to do this.
- Know what time of the day you normally get medicine. If you don't get it, tell your nurse or doctor.
- Make sure your nurse or doctor checks your ID. Make sure he or she checks your wristband and asks your name before he or she gives you your medicine or treatment.

EDUCATE YOURSELF. Ask your doctor about the special training and experience that qualifies him or her to treat your illness.

- Look for information about your condition. Good places to get that information are from your doctor, your library, support groups, and respected Web sites, like the Centers for Disease Control & Prevention (CDC) Web site.
- Write down important facts your doctor tells you. Ask your doctor if he or she has any written information you can keep.
- Read all medical forms and make sure you understand them before you sign anything. If you don't understand, ask your doctor or nurse to explain them.
- Make sure you know how to work any equipment that is being used in your care. If you use oxygen at home, do not smoke or let anyone smoke near you.

ASK a trusted family member or friend to be your advocate (advisor or supporter).

- Your advocate can ask questions that you may not think about when you are stressed. Your advocate can also help remember answers to questions you have asked or write down information being discussed.
- Ask this person to stay with you, even overnight, when you are hospitalized. You may be able to rest better. Your advocate can help make sure you get the correct medicines and treatments.
- Your advocate should be someone who can communicate well and work cooperatively with medical staff for your best care.
- Make sure this person understands the kind of care you want and respects your decisions.



- Your advocate should know who your health care proxy decision-maker is; a proxy is a person you choose to sign a legal document so he or she can make decisions about your health care when you are unable to make your own decisions. Your advocate may also be your proxy under these circumstances. They should know this ahead of time.
- Go over the consents for treatment with your advocate and health care proxy, if your proxy is available, before you sign them. Make sure you all understand exactly what you are about to agree to.
- Make sure your advocate understands the type of care you will need when you get home. Your advocate should know what to look for if your condition is getting worse. He or she should also know who to call for help.

KNOW what medicines you take and why you take them. Medicine errors are the most common health care mistakes.

- Ask about why you should take the medication. Ask for written information about it, including its brand and generic names. Also ask about the side effects of all medicines.

The Joint Commission

- If you do not recognize a medicine, double-check that it is for you. Ask about medicines that you are to take by mouth before you swallow them. Read the contents of the bags of intravenous (IV) fluids. If you're not well enough to do this, ask your advocate to do it.
- If you are given an IV, ask the nurse how long it should take for the liquid to run out. Tell the nurse if it doesn't seem to be dripping right (too fast or too slow).
- Whenever you get a new medicine, tell your doctors and nurses about allergies you have, or negative reactions you have had to other medicines.
- If you are taking a lot of medicines, be sure to ask your doctor or pharmacist if it is safe to take those medicines together. Do the same thing with vitamins, herbs and over-the-counter drugs.
- Make sure you can read the handwriting on prescriptions written by your doctor. If you can't read it, the pharmacist may not be able to either. Ask somebody at the doctor's office to print the prescription, if necessary.
- Carry an up-to-date list of the medicines you are taking in your purse or wallet. Write down how much you take and when you take it. Go over the list with your doctor and other caregivers.
- If you think you have taken an overdose, or a child has taken medicine by accident, call your local poison control center or your doctor immediately.

USE a hospital, clinic, surgery center or other type of health care organization that has been carefully checked out. For example, The Joint Commission visits hospitals to see if they are meeting The Joint Commission's quality standards.

- Ask about the health care organization's experience in taking care of people with your type of illness. How often do they perform the procedure you need? What special care do they provide to help patients get well?
- If you have more than one hospital to choose from, ask your doctor which one has the best care for your condition.
- Before you leave the hospital or other facility, ask about follow-up care and make sure that you understand all of the instructions.
- Go to Quality Check at www.qualitycheck.org to find out whether your hospital or other health care organization is "accredited." Accredited means that the hospital or health care organization works by rules that make sure that patient safety and quality standards are followed.

PARTICIPATE in all decisions about your treatment. You are the center of the health care team.

- You and your doctor should agree on exactly what will be done during each step of your care.
- Know who will be taking care of you. Know how long the treatment will last. Know how you should feel.
- Understand that more tests or medications may not always be better for you. Ask your doctor how a new test or medication will help.
- Keep copies of your medical records from previous hospital stays and share them with your health care team. This will give them better information about your health history.
- Don't be afraid to ask for a second opinion. If you are unsure about the best treatment for your illness, talk with one or two additional doctors. The more information you have about all the kinds of treatment available to you, the better you will feel about the decisions made.
- Ask to speak with others who have had the same treatment or operation you may have to have. They may help you prepare for the days and weeks ahead. They may be able to tell you what to expect and what worked best for them.
- Talk to your doctor and your family about your wishes regarding resuscitation and other life-saving actions.

SPEAK UP AGAINST DISCRIMINATION. We have no tolerance for discrimination in our organization. The quality of care will be consistent among patients regardless of access to care or lack of resources (such as internet or transportation), age, education level, gender identity or expression, geographic location, language, physical or mental ability, race or ethnicity, religion or culture, sexual orientation or Social and/or economic status.

YOUR ROOM

TELEVISION
The television control is located at the side of the bed. All beds feature private speakers.

Closed captioning for the hearing impaired is available upon request.

BEDS
Controls are located on the side of the bed to make head or foot adjustments and raise or lower your bed.

CONTACTING YOUR NURSE
You may contact your nurse directly by calling his/her phone or by pressing the call button on the side of the bed. Your nurse's phone number is located on the white communication board in your room.

IDENTIFICATION
All patients wear wrist bands during their hospital stay.

For your safety during your hospital stay, you will be asked to state your name and birth date to hospital staff.

All hospital staff are required to wear name badges and anyone giving you care or serving you should be wearing an identification badge.

NO SMOKING POLICY
Smoking is not permitted in any of the hospital buildings or on hospital grounds. PMC is a tobacco free and vape free property. No smoking or vaping permitted in any hospital buildings or near any entrances.

TELEPHONES
Telephones are located in all patient rooms except in the Intensive Care Units. Family and friends outside the hospital can call directly to a patient's room until 10pm.

Courtesy phones are located in most waiting areas and on the second floor of the May Tower in the Atrium.

CALLS
Local calls: dial 9, wait for dial tone and then dial the seven-digit number.

Long distance calls: dial 820 and wait for an operator.

PERSONAL BELONGINGS
Patients are asked not to bring items of value or bedding items, such as pillows and blankets, to the hospital. You may deposit items such as a billfold, watch or money in the hospital safe; please ask your nurse for assistance. *Pikeville Medical Center does not accept responsibility for lost or damaged personal items.*

Pikeville Medical Center

MyChart

Convenient. Easy to use.

Scan the code and set up your account today. You'll be glad you did.

Renew Prescriptions

Get Test Results

**Schedule & Manage
your family's Appointments**

View Medical Bills

**Get Answers to
Your Health Questions**

GET IT ON Google Play

Download on the App Store

IMPORTANT PHONE NUMBERS

Admissions Registration.....606-430-3300

Billing.....19581

Cashier.....606-430-3307 or 606-430-3308

Corporate Compliance.....606-430-3532

INFORMATION DESK.....3335

Medical Records.....606-430-3800

OPERATOR.....606-430-3500

Patient Safety.....606-430-3100

Risk Management.....606-430-3534

Safety Hotline.....15830 or 430-5830

SECURITY.....3991

Starbucks.....6500

The Corner Market.....3980

Top of the Tower Restaurant.....430-3150

You have the right to file a complaint with the appropriate agency regardless of whether you utilize the hospital grievance process or not.

Those agencies may be reached at the following numbers and addresses:

Pike County Department of
Protection & Permanency
131 Summit Dr.
Suite 400
Pikeville, KY 41501
606-433-7596

Office of Inspector General
Division of Licensing & Regulation
Kentucky Cabinet
for Health Services Region C
116 Commerce Ave.
London, KY 40741
606-330-2030

Joint Commission of
Healthcare Accreditation
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
General inquirees: 630-792-5800
www.jointcommission.org

NOTE: To obtain an outside telephone line for phone calls, you must first dial nine (9) followed by the number you are trying to reach.

