Patient Guide
KEY INFORMATION FOR YOUR STAY

Take This Copy Home With You
FREE!

SPEAK UP
Ask Questions & Voice Concerns

MEDICINE GUIDE
Key Questions to Ask

SUCCESSFUL DISCHARGE
How to Plan Ahead

BROOKWOODBAPTISTHEALTH.COM
An extra hand, when you need it most.

Brookwood Baptist Health provides the care you need, when you need it most. Our Home Health services are ideal for patients transitioning from surgery or an inpatient stay, to home, or for those times when you or a loved one are in need of specialty nursing care—whether wound care or psychiatric care. Our experts can help you heal more comfortably, live with relief from pain, and reduce your symptoms, all in a location that’s convenient for you.

For more information, visit BrookwoodBaptistHealth.com
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Brookwood Baptist Health

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We would like to welcome you to Brookwood Baptist Health. We have taken care of the people of central Alabama for nearly a century, and we have exciting plans to ensure BBH provides Christian-based, patient-centered care for future generations.

By joining Birmingham’s former Brookwood Medical Center and Baptist Health System together, we have now heightened our ability to better serve our patients and provide greater convenience, access and value to those we serve. While it’s easy to go to the nearest hospital, we strive to develop meaningful relationships with the people in our communities to earn their trust.

Our purpose is to fully commit ourselves to improving the lives of our patients and the communities we serve. As these relationships continue, so does our knowledge of how best to care for the health of our communities. Our hope is to become your mentor and companion on a lifelong journey of outstanding health.

We hope you find this patient information guide will be valuable during your stay—and even afterwards. Our goal is to ensure that you are completely satisfied with your experience and that you feel confident in recommending Brookwood Baptist Health to family and friends.
About Us

United In Service and Devotion to You
In 2015, Baptist Health System and Brookwood Medical Center came together to form a new community of care: Brookwood Baptist Health. Our union was founded on our mutual dedication to comprehensive, compassionate, high-quality care for the communities we have served since 1922.

With five hospitals, a freestanding emergency department, more than 70 other locations including health centers, physician practices and imaging centers, and the largest primary care network in the state, our system offers convenient care for people across central Alabama.

Though we are a new community of care with a different name and logo, we are still devoted to the personal, individual, high-level care our patients know and deserve. We’re still your neighbors and your friends, and now we are Alabama’s newest progressive healthcare network—united in service and devotion to you, your family, and all the people of central Alabama.

Brookwood Baptist Medical Center
2010 Brookwood Medical Center Dr.
Homewood, AL 35209
(205) 877-1000

Citizens Baptist Medical Center
604 Stone Ave.
Talladega, AL 35160
(256) 362-8111

Princeton Baptist Medical Center
701 Princeton Ave. SW
Birmingham, AL 35211
(205) 783-3000

Shelby Baptist Medical Center
1000 1st St. N
Alabaster, AL 35007
(205) 620-8100

Walker Baptist Medical Center
3400 Hwy. 78
Jasper, AL 35501
(205) 387-4000
United in service and devotion to all of central Alabama.

1. Brookwood Baptist Medical Center
2. Citizens Baptist Medical Center
3. Princeton Baptist Medical Center
4. Shelby Baptist Medical Center
5. Walker Baptist Medical Center

- Brookwood Baptist Health Freestanding Emergency Department
- Brookwood Baptist Health Primary and Specialty Care Network
Main Numbers
Brookwood Baptist Medical Center: 205.877.1000
Citizens Baptist Medical Center: 256.362.8111
Princeton Baptist Medical Center: 205.783.3000
Shelby Baptist Medical Center: 205.620.8100
Walker Baptist Medical Center: 205.387.4000

FREQUENTLY CALLED NUMBERS

Brookwood Baptist Medical Center
Billing and Insurance 205.877.1926
Financial Assistance 205.877.5449
Home Health 205.949.5510
Pastoral Care 205.877.1926
Volunteer Services 205.877.5140

Citizens Baptist Medical Center
Billing and Insurance 256.761.4500
Financial Assistance 256.761.4500
Home Health 256.761.4363 or 866.617.4363
Hospice Care 256.761.4566
Pastoral Care 256.362.8111
Volunteer Services 256.761.4297

Princeton Baptist Medical Center
Billing and Insurance 205.783.3963
Financial Assistance 205.783.3963
Pastoral Care 205.783.3000
Volunteer Services 205.783.7367

Shelby Baptist Medical Center
Billing and Insurance 205.620.8933
Financial Assistance 205.620.8933
Pastoral Care 205.620.8100
Volunteer Services 205.620.8065

Walker Baptist Medical Center
Billing and Insurance 205.387.4438
Financial Assistance 205.387.4438
Pastoral Care 205.387.4000
Volunteer Services 205.387.4025

For more information on the resources available to you, visit BrookwoodBaptistHealth.com.
How’s your stay? Are you getting the care you need? Are your doctors and nurses listening and responding to your questions or requests? Our goal is to provide the best quality care. To do so, we ask for feedback.

**During Your Stay**
Please speak with your nurse or nursing supervisor if you have any questions or concerns about your care. If your issue still is not resolved, then contact an administrative representative or a nursing house supervisor. You also have the right to file your complaint with either:

**Alabama Department of Public Health**
Complaint Department, Suite 600
RSA Tower
201 Monroe St.
Montgomery, AL 36104
1.800.356.9596

**KEPRO**
KEPRO Rock Run Center
5700 Lombardo Center Dr.
Suite 100
Seven Hills, OH 44131
1-844-430-9504
keproqio.com

**The Joint Commission**
One Renaissance Blvd.
Oakbrook, IL 60181
Fax: 630-792-5636
Website: www.jointcommission.org,
then click “Report a Patient Safety Event”

**Photography/Videography Policy**
Patients and visitors are not allowed to photograph, film or otherwise record medical procedures, BBH staff or physicians. Photographing, filming or any recording of other patients or visitors is not allowed unless the person being photographed, filmed or recorded gives specific permission. BBH may ask an individual to stop photographing, filming or recording at any time. Failure to comply with BBH’s request may result in calling security and removing the offending party from the facility.
After Your Stay

Once you leave our care, we will continue to seek your feedback through the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. The HCAHPS survey is a tool to measure and report patient satisfaction. It’s made up of simple questions on key care topics such as:

- doctor and nurse communication
- medication and discharge information
- pain management and staff responsiveness
- overall quality of the hospital environment

If you’re selected to receive this brief telephone survey, please take the time to complete it. The results will help us know what we’re doing right and where we can improve.

Want to Know How We Score?

