



# Specialty Patient Welcome Packet

118 Wyckoff Ave

Brooklyn NY 11237

(Between Stockholm St & Stanhope St

Directly across from Wyckoff Heights Hospital's main entrance)

Tel: 718-484-8510

Toll Free: 888-609-8730

Fax: 718-484-8508

[www.irving-specialtypharmacy.com](http://www.irving-specialtypharmacy.com)

## Hours of Operation:

Monday - Friday 9am-7pm,

Saturday 9am-5pm

Sunday Closed

Irving Pharmacy is a leader in providing specialty medication to patients throughout Brooklyn and the surrounding Boroughs of New York. In addition, we specialize in caring for the HIV patient by providing a higher level of care and monitoring to the HIV patient and community. We utilize the newest and most innovative ideas to optimize the therapy and improve the quality of life of for our patients through ongoing and detailed communication with your healthcare professionals, advanced training of our pharmacy staff and untiring work with the local HIV community and ongoing monitoring of our patient's response to the therapy they are prescribed. Our pharmacists and technicians are trained to assist all patients, but we specialize in the care of the HIV patient.

All our patients receive

- Access to clinically trained pharmacists 24 hours a day, 7 days a week.
- Coordination of prior authorization with your insurance company.
- Compliance and adherence monitoring
- Comprehensive Medication Review
- Plan of Care
- Copay, Patient Assistance, and other Financial Assistance Programs
- Free mailing, delivery of medications
- Training, education, and counseling
- Refill reminders

Our clinicians will work with the patient to:

- Manage any side effects
- Increase compliance and adherence to therapy to improve patient outcomes

## Contact Patient Support Services Department to:

- \* Obtain Order Status
- \* Claims- Related Services and updates
- \* Insurance Information / In vs Out of Network cost differences
- \* Prescription Costs/Copays



#### When to Contact Us:

- You have questions or concerns about your medication/infusion therapy
- You suspect a reaction or allergy to your medication
- A change has occurred in your medication use
- Your contact information or delivery address has changed
- Your insurance information or payment source has changed
- To check the status of your order, discuss an order delay or reschedule your delivery
- To receive claims related information

#### Important Information

- Patient Management Program
  - Specialty pharmacy patients are automatically enrolled in our therapy-specific patient management program. Our team of trained clinicians will provide you with continuous clinical evaluation, ongoing health monitoring, assessment of educational needs and management of your medication use. This program is provided to you at no additional cost, and your participation is completely voluntary. If you wish to opt out of the program, please call and speak to a specialty pharmacy team member.
  - The patient management program provides benefits such as managing side effects, increasing compliance with drug therapies and overall improvement of health when you are willing to follow your treatment plan.
- Financial Information
  - Before your care begins, a staff member will inform you of your out-of-pocket costs such as deductibles, co-pays, and coinsurance.
  - We will submit claims to your health insurance carrier and, if your claim is denied, a staff member will notify you so that we can work together to resolve the issue.
  - We will notify you if we are an out of network pharmacy and will provide you with the cash price of the medication upon request.
  - Our team has access to financial assistance programs to address financial barriers to starting your medication. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will assist you with enrollment into such programs, when available.
- Filling a Prescription
  - Your physician can send us your prescription, or you can provide it to us in person or through the mail.
  - You will be contacted by a team member 5-7 days prior to your refill date. If you would like to contact us for a refill, you can call us and speak to a pharmacy team member to process your refill request.
- Prescription Transfers
  - If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care.
  - Please call us if you would like to receive your medications from another pharmacy. We will assist you in transferring your prescription to the appropriate pharmacy of your choice.
- Drug Substitution
  - Our pharmacy strives to find the most cost-efficient option for you. From time to time it may be necessary to substitute brand name drugs with a generic drug option. This could occur due to insurance carrier preference or to reduce your copay. If a substitution needs to be made, a member of the specialty pharmacy staff will contact you prior to shipping the medication to inform you of the substitution. When



available, our pharmacy will default to generic to save you money. We will use brand name medication at you or your prescriber's request.

