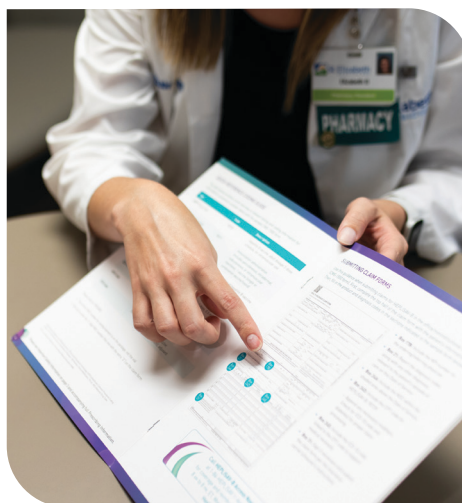
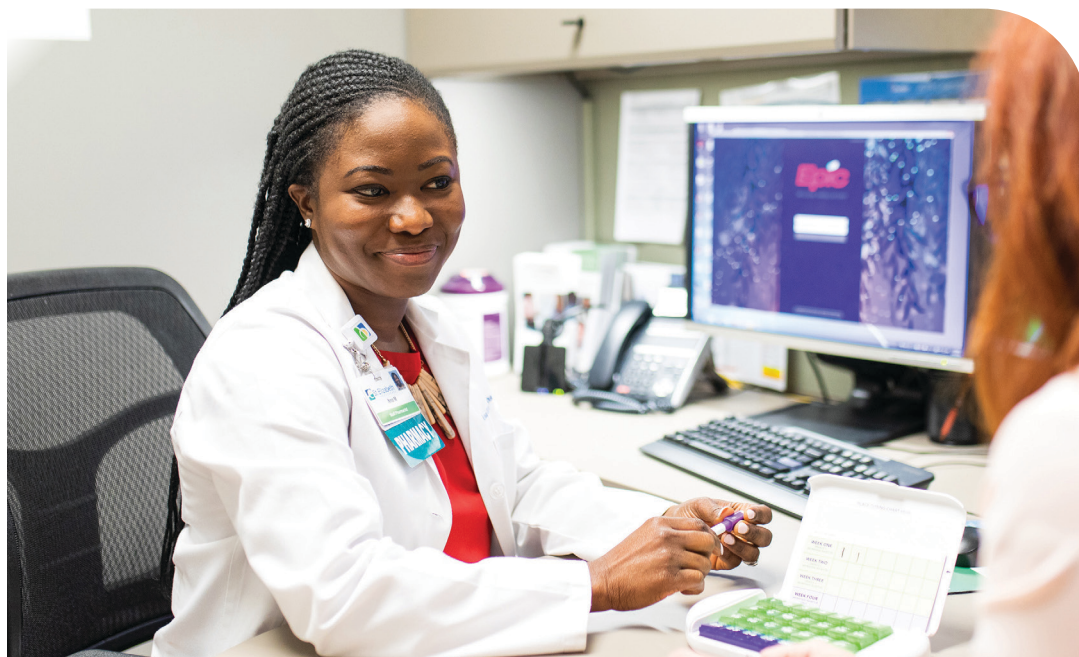


# NEW PATIENT PACKET



See page 22 for required  
Return Mailer Checklist



# INTRODUCTION TO SERVICES

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## **Dear Valued Customer:**

Thank you for selecting St. Elizabeth Healthcare Specialty Pharmacy as the specialty pharmacy provider for you or your loved one. We are committed to providing you with the quality pharmaceutical products and exceptional customer service you deserve.

Please take a few moments to review the important information in this welcome packet explaining our services and answering some questions you may have. Additionally, we have provided information about Medicare Part B and resources that may be available to you in your community.

To ensure your privacy as well as permission to bill your insurance company on your behalf, we have included some forms to be completed and returned to our billing department via the enclosed self-addressed envelope. These forms will help us provide accurate statements of your account, assist in processing your payments and identify your unique situations to resolve problems in an efficient manner. Please take the time to complete these forms and return them to our Pharmacy today.

Please contact us at the customer service number below if we can assist you with any questions you may have about your delivery or our services. We sincerely appreciate the opportunity to serve you and thank you for choosing St. Elizabeth Healthcare Specialty Pharmacy.

