



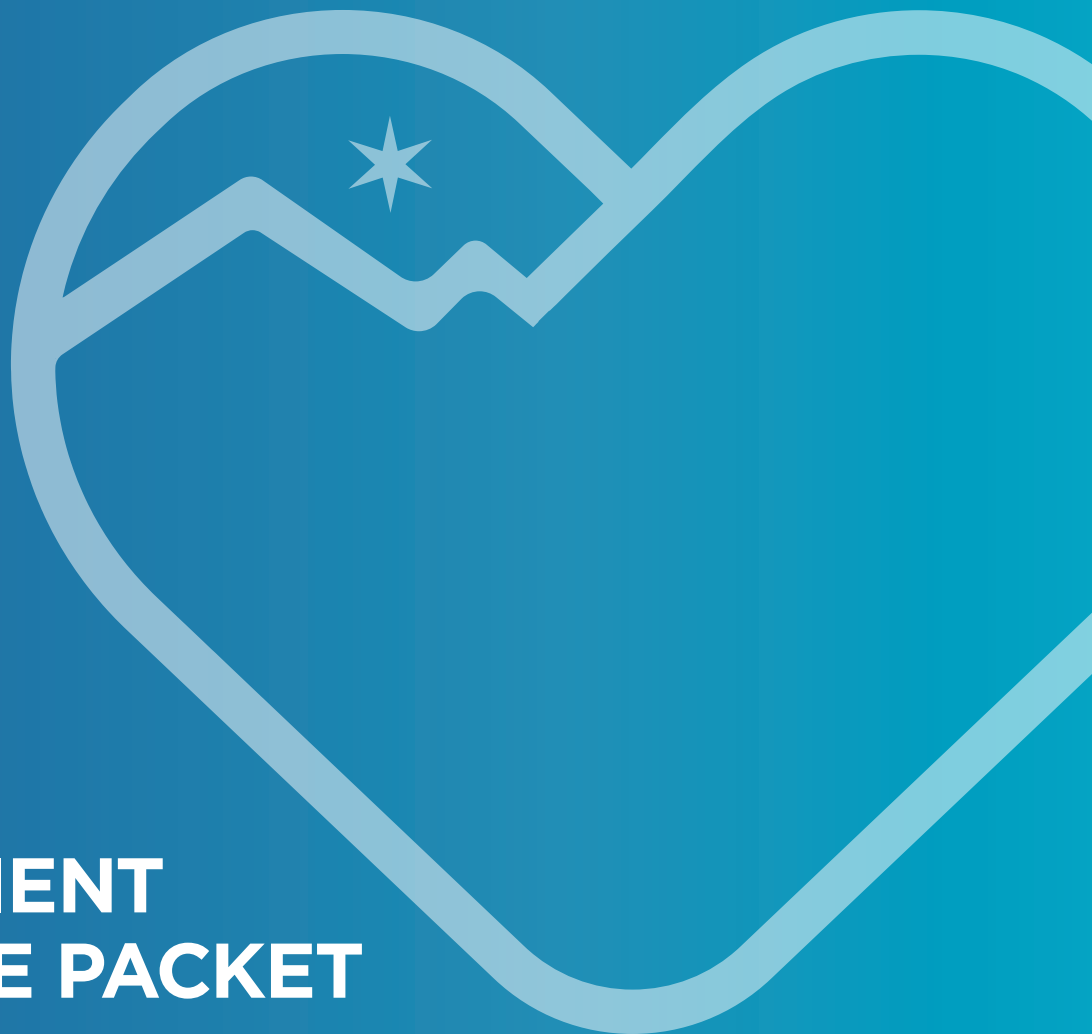
DENVER HEALTH™

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FOR LIFE'S JOURNEY

DENVER HEALTH PHARMACY SERVICES

Community Retail & Medicare DMEPOS Information



**NEW PATIENT
WELCOME PACKET**

WELCOME TO DENVER HEALTH PHARMACY

We are delighted to have you join our Denver Health Pharmacy Service Team. As your trusted healthcare partners, we are here to support every step of your health journey with comprehensive pharmacy services, including:

- Personalized medication counseling to clarify your treatment plan
- Accurate prescription dispensing with clear instructions
- Over-the-counter product guidance for safe, effective self-care
- Access to durable medical equipment and supplies when needed (DMEPOS -Durable Medical Equipment, Prosthetics, Orthotics, and Supplies).
- Ongoing support for all your pharmacy needs

Thank you for choosing Denver Health as your healthcare partner. Our team is committed to making your experience seamless, informed, and compassionate. We are here to answer questions, address concerns, and ensure you get the care you deserve. Welcome to your community of care.

