



Specialty Pharmacy Welcome Packet



Dedicated to Providing You Our Golden Standard of *Care.*



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Welcome to Golden Valley Specialty Pharmacy



Thank you for choosing Golden Valley Specialty Pharmacy, a service of Golden Valley Memorial Healthcare.

At Golden Valley Memorial Healthcare, we are committed to making healthcare more accessible, affordable and convenient for the communities we serve. Our Golden Valley Specialty Pharmacy helps patients access specialty medications used to treat complex or chronic health conditions, all with the personalized support of a healthcare team they know and trust.

Many specialty medications are not readily available through traditional retail pharmacies and often require additional coordination, education and ongoing monitoring. Our specially trained pharmacist and team work closely with patients, providers and insurance companies to help simplify the process and ensure you receive the care and support you need every step of the way.

By offering specialty pharmacy services closer to home, GVMH is helping patients access important medications locally while providing the individualized service that is part of our Golden Standard of Care.

Location

Golden Valley Specialty Pharmacy
1617 N. 2nd Street
Clinton, MO 64735

Hours

Monday-Friday
8 a.m. to 4 p.m.

Phone

660.890.7263

Toll Free

888.885.1378

Email

GVSpecialtyRX@gvmh.org

Website

gvmh.org

Golden Valley Memorial Healthcare Map



- | | |
|---|--|
|  1 - Main Campus |  7 - Golden Valley Specialty Pharmacy |
|  2 - Clinton Clinic |  Building Entrance |
|  3 - Outpatient Treatment Center |  Specialty Pharmacy Parking |
|  4 - Emergency | |
|  5 - East Campus | |
|  6 - Radiation Oncology | |

The Golden Valley Specialty Pharmacy is located at our West Campus and is open Monday through Friday 8 a.m. to 4 p.m.

It will be closed on the weekends and all state holidays.

About Golden Valley Specialty Pharmacy



Golden Valley Specialty Pharmacy provides specialty medications and personalized support for patients managing complex or chronic health conditions. Our team works with you, your provider and your insurance company to help coordinate your prescription, explain your medication and support you throughout therapy.

Conditions We Support

- Dermatology
- Hepatitis C
- Neurology
- Oncology
- Rheumatology

How We Support You

- Assistance with insurance benefits and prior authorizations
- Education about your medication and condition
- Help identifying financial assistance programs for eligible patients
- Medication delivery to your home or preferred location
- One-on-one medication counseling
- Ongoing support throughout your treatment journey
- Refill reminders

When to Contact Us

Contact the Golden Valley Specialty Pharmacy at 660.890.7263 if you have questions about:

- Filling or refilling a prescription
- Financial assistance programs
- Insurance coverage or medication costs
- Medication instructions or concerns
- Patient support services
- Prescription status or delivery updates
- Transferring a prescription to or from our pharmacy

Patient Management Program



As a Golden Valley Specialty Pharmacy patient, you may be enrolled in a disease-specific Patient Management Program. This service is designed to help you get the greatest possible benefit from your specialty medication while reducing avoidable concerns or interruptions in therapy.

Through the program, our pharmacy team may:

- Assist with insurance requirements and prior authorizations
- Coordinate with your provider when additional support is needed
- Help identify patient assistance and other financial assistance programs
- Identify and address side effects or other concerns
- Monitor your response to therapy
- Support refill planning and help prevent gaps in therapy

To help us support you, please tell us about changes in your health, medication, contact information, insurance coverage or ability to obtain your medication.

Choosing Whether to Participate

Participation is encouraged because it allows our team to provide additional support. If participation is optional, you may choose to opt out and may ask to participate again later. Your ability to receive pharmacy services will not be affected unless otherwise required by your health plan or therapy.

Program Rights and Responsibilities

As a participant, you have the right to:

- Decline participation or withdraw, when permitted
- Have your health information protected in accordance with applicable law
- Know the names and roles of team members involved in your care
- Receive information about the purpose and services of the program
- Receive notice of significant changes to or termination of the program
- Speak with a pharmacist or other qualified health professional

You are responsible for:

- Providing accurate health, medication, insurance and contact information
- Telling us when this information changes
- Submitting required forms or information
- Sharing concerns, side effects or changes in your response to therapy
- Following the medication and care instructions provided by your healthcare team

Language, Communication and Accessibility Services



GVMH is committed to serving patients and caregivers with dignity and respect. Language assistance and communication support may be available at no cost to help you understand your care and communicate with your healthcare team.