DINING & CONVENIENCES

Top of the Tower Restaurant
11th floor of the May Tower
Open 24 hours

Nutritional Counseling
Registered dieticians perform nutritional screenings on patients admitted to the hospital to determine their nutritional risk and may also provide diet counseling and special diet instructions for your recovery at home

Starbucks
Starbucks is located on the 2nd floor of the May Tower and is open
6am - 9pm Monday - Friday

The Corner Market
May Tower, 2nd floor
Open 9am - 6pm weekdays
12-6pm Saturdays, closed Sundays
Closed on holidays
Ext. 3980

Cashier's Office
Our cashiers handle payments on your account
2nd floor of the May Tower.
Open 8am - 5pm, Monday - Friday

Banking
An automatic teller machine (ATM) is located on the second floor of the Clinic Building

Mail Deliveries
Mailroom hours are
8am - 4:30pm
Monday - Friday

Reading Materials
To request reading materials
Ext. 33358am - 4:30pm, Monday - Friday
Newspapers can be purchased
at the Top of the Tower Restaurant
11th floor May Tower
Free books & magazines
Ext. 3521

Pharmacy
Open 24 hours a day, seven days a week. Notify the nurse if you would like your prescriptions filled at the pharmacy upon discharge.

The pharmacy and specialty pharmacy are located across from McDonald's and KFC in Pikeville. 606-218-3576

MEDS to BEDS
PRESCRIPTION MEDICATION DELIVERY

NO MORE WAITING IN THE PHARMACY LINE!

- **FREE** Delivery right to your hospital bedside
- No waiting in the pharmacy line
- Only pay the cost of your meds
- Open weekdays 8am-8pm/Sat & Sun 10am-6pm

Accepted co-pay methods:

VISA MasterCard DISCOVER AMERICAN EXPRESS

ASK YOUR NURSE FOR DETAILS

ADDITIONAL SERVICES

AID FOR HEARING IMPAIRED

Telecommunications Device for the Deaf (TDD) equipment, closed captioning units and amplified telephones are available.

Interpreters are available by Video Remote Interpreting (VRI) for real time video translation of American Sign Language and more than 180 languages.

Ask your nurse or call Case Management at 606-430-8201 for assistance.

After hours, call the House Manager at ext. 7001

CHAPEL & CHAPLAINCY

The chapel is located on the second floor of the May Tower and is open 24/7.

A meditation room is also available.

At your request, the chaplain can inform the clergy from your church or religious organization of your needs

A variety of devotional materials are available upon request and a baptistery is available for anyone wishing to be baptized

IN-PERSON SERVICES: Every Sunday, 7:30am on the 2nd Floor, May Tower Atrium Chapel

DEVOTION LINE: ext. 22055, can be accessed at any time

PRE-RECORDED CHAPLAIN SERVICES ON TV: Chaplain's Corner sermons, services and devotionals are available for patients periodically on Channel 5

A chaplain can be contacted 24/7

LIVING WILL / ADVANCE DIRECTIVE

Advance Directive/Living Will information is provided to all adult patients at the hospital and can be created at any time during your stay. Please ask your nurse for more information.

ORGAN DONATION

Kentucky Organ Donation Affiliates (KODA) hotline: 1-800-525-3456

DIRECTOR OF GUEST RELATIONS

You are encouraged to share with our Director of Guest Relations any concerns or positive comments you may have about your stay. For more information, call 606-218-3521.

CASE MANAGEMENT SERVICES

Licensed social workers and registered nurses are available to assist with discharge planning and information regarding your illness. For more information, call 606-430-8201.

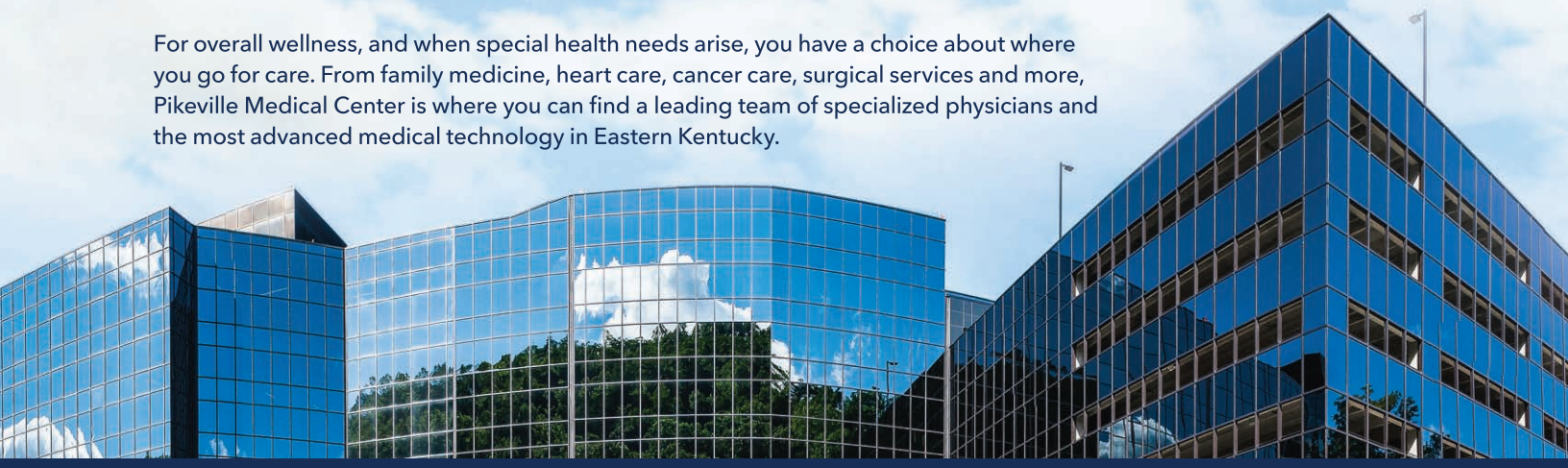
FINANCIAL COUNSELORS

Open Monday - Friday 7am-5pm

The eligibility for financial assistance is determined by total family income and assets. The financial counselors' office is on the second floor of the May Tower.
For more information, call 606-430-3303 or 606-430-3304.

Your Health Is Your Choice

For overall wellness, and when special health needs arise, you have a choice about where you go for care. From family medicine, heart care, cancer care, surgical services and more, Pikeville Medical Center is where you can find a leading team of specialized physicians and the most advanced medical technology in Eastern Kentucky.



ASK FOR PIKEVILLE MEDICAL CENTER'S SERVICES TODAY

Allergy Services
(606) 430-2209

Audiology
(606) 430-2209

AVA Center
(606) 218-2256

Dermatology
(606) 430-2210

Diabetes Education
(606) 430-8120

Diagnostic Center
(606) 430-4673

Ear, Nose & Throat
(606) 430-2209

Endocrinology
(606) 430-2208

ER/Trauma Center
(606) 430-3500

Gastroenterology
(606) 430-2202

Heart & Vascular Institute
(606) 430-2201

Home Medical Equipment
(606) 430-4750

Infectious Disease
(606) 430-2208

Lawson Cancer Center
(606) 430-2212

Mettu Children's Hospital
(606) 430-2100

Neonatal Intensive Care
(606) 430-3500

Nephrology
(606) 430-2208

Neurology
(606) 430-2208

Neurosurgery
(606) 430-2208

Obstetrics/Gynecology
(606) 430-2207

Optometry/ Ophthalmology
(606) 430-2209

Orthopedic Surgery & Sports Medicine Institute
(606) 430-2206

Palliative Care
(606) 430-4836

Pediatrics
(606) 430-2230

Pharmacy
(606) 218-3576

Physical Therapy
(606) 430-9300

PMC Family Practice Center
(606) 430-2213

PMC Grundy Specialty Clinic
(276) 935-1640

PMC Prestonsburg Primary Care & Urgent Care Clinic
(606) 886-8175

PMC Prestonsburg Specialty Clinic
(606) 886-1495

PMC South Williamson Primary Care & Specialty Clinic
(606) 237-3969

PMC Urgent Care & Family Wellness Center
(606) 430-2230

PMC Whitesburg Specialty Clinic
(606) 633-7355

Plastic & Reconstructive Surgery
(606) 430-2210

Podiatry
(606) 430-2206

Pulmonology
(606) 430-2208

Rheumatology
(606) 430-2208

Sleep Services
(606) 430-2209

Stroke Center
(606) 430-2208

Urology
(606) 430-2202

Weight Loss Surgery Center
(606) 430-2205

Women's Health
(606) 430-2207

Wound Center
(606) 430-4721

PIKEVILLE MEDICAL CENTER

pikevillehospital.org

Heart & Vascular Institute of Eastern Kentucky
THE METTU children's hospital
The Center for Bariatric & Minimally Invasive Surgery
Eastern Kentucky Neuroscience Center
Plastic Surgery & Dermatology Center
LAWSON CANCER CENTER
Orthopedic Surgery & Sports Medicine Institute of Eastern Kentucky
Eastern Kentucky Advanced Women's Care Center
Appalachian Center for Advanced Eye Care
AVA Center Appalachian Valley Autism Center

CALL
DON'T FALL

At Pikeville Medical Center, patients are screened for the risk of falling. Our goal is to prevent falls.