- Proper Disposal of Sharps
  - Place all needles, syringes, and other sharp objects into a sharps container. This will be provided by the Pharmacy if you are prescribed an injectable medication.
- Proper Disposal of Unused Medications
  - For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also check the following websites for additional information:  
<http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>  
<http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>  
[RXdrugdropbox.org](http://RXdrugdropbox.org)
- Drug Recalls
  - If your medication is recalled, the specialty pharmacy will contact you with further instructions as directed by the FDA or drug manufacturer.
- Accessing Medications During an Emergency or Disaster
  - In the event of an emergency or disaster in your area, please contact our pharmacy to instruct us on how to deliver your medication.
  - If the pharmacy may be impacted by an emergency or disaster, you will be contacted to discuss possible transfer of your medications to ensure your therapy is not interrupted.
- Medication Issues and Concerns
  - Please contact the pharmacy as soon as possible to report medication issues such as adverse effects to your medication or suspected errors.
  - We want you to be completely satisfied with the care we provide. If you or your caregiver have concerns, please contact us by phone, email or in writing to discuss your concerns. If you wish to seek further review of concern, you may contact:
    - ACHC
      - Website: <http://achc.org/contact/complaint-policy-process>
      - Telephone: (855) 937-2242 or 919-785-1214 (request Complaints Dept.)
    - New York Board of Pharmacy
      - Website: <http://www.op.nysed.gov/opd/>
      - Telephone: Complaint Hotline: 1-800-442-8106
      - Email: [conduct@nysed.gov](mailto:conduct@nysed.gov)



## MEDICARE DMEPOS SUPPLIER STANDARDS

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

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



21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848U (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.



## **PATIENT BILL OF RIGHTS AND RESPONSIBILITIES**

To ensure the finest care possible, as a Patient receiving our Pharmacy services, you should understand your role, rights and responsibilities involved in your own plan of care.

### **Patient Rights**

- To select those who provide you with DME and Pharmacy services
- To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap
- To be treated with friendliness, courtesy and respect by everyone representing our Pharmacy, who provided treatment or services for you and be free from neglect or abuse, be it physical or mental
- To assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs, including management of pain
- To be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services
- To express concerns, grievances, or recommend modifications to your DME and Pharmacy services, without fear of discrimination or reprisal
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
- To receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our Pharmacy's policies, procedures and charges
- To request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality
- To be given information as it relates to the uses and disclosure of your plan of care
- To have your plan of care remain private and confidential, except as required and permitted by law
- To receive instructions on handling drug recall
- To confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information; PHI will only be shared with the Patient Management Program in accordance with state and federal law
- To receive information on how to access support from consumer advocates groups
- To Receive pharmacy health and safety information to include consumers rights and responsibilities
- To know about philosophy and characteristics of the patient management program.
- To have personal health information shared with the patient management program only in accordance with state and federal law
- To identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested
- To receive information about the patient management program
- To receive administrative information regarding changes in or termination of the patient management program
- To decline participation, revoke consent or disenroll at any point in time.
- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
- Be informed, in advance both orally and in writing, of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the patient will be responsible

- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
- Have grievances/complaints regarding treatment or care that is [or fails to be] furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records
- Choose a healthcare provider, including an attending physician, if applicable
- Receive appropriate care without discrimination in accordance with physician's orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

#### **Patient Responsibilities**

- To provide accurate and complete information regarding your past and present medical history
- To agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments
- To participate in the development and updating of a plan of care
- To communicate whether you clearly comprehend the course of treatment and plan of care
- To comply with the plan of care and clinical instructions
- To accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services
- To respect the rights of Irving Pharmacy personnel & to notify your physician and Irving Pharmacy regarding any potential issue.
- Notify the treating prescriber of their participation in the services provided by the pharmacy, such as the patient management program
- Submit forms that are necessary to receive services
- Notify the organization of any concerns about the care or services provided



## EMERGENCY PLANNING FOR THE HOME CARE PATIENT

This pamphlet has been provided by Irving Pharmacy Corp. to help you plan your actions in case there is a natural disaster where you live. Many areas of the United States are prone to natural disasters like hurricanes, tornadoes, floods, and earthquakes. Every patient receiving care or services in the home should think about what they would do in the event of an emergency. Our goal is to help you plan so that we can try to provide you with the best, most consistent service we can during the emergency.

### **Know What to Expect**

If you have recently moved to this area, take the time to find out what types of natural emergencies have occurred in the past, and what types might be expected.

Find out what, if any, time of year these emergencies are more prevalent.

Find out when patients should evacuate and when you shouldn't.

### **Your local Red Cross.**

Local law enforcement agencies, local news and radio stations usually provide excellent information and tips for planning.

### **Know Where to Go**

One of the most important pieces of information you should know is the location of the closest special needs shelter. These shelters are opened to the public during voluntary and mandatory evaluation times. They are usually the safest place for you to go, other than a friend or relative's home in an unaffected area.

### **Know What to Take with You**

If you are going to a shelter, there will be restrictions on what items you can bring with you. Not all shelters have adequate storage facilities for medications that need refrigeration. We recommend that you call ahead and find out which shelter in your area will let you bring your medications and medical supplies, in addition, let them know if you will be using medical equipment that requires an electrical outlet. During our planning for a natural emergency, we will contact you and deliver, if possible, at least one week's worth of medication and supplies. Bring all your medications and supplies with you to the shelter.