You can review and compare the quality, care and safety ratings for different hospitals at:

- Medicare Hospital Compare uses HCAHPS results and other data: www.medicare.gov/hospitalcompare/search.html

You also can find information on hospitals at:

- Healthcare Facilities Accreditation Program (HFAP): www.hfap.org
- DNV GL Healthcare www.dnvglhealthcare.com
- The Joint Commission: www.qualitycheck.org
You, the Patient

As the patient, you play a key role as a member of your healthcare team. We encourage your questions and active participation in your care and treatment. Here are some of the ways you can be involved as a member of the healthcare team:

- Many patients have shorter hospital stays due to advances in modern medicine, care available in post-hospital settings, outpatient services and home health options. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your proposed discharge. It is important that you share information with the staff that may relate to your care or future care needs. It also is important that you let your family know of the anticipated discharge date so arrangements can be made for discharge early in the day.
- If the medicine you receive looks different from what you expect, ask about it.
- Make sure you are informed of the results of any test or procedure.
- If you are having surgery, make sure that you and your physicians all agree and are clear on exactly what will be done.
- Inform the nursing staff if you have any problems standing or walking, so they can assist as needed.
- If the healthcare provider does not check your armband before care or treatment, please ask that they do so.
- Do your part to minimize the risk of infection.
- Ask healthcare workers to wash their hands before providing your treatment if they fail to do so.
- Ask a relative or friend to be with you if this will help you ask questions and better understand answers.
- After surgery, follow instructions, like if you are asked to cough, take deep breaths or get out of bed.
- When you are discharged, make sure your physician or nurse talks with you about your prescribed medications—the dosage and purpose of the drug.
- Tell us all of the medications you are taking, including any herbs, vitamins, dietary supplements or over-the-counter medication. Carry a written list of your medications at all times. Tell us if you have pain, and if your pain doesn't get better, please let us know.
- Tell us about any allergies or bad reactions you have to medication, food or dyes.
- Cover your mouth and nose with a tissue when you cough. Promptly dispose of used tissues. If you will be in contact with other patients, you may be requested to wear a mask. Please wash your hands after contact with bodily fluids.
- Research has clearly shown that smoking increases the risk of heart disease, including heart attack, certain types of cancer and many other potentially fatal diseases. If you smoke and are interested in quitting, speak with your physician.
CHOOSE A SUPPORT PERSON

A trusted friend or family member can be a big help during your hospital stay. Select one key person to be your healthcare advocate. If you become stressed or your ability to communicate changes, this person can stand in for you—and stand up for your care.

Don’t forget to tell the staff who you’ve picked to be your support person.

A support person can:
- ask questions you might not think of and write down information
- double-check your medications and treatments
- watch for signs your condition is getting worse and ask for help

PREVENT FALLS

While you are here, you may feel dizzy or weak. Illness, procedures, medications or even just lying down for too long can make you less steady on your feet. To keep yourself safe:

- Use the nurse call button for help getting out of bed.
- Ask for help going to the bathroom or walking around. (And use hospital handrails when they’re available.)
- Wear nonslip socks or footwear.
- Keep often-used items within easy reach (glasses, remote, tissues, etc.).
- Make sure your wheelchair is locked when you get in or out of it. Never step on the footrest.
- Have a family member or support person stay with you if possible.

Patients of all ages are at risk for falls. It’s better to be extra careful than risk another medical problem.
INFECTION CONTROL

Preventing or stopping the spread of germs is always important, but it’s even more important in a healthcare setting. Various precautions may be used by visitors, staff and patients to stop the spread of germs.

**Contact precautions** stop the spread of harmful germs spread by touching another person or their surroundings.

**Droplet/airborne precautions** stop harmful germs that can spread by coughing or sneezing.

When either of these precautions is in place, the hospital staff will:
- Clean their hands upon entering and exiting the room.
- Put a sign on the patient’s door to let others know that special infection control precautions are in place.
- Wear gloves and mask when entering the room.

For patients:
- Clean your hands frequently.
- Be sure visitors read the sign on your door.
- Limit visitors to a few family and friends.

If you had surgery:
- Clean your hands before and after touching the wound, dressing or any tubes connected to the wound.
- Report any redness, swelling or drainage from the surgical wound to your nurse or doctor.

For visitors:
- Clean your hands upon entering and exiting the patient’s room.
- Avoid contact with patient dressings, tubes and other items that the patient may have touched.
- Put on protective equipment (gloves, gowns, masks) as indicated before entering the room and remove when exiting the room.
- Go to the nurses station if you have any questions.

When cleaning hands with soap and water:
- Wet hands with warm water.
- Dispense soap into palm.
- Lather by rubbing hands together for 15 seconds, covering all surfaces of hands and fingers.
- Rinse hands thoroughly.
- Dry hands with paper towel.
- Use a paper towel to turn off faucet.
- Discard paper towel in the trash container.

When cleaning hands with alcohol hand sanitizer:
- Dispense one measure of gel into the palm of one dry hand.
- Rub hands together, covering all surfaces of hands and fingers until dry—about 15 to 20 seconds.
PAY ATTENTION TO YOUR CARE

- Tell your nurse if something doesn’t seem right.
- Know what time you normally get medication, and tell your nurse if you don’t get it.
- Request drawings or illustrations to help you learn about your condition.
- Read and understand all medical forms before signing. Ask if you need information explained.
- If your treatment involves medical equipment, practice using it with your nurse before you leave the hospital.
- Don’t be afraid to ask for a second opinion. The more information you have, the better you will feel about making decisions.
- Talk to your doctor and family about whether you want life-saving actions taken.

You Are Key

You are the most important member of your healthcare team. Make sure you:

- Understand your treatment
- Ask questions
- Speak up about pain
- Know your medications
- Plan early for a successful discharge

SPEAK UP

If you have questions or concerns, you have the right to ask and get a response from your doctor or nurse that makes sense to you. To help, share your answers to these questions with hospital staff.

- What language would you prefer to speak?
- Do you need glasses, hearing aids or other devices to help with talking to hospital staff?
- Do you prefer to hear, see or read health information?
- Do you have any cultural, ethnic or religious-based special needs?
- Who will be your support person who talks with hospital staff about your healthcare wishes?

And Remember, Take Charge of Your Communication:

Ask About Jargon: If you hear a medical term you don’t understand, ask what it means.

Teach Back: After you get instructions or an explanation, repeat back what you thought you heard so you can double-check that you understood.

Take Notes: Write down any key facts your doctor tells you so you won’t forget.
MANAGE YOUR MEDS

Whether you take one or five medications, it’s important to know what you are taking and why. Ask your doctor these questions about any new and current medications you take:

- What is the name of my medication? Generic name?
- Why am I taking it? How will it help? When will it start working?
- What dose? How often? How long?
- What is the best time (morning, night, etc.) or way to take it (with food, with water)?
- What are possible side effects? What do I do if they happen?
- Are there any foods, drinks or activities to avoid?
- What do I do if I miss a dose?

Remember, take charge of your medication. Think you’re due for your next dose? Wondering if this new medication can replace one you already take? Want to make sure all your medications and supplements are safe to take together? Don’t be afraid to ask.
As a natural outgrowth of our organizational values and Mission, the Board of Trustees, the medical staff and the employees of Brookwood Baptist Health jointly respect, protect and promote the following rights and responsibilities of patients. The staff and physicians of Brookwood Baptist Health want to enhance your health, dignity and wholeness. Because of our Mission, we hereby adopt this Bill of Rights & Responsibilities.