Certain medicines may increase your risk of falling and may make you dizzy or weak.

Remember: **ALWAYS CALL FOR HELP**

ENVIRONMENTAL SAFETY FACTORS

- When you are admitted to the hospital, your nurse will tell you and your family about your room
- Please look around the room to be aware of your surroundings
- Please call for help before going to the bathroom or getting out of bed
- Keep personal belongings within reach
- Turn on lights before getting out of bed
- Always be sure to wear glasses, if you need them
- For your safety, always use the call light to ask for assistance

WALKING

- If you use a walker or cane at home, we encourage you to bring them with you. If you are unable to bring them, we will provide you with a walker or cane during your stay at PMC
- Be sure to wear rubber bottomed shoes. If you do not have any, we can provide you with non-skid footwear
- Always sit for a moment before standing to prevent dizziness
- Try exercising in bed before getting up

PREVENT FALLS

- Use your call light or call the nurse's phone for assistance
- Keep your personal items close
- Have your family or friends bring your cane, walker or crutches
- Sit before standing and always rise slowly
- If your visitors stay at different times, please have them educate one another about fall prevention
- Always have visitors tell your nurse when they are leaving

STEPS WE TAKE TO REDUCE THE RISK OF FALLS

- Your bed position is generally kept low with wheels locked unless authorized by the nurse
- Personal items are kept within easy reach
- Non-skid footwear is provided
- The nurse call light is within reach

Pikeville Medical Center is committed to providing quality care for our patients and their families. We believe our patients have the right to be treated with respect. Our goal is to keep your loved ones safe from harm. Family members are encouraged to stay with patients who are at high risk for falls.

MAKE SMALL CHANGES IN YOUR HOME

- Install timers, "clap-on" or motion sensors on your lights
- Use night lights in your bedroom, bathroom and the hallway leading to the bathroom
- Keep the floor and stairs clear of objects such as books, tools, papers, shoes and clothing
- Remove small area rugs and throw rugs that can slip. Rubber mats can be a good replacement
- Put frequently used items in easy-to-reach places that do not require using a step stool
- Make sure you can easily get in and out of your bed
- Apply non-slip treads on stairs
- Apply non-slip decals or use a non-slip mat in the bathtub or shower
- Install grab bars near the toilet and the bathtub or shower

HAND WASHING

Hand Washing is Important!

Proper hand washing is the most effective way to prevent the spread of infectious disease. By washing your hands, you wash away germs picked up from other people and surrounding contaminated surfaces.

Every time you touch your eyes, nose or mouth without washing your hands, you have contributed to the spread of germs.

The common cold/flu and stomach viruses along with more serious illnesses, such as hepatitis A and meningitis, can all be prevented by washing your hands for 10-15 seconds several times a day.

The Correct Way to Wash Your Hands

There are two different hand washing methods offered to patients and guests.

Method #1: Antibacterial Soap

1. Wet your hands and lather with liquid soap
2. Rub your hands vigorously together, scrubbing all surfaces
3. Remember to lather under your nails where germs tend to hide
4. Continue scrubbing for 15 seconds
5. Rinse well and dry hands with a clean paper towel

Method #2: Alcohol Based Waterless Foam

1. Place foam, the size of a 50 cent piece, in your hands
2. Rub hands together for 10 seconds or until the foam dries

Proper hand hygiene is especially important before & after:

- Entering and leaving a patient's environment
- Preparing or eating food
- Treating a cut or wound
- Tending to someone who is sick
- Using the restroom
- Handling garbage

Good Health is in your hands!

Pikeville Medical Center encourages patients to take an active role in their health. Supporting patient/health care provider accountability, PMC urges you to ask your physicians and nurses if they have washed their hands. Assuring your hands, and the hands of your health care professional are clean is the single most important factor in preventing the spread of dangerous germs.

When should you wash your hands?

You should wash your hands frequently throughout the day. Creating a habit of washing your hands on a regular basis will prevent the spread of bacteria and viruses (germs) that cause illnesses.

KASPER/CONTROLLED SUBSTANCES

What is KASPER?

Kentucky All Schedule Prescription Electronic Reporting System (KASPER) is an electronic system that monitors Schedule II, III and IV controlled substances prescribed by Kentucky physicians and nurse practitioners and filled in Kentucky pharmacies.

What data is recorded?

- Patient name
- National code of the drug
- Date of purchase
- Amount of drug purchased
- Physician name
- Pharmacy name

Who can see this information?

- Doctors and staff
- Pharmacists
- Kentucky Board of Medical Licensure
- Office of Inspector General
- Cabinet for Health and Family Services
- Commonwealth attorneys
- Medicaid
- Hospitals
- Kentucky Board of Nursing

Prescription Procedure

In accordance with state law, your physician or nurse practitioner is required to take additional steps before prescribing some controlled substances.

State law applies guidelines to anyone who is prescribed a controlled substance, even for those prescribed a one-time dosage.

Your physician or nurse practitioner may have to obtain a KASPER report on you along with other administrative and treatment requirements that may include a physical exam.

If you have questions about these mandated administrative and treatment requirements, ask your physician or nurse practitioner.

A controlled substance is any drug with a potential for abuse or addiction and is held under strict governmental control. They can be effective in the treatment of pain, illness and disease and should be accessible to persons who medically need them for these reasons.

Controlled substances can cause addiction, injury, impairment or death when abused, misused or diverted to illegal use. There is also a risk of tolerance and dependence when using controlled substances.

Controlled Substances

The U.S. Department of Justice, Drug Enforcement Administration regulates drugs and other substances that

are considered controlled substances under the Controlled Substance Act. Drugs are divided into five schedules. A listing of the substances and their schedules is found in the DEA regulations, 21 C.F.R. Sections 1308.11 through 1308.15.

A controlled substance is placed in its respective schedule based on whether it has a currently accepted medical use in treatment in the United States and its relative abuse potential and likelihood of causing dependence. Some examples of controlled substances in each schedule are outlined in this guide. This is not a comprehensive list of all controlled substances.

Schedule I Controlled Substances

Substances in this schedule have a high potential for abuse, have no currently accepted medical use in treatment in the United States and there is a lack of accepted safety for use of the drug or other substance under medical supervision and therefore may not be prescribed, dispensed or administered in the U.S.

Examples: Heroin, Marijuana (cannabis)

Note: Drugs listed in schedules II-V have some accepted medical use and may be prescribed, administered or dispensed for medical use.

Schedule II Controlled Substances

Substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence.

Examples of single entity schedule II narcotics: Morphine, Opium

Other schedule II narcotic substances used to treat moderate to severe pain: Hydromorphone (Dilaudid®), Methadone (Dolophine®), Oxycodone (OxyContin®)

Examples of schedule II stimulants: Amphetamine (Dexedrine®, Adderall®), Methylphenidate (Ritalin®)

Schedule III Controlled Substances

Substances in this schedule have a potential for abuse less than substances in schedules I or II and abuse may lead to moderate or low physical dependence or high psychological dependence.

Examples of schedule III narcotics used to treat moderate pain: Combination products containing less than 15mg of hydrocodone per dosage (Vicodin®), Products containing not more than 90mg of codeine per dosage (Tylenol with Codeine®)

Other schedule III narcotics: Buprenorphine products used to treat opioid addiction (Suboxone® and Subutex®)

Examples of schedule III non-narcotics: Benzphetamine (Didrex®), Anabolic steroids such as Oxandrolone (Oxandrin®)

Schedule IV Controlled Substances

Substances in this schedule have a low potential for abuse relative to substances in schedule III.