CONTACT US

[For all medical emergencies, please call 911.](#)

HOURS OF OPERATION

Open 7 Days a Week: 7 a.m.-8 p.m.

Phone: 1-866-347-3345

Address: 660 N. Bannock Street. Denver, CO.

PLEASE VISIT OUR WEBSITE AT:

denverhealth.org/patients-visitors/prescription-refill-pharmacy-services



OUR SERVICES

At Denver Health Pharmacy Services, we prioritize safety, accuracy, and compassion in every interaction. Your health, comfort and trust guide everything we do. We are here to support you with:

1. Safe & Personalized Care

- Medication & Supply Dispensing: Accurate, timely delivery of prescriptions and medical supplies, tailored to your needs.
- Education & Guidance:
 - Clear instructions on how to use medical equipment.
 - Safe storage practices and infection prevention.
 - Injection & Administration Support: Proper sharps handling, disposal, and post-care education to keep you safe.

2. Ongoing Support for Your Health Journey

- Follow-up Care: We proactively check in to ensure you are using supplies safely and effectively.
- Replacement & Troubleshooting: Help with supply issues, replacements, or usage concerns.
- Personalized Documents: Educational materials provided (e.g., medication guides, equipment instructions).

3. Seamless Logistics

- Refill & Delivery: Request prescription/refill renewals via phone or portal.
 - Delivery Protection: We confirm your shipping details and require a signature for select items to safeguard your supplies.
- Medical Supplies Transfers: Can assist in transferring supplies between pharmacies.

4. Insurance & Billing Support

We simplify the complex:

- Explain billing, copays, deductibles, and reimbursement processes.
- Assist with prior authorizations and insurance plan requirements.
- Transparent Updates: We proactively notify you of any issues affecting your supplies or prescriptions.

5. Your Voice Matters

We know navigating insurance can be challenging. That is why our team is dedicated to making it easier. You will always have a pharmacy contact for clinical questions, refills or concerns.

OUR LOCATIONS

You may notice that pharmacy services differ slightly across locations. This is because:

- Insurance requirements
- Legal/regulatory requirements
- Equipment or medication availability

DENVER HEALTH MAIL PHARMACY

500 Quivas St Ste A, Denver, CO 80204

1-866-347-3345

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

MONTBELLO FAMILY HEALTH CENTER PHARMACY

12600 E. Albrook Dr., Denver, CO 80239

1-866-347-3345

Monday-Friday: 9 a.m.-5 p.m.

(Closed for lunch 12:30-1:15 p.m.)

Saturday: 8 a.m.-noon

DENVER HEALTH 24/7 DISCHARGE PHARMACY

790 Delaware St, Denver, CO 80204

1-866-347-3345

Monday-Sunday: Open 24 hours

SAM SANDOS WESTSIDE FAMILY HEALTH CENTER PHARMACY

1100 Federal Blvd., Denver, CO 80204

1-866-347-3345

Monday-Friday: 9 a.m.-5:30 p.m.

Saturday: 8 a.m.-noon

WELLINGTON WEBB CENTER FOR PRIMARY CARE PHARMACY

301 W. 6th Ave., Denver, CO 80204

1-866-347-3345

Monday-Friday: 8:30 a.m.-6 p.m.

LA CASA-QUIGG NEWTON HEALTH CENTER PHARMACY

4545 Navajo St., Denver, CO 80211

1-866-347-3345

Monday-Friday: 9 a.m.-5 p.m.

(Closed for lunch 12:30-1 p.m.)

OUTPATIENT MEDICAL CENTER PHARMACY

660 Bannock St., Pavilion L

Denver, CO 80204

1-866-347-3345

Open 7 days a week

7 a.m.-8 p.m.