**You Have the Right to:**

- Be treated with respect, kindness, personal privacy and dignity.
- Nondiscrimination. The effectiveness and safety of care, treatment and services for your health condition does not depend on your race, religion, sex, gender identity or expression, sexual orientation, language, ethnicity, country of origin, culture, age, socioeconomic status, physical or mental disability, or source of payment.
- Communication and education during your medical care, treatment and services in a manner that meets your oral and written communication needs.
- Make choices about your own care, treatment and services, including the right to request or refuse care, treatment and services in accordance with law and regulation and without coercion, discrimination or retaliation.
- Be informed about the outcomes of care, treatment and services that have been provided, including unanticipated outcomes.
- Have your cultural, psychosocial, religious, spiritual and personal values, beliefs and preferences respected.
- Expect we will assess and address your pain concern.
- Have your family or your caregiver notified of your admission to the hospital at your request.
- Have your personal physician notified of your admission to the hospital.
- Make an advance directive, including a living will and/or power of attorney for healthcare.
- Have a designee (parent, legal guardian, person with medical power of attorney) exercise your rights when you are incapable.

**CONCERNS?**

If you have concerns about the care you or your loved one is receiving, please speak with your doctor or nursing supervisor. If you feel that your issue isn’t resolved, contact a hospital administrative representative.
of doing so without coercion, discrimination or retaliation.

- Privacy, confidentiality and security of your medical records and details about your care.
- Be free from mental, physical, sexual and verbal abuse and neglect. If restraints are necessary, you have the right to have them applied safely.
- Be informed of protective and community services.
- Be told of business ties between the hospital and your other caregivers.
- Know that the hospital will give you the best care it can. You may be asked to move to another hospital or place of treatment. If so, you will be told your choices and what could happen with those choices.
- Say yes or no to being a part of research.
- Participate in the development of your plan of care while in the hospital and be told about how to continue your care upon your discharge from the hospital.
- Be told of the hospital rules, which include no smoking.
- Receive a copy of your bill.
- Know the name and professional status of any person providing your care and/or services.
- Know the reasons for any proposed change in the professional staff responsible for your care.
- Know the reasons for your transfer either within or outside the hospital.
- Be informed of the source of the hospital's reimbursement for your services, and of any limitations which may be placed upon your care.
- Effective communication, including qualified interpreter or translation services and auxiliary aids for vision, speech, hearing or cognitive impairment provided by your healthcare facility, at no cost to you, in a manner that meets your needs in accordance with law and regulation and as reasonably available.
- Informed consent.
- Specify language preference for discussing your healthcare information.
- Access, request amendment to and obtain information on disclosures of your health information, in accordance with law and regulation.
- Have a “Patient Representative” and a “Support Person” who may be a family member, friend or other individual with you for emotional support during the course of the hospital stay unless this individual’s presence infringes on other’s rights, safety, or is medically or therapeutically contraindicated. Your “Support Person” may or may not be the same individual as your “Patient Representative.” These individuals can assist you with medical decisions and your visitor rights if you choose to have them do so.
- Make a complaint or grievance freely without being subject
to coercion, discrimination or unreasonable interruption in care. Dial the hospital operator who will contact your hospital Patient Advocate or Nursing House Supervisor, or contact one of the following agencies:

**Alabama Department of Public Health**
Complaint Department
Suite 600 RSA Tower
201 Monroe St.
Montgomery, AL 36104
1-800-356-9596
www.adph.org

**KEPRO**
KEPRO Rock Run Center
5700 Lombardo Center Dr.
Suite 100
Seven Hills, OH 44131
1-844-430-9504
keproqio.com

**The Joint Commission**
One Renaissance Blvd.
Oakbrook, IL 60181
Fax: 630-792-5636
Website: [www.jointcommission.org](http://www.jointcommission.org), then click "Report a Patient Safety Event"

You Are Responsible for:

- Giving the hospital a copy of your advance directive, if you have one.
- Letting the hospital know about any medicines you are taking at home, your present medical problems, and any medical information that could help make it easier for the doctors and hospital staff to provide care, treatment and services for you. You should tell your doctors or nurses about any changes to your medical problems while you are in the hospital. This includes telling your doctors or nurses if you are in pain.
- Asking questions and letting your physician or hospital staff know when you or your family do not understand what you have been told about your medical condition, your treatment or what you should do to care for yourself.
- Following instructions, including your plan of care as developed by your healthcare team. Your plan of care includes the effect of lifestyle on your health. You also are responsible for accepting the consequences of not getting treatment or not following the instructions of your caregivers.
- Knowing and following hospital rules, policies and regulations in place to support quality care for all patients and a safe environment for all individuals in the hospital, as outlined in the hospital Patient and Visitor Information Guide. This includes, but is not limited to, the hospital’s no smoking guidelines.
Showing respect for other patients, visitors and the hospital staff by using polite and courteous language and conduct. This includes treating hospital belongings and property with respect.

Paying your hospital bill. This includes giving the hospital correct information about your insurance or your way for paying your bill.

These rights and responsibilities can and should be exercised on the patient’s behalf by a parent, guardian, designee or proxy decision-maker if the patient lacks decision-making capacity, is legally incompetent, or is a minor in accordance with the law.

**Patient Concerns**

Brookwood Baptist Health is committed to providing quality healthcare and medical services in a caring, safe and supportive environment. We try to make your hospital visit pleasant; however, if you have concerns or issues, there are steps in place to help you. Our goal is to handle a complaint promptly.

A family member, guardian, patient representative, support person or significant other may register a concern, file a complaint or grievance, ask questions or make recommendations. We will respect your comments and keep this information private. If you have problems or questions about safety or any issue regarding your care or the care of your loved ones while in our hospital, please talk to your nurse, a member of your patient care team or the nurse manager. If you are not comfortable talking with one of these people, you may call an administrative representative, a nursing house supervisor, hospital administration or nursing administration. All concerns will be treated with respect and in a timely manner.

If, after sharing your concerns, you still are not satisfied, then you may choose to file a grievance. A grievance is a verbal or written notice regarding dissatisfaction with patient care. It can be submitted to any hospital department manager or to hospital administration.
Who Presents This Notice.
This Notice describes the privacy practices of Brookwood Baptist Health (the “Hospital”) and members of its workforce, as well as the physician members of the medical staff and allied health professionals who practice at the Hospital. The Hospital and the individual healthcare providers together are sometimes called “the Hospital and Health Professionals” in this Notice. While the Hospital and Health Professionals engage in many joint activities and provide services in a clinically integrated care setting, the Hospital and Health Professionals each are separate legal entities. This Notice applies to services furnished to you at Brookwood Baptist Medical Center, Citizens Baptist Medical Center, Shelby Baptist Medical Center, Princeton Baptist Medical Center, Walker Baptist Medical Center, as a Hospital and all off-campus outpatient departments as an inpatient or outpatient in a Hospital-affiliated program involving the use or disclosure of your health information.