Examples: Propoxyphene (Darvocet-N 100®)

Other schedule IV substances used to treat conditions such as anxiety, panic attacks, insomnia, sleep disorders, muscle spasms and seizures: Alprazolam (Xanax®), Diazepam (Valium®), Lorazepam (Ativan®)

Schedule V Controlled Substances

Substances in this schedule have a low potential for abuse relative to substances listed in schedule IV and consist primarily of preparations containing limited quantities of certain narcotics. These are generally used to antitussive, antidiarrheal and analgesic purposes.

For more information, visit: www.deadiversion.usdoj.gov/schedules/index.html

PATIENT RIGHTS

As a patient of the hospital, you can expect information about pain and pain relief measures. Although all pain may not be totally eliminated, every effort will be made to maximize your comfort.

- to have PMC respect, protect and promote your rights, including the right to be viewed as an individual with unique health care needs to which we will respond to in a considerate and positive manner respective of your personal values, beliefs and dignity
- to participate in the development and implementation of an individualized plan of care
- to make informed decisions regarding your care, including being informed of your health status, being involved in your care planning and treatment, and to accept or refuse treatment (to the extent allowed by law) after being informed of the expected benefits, potential discomforts, risks, alternative therapies and procedures to be followed. Refusal of treatment will not affect your access to hospital services
- to have a family member/representative of your choice and your own physician notified of your admission to the hospital
- to have PMC address your decisions about care, treatment and services received at the end of life, including the right to formulate or review and revise advance directives and to have those honored
- to receive information in an understandable way about the individual(s) responsible for, as well as those providing, your care, treatment and services
- to receive care in a safe setting, have personal privacy and confidentiality of information within the requirements of the law
- to an environment that preserves dignity and contributes to a positive self-image
- to an environment free from discrimination due to age, education, gender identity or expression, geographic location, language, physical or mental ability, race or ethnicity, religion or culture, sexual orientation or social and/or economic status
- to have access to internet, interpretative services and transportation assistance if needed to receive care
- to the confidentiality of your clinical records and to access information contained in your clinical records within a reasonable time
- to receive appropriate information about and give informed consent prior to being involved/enrolled in any research, investigations or clinical trials
- to be cared for in an environment that is free from all forms of abuse or harassment
- to be free from corporal punishment; neglect; exploitation; and verbal, mental, physical and sexual abuse
- to have complaints reviewed by PMC and to access protective and advocacy services
- to ask and be informed of:
  - » hospital policies and practices that relate to patient care, treatment and responsibilities
  - » available resources for resolving disputes, grievances and conflicts, such as the ethics committees, patient representatives or other mechanisms available
  - » PMC's charges for services and available payment methods
- to receive, subject to your consent (or your support person, when appropriate) visitors whom you designate, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member or friend and your right to deny or withdraw consent at any time
- to be informed about any restrictions or limitations on visitation due to your medical condition or environment. PMC does not restrict or limit visitation due to age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression
- to be free from restraint or seclusion of any form imposed as a means of coercion, discipline, convenience or retaliation (Restraint or seclusion, if less restrictive interventions have been determined to be ineffective, may be used to ensure immediate physical safety of yourself, PMC staff members, or others and must be discontinued at the earliest possible time.)
- to safe implementation of restraint or seclusion by trained staff
- to give or withhold informed consent to produce or use recordings, films or other images of you for purposes other than your care
- to be informed about your responsibilities related to your care, treatment and services
- to have acces to internet, interpretative services and transportation assistance if needed to receive care

PATIENT RESPONSIBILITIES

As a patient at this hospital, we expect that you will ask your doctor or nurse about pain and pain management. Staff will discuss relief options and we expect that you will work with your doctor and nurse to develop a pain management plan for you. We expect that you will ask for pain relief when your pain first begins, help your doctor and nurse to assess your pain and tell your doctor or nurse if your pain is not relieved. If you have any worries about taking your prescribed pain medication, we expect that you will discuss this with your doctor or nurse.

You are responsible to participate in decision making of treatment, including providing accurate and complete information about your present complaints, past illnesses, hospitalizations, medications and other health related matters. You and your family should report any perceived risks in your care as well as any unexpected changes in your condition.

You and your family are responsible to ask questions when you do not understand your care, treatment and service and what you are expected to do.

You are responsible for your actions if you refuse treatment; do not follow your care, treatment and service plan; do not follow instructions; or do not abide by PMC's rules and regulations affecting patient care and conduct.

You are responsible for supporting mutual consideration and respect by maintaining civil language and conduct in interactions with staff and licensed independent practitioners.

You are responsible to refrain from taking unauthorized or illegal drugs.

You have the responsibility to refrain from bringing alcohol, weapons or illegal substances onto the premises. Pikeville Medical Center will seek to search with reasonable cause when prohibited items are suspected.

You are responsible for being respectful of PMC's and staff's property. You have the responsibility of being considerate of other patients and their property and for assisting in control of smoking, visitors and noise.

You are responsible for assuring that financial obligations of your health care are fulfilled as promptly as possible.

If you are a parent and/or guardian of an infant, child or adolescent patient, you have the above responsibilities on behalf of the patient.

You are responsible to notify PMC upon admission if you have a Living Will/Advance Directive.

DISCHARGE INSTRUCTIONS COMMENTS OR CONCERNS

Discharge Instructions

Please make transportation arrangements prior to discharge so that your wait time is shortened.

Your nurse will provide instructions regarding appointments, any supplies or equipment that may be needed at home, medication and home care. Please do not hesitate to ask questions.

Comments or Questions

Questions and concerns regarding your individual plan of care are best addressed with your physician, nurse or other health care provider.

Concerns related to the overall quality of care and treatment at our health care facility are best addressed directly with the floor or department director/manager or the House Manager.

If you need to contact the Chief Nursing Officer or Risk Manager, we ask that you pick up your room phone, dial 0 and ask the operator to connect you.

BILLING AND FINANCIAL SERVICES

Hospital Bills

Pikeville Medical Center strives to determine preliminary financial needs upon your admission. A Financial Counselor may visit you in your room shortly after admittance to discuss payment options and financial assistance programs.

Your bill includes two types of charges:

- Basic daily rates
- Special/miscellaneous charges

Delayed Charges

A final statement may be mailed to your home a few days after your hospital stay for medicine and other treatments during the 24 hours before discharge.

Insurance

If you have health insurance, PMC will bill your insurance company as a courtesy. You will receive a statement for any remaining balance after your insurance has paid. You may authorize your insurance company to pay the hospital directly. Once your coverage has been verified, you may be asked to pay a co-pay or deductible upon admission.

Understanding Your Bills

Patients seen at Pikeville Medical Center will now receive one single patient bill for the self-pay portion of both physician and hospital services. If you received services from other non-PMC providers, you may receive a separate bill.

Preparing For A Visit

Please bring these items with you to the hospital:

- Insurance cards
- Referrals or pre-certification numbers/information from your physician
- Valid driver's license or state identification card
- Payment for your co-pay, deductible and for any services that are not covered by your health insurance plan

Paying Your Bill

We accept personal checks, bank checks, money orders, VISA, MasterCard, Discover Card, American Express or cash. The Cashiers office is located on the second floor of the May Tower. Hours are 8am to 5pm, Monday through Friday.

Self-pay patients are expected to pay in full prior to any scheduled service. If possible, we will estimate the required payment when service is scheduled. Self-pay patients may be eligible for a prompt pay discount depending on how quickly you pay your bill. If unable to pay your bill in full, financial counselors are available to discuss payment options as well as financial assistance programs available here at PMC.

Financial Assistance

PMC is committed to providing affordable health care to those most in need. Anyone may apply for our Financial Assistance Program by calling one of our financial counselors or by visiting the Billing section on PMC's website. Financial assistance discounts are based on family size, income and household assets.

Financial Counselors

Patient Financial Counselors are available to guide patients through payment processes and to assist with other needs. To reach a financial counselor, call 3111 from your hospital room phone, 606-430-3303 or 606-430-3304 from a mobile phone or visit them located on the second floor of PMC's May Tower. Hours are 7am to 5pm, Monday through Friday.