BERNARD F. GIPSON SR. EASTSIDE NEIGHBORHOOD HEALTH CENTER PHARMACY

501 28th St., Denver, CO 80205

1-866-347-3345

Monday-Friday: 9 a.m.-5:30 p.m.

FEDERICO F. PEÑA SOUTHWEST FAMILY HEALTH CENTER PHARMACY

1339 S. Federal Blvd., Denver, CO 80219

1-866-347-3345

Monday-Friday: 9 a.m.-9 p.m.

Saturday: 9 a.m.-5 p.m.

Sunday: Closed

LOWRY FAMILY HEALTH CENTER PHARMACY

1001 Yosemite St.

Denver, CO 80230

1-866-347-3345

Monday-Friday: 8 a.m.-6:30 p.m.

Saturday: 8 a.m.-4 p.m.

(Closed for lunch 1-1:30 p.m.)

EQUIPMENT WARRANTY INFORMATION

Denver Health will honor all manufacturers' warranties under applicable state law. In addition, the manufacturers' manual will be provided to all Rental beneficiaries for all durable medical equipment provided when available.

If any item delivered to a Rental beneficiary is substandard or unsuitable, Denver Health will accept the return and replace it free of charge.

EQUIPMENT RENTAL INFORMATION

Denver Health provides medical equipment and/or supplies to beneficiaries on a purchase basis unless otherwise required by the applicable insurance plan. Beneficiaries are informed at the time of order coordination whether an item is being purchased or rented. If rental items are applicable, beneficiaries are notified of rental terms, including duration, financial responsibility, and ownership provisions, in accordance with payer requirements. If an item is not available for rental, the beneficiary is informed accordingly.

Purchased DMEPOS items refers to equipment that is provided on an ownership basis, regardless of whether payment is made by insurance, the beneficiary or a combination of both.

INSURANCE, BILLING AND FINANCIAL INFORMATION

Denver Health conducts insurance benefits investigations and submits claims for covered products and services in accordance with applicable local, state and federal laws and regulations. Insurance coverage and payment determinations are subject to the terms and conditions of each individual insurance plan. All patients are responsible for providing insurance information.

MEDICARE

Denver Health may bill Medicare Part B for your medical equipment/supplies. Coverage under Medicare Part B may cover medically necessary durable medical equipment (DMEPOS).

In most cases, Medicare Part B pays 80% of allowed charges and the beneficiary is responsible for what Medicare does not cover and any deductible.

We will notify you if there are any issues during the billing process.

MEDICAID/OTHER INSURANCE CARRIERS

Denver Health will provide medical equipment and/or medication upon verification, approval of coverage status and medical justification by conducting insurance benefits investigations and submitting claims.

EMERGENCY PREPAREDNESS

NATURAL DISASTERS (FLOOD, EARTHQUAKE, TORNADO, ETC.)

If you find yourself in a dangerous situation, your safety is the number one priority. Never return to a dangerous situation to get your medication or supplies. Please reach somewhere safe and then call us. We will be able to support you with your lost medication or supplies.

1. In disaster-prone areas, store food and extra bottled water. Have a battery-operated radio, flashlights and extra batteries. If you are on a nebulized medication or other medication that requires electricity to use, please call your local electrical company to report your special needs. They may be able to help get your electricity back faster.
2. Check for injuries.
3. Check your home for any gas or water leaks and turn off appropriate valves.
4. Stay away from windows or broken glass. Wear shoes at all times.
5. Leave or evacuate the area if necessary.
6. If evacuation is necessary, go to the nearest shelter and notify the organizers of any special needs you have. Please call the pharmacy to let us know your updated contact information and new medication delivery location to ensure that you continue to get your medication.
7. If there are uncertainties of medication storage conditions (i.e., excessive moisture or excessive heat) or ineffectiveness, call our Pharmacy Service Team to look into potential replacement programs.