Privacy Obligations. The Hospital and Health Professionals each are required by law to maintain the privacy of your health information (“Protected Health Information” or “PHI”) and to provide you with this Notice of legal duties and privacy practices with respect to your Protected Health Information. The Hospital and Health Professionals use computerized systems that may subject your Protected Health Information to electronic disclosure for purposes of treatment, payment and/or healthcare operations as described below. When the Hospital and Health Professionals use or disclose your Protected Health Information, the Hospital and Health Professionals are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

Notifications. The Hospital is required by law to protect the privacy of your medical information, distribute this Notice of Privacy Practices to you, and follow the terms of this Notice. The Hospital also is required to notify you if there is a breach or impermissible access, use or disclosure of your medical information.

Permissible Uses and Disclosures Without Your Written Authorization. In certain situations, your written authorization must be obtained in order to use and/or disclose your PHI. However, the Hospital and Health Professionals do not need any type of authorization
from you for the following uses and disclosures:

**USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS.**

Your PHI may be used and disclosed to treat you, obtain payment for services provided to you and conduct “healthcare operations” as detailed below:

**Treatment.** Your PHI may be used and disclosed to provide treatment and other services to you -- for example, to diagnose and treat your injury or illness. In addition, you may be contacted to provide you appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Your PHI may also be disclosed to other providers involved in your treatment. For example, a doctor treating you for a broken leg may need to know if you have diabetes because if you do, this may impact your recovery.

**Payment.** Your PHI may be used and disclosed to obtain payment for services provided to you--for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your healthcare (“Your Payor”) to verify that Your Payor will pay for healthcare. The physician who reads your x-ray may need to bill you or your Payor for reading of your x-ray therefore your billing information may be shared with the physician who read your X-ray.

**Healthcare Operations.** Your PHI may be used and disclosed for healthcare operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care delivered to you. For example, PHI may be used to evaluate the quality and competence of physicians, nurses and other healthcare workers. PHI may be disclosed to the Hospital Compliance & Privacy Office in order to resolve any complaints you may have and ensure that you have a comfortable visit. Your PHI may be provided to various governmental or accreditation entities such as the Joint Commission on Accreditation of Healthcare Organizations to maintain our license and accreditation. In addition, PHI may be shared with business associates who perform treatment, payment and healthcare operations services on behalf of the Hospital and Health Professionals.

Additionally, your PHI may be used or disclosed for the purpose of allowing students, residents, nurses, physicians and others who are interested in healthcare, pursuing careers in the medical field or desire an opportunity for an educational experience to tour, shadow employees and/or physician faculty members or engage in a clinical Practicum.

**Disclosure to Relatives, Close Friends and Other Caregivers.**

Your PHI may be disclosed to a family member, other relative, a close personal friend or any other person
identified by you who is involved in your healthcare or helps pay for your care. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, the Hospital and/or Health Professionals may exercise professional judgment to determine whether a disclosure is in your best interest. If information is disclosed to a family member, other relative or a close personal friend, the Hospital and/or Health Professionals would disclose only information believed to be directly relevant to the person’s involvement with your healthcare or payment related to your healthcare. Your PHI also may be disclosed in order to notify (or assist in notifying) such persons of your location or general condition.

Public Health Activities. Your PHI may be disclosed for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.
Victims of Abuse, Neglect or Domestic Violence. Your PHI may be disclosed to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence if there is a reasonable belief that you are a victim of abuse, neglect or domestic violence.

Health Oversight Activities. Your PHI may be disclosed to a health oversight agency that oversees the healthcare system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

Judicial and Administrative Proceedings. Your PHI may be disclosed in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials. Your PHI may be disclosed to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena. For example, your PHI may be disclosed to identify or locate a suspect, fugitive, material witness or missing person, or to report a crime or criminal conduct at the facility.

Correctional Institution. You PHI may be disclosed to a correctional institution if you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain requests to us.

Organ and Tissue Procurement. Your PHI may be disclosed to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

Research. Your PHI may be used or disclosed without your consent or authorization if an Institutional Review Board approves a waiver of authorization for disclosure.

Health or Safety. Your PHI may be used or disclosed to prevent or lessen a serious and imminent threat to a person’s or the public’s health or safety.

U.S. Military. Your PHI may be uses or disclosed to U. S. Military Commanders for assuring proper execution of the military mission. Military command authorities receiving protected health information are not covered entities subject to the HIPAA Privacy Rule, but they are subject to the Privacy Act of 1974 and DoD 5400.11-R, “DoD Privacy Program,” May 14, 2007.

Other Specialized Government Functions. Your PHI may be disclosed to units of the government with special functions, such as the U.S. Department of State under certain circumstances, for example the Secret Service or NSA to protect the country or the President.
**Workers’ Compensation.** Your PHI may be disclosed as authorized by and to the extent necessary to comply with state law relating to workers’ compensation or other similar programs.

**As Required by Law.** Your PHI may be used and disclosed when required to do so by any other law not already referred to in the preceding categories; such as required by the FDA, to monitor the safety of a medical device.

**Appointment Reminders.** Your PHI may be used to tell or remind you about appointments.

**Fundraising.** Your PHI may be used to contact you as a part of fundraising efforts, unless you elect not to receive this type of information.

**USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION**

**Use or Disclosure With Your Authorization.** For any purpose other than the ones described above, your PHI may be used or disclosed only when you provide your written authorization on an authorization form (“Your Authorization”). For instance, you will need to execute an authorization form before your PHI can be sent to your life insurance company or to the attorney representing the other party in litigation in which you are involved.

**Marketing.** Your written authorization (“Your Marketing Authorization”) also must be obtained prior to using your PHI to send you any marketing materials. (However, marketing materials can be provided to you in a face-to-face encounter without obtaining Your Marketing Authorization. The Hospital and/or Health Professionals also are permitted to give you a promotional gift of nominal value, if they so choose, without obtaining Your Marketing Authorization). The Hospital and/or Health Professionals may communicate with you in a face-to-face encounter about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without Your Marketing Authorization.

In addition, the Hospital and/or Health Professionals may send you treatment communications, unless you elect not to receive this type of communication, for which the Hospital and/or Health Professionals may receive financial remuneration.

**Sale of PHI.** The Hospital and Health Professionals will not disclose your PHI without your authorization in exchange for direct or indirect payment except in limited circumstances permitted by law. These circumstances include public health activities; research; treatment of the individual; sale, transfer, merger or consolidation of the Hospital; services provided by a business associate, pursuant to a business associate agreement; providing an individual with a copy of their PHI; and other purposes deemed necessary and appropriate by the U.S. Department of Health and Human Services (HHS).
Uses and Disclosures of Your Highly Confidential Information. In addition, federal and state law require special privacy protections for certain highly confidential information about you (“Highly Confidential Information”), including the subset of your PHI that: (1) is maintained in psychotherapy notes; (2) is about mental illness, mental retardation and developmental disabilities; (3) is about alcohol or drug abuse or addiction; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about communicable disease(s), including venereal disease(s); (6) is about genetic testing; (7) is about child abuse and neglect; (8) is about domestic abuse of an adult; or (9) is about sexual assault. In order for your Highly Confidential Information to be disclosed for a purpose other than those permitted by law, your written authorization is required.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Right to Request Additional Restrictions. You may request restrictions on the use and disclosure of your PHI (1) for treatment, payment and healthcare operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While all requests for additional restrictions will be carefully considered, the Hospital and Health Professionals are not
required to agree to these requested restrictions.