Pikeville Medical Center (PMC) has two financial assistance programs:

DSH Program

The DSH (Disproportionate Share Hospital) Program is run by the Commonwealth of Kentucky and offers free acute care hospital services to Kentucky residents without insurance who qualify. It does not apply to rehabilitation hospital services, durable medical equipment, or the services of any doctor, physician's assistant (PA), or nurse practitioner.

The Commonwealth of Kentucky sets the rules for who qualifies for the DSH Program based on income level, financial resources, and household size. Patients must submit an application for the DSH Program.

In-House Sliding Scale Program

The In-House Sliding Scale Program is run by PMC and offers discounted or free care. It applies to PMC's acute care and rehabilitation hospital services, and the services of PMC's employed doctors, physician's assistants (PAs), nurse practitioners, clinical psychologists, and audiologists. It does not apply to durable medical equipment or doctors or other practitioners who are not PMC employees including, but not limited to, PA's, and nurse practitioners; radiologists; and community-based doctors who maintain their own private offices.

The rules for the In-House Sliding Scale Program are based on income level, financial resources, and household size. Patients must submit an application for the In-House Sliding Scale Program.

A copy of PMC's Financial Assistance Policy, the DSH Program, AGB (Amounts Generally Billed) calculation, and applications for both the DSH and In-House Sliding Scale Programs are available (i) on the second floor of the May Tower at 911 Bypass Road, Pikeville, Kentucky 41501; or (ii) on PMC's website: www.pikevillehospital.org. To request a free copy of the Policy and applications by mail, call PMC's patient financial counselors at 606-430-3303 or 606-430-3304. PMC's patient financial counselors, located on the 2nd floor of the May Tower, can provide information about the Policy and the application process.

PMC will not charge a patient who qualifies for financial assistance more for emergency or other medically necessary services than the amount that PMC generally bills patients with insurance for the same services.

LIVING WILL AND ADVANCE DIRECTIVES

Kentucky law gives every competent person over 18 the right to make his or her own health care decisions. If you plan to spend a lot of time in another state, you should consider signing a Living Will or Advance Directives that comply with the legal requirements of that state. Any Living Will or Advance Directive executed in another state must meet all the requirements of Kentucky law to be honored by Pikeville Medical Center.

Do I need an attorney to draw up my Living Will?

No. Kentucky law (KRS311.625) actually specifies the form you should complete. You should see an attorney if you make changes to the form.

When should I prepare a Living Will?

The best time to think about the type of care you want is when you are able to decide for yourself. It is your responsibility to inform your doctor, family members and others that you have an executed Living Will. The conversation is just as important as the document.

Give copies of your Living Will to your doctor, family members and others. Also, a copy of your Living Will should be put in your medical records. Each time you are admitted for an overnight stay in a hospital or nursing home, you will be asked whether you have a Living Will. You are responsible for telling your hospital or nursing home that you have a living will.

Scan the code to download a printable copy of the Kentucky Living Will Packet

Where can I get forms?

The Kentucky Living Will Packet is available at:
http://ag.ky.gov/civil/consumerprotection/livingwills/documents/livingwillpacket.pdf.

You may also contact Pikeville Medical Center Case Management at 606-430-8201 to get a copy of the Kentucky Living Will and Designation of Health Care Surrogate Packet form. Pikeville Medical staff will not prepare a Living Will for you. If there is anything you do not understand regarding the form, you might want to discuss it with an attorney. You can also ask your doctor to explain the medical issues. When completing the form, you may complete all of the form, or only the parts you want to use. You are not required by law to use these forms. Different forms, written the way you want, may also be used. You should consult with an attorney for advice on drafting your own Living Will.

Living Will documents must be signed and dated by you in the presence of two witnesses over the age of 18 or in the presence of a Notary Public. The following people CANNOT be a witness to or serve as a Notary Public:

- Your blood relatives
- A person named as a beneficiary in your will or a person with the potential to inherit from your estate under Kentucky law
- An employee of a health care facility in which you are a patient (unless the employee serves as a notary public)
- Your doctor
- Any person with direct financial responsibility for your health care

Is a Living Will required?

You are not required to execute a Living Will to receive healthcare or for any other reason. The decision to execute a Living Will must be your own personal decision and should only be made after serious consideration. A patient who does not have a Living Will receives medical intervention. This may include any and all of the following interventions:

- Cardiopulmonary resuscitation (CPR) including chest compressions, IV medications, electrical shock
- Respiratory support which may include nasal cannula, BiPAP, intubation (tube in your throat) for ventilator support
- Blood and blood products
- Antibiotic and fungal therapies, intravenous, oral
- Nutritional support
- Hydration support
- Laboratory tests, blood, urine, tissue, body fluids
- Radiology procedures, X-rays, CT Scans, MRIs; and other therapies as directed
- A patient with an executed Living Will receives medical interventions as directed in the Living Will.

What happens if I choose to be Do Not Resuscitate (DNR) or Do Not Intubate (DNI)?

You may choose to be DNR or DNI at any time by informing your physician. DNR/DNI does not mean we stop medical treatment(s). If you choose to be DNR and your heart stops beating, attempts will not be made to restart the heart by CPR, electrical shock, or medications. If you choose to be DNI, you will not be intubated for ventilator support.

May I choose Comfort Care?

Families and patients have the option of Comfort Care, and to forgo any further aggressive medical management. All therapies will be focused on "comfort" and to allow natural death to occur. Comfort Care patients may receive medication(s) for:

- Pain control
- Anxiety and agitation control
- Dyspnea/Shortness of air
- Constipation or diarrhea
- Others as indicated to attain "comfort"

Can Living Wills and other advance directives such as DNRs, DNI and Comfort Care be changed?

Yes. You may change or revoke your Living Will, designation and advance directives at any time by a written document signed and dated by you, orally in the presence of two adults with one being a health care provider or by you or someone in your presence and with your direction physically destroying it.

If you revoke your advance Living Will or directive, you should tell all people who have a copy of it about the revocation.

Will Pikeville Medical Center honor my Living Will, designation and advance directive?

Yes, if compliant with Kentucky laws and consistent with reasonable medical practices. "Reasonable medical practice" refers to the authority of your doctor to decide if treatment is appropriate.

Will Pikeville Medical Center honor the directives of my healthcare surrogate?

Yes, with one exception. Kentucky law requires artificial hydration if you are pregnant, unless to a reasonable degree of medical certainty, as certified by your doctor and one other doctor who has examined you, that:

- The procedures will not permit the continued development and live birth of your unborn child
- The procedures will be physically harmful to you
- The procedures will prolong severe pain which cannot be alleviated by medication

A health care surrogate may make health care decisions for you which you could make if you had decisional capacity, provided all the decisions are made in accordance with your desires as indicated in the Living Will and/or advance directives. When making any health care decision for you, your health care surrogate will consider the recommendation of the attending physician and honor the decision made by you in the Living Will and/or advance directive. Your surrogate may not make a health care decision in any situation in which your physician has determined, in good faith, that you have decisional capacity or as noted below. Your physician will proceed as if there were no designation if your health care surrogate is unavailable or refuses to make a health care decision.

Can my surrogate authorize the withholding of artificially provided nutrition and/or hydration?

- Yes, but only in the following circumstances:
- When death is eminent, meaning when death is expected by reasonable medical judgment, within a few days
- When a patient is in a permanent unconscious state if the grantor has executed a Living Will or advance directive authorizing the withholding or withdrawal of artificially provided nutrition and hydration
- When the provision of artificial nutrition cannot be physically assimilated by the person
- When the burden of the provision of artificial nutrition and hydration itself should outweigh its benefits

Even in the exceptions listed above, artificially-provided nutrition and hydration shall not be withheld or withdrawn if it is needed for relief of pain and to provide comfort. If you regain your capacity to make or to communicate health care decisions, your health care surrogate's authority will end and your consent will be required for treatment.

Can my physician refuse to comply with my Living Will and advance directives?