GENERAL PLAN Make a list of IMPORTANT ITEMS <ul style="list-style-type: none"> • Medications • Medical ID/bracelet • Contact information • Allergies • Insurance cards/information • Pharmacy information 	HAVE READILY AVAILABLE <ul style="list-style-type: none"> • 2 weeks' supply of medication if possible • Charged cell phone • Flashlight and batteries • First aid kit 	EVACUATION PLANS <ul style="list-style-type: none"> • Know emergency contacts and phone • Know the nearest emergency shelter • Know point of contact to arrange for assistance if you cannot evacuate • Know emergency meeting points 	ESSENTIAL ITEMS <ul style="list-style-type: none"> • Health information • Cell phone • Essential medications and/or OTC • Emergency food and water • Pharmacy/provider contact information • Insurance cards/information
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Pharmacy information Rights & Responsibilities

YOU HAVE THE RIGHT TO:

- A. Receive a copy of your rights as a patient and have them explained to you in a language and manner you understand when you are receiving care or any time you ask.
- B. Receive care and treatment that is respectful, recognizes your dignity, cultural and personal values, and religious beliefs, promotes a positive self-image, and provides for your personal privacy to the extent possible during the course of treatment.
- C. Receive care and access to Denver Health programs free from restrictions based on age, race or ethnicity, color, national origin, religion, culture, socio-economic status, sex, sexual orientation, gender identity or expression, genetic information, or mental or physical disability.
- D. Get information about your medical conditions and care in a manner you understand—regardless of language spoken, impairment, or disability - including receiving auxiliary communication aids or translation services through a qualified medical interpreter as needed.
- E. Be told the status and outcomes of your medical care, including any unanticipated outcomes of care.
- F. Understand and participate in the creation and implementation of your treatment, pain management, and hospital discharge plans.
- G. Make informed decisions about treatments and procedures you may receive as part of your care, including getting information about the potential benefits, risks, and side effects. Your right to make informed decisions about your care also includes the right to request treatment, drugs, tests, or procedures you believe are necessary, to change your mind about having a procedure done, and to refuse treatment.
- H. Choose whether or not to participate in research or clinical trials and have your rights respected during the research. Know the name, professional status, and experience of physicians or other health care providers who provide your care, treatment, and services.
- I. Know that Denver Health is a teaching facility and some care may be provided by health care providers in training.
- J. Get care that is right for you and your family's emotional, spiritual, and developmental needs.
- K. Have Denver Health notify your physician and/or a person of your choice when you are admitted to the hospital or when your illness worsens.
- L. Have a family member, friend, or other individual with you for emotional support while you are in the hospital, unless it is medically or therapeutically unsafe for either of you or it infringes on others' rights or safety.
- M. Have a personal representative (as allowed under state law) remain informed and make direct care decisions when you are not able to make decisions about your care because of a mental or physical condition. This person may also exercise your rights to access your health information.
- N. Expect that Denver Health will follow the law and its policies and procedures on medical record confidentiality and access, including the following:
 - i. Give you a Notice of Privacy Practices that explains how Denver Health protects your health information and your rights to your health information.
 - ii. Allow you to access, request changes to, and obtain information on disclosures of your personal health information, as described in the Notice of Privacy Practices.
 - iii. Allow you to access information contained in your medical records within a reasonable time frame.
- O. Allow you to give or withhold consent for Denver Health to make or use pictures, recordings, or other images of you for purposes other than your medical care.
- P. Receive billing information upon request, including:
 - i. Estimated charges for non-emergent services prior to receiving the care or treatment. The estimated charges may be based on an average patient with a similar diagnosis.
 - ii. Help applying for health insurance or financial aid programs.
 - iii. Help with understanding your share of the cost of medical services, such as insurance deductibles and copays.
 - iv. A copy of Denver Health's general billing procedures.
 - v. An itemized bill.
 - vi. Answers to questions about a bill for services.
- Q. Request access to and have help in getting guardianship and advocacy services, conservatorship, and/or child or adult protective services.
- R. Get care in a safe setting that is free from neglect, exploitation, and verbal, mental, or physical abuse.
- S. Except for persons in custody, be free from the use of seclusion and restraints of any form which are not medically necessary or which are used as a means of coercion, discipline, convenience, or retaliation.
- T. Have your personal wishes followed for life support and organ gifts.
- U. Create an advance directive. An advance directive is a legal document that allows you to give directions about future medical care or to direct another person to make medical decisions for you if you cannot make decisions yourself. Advance directives include living wills, CPR directives, medical durable powers of attorney, and medical orders for scope of treatment (MOST) forms.