You also may request to restrict disclosures of your PHI to your health plan for payment and healthcare operations purposes (and not for treatment) if the disclosure pertains to a healthcare item or service for which you paid out-of-pocket in full. The Hospital and Health Professionals must agree to abide by the restriction to your health plan EXCEPT when the disclosure is required by law.

If you wish to request additional restrictions, please obtain a request form from the Health Information Management Office and submit the completed form to the Health Information Management Office. A written response will be sent to you.

**Right to Receive Confidential Communications.** You may request, and the Hospital and Health Professionals will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

**Right to Revoke Your Authorization.** You may revoke Your Authorization, Your Marketing Authorization or any written authorization obtained in connection with your PHI, except to the extent that the Hospital and/or Health Professionals have taken action in reliance upon it, by delivering a written revocation statement to the Hospital Health Information Management Office identified below.

**Right to Inspect and Copy Your Health Information.** You may request access to your medical record file and billing records maintained by the Hospital and Health Professionals in order to inspect and request copies of the records. Under limited circumstances, you may be denied access to a portion of your records. If you desire access to your records, please obtain a record request form from the Hospital Health Information Management Office and submit the completed form to the Hospital Health Information Management Office. If you request copies of paper records, you will be charged in accordance with federal and state law. To the extent the request for records includes portions of records which are not in paper form (e.g., x-ray films), you will be charged the reasonable cost of the copies. You also will be charged for the postage costs, if you request that the copies be mailed to you. However, you will not be charged for copies that are requested in order to make or complete an application for a federal or state disability benefits program.

**Right to Amend Your Records.** You have the right to request that PHI maintained in your medical record file or billing records be amended. If you desire to amend your records, please obtain an amendment request form from the Hospital Health Information Management Office and submit the completed form to the Hospital Health Information Management Office. Your request will be accommodated unless the Hospital and/or Health Professionals believe
Viruses or Bacteria
What’s got you sick?
Antibiotics only treat bacterial infections. Viral illnesses cannot be treated with antibiotics. When an antibiotic is not prescribed, ask your healthcare professional for tips on how to relieve symptoms and feel better.

<table>
<thead>
<tr>
<th>Illness</th>
<th>Usual Cause</th>
<th>Antibiotic Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cold/Runny Nose</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Bronchitis/Chest Cold</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Strep Throat</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Sore Throat (except strep)</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Fluid in the Middle Ear (otitis media with effusion)</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Urinary Tract Infection</td>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>

Antibiotics Aren’t Always the Answer

www.cdc.gov/getsmart
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

YOUR PRIVACY MATTERS continued

Effective Date and Duration of This Notice
This Notice is effective on June 1, 2017.

Right to Change Terms of This Notice. The terms of this Notice may be changed at any time. If this Notice is changed, the new notice terms may be made effective for all PHI that the Hospital and Health Professionals maintain, including any information created or received prior to issuing the new notice. If this Notice is changed, the new notice will be posted in waiting areas around the Hospital and on our internet site at www.brookwoodbaptisthealth.com. You also may obtain any new notice by contacting the Hospital Compliance & Privacy Officer.

HOSPITAL CONTACTS
Corporate Compliance & Privacy Office
Tenet Healthcare
1445 Ross Ave., Suite 1400
Dallas, TX 75202
Email: PrivacySecurityOffice@tenethealth.com
Ethics Action Line (EAL): 1-800-8-ETHICS

Right to Receive an Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, you will be charged for the accounting statement.

Right to Receive Paper Copy of This Notice. Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

For Further Information or Complaints. If you desire further information about your privacy rights, are concerned that your privacy rights have been violated or disagree with a decision made about access to your PHI, you may contact the Hospital Compliance & Privacy Office. You also may file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Hospital Compliance & Privacy Office will provide you with the correct address for the Director. The Hospital and Health Professionals will not retaliate against you if you file a complaint with the Hospital Privacy Office or the Director.
Viruses or Bacteria
What's got you sick?

Antibiotics only treat bacterial infections. Viral illnesses cannot be treated with antibiotics. When an antibiotic is not prescribed, ask your healthcare professional for tips on how to relieve symptoms and feel better.

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<tbody>
<tr>
<td>Cold/Runny Nose</td>
<td>✔️</td>
<td>NO</td>
</tr>
<tr>
<td>Bronchitis/Chest Cold (in otherwise healthy children and adults)</td>
<td>✔️</td>
<td>NO</td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>✔️</td>
<td>Yes</td>
</tr>
<tr>
<td>Flu</td>
<td>✔️</td>
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</tr>
<tr>
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Antibiotics Aren’t Always the Answer

www.cdc.gov/GETSMART

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Brookwood Baptist Health hospitals want you to know that you have a right to make an advance directive for healthcare. In fact, we encourage you to do so. Your nurse will ask you if you have an advance directive. If you brought your advance directive with you to the hospital, the nurse can place a copy in your medical record. If you do not have an advance directive with you, we will ask you to have a family member bring it to the hospital.

**What is an advance directive?**

An advance directive is used to tell your doctor and family what kind of medical care you want if you are too sick or hurt to talk or make decisions. If you do not have an advance directive, certain members of your family will have to decide on your care.

You must be at least 19 years of age to set up an advance directive. You must be able to think clearly and make decisions for yourself when you set it up. You do not need a lawyer to set up an advance directive, but you may want to talk with a lawyer before you take this important step. Whether or not you have an advance directive, you have the same right to get the care you need. In Alabama, you can set up an advance directive for healthcare.

The choices you have include:

**A living will** is used to write down ahead of time what kind of care you do or do not want if you are too sick to speak for yourself.

**A proxy** can be part of a living will. You can pick a proxy to speak for you and make the choices you would make if you could. If you pick a proxy, you should talk to that person ahead of time. Be sure that your proxy knows how you feel about different kinds of medical treatments. Another way to pick a proxy is to sign a **durable power of attorney for healthcare**. The person you pick does not need to be a lawyer.

You can choose to have any or all of these three advance directives: living will, proxy and/or durable power of attorney for healthcare.

Hospitals, home health agencies, hospices and nursing homes usually have forms you can fill out if you want to set up a living will, pick a proxy or set up a durable power of attorney for healthcare. If you have questions, you should ask your own
lawyer or call your local Council on Aging for help.

**When you set up an advance directive**, be sure to sign your name and write the date on any form or paper you fill out. Talk to your family and doctor now so they will know and understand your choices. Give them a copy of what you have signed. If you go to the hospital, give a copy of your advance directive to the person who admits you to the hospital.