Yes, however, under Kentucky law, a staff member who refuses to comply with your Living Will and advance

directive or decision made by your representative (health care surrogate) must tell you or your representative. In that event, PMC and/or the physician will immediately inform you or your or representative of such refusal. If you or your representative then requests transfer to another facility, PMC and/or the physician will supply your medical records and other information or assistance medically necessary for your continued care, to the receiving physician and health care facility.

If I do not have a Living Will or have not designated a health care surrogate, who will speak for me?

If you do not have a Living Will, have not identified a health care surrogate, and you are unable to speak for yourself, your health care provider will look to the following persons in the order listed for decisions about your care:

- Your guardian, if a court has appointed one and if medical decisions are within the scope of the guardianship
- Your power of attorney, if the power of attorney document includes the authority to make health care decisions
- Your spouse
- Your adult children, or if you have more than one, a majority of your adult children who are reasonably avail able for consultation
- Your parents
- Your nearest living relative, or if you have more than one, a majority of those relatives who are reasonably available for consultation

NOTICE OF PRIVACY PRACTICIES

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

Pikeville Medical Center (hereinafter PMC) and the members of its medical staff who may provide treatment to you at this facility and the corporations or other legal entities through which those physicians may render such treatment (hereinafter collectively "Physicians") use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of PMC.

PMC is required by law to maintain the privacy of your Protected Health Information (PHI) and to provide you with this notice explaining PMC's privacy practices with regard to your and/or your legal dependent's health information and the manner in which PMC may use and disclose your and/or your legal dependent's PHI for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected PHI and PMC also describes those rights in this notice. PMC is obligated to abide by the terms of this notice, and to maintain the privacy of your PHI for a period of 50 years following your death.

What is Protected Health Information?

Protected Health Information consists of individually identifiable health information, which may include demographic information PMC collects from you or creates or receives that relates to:

(1) your past, present or future physical or mental health or condition

(2) the provision of health care to you

(3) the past, present or future payment for the provision of health care to you

Effective Date

This Notice of Privacy Practices is effective November 7, 2022.

How PMC May Use or Disclose Your Protected Health Information For Treatment

PMC and the Physicians may use and disclose your health information to provide you with medical treatment or services, coordinate or manage your health care and any related services. PMC may disclose your health information to another provider who has been requested to be involved in your care. For example, information obtained by a health care provider will record information in your record that is related to your treatment. This information is necessary to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and how you respond to the actions. Additionally, PMC and the Physicians may disclose your PHI to others who may assist in your care, such as your spouse, children or parents.

For Payment

PMC and the Physicians may use and disclose PHI to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party-payer, such as an insurance company or health plan. The information on the bill will likely contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For Health Care Operations

PMC and the Physicians may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, Business Associates and others to:

- evaluate the performance of the medical staff, hospital employees, and others
- assess the quality of care and outcomes in your cases and similar cases
- learn how to improve our facilities and services
- determine how to continually improve the quality and effectiveness of the health care we provide
- perform billing, consulting, or transcription, or other services for our facility

PMC and the Physicians may disclose your PHI to other health care providers and entities to assist in their health care operations. For Example, PMC and the Physicians may disclose your PHI to your health plan for quality assessment and outcomes evaluations and to coordinate your care through disease management and other wellness programs.

For Appointment Reminders

PMC and the Physicians may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual. Please let us know if you do NOT wish to be called.

Fund Raising

Unless you instruct PMC otherwise PMC may use information to contact you to raise funds for the hospital. To Opt Out, please inform the admitting clerk, your nurse, or call the privacy officer at 606-430-3532. Additionally, any written fundraising communications from PMC must state, clearly and conspicuously, your opportunity and the manner in which you may elect not to receive further communications.

For Marketing

For the purpose of marketing, patient health information can only be disclosed with the patient's written consent.

Required by Law

PMC and the Physicians may use and disclose health information about you as required by law. For example, PMC and the Physicians may disclose health information for the following purposes:

- for judicial and administrative proceedings pursuant to legal authority
- to report information related to victims of abuse, neglect, or domestic violence
- to assist law enforcement officials in their law enforcement duties

Public Health

Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other oversight activities, including but not limited to maintaining vital records, reporting reactions to drugs or problems with products or devices or notifying individuals if a product or device they may be using has been recalled.

Decedents

Health Information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties. PMC may also disclose PHI to family members of deceased individuals or others who were involved in the deceased individual's health care or payment for health care prior to death, unless disclosing such information would be inconsistent with the deceased individuals' prior expressed preference to PMC.

Proof of Immunization for School

PMC may disclose proof of immunization to a school when legally required for attendance. No HIPAA authorization is required, but PMC must receive either written or oral permission from the adult student, parent or guardian of a child, or other person acting on the student's behalf.

Organ/Tissue Donation

Your health information may be used or disclosed for cadaveric organ, eye, or tissue donation purposes.

Research

PMC and the Physicians may use your health information for research purposes, when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of our health information has approved the research.

Health and Safety

Your health information may be disclosed to avert a serious threat to the health and safety of you or any person pursuant to applicable laws.

Government Function

Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed services.

Worker's Compensation

Your health information may be used and disclosed in order to comply with the laws and regulations related to Workers' Compensation.

Other Uses

Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent PMC has taken in reliance on such. The following uses and disclosures of your PHI will be made only with your written authorization: 1) uses and disclosures of PHI for marketing purposes if PMC receives financial remuneration from a third party in exchange for making the marketing communication, 2) disclosures that constitute a sale of your PHI, 3) most uses and disclosures of psychotherapy notes, and 4) any other uses and disclosures not described in this Notice. An authorization for marketing will tell you financial remuneration is involved, and an authorization for sale of PHI will tell you the disclosure will result in financial remuneration to PMC.

If you do not object, PMC may include your name, location, and general condition in its facility Patient Directory. This is used for requests by those who ask for you by name. If you do not object, we also disclose information from the directory and your religious affiliation to clergy who request the same.

Your Health Information Rights

Although your health record is physical property of the facility that compiled it, the information belongs to you. You have the right to:

Request Restrictions

You have the right to request a restriction of the manner in which we use or disclose your medical information for treatment, payment, or health care operations. For example, you could request that we not disclose information about a prior treatment to a family member or friend who may be involved in your care or payment for care. Your request must be made in writing to the Director of Health Information Management. We are not required to agree to your request if we feel it is in your best interest to use or disclose that information, except in the limited situation in which you or someone on your behalf pays in full for an item or service, and you request that information concerning such item or service not be disclosed to a health insurer. If we do agree, we will comply with your request except for emergency treatment. You may cancel the restriction at any time. In addition, we may cancel a restriction, except as otherwise required by law, at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

Obtain a Paper Copy of this Notice

You have the right to obtain a paper copy of PMC's Notice of Privacy Practices upon request, even if you have agreed to receive the notice electronically.

Inspect and Copy

You have the right to inspect and receive a copy of the protected health information that we maintain about you in our designated record set for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use for making decisions about you. Any psychotherapy notes that may have been included in records we received about you are not available for your inspection or copying, by law. Your first copy will be provided for free; however, PMC may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling additional requests.

If you wish to inspect or copy your medical information, you must submit your request in writing to our Privacy Officer. You may mail your request, or bring it to the Health Information Management office. We will have 30 days to respond to your request for information that we maintain at our facility. If the information is stored off-site, we are allowed up to 60 days to respond but must inform you of this delay.

You also have the right to access your own e-health record in an electronic format and to direct PMC to send the e-health record directly to a third party. PMC may only charge for labor costs under electronic transfers of e-health records.

Additionally, you may access your health information via your patient portal account. It is a private, secure and instant access. Please contact our Patient Portal Department for more information.