### **Reaching Us if There Are No Phones**

How do you reach us during a natural emergency if the phone lines don't work? How would you contact us? If there is warning of the emergency, such as a hurricane watch, we will make every attempt to contact you and provide you with the number of our cellular phone. (Cellular phones frequently work even when the regular land phone lines do not.)

If you have no way to call our cellular phone, you can try to reach us by having someone you know call us from his or her cellular phone. (Many times, cellular phone companies set up communication centers during natural disasters. If one is set up in your area, you can ask them to contact us.)

If the emergency was unforeseen, we will try to locate you by visiting your home, or by contacting your home nursing agency. If travel is restricted due to damage from the emergency, we will try to contact you through local law enforcement agencies.





### **An Ounce of Prevention...**

We would much rather prepare you for an emergency ahead of time than wait until it has happened and then send you the supplies you need.

To do this, we need for you to give us as much information as possible before the emergency. We may ask you for the name and phone number of a close family member. or a close friend or neighbor. We may ask you where you will go if an emergency occurs. Will you go to a shelter? or a relative's home? If your doctor has instructed you to go to a hospital. which one is it?

Having the address of your evacuation site, if it is in another city. may allow us to service your therapy needs through another company.

### **Helpful Tips**

- Get a cooler and ice or freezer gel-packs to transport your medication.
- Get all your medication information and teaching modules together and take them with you if you evacuate.
- Pack one week's worth of supplies in a plastic-lined box or waterproof tote bag or tote box that is watertight.
- Make sure to put antibacterial soap and paper towels into your supply kit.
- If possible, get waterless hand disinfectant from Irving Pharmacy Corp. or from a local store. It comes in very handy if you don't have running water.
  - If you are going to a friend or relative's home during evacuation, leave their phone number and address with Irving Pharmacy Corp. and your home nursing agency.
  - When you return to your home, contact your home nursing agency and Irving Pharmacy Corp. so we can visit and see what supplies you need.

### **For More information**

Review the information from FEMA: [http://www.femagov1ar.eyoureaay/emergency planning. shtm](http://www.femagov1ar.eyoureaay/emergency%20planning.shtm) the information includes:

- Get informed about hazards and emergencies that may affect you and your family.
- Develop an emergency plan
- Collect and assemble disaster supplies kit. which should include:
  - Three-day supply of non-perishable food
  - Three-day supply of water - one gallon of water per person, per day
  - Portable. battery-powered radio or television and extra batteries.
  - Flashlight and extra batteries
  - First aid kit and manual
  - Sanitation and hygiene items (moist towelettes and toilet paper)
  - Matches and waterproof container
  - Whistle
  - Extra clothing
  - Kitchen accessories and cooking utensils, including a can opener
  - Photocopies of credit and identification cards
  - Cash and coins
  - Special needs items. such as prescription medications, eyeglasses, contact lens solutions, and hearing aid batteries.



- Items for infants: such as formula, diapers, bottles, and pacifiers
- Other items to meet your unique family needs.
- Learn where to seek shelter from all types of hazards.
- Identify the community warning systems and evacuation routes.
- Include in your plan required information from community and school plans.
- Learn what to do for specific hazards.
  - Practice and maintain your plan.

### **An Important Reminder!!**

During any emergency, if you are unable to contact our pharmacy and you need your prescribed medication, equipment or supplies, you must go to the nearest emergency room or other treatment facility for treatment.

## **HOW TO MAKE YOUR HOME SAFE FOR MEDICAL CARE**

At Irving Pharmacy Corp., we want to make sure that your home medical treatment is done conveniently and safely. Many of our patients are limited in strength, or unsteady on their feet. Some are wheelchair - or bed-bound. These pages are written to give our patients some easy and helpful tips on how to make the home safe for home care.

### **Fire Safety and Prevention**

- Smoke detectors should be installed in your home. Make sure you check the batteries at least once a year.
- If appropriate, you may consider carbon monoxide detectors as well. Ask your local fire department if you should have one in your home.
- Have a fire extinguisher in your home, and have it tested regularly to make sure it is still charged and in working order.
- Have a plan for escape in the event of a fire. Discuss this plan with your family.
- If you use oxygen in your home, make sure you understand the hazards of smoking near oxygen. Review the precautions. If you aren't sure, ask your oxygen provider what they are.
- If you are using electrical medical equipment, make sure to review the instruction sheets for that equipment. Read the section on electrical safety.