**What do I need to decide?** You will need to decide if you want treatments or machines that will make you live longer even if you will never get better. An example of this is a machine that breathes for you. Some people do not want machines or treatments if they cannot get better. They may want food and water through a tube or pain medicine. With an advance directive, you decide what medical care you want.

**Talk to your doctor and family now.** The law says doctors, hospitals and nursing homes must follow advance directives, living wills and proxies. Before you set up an advance directive, talk to your doctor. Find out if your doctor is willing to go along with your wishes. If your doctor does not feel he or she can carry out your wishes, you can ask to go to another doctor, hospital or nursing home. Due to the types of visits, advance directives for end of life are not applicable either due to Alabama law or the level of service provided in some areas. Brookwood Baptist Health hospitals will honor advance directives for all patients 19 years and older in all inpatient areas.

Advance directives may or may not be honored in outpatient areas. Please discuss your advance directive with your physician prior to having outpatient procedures.

Once you decide on the care you want or do not want, talk to your family. Explain why you want the care you have decided on. Find out if they are willing to let your wishes be carried out.

Family members do not always want to go along with an advance directive. This often happens when family members do not know about a patient’s wishes ahead of time or if they are not sure about what has been decided. Talking with your family ahead of time can prevent this problem.

**You can change your mind at any time.** As long as you can speak for yourself, you can change your mind at any time about what you have written down. If you make changes, tear up your old papers and give copies of any new forms or changes to everyone who needs to know.

If you have questions, please tell your nurse or dial 0 for the operator and ask for advance directive assistance.
Before You Leave the Hospital

A successful recovery after your stay starts with a solid plan before you go.

CHECKLIST FOR DISCHARGE

Make sure you have the following information before you leave the hospital.

- **Discharge instructions.** This includes why you were in the hospital, who cared for you, your procedures and medications.

- **Medication list.** This includes all your new and former prescriptions, over-the-counter medications, vitamins and supplements. Ask if there are any medications you can stop taking or that are not good to take together. Also make sure you know why, how and when to take each one.

- **Prescriptions.** Check that your pharmacy has your new prescriptions and that you have a plan to get them filled.

- **Local resources.** Ask your discharge planner for help finding local after-care services or other support groups.

- **After-hospital services.** Know how much support you’ll need in these areas:
  - **Personal care:** bathing, eating, dressing, toileting
  - **Home care:** cooking, cleaning, laundry, shopping
  - **Healthcare:** taking your medications, doctor’s appointments, physical therapy, wound care, injections, medical equipment

- **Follow-up care instructions.** Beyond medication, this can include:
  - foods or activities to avoid
  - tests or appointments
  - how to care for incisions or use equipment
  - warning signs to watch for
  - who to call with questions

Try the teach-back method. Repeat back what you hear the discharge planner say to make sure you understand the details correctly.
PLAN EARLY

Reduce your chances of being readmitted and increase your chances for a healthy recovery by planning early. Take steps as soon as possible during your stay to plan for a successful transition from the hospital.

To begin, ask to speak with your discharge planner, and review the following:

- your discharge summary and discharge plan
- your complete medication list and instructions
- your upcoming appointments
- what to do if you don't feel well

A Reason to Plan Early

If you need a rehabilitation facility, nursing home, skilled care or other service after your stay, you'll need time to find and weigh your options. For help comparing services in your local area, go to:

- www.medicare.gov/nursinghomecompare/search.html
- www.medicare.gov/homehealthcompare/search.html
- www.qualitycheck.org

Not Ready to Leave?

You have the right to appeal your discharge if you don’t agree with the decision that you are ready to leave the hospital. Speak with your discharge planner or physician and share your concerns. You also may need to reach out to Medicare, Medicaid or your insurance company.
TOP 10 QUESTIONS TO ASK BEFORE DISCHARGE

1. What number can I call 24 hours a day if I have questions or concerns? Who is my contact?

2. Has my follow-up appointment been scheduled? With who?

3. What are key warning signs I need to watch out for? Who do I call if they happen?

4. What special equipment do I need? What special instructions do I need (wound care, injections, etc.)?

5. What kinds of activities and foods are limited? For how long?

6. Do the doctors caring for me after my stay have access to my test results and medications? Do I need follow-up tests?

7. Are my new medications safe to take with my other medications, vitamins or supplements?

8. Do I know how and when to take my medications and how I will get prescriptions filled?

9. Who will provide the extra personal, home or healthcare services I may need?

10. Who can help me if I have concerns about medical costs?

Need Medical Equipment or Supplies?
If you need durable medical equipment (walker, wheelchair, hospital bed, oxygen, etc.), Medicare will only cover the cost if you use an approved supplier. To find one in your area, visit www.medicare.gov and select “Find suppliers of medical equipment and supplies” or call 1-800-MEDICARE (800-633-4227).
After-hospital care that fits your needs is important. Make sure you understand what your hospital staff recommends for you.

**Home Healthcare**—care provided by professionals in your home to help maintain or restore health. Can include: home care services such as housekeeping and meal preparation; personal care services such as bathing, dressing or eating; and healthcare services such as physical therapy or skilled nursing.

**Independent Living**—communities with individual, private apartments or homes. Includes: meals, housekeeping, maintenance, social activities and possibly transportation. Healthcare services like skilled nursing usually are not standard.

**Assisted Living**—individual units or apartments, usually in a long-term care facility. Includes: home and personal care services, as well as help managing health conditions and medication routines—plus social activities and transportation. Medical staff is on-site 24 hours.

**Nursing Home**—long-term care facility for those who don’t need a hospital, but can’t be cared for at home. Includes: all daily living and personal care services, 24-hour skilled nursing care, plus social activities and events. Special units often available for people with Alzheimer’s disease or memory loss.

**Hospice**—care program that provides support for terminally ill patients and families in hospitals, facilities or homes. Includes: 24-hour help with pain control, symptom management and emotional or spiritual support.

**Rehabilitation**—comprehensive therapy that aims to improve functional abilities and quality of life after a life-changing event.

To get started evaluating or finding after-hospital care resources in your area, visit:

- Eldercare Locator
  eldercare.acl.gov

- National Respite Network and Resource Center
  www.archrespite.org

You also can talk to your case manager or social worker for help finding the right after-hospital care.
The hospital billing process may seem complicated, but you can feel more in control by knowing exactly what your bill covers. For example, if you stay overnight, you can expect to see charges for your room, meals, 24-hour nursing care and medications. The bill also will show charges for any special services, such as X-rays and lab tests. You’ll receive bills for doctors, surgeons and specialists separately from the hospital.

**Medicare**
If you have Medicare, you’ll have to fill out an MSP (Medicare Secondary Payer) form. This ensures that Medicare only pays for services not covered by other insurance you may have. If you have secondary insurance, this usually covers Medicare deductibles. If you don’t have secondary insurance, you need to pay these amounts yourself.