Request an Amendment

You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to our Privacy Officer, stating what information is incomplete or inaccurate and the reasoning that supports your request. We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if:

- the information was not created by us, or the person who created it is no longer available to make the amendment
- the information is not part of the record which you are permitted to inspect and copy
- the information is not part of the designated record set kept by this facility
- if it is the opinion of the health care provider that the information is accurate and complete

Confidential Communications

You have the right to receive confidential communications of PHI. You have the right to request the manner in which we communicate with you to preserve your privacy. For example, you may request that we call you only at your work number, or by mail at a special address or postal box. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

Revoke Your Authorization

Uses or disclosures of your health information not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization in writing at any time and PMC will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

An Accounting of Disclosures

You have the right to request a list of the disclosures of your health information we have made outside of the facility that were not for treatment, payment, or health care operations or that do not fall within one of the other exceptions recognized by Federal Law. Your request must be in writing and must state the time period for the requested information. You may not request information for a period of time greater than six years (our legal obligation to retain information). Your first request for a list of disclosures within a 12-month period will be free. If you request an additional list within 12-months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

Notification if a Breach of Your Medical Information Occurs

You have the right to be notified in the event of a breach of medical information. If a breach of your medical information occurs, and if that information is unsecured (not encrypted), we will notify you by first class mail within 60 days of the event with the following information: 1) a brief description of the breach, including the date of the breach and the date of discovery; 2) a description of the health information that was involved; 3) recommended steps you can take to protect yourself from potential harm resulting from the breach; 4) a brief description of the actions PMC is taking to investigate the breach, mitigate losses, and to protect against further breaches; and 5) contact procedures so you can obtain further information.

Complaints

You may complain to PMC or to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint. All complaints made to PMC must be in writing.

Joint Notice

This Notice of Privacy Practices is intended as a Joint Notice on behalf of those persons and entities described on the first page hereof. The joint nature of this notice is for compliance with certain requirements of the Health Insurance Portability and Accountability Act and Health Information Technology for Economic and Clinical Health Act only, and in no way is intended to imply that any physician is an employee of PMC or that PMC is legally responsible for the acts and omissions of the Physicians or other entities who are not their employees with respect to privacy of your health information or otherwise.

PMC reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. PMC is obligated to promptly revise and distribute its notice whenever there is a material change to the uses or disclosures, the individual rights, PMC's legal duties, or other privacy practices stated in this notice. Revised notices will be made available to you upon receiving a written request from you on or after the effective date of any revision. Revised notices will be posted on the PMC web site.

Compliance Hotline and Contact Information for Requests for Inspection

If you have any questions, requests for inspection or complaints, please contact:

Privacy Officer at Pikeville Medical Center, Inc.
911 Bypass Road, Pikeville, Kentucky 41501
Compliance Hotline: 606-430-3532

We are continuing
a fundraising initiative
so families in our region
can stay close to home
to receive
quality care for their
pediatric children

PMC FOUNDATION
For Quality Healthcare Inc.

With your assistance, families in eastern Kentucky will have better healthcare for their children.

Please help.

Pay By Check:
Make check payable to PMC Foundation for Quality Healthcare. Mail to
PMC Foundation for Quality Healthcare, P. O. Box 2515, Pikeville, KY 41502

Pay By Credit Card:
www.givetopmc.org

Choose your donation amount:

$10☐ $20☐ $25☐ $50☐ $75☐ $100☐ Other Amount: _____

Weekly Donation ☐ Monthly Donation ☐ One-Time Donation ☐

I would like a receipt, please ☐ I do not need a receipt ☐

Name: _____

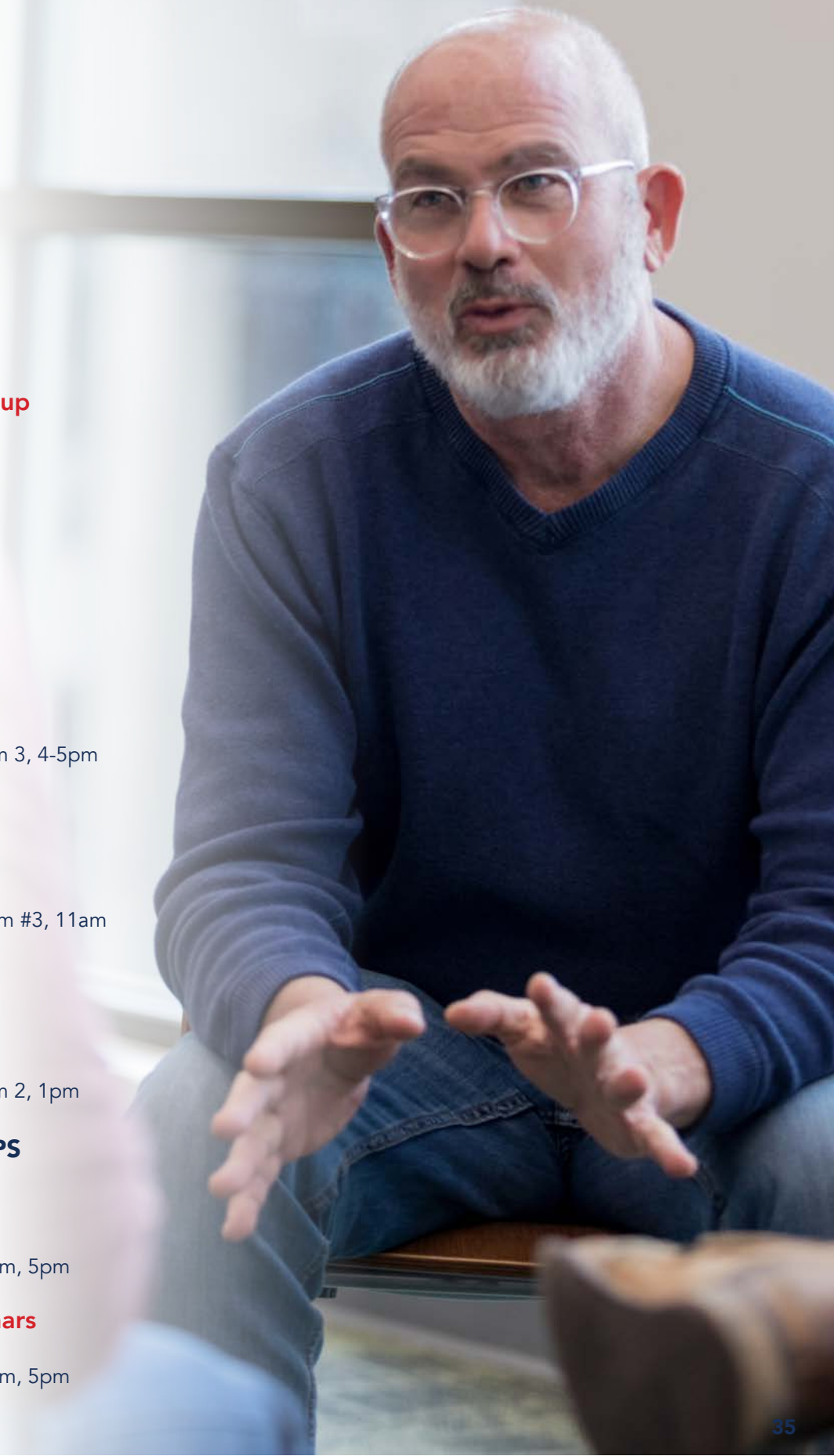
Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ ext. _____

Email: _____

FREE SUPPORT GROUPS AND SEMINARS



CANCER SUPPORT GROUPS
606-430-8513

The Art of Healing
Every Tuesday of Every Month
Lawson Cancer Outreach Office
10th Floor, Clinic Building, 10am-12pm

Cancer Support Group
Second Thursday of Every Month
Lawson Cancer Outreach Office
10th Floor, Clinic Building, 12pm

Cancer Survivorship Support Group
Every third Tuesday of Every Month
Lawson Cancer Outreach Office
10th Floor, Clinic Building, 3:30pm

Look Good Feel Better
Virtual Support Group
Contact Brandi Wilson: 606-218-4850

DIABETES SUPPORT GROUP
606-430-8120

Diabetes Support Group
Last Monday of Every Month
Top of the Tower Restaurant, Dining Room 3, 4-5pm

HEART SUPPORT GROUP
606-430-2201

Heart Failure Support Group
Quarterly
Top of the Tower Restaurant, Dining Room #3, 11am

STROKE SUPPORT GROUP
606-430-7580

Stroke Support Group
Last Wednesday of Every Month
Top of the Tower Restaurant, Dining Room 2, 1pm

WEIGHT LOSS SUPPORT GROUPS
606-430-7156 or 606-794-2038

FREE Reclaim Your Life Meetings
Third Tuesday of Every Month
7th Floor, Clinic Building Conference Room, 5pm

FREE Weight Loss Surgery Seminars
Third Tuesday of Every Month
7th Floor, Clinic Building Conference Room, 5pm

EMPLOYEE RECOGNITION

At Pikeville Medical Center, we recognize our employees who go above and beyond with **Employee of the Month** recognition programs.