### **Electrical Safety**

- Make sure that all medical equipment is plugged into a properly grounded electrical outlet.
- If you must use a three-prong adapter, make sure it is properly installed by attaching the ground wire to the plug outlet screw.
- Use only good quality outlet "extenders" or "power strips" with internal Circuit breakers. Don't use cheap extension cords.

### **Safety in the Bathroom**

- Because of the smooth surfaces, the bathroom can be a very dangerous place, especially for persons who are unsteady.
- Use non-slip rugs on the floor to prevent slipping.
- Install a grab-bar on the shower wall, and non-slip footing strips inside the tub or shower.
- Ask your medical equipment provider about a shower bench you can sit on in the shower.
- If you have difficulty sitting and getting up, ask about a raised toilet seat with arm supports to make it easier to get on and off the commode.

- If you have problems sensing hot and cold, you should consider lowering the temperature setting of your water heater, so you don't accidentally scald yourself without realizing it.

### **Safety in the Bedroom**

- It's important to arrange a safe, well-planned and comfortable bedroom since a lot of your recuperation and home therapy may occur there.
- Ask your home medical provider about a hospital bed. These beds raise and lower, so you can sit up, recline, and adjust your knees. A variety of tables and supports are also available, so you can eat, exercise, and read in bed.
- Bed rails may be a good idea, especially if you tend to roll in bed at night.
- If you have difficulty walking, inquire about a bedside commode so you don't have to walk to the bathroom to use the toilet.
- Make sure you can easily reach the light switches, and other important things you might need through the day or night.
- Install night-lights to help you find your way in the dark at night
- If you are using an IV pole for your IV or enteral therapy, make sure that all furniture, loose carpets, and electrical cords are out of the way, so you do not trip and fall while walking with the pole.

### **Safety in the Kitchen**

- Your kitchen should be organized so you can easily reach and use the common items, especially during your recuperation while you are still a bit weak:
- Have a friend or health care worker remove all common small appliances and utensils from cabinets and place them on your counters where you can easily use them.
- Have a chair brought into the kitchen to the counter work area if you have difficulty standing.
- Make sure you are careful lifting pots and pans. Not only might they be hot, but they can be heavy as well. Use padded mitts to firmly grasp pans and pots on both sides.
- Ask your kitchen or hardware store about utensils for manually impaired or arthritic persons, including:
  - Basic electric can openers
  - Bottle and jar openers
  - Large-handled utensils
  - When working at your stove, be very careful that intravenous, tube feeding tubing, or oxygen tubing do not hang over the heat. They can be flammable.

### **Getting Around Safely**

- If you are now using assistive devices for ambulating (walking), here are some key points:
- Install permanent or temporary guardrails on stairs to give you additional support if you are using a cane or are unsteady.
- If you are using a walker, make sure that furniture and walkways are arranged to give you enough room.
- If you are using a walker or wheelchair, you may need a ramp for getting into or out of the house. Ramps can be purchased ready-made, or may be constructed for you. Talk to your home medical equipment provider about available options.

If you have any questions about safety that aren't in this booklet, please call us and we will be happy to give you recommendations for your individual needs.



### **HOW TO PLACE A PRESCRIPTION ORDER**

It is our policy at Irving Pharmacy Corp. to help you place a prescription order. Your prescriber may contact us at (888) 609-8730 to submit a verbal order. We also accept press bier faxes or electronic prescriptions.

### **HOW TO OBTAIN A REFILL**

It is our policy at Irving Pharmacy Corp. to help you remember when it is time to refill your medication. We will call you to set up delivery when you have about 7 days of medication left. If we are not able to contact you after three attempts, we will send you a

letter via the United States Posta l Service. If you have not heard from us when you have 5 days of medication remaining, please contact us at (888) 609-8730. In addition, we will gladly assist you with any coordination issues with your medication such as vacation supplies, early refill due to change in therapy, or manufacture replacement due defective device, etc.

### **HOW TO ACCESS MEDICATIONS IN CASE OF AN EMERGENCY OR DISASTER**

Irving Pharmacy Corp. has an emergency plan to provide prescriptions to our customers in case of emergency or disaster. Irving Pharmacy Corp will make reasonable attempts to contact each patient following a disaster to access their needs. Irving Pharmacy Corp. will prioritize patients based upon the urgency of the need for service. The following local services may be contacted by the patient if needed:

- Local pharmacies near the patient's address
- The local hospital(s) near the patient's address
- The local EMS office (911 Services)
- FEMA

### **HOW TO CHECK ON A PRESCRIPTION ORDER**

You may contact us at (888) 609-8730 at any time to check on a prescription order.