Also be sure to read your quarterly MSNs (Medicare Summary Notices) to review:
- the amount your doctor(s) charged
- the amount Medicare approved and paid
- the amount you owe
- your current deductible status

If you have questions, call the customer service number listed on your statement.

**Commonly Confused Terms**

- **Deductible:** The amount you owe each year before your insurance begins making payments.
- **Co-payment:** A flat fee you pay for a specific service, usually due at the time of service.
- **Coinsurance:** The portion of your medical expenses that you’re personally responsible for paying. For example, your insurance may cover 80 percent of a bill, while you have to pay the remaining 20 percent.

**KEEPING TRACK**
One of the key ways to feel well-informed and less overwhelmed about the hospital billing process is to stay organized. Keep all of your statements and bills together and review each one as it arrives.
Commercial Insurance Providers
If you use a commercial insurance provider, then the hospital forwards your claim based on the information you provide at registration. About a month after you leave the hospital, you’ll get an explanation of benefits (EOB) statement from your insurance provider. This isn’t a bill. EOBs show:
- the amount billed by your doctor or hospital
- how much of that cost is covered by your insurance
- how much you owe

Review this and all other bill-related documents carefully. If you have questions, contact your doctor or the customer service number listed on the statement.

Need Help?
If you don’t understand something on your bill, or if you’re having trouble paying your bills, let us know. A patient representative can work with you and guide you to services that can help.

Self-Pay Patients and Payment Arrangements
If you’re planning to pay your bills without help from Medicare or a commercial insurance provider, then you’ll get bills directly from the hospital. When the first bill arrives, call the hospital’s financial services department to set up a payment plan.

Communicate with the financial services department as soon as possible. If you don’t set up a payment plan, or if you stop making payments, then your account may be placed with a collection agency. The hospital wants to work with you, so reach out with any questions or concerns you have.

Understanding Coordination of Benefits (COB)
COBs happen when you’re covered under two or more insurance companies. This may occur when spouses or partners are listed on each other’s insurance policies, or when both parents carry their children on their individual policies.

To prevent duplicate payments, COBs determine the primary payer. You choose who this is when you’re admitted. Insurance companies usually request completed COBs from you before paying a claim, so make sure you address these requests quickly.
**SPOTLIGHT ON HEALTH:** Heart Attack & Stroke
*Recognize the Signs and Get Help Quickly*

A heart attack or stroke is a medical emergency and every second counts. The faster you or a loved one recognizes the symptoms and gets help, the better your chances of surviving, with the least amount of damage to your heart or brain. Once you’ve had an event, you’re at greater risk of having another in the future. But keep in mind that the symptoms of a second event can be different from what you experienced the first time.

**Heart Attack Warning Signs**
The main symptom of a heart attack is chest pain or discomfort. It also can feel like pressure, fullness or squeezing in your chest. These feelings may start gradually and get worse, or they may come and go.

The symptoms of a heart attack can be different for women. Women also may have unusual heartburn, shortness of breath, lightheadedness, nausea, or they may feel tired or anxious weeks before a heart attack.

**Stroke Warning Signs**
Think F.A.S.T. when it comes to recognizing a stroke:

- **FACE DROOPING:** Does one side of your face droop or is it numb? Try to smile.
- **ARM WEAKNESS:** Is one arm weak or numb? Raise both arms. Does one arm drift downward?
- **SPEECH DIFFICULTY:** Is your speech slurred? Are you unable to speak? Try to say a simple sentence like “The sky is blue.”
- **TIME TO CALL 911:** If you notice any of these symptoms, even if they go away, call 911 right away.

Other sudden stroke symptoms can include:
- numbness or weakness in your leg
- confusion or trouble understanding
- trouble seeing in one or both eyes
- trouble walking, dizziness, loss of balance and coordination
- severe headache with no known cause
Welcome to Brookwood Baptist Health.
Now you can access your health information securely using our online patient portal. View your inpatient test results, access your health records, and pay hospital bills—all from your computer, tablet, or mobile device.

For more information, visit BrookwoodBaptistHealth.com/eHealth
SPOTLIGHT ON HEALTH: Stop Smoking
Reduce Your Chances of Returning to the Hospital

No matter how long you’ve been a smoker, it’s never too late to quit this unhealthy habit. The benefits start right away and last a lifetime:

- **20 MINUTES** after quitting, your heart rate and blood pressure drop.
- **2 WEEKS TO 3 MONTHS** after quitting, your circulation improves and your lungs work better.
- **1 YEAR** after quitting, your risk of heart disease is half that of a smoker’s.
- **5 YEARS** after quitting, your risk of mouth, throat, esophagus and bladder cancers is cut in half.
- **10 YEARS** after quitting, your risk of lung cancer is half that of a smoker’s.
- **15 YEARS** after quitting, your risk of heart disease is the same as a nonsmoker’s.

**Ready, Set, Quit!**

Now that you’ve decided to quit, take it one day at a time. Remind yourself that you are in control—you can choose to smoke or not. Make a commitment to yourself. Write down why you want to quit and read it every day.

Be prepared to have nicotine cravings. They usually pass soon, so wait it out. The good news is that they become weaker and less frequent the longer you go without smoking. When a craving hits, take a walk, call a friend or do something else you enjoy.

**3 Tips to Help You Quit**

1. **Fight the Urge**
   Don’t let yourself think that you can have just one cigarette, but if you do slip, start again and make tomorrow your new first day to quit.

2. **Get Moving**
   Exercise is a good way to keep your mind off cigarettes. The longer you go without smoking, the better you can breathe and the easier it will be to exercise.

3. **Keep Your Mouth Busy**
   Try toothpicks, celery, sugarless gum or sugar-free lollipops.
**Learn More About the Medications You Take**

This chart provides information about some of the most common side effects associated with medications you may receive during your stay. If you have any questions or concerns, please ask your nurse, doctor or pharmacist.