If there was an employee who provided outstanding patient care, please let us know. You can let unit management know the employee's name, title and department.

PMC also has a '**Shining Star**' program. Look for these qualities of excellence in your nominee:

- **SERVICE**.....delivers outstanding service to patients, customers or co-workers every day
- **TEAM**.....is a team player and role model; demonstrates "team centered" over "self-centered" philosophies; focuses on solutions rather than problems; takes initiative to perform tasks and solve problems
- **ATTITUDE**....demonstrates a positive "can do" attitude; finds opportunities in obstacles
- **RESPECT**.....shows respect for individual differences and needs; consistently communicates in a respectful manner; gives respectful and constructive feedback; respectful of organization resources

For nursing exclusively, PMC is in partnership with the DAISY Foundation to nominate a deserving nurse for their extraordinary nursing.

The following criteria is encouraged when nominating a nurse for the **DAISY Award**:

- Makes a special connection with the patient and family
- Includes patients and families in the planning of their care
- Does an excellent job educating patients and their families
- Works well with the health care team to meet the needs of patients and family members
- Makes patients and their families feel comfortable
- Goes above and beyond

All Pikeville Medical Center employees, volunteers and physicians are eligible for nomination. To nominate someone, simply fill out the appropriate form on the following pages and drop it into one of the Shining Star boxes located throughout the hospital.

The DAISY Award

NOMINATION FORM

I would like to nominate:

_____

Department/Unit where the nominee works:

_____

This nurse exhibits the following qualities and attributes (please check all that apply):

- ☐ Makes a special connection with the patient and family Does an excellent job educating patients and their families
  Includes patients and families in the planning of their care
- ☐ Works well with the healthcare team to meet patient and family needs.
  Makes patients and their families feel comfortable
- ☐ Goes above and beyond

Please describe a situation involving the nurse you are nominating that clearly demonstrates he/she meets the above criteria for The DAISY Award. Tell your story and try to write your story in detail! This is how our DAISY Committee picks the winner!

_____

_____

_____

_____

_____

_____

_____

_____ _____

_____

_____

_____

Anonymous nominations will NOT be accepted. The following information is about the nominator.

Nominator's Name:_____

Patient _____ Visitor_____

Address:_____

Phone:_____ E-mail:_____

Date:_____

I wish to nominate:

_____

of _____ department.

The Shining Star qualities of my nominee are: (must complete one of the following)

SERVICE:_____

_____

_____

TEAM:_____

_____

_____

ATTITUDE:_____

_____

_____

RESPECT:_____

_____

_____

Anonymous nominations will NOT be accepted. The following information is about the nominator.

Nominator's Name:_____

Patient _____ Visitor _____

Address:_____

Phone:_____ E-mail:_____

Date:_____

400+ CREDENTIALED HEALTHCARE PROVIDERS

(Includes Physicians, NPs, PAs and CRNAs)

ABA Therapy
Anesthesiology
Audiology
Bariatric Surgery
Cardiac Rehabilitation
Cardiothoracic Surgery
Clinical Trials
Critical Care Medicine
Diagnostics
Electrophysiology
Emergency Medicine
Endocrinology
Facial Trauma & Maxillofacial Surgery
Family Medicine
Gastroenterology
General Cardiology
General Surgery
Hand Surgery
Hematology
Home Medical Equipment
Hospital Medicine
Infectious Disease
Infusion Services
Interventional Cardiology
Interventional Radiology
Invasive Cardiology
Medical Oncology
Neonatology
Nephrology
Neurology
Neurosurgery
Obstetrics/Gynecology
Ophthalmology
Optometry
Orthopedic Surgery
Orthopedic Trauma Surgery
Otolaryngology
Palliative Care
Pathology
Pediatrics
Pharmacy
Physical Medicine & Rehabilitation
Plastic & Reconstructive Surgery
Podiatry
Rehabilitation
Pulmonology
Radiation Oncology
Rheumatology
Sleep Medicine
Sports Medicine
Surgical Oncology
Trauma Surgery
Urology
Vascular & Endovascular Surgery
Wound Center

Pikeville Medical Center

Campus Locations • 911 Bypass Road • Pikeville, KY

A **Clinic Building**
Main Campus • Building A

C **Physical Rehabilitation**
Main Campus • Building C

C **Pulmonary Rehabilitation**
Main Campus • Building C2

D **Diagnostic Center**
Main Campus • Building D

E **Outpatient & Specialty Pharmacy**
Main Campus • Building E

1 **Primary Care Center**
184 South Mayo Trail

2 **Home Medical Equipment**
138 South Mayo Trail

Main Number / Operator
606-430-3500

Pikeville Medical Center

Off-Campus Locations

Appalachian Valley Autism (AVA) Center
131 Summit Drive
Pikeville, KY 41501
606-218-2256

Primary Care & OMT Center
184 South Mayo Trail
Pikeville, KY 41501
606-430-2213

Prestonsburg Primary Care & Urgent Care Clinic
723 South Lake Drive
Prestonsburg, KY 41653
606-886-8175

South Williamson Primary Care & Specialty Clinic
285 Southside Mall Road
South Williamson, KY 41503
606-237-3969

Specialty Clinic at Prestonsburg
311 N. Arnold Avenue, Suite 303 (Peoples Bank Building)
Prestonsburg, KY 41653
606-886-1495

Specialty Clinic at Grundy
1520 Slate Creek Road - Suite 205 (Tri-State Building)
Grundy, VA 24614
276-935-1640

Specialty Clinic at Whitesburg
107 Medical Plaza Lane (in front of Food City)
Whitesburg, KY 41858
606-633-7355

Urgent Care & Family Wellness Center
238 Cassady Boulevard
Pikeville, KY 41501
606-430-2230

PMC CAMPUS LOCATIONS

- P Parking
- + Emergency Department
- H Heart & Vascular Institute
- PMC Buildings
- Nursing Schools
- Food
- Gas

- A Clinic Building
- B Data Center
- C Rehabilitation Center Plastics & Aesthetics Center
- D Diagnostic Center
- E Outpatient & Specialty Pharmacies
- F Center for Bariatric & Minimally Invasive Surgery
- G Scrubs & More

- 1 Parking Garage
- 2 May Tower
  Top of the Tower Restaurant
  Starbucks, Corner Mkt., Atrium
- 3 May Tower 1 West
- 4 Elliott Building
- 5 Miners Building

PIKEVILLE MEDICAL CENTER

911 Bypass Road | Pikeville, KY | 606-430-3500 | pikevillehospital.org

†PIKEVILLE MEDICAL CENTER

IMPORTANT PMC PHONE NUMBERS

PMC Main & Operator.....606-430-3500

LAB WORK | MRI/X-RAYS | VACCINATIONS

Diagnostic Center.....606-430-4673

SCHOOL/SPORTS PHYSICALS | REGULAR CHECK-UPS

Primary Care Center.....606-430-2213

South Williamson Primary & Specialty Care.....606-237-3969

PEDIATRIC CARE | SCHOOL/SPORTS PHYSICALS | REGULAR CHECK-UPS | URGENT/EMERGENT CARE

Urgent Care & Family Wellness Center, Pikeville.....606-430-2250

Prestonsburg Primary Care & Urgent Care Center.....606-886-8175

Emergencies.....911

COVID-19 VACCINATIONS | PRESCRIPTIONS | ORTHOPEDIC AIDS | OVER-THE-COUNTER MEDICINES

Outpatient Pharmacy.....606-218-3576

SPORTS INJURIES NOT YET SEEN BY THE EMERGENCY DEPT.

Walk-In Clinic for Acute Sports Injuries.....606-430-2206

PMC SPECIALTY PHARMACY

Our pharmacists provide assistance for many conditions

- *Chemotherapy Medications*
- *Growth/Hormonal Disorders*
- *Inflammatory Bowel Disorders*
- *Hepatitis*
- *Multiple Sclerosis*
- *Osteoporosis*
- *Psoriasis*
- *Cystic Fibrosis*
- *Transplant Drugs & more*

OPEN 7 DAYS A WEEK | 1-888-762-5979

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606-218-3576

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