- V. Have your care providers comply with advance directives when they are valid, apparent, and available. You have the right to be informed when an advance directive cannot be followed. If you are undergoing anesthesia or invasive procedures and have a CPR directive, we will ask you prior to the procedure to decide whether to temporarily suspend the CPR status during the procedure. If a clear decision is not reached prior to the procedure, the CPR directive will be suspended during the procedure/ anesthesia and during immediate recovery, but typically not longer than 24 hours following the procedure
 - W. Voice complaints and give feedback freely without fear that it will result in coercion, discrimination, retaliation, or an unreasonable interruption in care.
 - X. Receive information about Denver Health's complaint resolution process and file a concern with:
 - i. Denver Health Patient Advocates.
Call 303-602-2915 or write to
777 Bannock Street, MC 0255, Denver, CO 80204.
You have the right to have your concern reviewed and to receive a response that explains the outcome or resolution of the review, the steps that were taken to investigate your complaint, and the name of the person who investigated on your behalf.
 - ii. Colorado Department of Public Health and Environment.
Call 303-692-2800 or write to 4300
Cherry Creek Drive South, Building A, 2nd Floor, Denver,
CO 80206
 - iii. KEPRO (for Medicare beneficiaries with concerns about quality of care or coverage decisions or to challenge a discharge). Call 844-430-9504, fax to 844-878-7921, or visit <https://www.keproqio.com/>.
 - iv. The Joint Commission. Call 1-800-994-6610 or write to the Quality Monitoring Office, One Renaissance Boulevard, Oakbrook Terrace, IL 60181.
 - v. The U.S. Department of Health and Human Services, Office for Civil Rights (for privacy-related or discrimination related complaints). Call 303-844-2024 (TDD 303-844- 3439) or write to 999 18th Street, Suite 417, Denver, CO 80202.
 - Y. Colorado Department of Regulatory Agencies (DORA).
Call 303-894-7855 or toll-free at 800-886-7675, write to 1560 Broadway, Suite 110, Denver, CO 80202, or visit <https://www.colorado.gov/dora>
- YOU HAVE THE RESPONSIBILITY TO:**
- A. Treat all Denver Health staff, patients, and visitors with courtesy, dignity, and respect.
 - B. Follow Denver Health rules, including the visitor policy and posted signs. Patients or visitors who violate Denver Health rules and policies may be asked to leave Denver Health property.
 - C. Keep your appointments and be on time. If you can't keep your appointment, call the Appointment Center (303-436-4949) as soon as possible to reschedule.
 - D. Give correct and complete information about you:
 - 1. Present symptoms;
 - 2. Past illnesses;
 - 3. Other hospitalizations;
 - 4. Current medications.
 - E. Take part in your care and follow the treatment plan you and your providers agree on.
 - F. Be aware of what will happen if you refuse treatment or do not follow instructions and take responsibility for those actions.
 - G. Give Denver Health copies of any advance directives you have created.
 - H. Contribute to a safe environment for all patients, visitors, and staff by not making threats or being abusive or violent to others. This includes never bringing unauthorized weapons onto Denver Health property or encouraging others to engage in hostile behavior.
 - I. Not smoke (including e-cigarettes) or use tobacco anywhere on Denver Health property, including in public spaces outside the buildings and in the parking areas.
 - J. Not use illegal drugs, marijuana, or alcohol on Denver Health property.
 - K. Be thoughtful of other patients and staff by helping to control noise or other potential disturbances.
 - L. Never take pictures or record videos of staff, equipment, or any non-family members on Denver Health property except with prior permission.
 - M. Tell your provider if you want to leave your care area when you are getting care in the hospital, including if you want to refuse treatment and leave or if you want to walk around. Stay with your staff escort if you and your medical team agree that is safe for you to walk around outside your care area while you are getting care in the hospital.
 - N. Tell care providers or Patient Advocates about any safety or care concerns.
 - O. Upon request, give Denver Health copies of records needed for registration, financial screening, and billing purposes.
 - P. For parents, guardians, and legally authorized representatives, provide records to Denver Health upon request that show your authority to consent to care for your child or for the patient you represent.
 - Q. Pay the amount you owe for your medical care and services on time.
 - R. Ask questions.

MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll-free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.

26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

Please see below for more information.

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/DMEPOSQuality/DMEPOSQualBooklet-905709.html>

PRIVACY NOTICE

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.

If you have any questions, contact a Patient Representative at 303-602-2915 or the Privacy Officer by phone at 303-436-8886; by fax at 303-602-7024; or by mail at 777 Bannock Street, MC 7776, Denver, CO 80204. To learn more about Denver Health, please see www.DenverHealth.org

Get an Electronic or Paper Copy of Your Medical Record.

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. To see or get a copy of your records, please talk to the staff where you get your care or the Medical Records Department at 303-602-8001. You may be asked to fill out a form. 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.

In some cases, we may deny your request to read or get a copy of your records. We will give you the reason for the denial. If your request is denied, you can ask that the denial be reviewed. A care provider chosen by Denver Health will review your request. This person will not have taken care of you or have been involved in the first review. We will follow what they decide.

Ask Us to Correct Your Medical Record.

You can ask us to correct health information about you that you think is incorrect or complete. To ask for a correction, please talk to your care provider, staff where you receive care, or the Medical Records Department at 303-602-8001. You may be asked to fill out a form and to give a reason for your request. We may say “no” to your request, but we will tell you why in writing within 60 days.

Ask for Confidential Communications.

We may contact you to remind you about an appointment, to tell you your test results, to give you information about services that may be of help or interest to you, or for other reasons related to your health. You can ask that we contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

To ask for specific confidentiality, talk to your care provider or staff where you receive care. We will not ask you the reason for your request. You must tell us how or where you want to be contacted.

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.

If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

To ask us to limit how we use or give out your health information, talk to your care provider or staff where you receive care, contact the Medical Records Department at 303-602-8001 or contact the Privacy Officer at 303-436-8886. You may be asked to fill out a form.

Get a List of Those with Whom We Have Shared Your Information.

You can ask for a list (accounting) of the times we have shared your health information for six years before the date you ask, who we shared it with, and why. We will include all of the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

To ask for this list, please call the Medical Records Department at 303-602-8001. You will be asked to fill out a form. You can get one list free a year, but we 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 already have one. We will provide you with a paper copy promptly, and it is always available on our website at www.denverhealth.org.

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.

YOUR CHOICE

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. Tell us what you want us to do, and we will follow your instructions

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, such as the Red Cross, so that your family can be called or told about your health status.
- Include your information in a hospital directory so your family and friends who ask for you by name can call or visit you and so that you can get mail and flowers. If you do not object, we will include your name, your location, and your general condition. Also, you can tell us your religion if you want, and members of the clergy who ask to visit patients of your religion will be given your name.

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
- Most sharing of alcohol and drug abuse treatment information maintained by Denver Health's federally assisted substance abuse treatment programs

Fundraising

We may use your information to contact you in an effort to raise money for Denver Health. We may share this information with our affiliated Denver Health Foundation to work on our behalf. If you do not want to receive communications about fundraising (to opt out), or you wish to opt back in, call the Foundation at 303-602-2970, or send an e-mail to: dhfoundation@dhha.org.

Colorado Regional Health Information Organization (CORHIO)

Colorado Regional Health Information Organization (CORHIO). CORHIO is a nonprofit organization of hospitals and doctors whose mission is to improve health care by allowing participating hospitals and doctors to exchange medical information electronically between them. This allows all of your care providers at different organizations to view your health information so that they can make better decisions about your care. If you do not want Denver Health to share your information with other participating hospitals and doctors through CORHIO, you can "opt out" by writing to the Denver Health CORHIO Point of Contact, 301 W 6th Avenue, MC0296, Denver, CO 80204

HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

We typically use or share your health information in the following ways:

Help Manage the Health Care Treatment You Receive

We can use your health information and share it with professionals who are treating you.

Bill for Your Health Services.

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

Run Our Organization.