### **INFORMATION ON PRESCRIPTION DRUG SUBSTITUTIONS**

The FDA classifies as therapeutically equivalent products that are approved as safe and effective; are pharmaceutical equivalents (i.e. contain identical amounts of the same active drug ingredient in the same dosage form and route of administration and meet compendial or other applicable standards of strength, quality, purity and identity); are bioequivalent (i.e., do not present a known or potential bioequivalence problem and meet an acceptable in vitro. or in some cases in vivo, or both, standard--or, if they do present such a known or potential problem. are shown to meet an appropriate bioequivalence standard); are adequately labeled; and are manufactured in compliance with current Good Manufacturing Practice (GMP) regulations. Products that meet these criteria are considered therapeutically equivalent even though they may differ in certain other characteristics such as shape, scoring configuration, release mechanisms. packaging. excipients (including colorings, flavorings, and preservatives), expiration date/time, minor aspects of labeling (e.g., presence of specific pharmacokinetic information), and storage conditions. The FDA takes the position that when differences of these types are important in the care of a patient, it may be appropriate for the prescribing physician to require that a brand be dispensed ("dispense as written") as a medical necessity ("brand medically necessary"). With this Limitation. however, the FDA believes that products classified as therapeutically equivalent can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product.



Irving Pharmacy Corp. may substitute a generic drug for a prescribed drug unless the prescriber writes, "Dispense as written". If questions arise as to therapeutic equivalent Irving Pharmacy Corp. will contact the drug manufacturer and/or consult the FDA Orange Book.

#### **HOW TO TRANSFER A PRESCRIPTION TO ANOTHER PHARMACY**

Simply call us at (888) 609-8730. provide the name of the medication along with the name and phone number of the pharmacy the prescription is to be transferred. Irving Pharmacy Corp. will contact the pharmacy where your prescription is to be transferred and provide the information needed to fill your prescription. We will inform you if the prescription has no remaining refills, so you may contact the prescribing physician.

#### **HOW TO OBTAIN MEDICATIONS NOT AVAILABLE AT THE PHARMACY**

Irving Pharmacy Corp. will assist the patient to obtain medications that are not available at our pharmacy. We may transfer your prescription to another pharmacy that has the medication prescribed and provide the information needed to fill your prescription.

#### **HOW TO HANDLE MEDICATION RECALLS**

Upon receiving notification of a product recall. Irving Pharmacy Corp. will take the following steps:

- Review inventory and records for the disposition of the recalled item.
- Contact the patient/caregiver by telephone as appropriate to arrange for exchange of products. Irving Pharmacy Corp. notification methods that may be used include:
  - Contact you by phone or certified letter
  - Contact your emergency contact friend or relative.
  - Contact your physician's office
- Remove the items(s) from service.
- Follow the steps recommended by the manufacture and document the steps with the date completed and the signature of the person completing the form.

#### **HOW TO DISPOSE OF MEDICATIONS**

Follow any specific disposal instructions on the drug label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet unless this information specifically instructs you to do so.

Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government's household trash and recycling service (see blue pages in phone book) to see if a take-back program is available in your community. The Drug Enforcement Administration, working with state and local law enforcement agencies, is sponsoring National Prescription Drug Take Back Days throughout the United States.

If no instructions are given on the drug label and no take-back program is available in your area, throw the drugs in the household trash, but first:

- Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter the medication will be less appealing to children and pets. and unrecognizable to people who may intentionally go through your trash.
- Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.



**Additional tips:**

- Before throwing out a medicine container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information.
- Do not give medications to friends. Doctors prescribe drugs based on a person's specific symptoms and medical history. A drug that works for you could be dangerous for someone else.
- When in doubt about proper disposal, talk to your pharmacist.
- The same disposal methods for prescription drugs could apply to over-the-counter drugs as well.

**HOW TO HANDLE ADVERSE REACTIONS**

An adverse reaction is defined as any unpredictable, unintended, undesirable, and unexpected biological response that a patient may have to medications. Below finds a list of the some of the possible adverse reactions that are possible to experience when starting a new medication:

- Headache, tremors, dizziness, muscle spasms, confusion
- Nausea, vomiting, diarrhea
- Skin rash, flushing
- Hypotension (low blood pressure), Hypertension (high blood pressure), arrhythmia (irregular heartbeat) tachycardia (high heart rate) or bradycardia (low heart rate)
- Shortness of breath, dyspnea (difficulty in breathing), or respiratory depression (slowed breathing)

If an adverse drug reaction is reported to our clinical staff, the pharmacist shall do a complete clinical assessment with the patient and based on his/her clinical judgment will formulate a plan of action. This plan of action could include counseling you on common preventative measures if a known and manageable adverse reaction is reported or contacting your physician to obtain instructions that may involve discontinuing the medication. or modifying the dose.