Please tell a pharmacy team member if you:

- Are deaf or hard of hearing
- Have another communication, accessibility, cultural or religious need that may affect your care
- Need an interpreter
- Need information in an accessible format
- Prefer a language other than English

Frequently Asked Questions



What is a specialty pharmacy?

A specialty pharmacy provides medications used to treat complex or chronic health conditions. These medications may require special handling, additional education, close monitoring or coordination with your provider and insurance company.

How is a specialty pharmacy different from a retail pharmacy?

A retail pharmacy fills many common prescriptions. A specialty pharmacy focuses on medications that may be more complex to obtain or manage. In addition to filling your prescription, our team can help with insurance requirements, medication education, refill planning, delivery coordination and ongoing support.

How does Golden Valley Specialty Pharmacy receive my prescription?

Your provider will usually send your prescription electronically. Prescriptions may also be sent by another method accepted by the pharmacy. Once we receive it, our team will review the prescription and contact you about insurance requirements, cost, counseling and delivery or pickup.

When will the pharmacy contact me?

We may contact you to verify insurance information, explain your medication, discuss your cost, request information needed for financial assistance, arrange pickup or delivery, coordinate a refill, discuss concerns or tell you about a delay, transfer or medication recall.

How do I pay for my medication?

Our team will bill participating insurance plans and explain your expected out-of-pocket cost before your medication is provided. You are responsible for applicable copayments, coinsurance or other amounts not covered by your plan.

What if I cannot afford my medication?

Tell us as soon as possible. Depending on your medication and eligibility, assistance may be available through a manufacturer, charitable foundation or another program. Our team can help identify options and explain what information is needed to apply.

How do I get a refill?

Our team may contact you before your medication is expected to run out. We may ask how treatment is going, whether you have experienced side effects, whether your dose has changed and where you would like to receive the next supply. You may also call us during business hours if you need refill assistance.

Can my medication be delivered?

Medication delivery may be available to your home or another approved location. Our team will confirm the delivery address, timing, storage needs and any signature requirements with you.

What should I do if my order is delayed?

Call us during business hours for an update. We will explain the reason for the delay, any action needed from you or your provider and the next steps we can take to help avoid an interruption in therapy.

What if Golden Valley Specialty Pharmacy cannot fill my prescription?

If we cannot provide a medication, we will explain your options and, when appropriate, help coordinate transfer of the prescription to another pharmacy that can serve you.

Will you substitute a generic medication?

When an approved generic or other substitution is available and permitted, we will follow applicable law, your prescription and your health plan requirements. We will answer your questions and explain cost differences when that information is available.

What should I do if my medication is recalled?

If a recall affects medication dispensed to you, we will contact you with available instructions. Do not stop a prescribed medication unless directed by your provider, pharmacist or the recall instructions.

What should I do if I have side effects?

Call the pharmacy or your prescribing provider with medication questions or nonurgent concerns. For severe symptoms or a medical emergency, call 911 or go to the nearest Emergency Department. Do not use email for urgent clinical concerns.

What should I do if I think there has been a medication error?

Contact Golden Valley Specialty Pharmacy immediately and ask to speak with the pharmacist. Keep the medication, packaging and paperwork available unless you are instructed otherwise.

How do I transfer a prescription?

Call us if you would like to transfer an eligible prescription to Golden Valley Specialty Pharmacy or to another pharmacy. Some specialty medications can only be filled by a pharmacy selected by your insurance plan or the medication manufacturer.

How do I share a concern or complaint?

Please contact Golden Valley Specialty Pharmacy. We will listen to your concern and work to resolve it promptly. You may also use the external complaint contacts listed in the Patient Rights and Responsibilities section after those contacts are confirmed.

How is my health information protected?

GVMH protects your health information in accordance with applicable privacy laws and the organization's Notice of Privacy Practices. You may request a copy of the notice or ask questions about how your information is used and shared.

Medication and Supply Disposal



Unused or Expired Medications

Do not keep medication you no longer need. Ask the pharmacy team about a medication take-back location or another safe disposal option. Follow the medication label and any instructions provided by the pharmacist.

Do not flush medication unless the label, pharmacist or an official medication-disposal resource specifically directs you to do so.

Chemotherapy and Other Hazardous Medications

Do not place chemotherapy or other hazardous medication in household trash or flush it. Call Golden Valley Specialty Pharmacy at 660.890.7263 and ask to speak with the pharmacist for disposal instructions.

Needles, Syringes and Lancets

- Do not reuse needles. Follow the instructions provided with your medication and supplies.
- If an approved sharps container is not available, ask the pharmacy team which alternative container and local disposal method are appropriate.
- Keep sharps and disposal containers away from children and pets.
- Never place loose sharps in household trash, recycling or the toilet.
- Place used needles and other sharps in an FDA-cleared sharps container when one is available.
- Report a needlestick or sharps injury promptly to your healthcare provider.