<table>
<thead>
<tr>
<th>MEDICATION: GENERIC (BRAND)</th>
<th>INDICATION</th>
<th>MOST COMMON SIDE EFFECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fentanyl</td>
<td>Pain</td>
<td>Constipation, nausea/vomiting, rash/itching</td>
</tr>
<tr>
<td>Hydrocodone/Acetaminophen (Vicodin, Lortab, Norco)</td>
<td>Pain</td>
<td>May cause drowsiness or dizziness</td>
</tr>
<tr>
<td>Hydromorphone (Dilaudid)</td>
<td>Pain</td>
<td>Constipation and fatigue</td>
</tr>
<tr>
<td>Morphine (MS Contin)</td>
<td>Pain</td>
<td>May cause headache</td>
</tr>
<tr>
<td>Oxycodone/Acetaminophen (Percocet)</td>
<td>Pain</td>
<td>May cause headache</td>
</tr>
<tr>
<td>Tramadol (Ultram)</td>
<td>Pain</td>
<td>May cause headache</td>
</tr>
<tr>
<td>Butorphanol (Stadol)</td>
<td>Pain</td>
<td>May cause headache</td>
</tr>
<tr>
<td>Ondansetron (Zofran)</td>
<td>Nausea/vomiting</td>
<td>Constipation and fatigue</td>
</tr>
<tr>
<td>Prochlorperazine (Compazine)</td>
<td>Nausea/vomiting</td>
<td>May cause headache</td>
</tr>
<tr>
<td>Promethazine (Phenergan)</td>
<td>Nausea/vomiting</td>
<td>May cause headache</td>
</tr>
<tr>
<td>Scopolamine patch</td>
<td>Nausea/vomiting</td>
<td>May cause headache</td>
</tr>
<tr>
<td>Famotidine (Pepcid)</td>
<td>Heartburn/ reflux stomach ulcer</td>
<td>Diarrhea</td>
</tr>
<tr>
<td>Pantoprazole (Protonix)</td>
<td>Heartburn/ reflux stomach ulcer</td>
<td>May cause headache</td>
</tr>
<tr>
<td>Sucralfate (Carafate)</td>
<td>Heartburn/ reflux stomach ulcer</td>
<td>May cause headache</td>
</tr>
<tr>
<td>Lansoprazole (Prevacid)</td>
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<tr>
<td>----------------------------</td>
<td>------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Celebrex</td>
<td>Anti-inflammatory</td>
<td>Insomnia</td>
</tr>
<tr>
<td>Dexamethasone (Decadron)</td>
<td></td>
<td>May cause upset stomach</td>
</tr>
<tr>
<td>Hydrocortisone (Cortef)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ibuprofen (Motrin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ketorolac (Toradol)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methylprednisolone (Medrol)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Celecoxib (Celebrex)</td>
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<tr>
<td>Prednisone (Deltazone)</td>
<td></td>
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<tr>
<td>Beta Blockers</td>
<td>Decrease blood pressure and heart rate/heart attack/heart failure</td>
<td>Cough (ACE inhibitors)</td>
</tr>
<tr>
<td>o Atenolol (Tenormin)</td>
<td></td>
<td>May cause drowsiness or dizziness</td>
</tr>
<tr>
<td>o Carvedilol (Coreg)</td>
<td></td>
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<tr>
<td>o Labetalol (Trandate)</td>
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<tr>
<td>o Metoprolol (Lopressor)</td>
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<tr>
<td>o Bisoprolol (Ziac)</td>
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<tr>
<td>ACE Inhibitors</td>
<td></td>
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<tr>
<td>o Benazepril (Lotensin)</td>
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<tr>
<td>o Captopril (Capoten)</td>
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<tr>
<td>o Enalapril (Vasotec)</td>
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<tr>
<td>o Lisinopril (Zestril)</td>
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<tr>
<td>o Quinapril (Accupril)</td>
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<tr>
<td>o Ramipril (Altace)</td>
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<tr>
<td>ARBs</td>
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<tr>
<td>o Irbesartan (Avapro)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apixaban (Eliquis)</td>
<td>Prevention/treatment for blood clot formation</td>
<td>Risk of bleeding</td>
</tr>
<tr>
<td>Aspirin</td>
<td></td>
<td>May cause upset stomach</td>
</tr>
<tr>
<td>Clopidogrel (Plavix)</td>
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<tr>
<td>Dabigatran (Pradaxa)</td>
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<tr>
<td>Enoxaparin (Lovenox)</td>
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<td>Heparin</td>
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<tr>
<td>Prasugrel (Effient)</td>
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<tr>
<td>Rivaroxaban (Xarelto)</td>
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<td>Ticagrelor (Brilinta)</td>
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<tr>
<td>Warfarin (Coumadin)</td>
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<tr>
<td>Edoxaban (Savaysa)</td>
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<tr>
<td>Fondaparinux (Arixtra)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alprazolam (Xanax)</td>
<td>Anti-anxiety, sedation or insomnia</td>
<td>May cause drowsiness or dizziness</td>
</tr>
<tr>
<td>Clonazepam (Klonopin)</td>
<td></td>
<td>May cause headache</td>
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<tr>
<td>Diazepam (Valium)</td>
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<tr>
<td>Lorazepam (Ativan)</td>
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<tr>
<td>Temazepam (Restoril)</td>
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<tr>
<td>Zolpidem (Ambien)</td>
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<tr>
<td>MEDICATION: GENERIC (BRAND)</td>
<td>INDICATION</td>
<td>MOST COMMON SIDE EFFECTS</td>
</tr>
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</tbody>
</table>
| Bumetanide (Bumex)         | Diuretic (to reduce fluid retention) | Electrolyte depletion (may cause sodium or potassium levels in your blood to change)  
|                            |            | Dehydration, dizziness, decreased blood pressure |
| Furosemide (Lasix)         |            |                                        |
| Hydrochlorothiazide (Microzide) |            |                                        |
| Spironolactone (Aldactone) |            |                                        |
| Torsemide (Demadex)        |            |                                        |
| Atorvastatin (Lipitor)     | Decrease cholestrol | Muscle pain  
| Ezetimbe (Zetia)           |            | May cause headache  
|                            |            | May cause upset stomach |
| Amoxicillin/Clavulanate (Augmentin) | Antibiotic for bacterial infection | Rash/flushing  
| Cephalosporin class (Ceftin, Ancef, Rocephin, Mefoxin) | | May cause headache  
| Ciprofloxacin (Cipro)      |            | May cause upset stomach |
| Clindamycin (Cleocin)      |            |                                        |
| Levofloxacin (Levaquin)    |            |                                        |
| Meropenem (Merrem)         |            |                                        |
| Metronidazole (Flagyl)     |            |                                        |
| Piperacillin/Tazobactam (Zosyn) |            |                                        |
| Vancomycin                 |            |                                        |
| Cefuroxime (Ceftin)        |            |                                        |
| Cefazolin (Ancef)          |            |                                        |
| Ceftriaxone (Rocephin)     |            |                                        |
| Cefepime (Maxipime)        |            |                                        |
| Cephalexin (Keflex)        |            |                                        |
| Aztreonam (Azactam)        |            |                                        |
| Doxycycline (Vibramycin, Monodox) |            |                                        |
| Daptomycin (Cubicin)       |            |                                        |
| Linezolid (Zyvox)          |            |                                        |
| Penicillin G               |            |                                        |
| Penicillin Benzathine (Bicillin LA and CR) |            |                                        |
| Ampicillin (Principen)     |            |                                        |
| Ampicillin/Sulbactam (Unasyn) |            |                                        |
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EMERGENCY ROOM VISITS CAN BE.

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- Citizens Baptist Medical Center
- Princeton Baptist Medical Center
- Shelby Baptist Medical Center
- Walker Baptist Medical Center
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(256) 761-4380

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Jasper, AL
(205) 387-4874

Princeton Baptist
Birmingham, AL
(205) 783-3650

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Walker Baptist
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Brookwood Baptist
(205) 877-5454

For more information, visit
BrookwoodBaptistHealth.com/Psychiatry
Do you have a sleep disorder?

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