**GRIEVANCE/ COMPLAINT REPORTING:**

We want your feedback, both positive and negative. If you may a complaint or concern with the care or service you receive from our pharmacy, you may file a complaint with our manager or owner, our accrediting body or the regulatory body we report to. You should feel comfortable if you want to express a concern, we will work to resolve the issue. To file a complaint or grievance, please call (888) 609-8730 and speak to customer services team, our pharmacist or our owner. If your complaint is not resolved to your satisfaction, you may register your complaint with our accrediting body, ACHC, the New York Board of Pharmacy or CMS. Upon making your complaint, we will strive to resolve your concerns as soon as possible. Minimally, we will respond to your complaint verbally within 5 days and we will provide you a written summary of the resolution of your complaint within 14 days.

Important number so know regarding complaints:

To file a complaint with Irving Pharmacy call 888-609-8730

To file a complaint with Medicare call 1-800-MEDICARE

To file a complaint with Accreditation Commission for Health Care (ACHC) at 919-785-1214

To file a complaint with The New York State Board of Pharmacy at 1-800-442- 8106 or [conduct@nysed.gov](mailto:conduct@nysed.gov)



## HIPAA PRIVACY NOTICE

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

### OUR COMMITMENT TO YOUR PRIVACY

It is our duty to maintain the privacy and confidentiality of your protected health information (PHI). We will create records regarding your and the treatment and service we provide to you. We are required by law to maintain the privacy of your PHI, which includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care. We will share protected health information with one another, as necessary, to carry out treatment, payment or health care operations relating to the services to be rendered at the pharmacy.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of PHI. This notice also discusses the uses and disclosures we will make of your PHI. We must comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI we maintain. You can always request a written copy of our most current privacy notice from our Privacy Officer.

### PERMITTED USES AND DISCLOSURES

We can use or disclose your PHI for purposes of treatment, payment and health care operations. For each of these categories of uses and disclosures, we have provided a description and an example below. However, not every particular use or disclosure in every category will be listed.

**Treatment** means providing services as ordered by your physician. Treatment also includes coordination and consultations with other health care providers relating to your care and referrals for health care from one health care provider to another. We may also disclose PHI to outside entities performing other services related to your treatment such as hospital, diagnostic laboratories, home health or hospice agencies, etc.

**Payment** means the activities we undertake to obtain reimbursement for the health care provided to you, including billing, collections, claims management, prior approval, determinations of eligibility and coverage and other utilization review activities. Federal or state law may require us to obtain a written release from you prior to disclosing certain specially protected PHI for payment purposes, and we will ask you to sign a release when necessary under applicable law.

**Health care operations** means the support functions of the pharmacy, related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient comments and complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. We may use your PHI to evaluate the performance of our staff when caring for you. We may also combine PHI about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose PHI for review and learning purposes. In addition, we may remove information that identifies you so that others can use the de-identified information to study health care and health care delivery without learning who you are.



## OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We may also use your PHI in the following ways:

- To provide appointment reminders for treatment or medical care.
- To tell you about or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you.
- To disclose to your family or friends or any other individual identified by you to the extent directly related to such person's involvement in your care or the payment for your care. We may use or disclose your PHI to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon our professional judgment.

When permitted by law, we may coordinate our uses and disclosures of PHI with public or private entities authorized by law or by charter to assist in disaster relief efforts.

We will allow your family and friends to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, and similar forms of PHI, when we determine, in our professional judgment that it is in your best interest to make such disclosures.

We may contact you as part of our fundraising and marketing efforts as permitted by applicable law. You have the right to opt out of receiving such fundraising communications.

We may use or disclose your PHI for research purposes, subject to the requirements of applicable law. For example, a research project may involve comparisons of the health and recovery of all patients who received a particular medication. All research projects are subject to a special approval process which balances research needs with a patient's need for privacy. When required, we will obtain a written authorization from you prior to using your health information for research.

We will use or disclose PHI about you when required to do so by applicable law.

In accordance with applicable law, we may disclose your PHI to your employer if we are retained to conduct an evaluation relating to medical surveillance of your workplace or to evaluate whether you have a work-related illness or injury. You will be notified of these disclosures by your employer or the pharmacy as required by applicable law.

Note: incidental uses and disclosures of PHI sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

### SPECIAL SITUATIONS:

Subject to the requirements of applicable law, we will make the following uses and disclosures of your PHI:

**Organ and Tissue Donation** If you are an organ donor, we may release PHI to organizations that handle organ procurement or transplantation 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 PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

**Worker's Compensation** We may release PHI about you for programs that provide benefits for work-related injuries or illnesses.