Planning for an Emergency



Severe weather, power outages, travel restrictions and other emergencies can interrupt medication access. Planning ahead can help protect your health and prevent missed doses.

Before an Emergency

- Keep the pharmacy, provider and insurance phone numbers with your emergency information
- Keep an up-to-date medication list, including doses and allergies
- Know how your medication should be stored, including what to do during a power outage
- Prepare a cooler and cold packs if your medication requires refrigeration, but do not place medication directly on ice unless instructed
- Refill medications as early as your insurance plan allows when a known emergency is approaching
- Tell the pharmacy how to reach you and provide an alternate contact when appropriate

If You Must Leave Home

- Call the pharmacy when you are safe if your delivery address or contact information changes
- Keep medications in their labeled containers
- Take your medications, supplies and medication list with you
- Protect medication from excessive heat, cold, moisture and direct sunlight

If the Pharmacy is Closed

Call the pharmacy number and follow the recorded instructions. If you have an urgent clinical concern, use the confirmed after-hours clinical support process. For a medical emergency, call 911 or go to the nearest Emergency Department.

Wellness and Medication Safety



Use Your Medication Safely

- Contact the pharmacy or your provider when you have questions or concerns
- Do not change the dose or stop treatment without speaking with your provider or pharmacist
- Do not share medication
- Keep an updated list of prescription medications, over-the-counter products, vitamins and supplements
- Keep medication away from children, pets and anyone for whom it was not prescribed
- Store medication according to the label and pharmacy instructions
- Take your medication exactly as prescribed
- Tell every member of your healthcare team about medication allergies and reactions

Help Prevent Infection

- Ask your healthcare provider which vaccines and preventive steps are appropriate for you
- Clean the preparation area before use
- Follow the instructions provided for injections, devices and supplies
- Wash your hands with soap and water before handling medication or injection supplies
- Use hand sanitizer when soap and water are not available

Patient Rights and Responsibilities

You Have the Right to

- Have complaints reviewed and receive information about the outcome, when applicable
- Have your person, property, privacy and individuality treated with respect
- Have your protected health information kept private and confidential as required by law
- Participate in decisions about your care
- Receive appropriate care without discrimination
- Receive information about expected charges and financial responsibility
- Receive information about the services available to you and any limitations on those services
- Receive information about your responsibilities as a patient
- Refuse care or treatment after the possible consequences have been explained
- Voice concerns or complaints without retaliation

You are Responsible for

- Following instructions for medication use, storage and disposal
- Meeting your financial obligations
- Providing complete and accurate medical, medication, insurance and contact information
- Sharing concerns about the care or services you receive
- Submitting forms or information needed to provide and bill for services
- Telling us when your information changes
- Telling your provider and pharmacy about side effects, concerns or changes in your condition
- Treating pharmacy team members with respect

Questions or Complaints

To ask a question, report a concern or file a complaint, contact Golden Valley Specialty Pharmacy at 660.890.7263 or toll-free at 888.885.1378.

Notice of Privacy Practices

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

If you have any questions about this notice, please contact the privacy officer at 660.890.7134.

Who will follow this notice

This notice describes Golden Valley Memorial Healthcare (GVMH) practices regarding privacy and that of:

- Any healthcare professional authorized to enter information into your chart.
- Any member of a volunteer group affiliated with GVMH.
- All employees, staff and other GVMH personnel, including home services.

Our pledge regarding medical information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at GVMH. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by GVMH, whether made by GVMH personnel or your personal physician.

Your personal physician may have different policies or notices regarding the physician's use and disclosure of your medical information created in the physician's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

How we may use and disclose medical information about you

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

GVMH may participate in one or more health information exchanges (HIEs) and may electronically share your medical information for treatment payment, healthcare operations and other authorized purposes, to the extent permitted by law, with other participants in the HIEs. HIEs allow your healthcare provider, health plan, and other authorized recipients to efficiently access medical information necessary for your treatment, payment for your care and other lawful purposes. The types of medical information that may be shared through HIEs, includes, but is not limited to: diagnoses, medications, allergies, lab test results, radiology reports, health plan enrollment and eligibility. Such information may also include health information that may be considered particularly sensitive to you, including mental health information; HIV/AIDS information and test results; genetic information and test results; STD treatment and test results and family planning information.