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

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 your health information for certain situations such as:

- Preventing disease
- To report births and deaths
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence and victims of crime
- 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, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to Organ And Tissue Donation Requests.

We can share information about you with organ procurement organizations such as Donor Alliance 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.

Respond to Organ And Tissue Donation Requests.

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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.

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.

Address Workers' Compensation, Law Enforcement, and Other Government Requests.

We can use or share health information about you:

- For workers' compensation claims.
- To your employer for:
 - a job-related injury or illness;
 - workplace-related medical review; or
 - if your employer needs the record to follow the law.
- For law enforcement purposes or with a law enforcement official.
- Reporting crimes in the hospital or clinics
- With the jail, prison, or police if you are an inmate or are in custody so they can take care of you and protect the health and safety of you, other inmates, and staff.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective service.

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 Privacy Notice and give you a copy of it.
- We will not use or share your information other than as described here 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.

Your request will be processed as soon as possible, but we may have already used or given out your records based on your prior authorization.

PATIENT CONCERNS AND COMPLAINTS

You have a right to voice grievances and recommend changes in care or services without fear of revenge or unreasonable interruption of services. There are several ways for you to inform us of your comments or concerns.

PATIENT COMPLAINT POLICY

You have a right to voice grievances and recommend changes in care or services without fear of revenge or unreasonable interruption of services. There are several ways for you to inform us of your comments or concerns.

If you have a complaint about services provided, please contact us by phone, email, in-writing or in-person. If you have not received a satisfactory resolution to an issue, you may ask to speak to a supervisor or manager. Our team will keep you updated about steps we take to resolve your complaint or issue.

You may file a complaint with us via:

Denver Health Patient Relations

Monday-Friday: 8 a.m.-4:30 p.m.

Phone: 303-602-2915

Email: Patient_advocates@dhha.org

Write: Denver Health Patient Relations

601 Broadway St.

Denver, CO 80204

If you do not receive an acceptable resolution to your complaint after taking the steps above, you may file appropriate complaints with applicable regulatory bodies and/or agency including, but is not limited to: URAC, ACHC or the state Board of Pharmacy.

Colorado Department of Regulatory Agencies - Department of Professions and Occupation

Phone: 303-894-7800

Visit: dpo.colorado.gov/FileComplaint

Colorado Department of Public Health and Environment:

Phone: 303-692-2800

Visit: cdphe.colorado.gov/health-facilities/health-facilities-complaints

National Association of Boards of Pharmacy

Phone: (502) 564-7910

Visit: nabp.pharmacy/about/boards-of-pharmacy/

URAC

Phone: (202) 216-9010

Visit: urac.org/file-a-grievance

ACHC

Phone: (855) 937-2242

Visit: achc.org/contact/

MEDICARE PRESCRIPTION DRUG COVERAGE & YOUR RIGHTS

You have the right to get a written explanation from your Medicare drug plan if:

- Your doctor or pharmacist tells you that your Medicare drug plan will not cover a prescription drug in the amount or form prescribed by your doctor.
- You are asked to pay a different cost-sharing amount than you think you are required to pay for a prescription drug.

The Medicare drug plan's written explanation will give you the specific reasons why the prescription drug is not covered and will explain how to request an appeal if you disagree with the drug plan's decision.

You also have the right to ask your Medicare drug plan for an exception if:

- You believe you need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a "formulary;" or
- You believe you should get a drug you need at a lower cost-sharing amount.

What you need to do:

- Contact your Medicare drug plan to ask for a written explanation about why a prescription is not covered or to ask for an exception if you believe you need a drug that is not on your drug plan's formulary or believe you should get a drug you need at a lower cost-sharing amount.
- Refer to the benefits booklet you received from your Medicare drug plan or call 1-800-MEDICARE to find out how to contact your drug plan.
- When you contact your Medicare drug plan, be ready to tell them:
 1. The prescription drug(s) that you believe you need.
 2. The name of the pharmacy or physician who told you that the prescription drug(s) is not covered.
 3. The date you were told that the prescription drug(s) is not covered.
 - a. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan's notice will explain why coverage was denied and how to request an appeal if you disagree with the plan's decision. Refer to your plan materials or call 1-800-Medicare for more information.