**Public Health Activities** We may disclose PHI about you for public health activities, including disclosures:

- to prevent or control disease, injury or disability;





- to report births and deaths;
- to report child abuse or neglect;
- to persons subject to the jurisdiction of the Food and Drug Administration (FDA) for activities related to the quality, safety, or effectiveness of FDA-regulated products or services and to report reactions to medications or problems with products;
- 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 that an adult patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if the patient agrees or when required or authorized by law.

**Health Oversight Activities** We may disclose PHI to federal or state agencies that oversee our activities (e.g., providing health care, seeking payment, and civil rights).

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose PHI subject to certain limitations.

**Law Enforcement:** We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- About the victim of a crime under certain limited circumstances
- About a death we believe may be the result of criminal conduct
- About criminal conduct on our premise
- In emergency circumstances, to report a crime, the location of the crime or the victims, or the identity, description or location of the person who committed the crime

**Coroners, Medical Examiners and Funeral Directors** We may release PHI to a coroner or medical examiner. We may also release PHI about patients to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, other national security activities authorized by law or to authorized federal officials so they may provide protection to the President or foreign heads of state.

**Inmates** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) to provide you with health care; (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.

**Serious Threats** As permitted by applicable law and standards of ethical conduct, we may use and disclose PHI if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or is necessary for law enforcement authorities to identify or apprehend an individual.

Note: HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information may enjoy certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.

#### **OTHER USES OF YOUR HEALTH INFORMATION**

Certain uses and disclosures of PHI will be made only with your written authorization, including uses and/or disclosures: (a) of psychotherapy notes (where appropriate); (b) for marketing purposes; and (c) that constitute a sale of PHI under the Privacy Rule. Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization.



## YOUR RIGHTS

You have the right to request restrictions on our uses and disclosures of PHI for treatment, payment and health care operations. However, we are not required to agree to your request unless the disclosure is to a health plan in order to receive payment, the PHI pertains solely to your health care items or services for which you have paid the bill in full, and the disclosure is not otherwise required by law. To request a restriction, you may make your request in writing to the Privacy Officer.

You have the right to reasonably request to receive confidential communications of your PHI by alternative means or at alternative locations. To make such a request, you may submit your request in writing to the Privacy Officer.

You have the right to inspect and copy the PHI contained in our company records, except:

- for psychotherapy notes, (i.e., notes that have been recorded by a mental health professional documenting counseling sessions and have been separated from the rest of your medical record);
- for information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
- for PHI involving laboratory tests when your access is restricted by law;
- if you are a prison inmate, and access would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, any officer, employee, or other person at the correctional institution or person responsible for transporting you;
- if we obtained or created PHI as part of a research study, your access to the PHI may be restricted for as long as the research is in progress, provided that you agreed to the temporary denial of access when consenting to participate in the research;
- for PHI contained in records kept by a federal agency or contractor when your access is restricted by law;
- for PHI obtained from someone other than us under a promise of confidentiality when the access requested would be reasonably likely to reveal the source of the information.

To inspect or obtain a copy your PHI, you may submit your request in writing to the Medical Records Custodian. If you request a copy, we may charge you a fee for the costs of copying and mailing your records, as well as other costs associated with your request.

We may also deny a request for access to PHI under certain circumstances if there is a potential for harm to yourself or others. If we deny a request for access for this purpose, you have the right to have our denial reviewed in accordance with the requirements of applicable law.

You have the right to request an amendment to your PHI, but we may deny your request for amendment, if we determine that the PHI or record that is the subject of the request:

- was not created by us, unless you provide a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment;
- is not part of your medical or billing records or other records used to make decisions about you;
- is not available for inspection as set forth above; or
- is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records. To request an amendment to your PHI, you must submit your request in writing to Medical Record Custodian at our company, along with a description of the reason for your request.

You have the right to receive an accounting of disclosures of PHI made by us to individuals or entities other than to you for the six years prior to your request, except for disclosures:

- (i) to carry out treatment, payment and health care operations as provided above;
- (ii) incidental to a use or disclosure otherwise permitted or required by applicable law;
- (iii) pursuant to your written authorization;
  - to persons involved in your care or for other notification purposes as provided by law;
  - for national security or intelligence purposes as provided by law;
  - to correctional institutions or law enforcement officials as provided by law;



- as part of a limited data set as provided by law.

To request an accounting of disclosures of your PHI, you must submit your request in writing to the Privacy Officer at our company. Your request must state a specific time for the accounting (e.g., the past three months). The first accounting you request within a twelve (12) month period will be free. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

You have the right to receive a notification, if there is a breach of your unsecured PHI, which requires notification under the Privacy Rule.