The inclusion of your medical information in an HIE is voluntary and subject to your right to opt-out. If you do not opt-out, we may provide your medical information in accordance with applicable law to the HIEs in which we participate. For more information on any HIE in which we participate and how you can exercise your right to opt-out, call us at 660-885-5511. If you choose to opt-out of data-sharing through HIEs, your information will no longer be shared through HIE, including in a medical emergency; however, your opt-out will not modify how your information is otherwise accessed and released to authorized

individuals in accordance with the law, including being transmitted through other secure mechanisms (i.e., by fax or an equivalent technology).

For treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, technicians, medical students or other hospital personnel who are involved in taking care of you at the hospital. For example, a physician treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the physician may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of GVMH also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical treatment information about you to people outside GVMH who may be involved in your medical care after you leave the hospital, such as family members, or others who provide services that are part of your care, such as HHA or consulting physicians.

For payment: We may use and disclose medical information about you so that the treatment and services you receive at GVMH may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

For healthcare operations: We may use and disclose medical information about you for GVMH operations. These uses and disclosures are necessary to run GVMH and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many GVMH patients to decide what additional services GVMH should offer and what services are not needed and to determine the effectiveness of certain treatments. We may also disclose information to physicians, nurses, technicians, medical students and other GVMH personnel for review and learning purposes. We may also compare our services with other healthcare facilities in order to make improvements in the care and services provided at GVMH. We may remove information that identifies you from this set of medical information so others may use it to study healthcare and healthcare delivery without knowing the identity of specific patients.

Appointment reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at GVMH.

Treatment alternatives: We may use and disclose medical information to tell you about, or recommend possible treatment options or alternatives.

Health-related benefits and services: We may use and disclose medical information to tell you about health-related benefits or services.

Fundraising activities: We may use medical information about you to contact you in an effort to raise money for GVMH and its operations. We may disclose medical information to a foundation related to GVMH so that the foundation may contact you in raising money for GVMH. If you do not want the hospital to contact you for fundraising efforts, you must notify the manager of social services in writing.

Right to Object

Hospital directory: We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

Individual involved in your care or payment for your care: We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are or will be involved in your care at GVMH.

As required by law: We will disclose medical information about you when required to do so by federal, state or local law.

To avert a serious threat to health or safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations

Organ and tissue donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

Military and veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' compensation: We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public health risks: We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse or neglect
- To report reactions to medications or problems with products

- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health oversight activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

Lawsuits and disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request, or to obtain an order protecting the information requested.

Law enforcement: We may release medical information if asked to do so by a law enforcement agency official:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness or missing person
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, medical examiners and funeral directors: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

National security and intelligence activities: We may release medical counterintelligence and other national security activities authorized by law.

Protective services for the president and others: We may disclose medical information about you to authorized federal officials so they may provide protection to the president, other authorized persons or foreign heads of state or conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your rights regarding medical information about you

You have the following rights regarding medical information we maintain about you:

Right to inspect and copy: You have the right to inspect and receive a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and obtain a copy of medical information that may be used to make decisions about you, you must submit your request in writing to health information management personnel. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. GVMH has up to 30 days to comply with your request.

We may deny your request to inspect and obtain a copy in certain, very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for GVMH.

To request an amendment, your request must be made in writing and submitted to health information management personnel. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the medical information kept by or for GVMH.
- Is not part of the information which you would be permitted to inspect and copy.
- Is accurate and complete.

Rights to an accounting of disclosures: You have the right to request an accounting of disclosures. This is a list of the people who have received information about you from your medical records. To request this list or accounting of disclosures, you must submit your request in writing to health information management personnel. Your request must state a time period that may not be longer than six years from the date of the request and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to request restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your case, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request.

If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to health information management personnel. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to request confidential communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to health information management personnel. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a paper copy of this notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the admissions office at GVMH at 660.885.5511.

Language Assistance

Golden Valley Memorial Healthcare offers free language assistance services to individuals with limited English proficiency, ensuring clear and effective communication for all patients.

Changes to this notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we receive in the future. We will post a copy of the current notice. In addition, each time you register at or are admitted to GVMH for treatment or healthcare services as an inpatient or outpatient, we will offer you a copy of the current notice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with GVMH or with the Secretary of the Department of Health and Human Services. To file a complaint with GVMH, contact the hospital Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other uses of medical information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke the permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. Golden Valley Memorial Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

The name and address of the person you can contact for further information concerning our privacy practices is:

HIPAA Privacy Officer
Golden Valley Memorial Healthcare
Clinton, Missouri 64735
660.890.7134



1617 N. 2nd Street
Clinton, MO 64735
660.890.7263
GVSpecialtyRX@gvmh.org

The Golden Standard of Care – World Class Service With Heart.