#### **COMPLAINTS**

If you believe that your privacy rights have been violated, you should immediately contact the pharmacy's Privacy Officer. We will not act against you for filing a complaint. You also may file a complaint with the Secretary of the U. S. Department of Health and Human Services, 200 Independence Ave. S.W., Washington DC, 20201.



### PATIENT SATISFACTION SURVEY

Patient Name (Optional): \_\_\_\_\_ Date: \_\_\_\_\_

Please answer the following questions to help our pharmacy in its pursuit of excellence for the organization. Please respond truthfully to the questions asked. Your comments and suggestions are appreciated. Return this questionnaire to Irving Specialty Pharmacy when completed. Thank you.

I have found Irving Specialty Pharmacy staff to be professional	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I received the correct medication or supplies	<input type="checkbox"/> YES	<input type="checkbox"/> NO
It is easy to get in touch with Irving Specialty Pharmacy by phone	<input type="checkbox"/> YES	<input type="checkbox"/> NO
It is easy to get any questions, follow-up or help I may need from Irving Specialty Pharmacy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The timeliness of scheduling and receiving my medications is good	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Overall, I am satisfied with my experience with Irving Specialty Pharmacy	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Optional Comments: (We would appreciate comments on all entries above that you marked no.)



Irving Pharmacy Corp.
PATIENT AUTHORIZATION AND PLAN OF SERVICE

Patient Name: \_\_\_\_\_ Patient ID: \_\_\_\_\_

Insurance payment authorization: I request that Medicare and/or any other insurance plan that I must make payments of authorized benefits on my behalf directly to Irving Pharmacy Corp. for pharmaceuticals that were furnished to me for which they bill Medicare and/or any other insurance plan on my behalf.

Release of insurance information: I request my medical insurance plan(s) to release to the above-named pharmacy, all information which will assist in processing my claims for pharmaceuticals that I am receiving from the above-named pharmacy even after service to me is discontinued. I also authorized any holder of hospital or medical information about me to release to the health care financing administration, its agents, my insurance company or the above-named pharmacy any information needed to determine the benefits that are payable for related services.

I understand if my insurance plan(s) makes payment(s) to me for pharmaceuticals that I have received, rather than directly to the above-named pharmacy, I agree to endorse those checks and send them immediately to the above-named pharmacy.

I also understand that I am responsible for the payment of any deductible, co-insurance or other portion of my charges not paid by my insurance plan(s). I also understand that I may be eligible for a partial or complete waiver of any unpaid co-insurance charges only, under Irving Pharmacy Corp. financial hardship program.

\_\_\_\_ (Initials) I acknowledge that I have been advised of my financial obligations to Irving Pharmacy Corp. including copays, deductibles and any anticipated denials for products furnished by Irving Pharmacy Corp.

I have reviewed and understand the information above. I have been instructed on and understand the use of the products provided. I have received the products ordered. I have received a copy of a patient handout that contains, patient rights and responsibilities, privacy standards, emergency planning, making decisions about your health care, grievance/complaint information and drug information. I have received monograph/instructions for medications received. I have received pharmacy marketing material and information on the pharmacy's scope of services. I have received instructions on how to follow up with Irving Pharmacy Corp.

Identified needs/problems: The patient may be unfamiliar with use of the medications provided. The patient will be provided medications and supplies to comply with the physician's prescription. The patient will use the medications as prescribed by the physician. The patient will know how to obtain follow-up services as needed.

- I hereby agree that Irving Pharmacy Corp. may contact me, or my authorized caregiver by telephone at residence.
I have reviewed and understand the information described above.
I have been instructed on and understand the use of the medications and supplies provided by Irving Pharmacy.
I have received a copy of all medication and therapy patient education materials.
I understand that the prescribed medications cannot be returned for credit.
I understand that I may make a complaint to Irving Pharmacy without concern for reprisal, discrimination or unreasonable interruption of service.
I have received been educated on my medications, plan of care and other information included in the Patient Welcome Packet.

PATIENT OR RESPONSIBLE PARTY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_
SIGNATURE

PATIENT OR RESPONSIBLE PARTY: \_\_\_\_\_
PRINT NAME

IF BENEFICIARY IS UNABLE TO SIGN: \_\_\_\_\_
WITNESS SIGNATURE / RELATIONSHIP: \_\_\_\_\_
REASON PATIENT UNABLE TO SIGN: \_\_\_\_\_

Please return the Patient Authorization and Plan of Service Form to Irving Pharmacy Corp.

Thank you for choosing Irving Pharmacy Corp.