**St. Elizabeth Healthcare Specialty Pharmacy Team**  
**(859) 301-4525**



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## IMPORTANT INFORMATION

### About Your Order

We value our customers and want to continue to provide excellent customer service. You can help us by verifying the accuracy of your shipments upon receipt. Please call your Pharmacy team at **(859) 301-4525** or **(855) 812-6102** to report any concerns or discrepancies.



## THERAPY INFORMATION

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### From Your Pharmacist

Call the number on your medication label to talk about it with a pharmacist.

Please read the information you were given before taking the medication.

Call your doctor for medical advice about side effects. You can report side effects to the Food and Drug Administration at [1-800 FDA-1088](https://www.fda.gov/medwatch).

State law requires the Pharmacy to report prescriptions for controlled substances to prescription monitoring programs. This information may be requested by specific individuals from state Prescription Drug Monitoring Programs for a limited number of purposes as authorized by state law.

## WHAT YOU MAY NEED TO KNOW

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To reach your St. Elizabeth Healthcare Specialty Pharmacy team, please call [\(859\) 301-4525](tel:8593014525) or [\(855\) 812-6102](tel:8558126102).

Your St. Elizabeth Healthcare Specialty Pharmacy team can:

- Schedule a refill
- Provide medical advice for your medication
- Check the status of your order
- Answer billing or insurance questions

Whatever your question or concern, your call is important to us. We appreciate the opportunity to be your full-service specialty pharmacy throughout your therapy.

## HOURS OF OPERATION

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Our Specialty Pharmacy is open Monday-Friday, 9 a.m. to 5 p.m., and closed on Saturdays, Sundays and Holidays.

**The St. Elizabeth Healthcare Specialty Pharmacy will be closed on the following holidays:**

- New Year's Day (January 1)
- Memorial Day (last Monday in May)
- Independence Day (July 4)
- Labor Day (first Monday in September)
- Thanksgiving (fourth Thursday in November)
- Christmas (December 25)

## COMPREHENSIVE CLINICAL CARE

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St. Elizabeth Healthcare Specialty Pharmacy offers patients care, education on your condition and the ability to talk to pharmacists who are trained in serious illnesses. This means that we're available whenever you need us to talk about your medication, symptoms, side effects and anything that may affect your health.

## MEDICATION HISTORY

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To give you the best care, we need to know about your current medications, allergies and health issues.

You have the right to talk to one of our pharmacists about your medication(s). You can call by telephone at [\(859\) 301-4525](tel:8593014525) or [\(855\) 812-6102](tel:8558126102) or the number on your prescription label. In case of an emergency, call [9-1-1](tel:911) immediately. The name of your doctor is also on the prescription label. Call our Pharmacy if you need assistance finding your doctor's phone number.

## MEDICATION QUESTIONS

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### Special Packaging and Shipping

St. Elizabeth Healthcare Specialty Pharmacy uses special packaging and rushed shipping to make sure you receive your medications as soon as possible, because some medications can be affected by extreme heat, cold or humidity. You may also notice a change in the number of ice packs used or if they're frozen or un-frozen. These factors may be changed based on the time of year.

### Insurance Changes

Please let us know about any changes in your insurance to make sure your medications are shipped on time. If your insurance has changed and our Pharmacy cannot fill your prescription, we will transfer your prescription to a pharmacy that can fill it with your health plan coverage.

### Social and Financial Support

At St. Elizabeth Healthcare Specialty Pharmacy, we know that living with illness can be difficult. That's why we're here to help. Our goal is to support you and your doctor so you receive the best possible care throughout your treatment.

We are here to answer any questions you may have – even the stressful ones. The Pharmacy team members are available to talk with you about any issue. They can also help find community assistance programs in your area and programs that can make your medications more affordable.

### Generic Substitution

St. Elizabeth Healthcare Specialty Pharmacy will switch a lower-cost medication for a brand-name drug unless you or your doctor ask for a specific name-brand drug.

### Report Your Side Effects

Call your doctor for medical advice about side effects. You may report side effects to the FDA at [1-800 FDA-1088 \(1-800-332-1088\)](tel:1-800-FDA-1088) or the FDA/MedWatch website, [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

For patients who are non-English speaking, translation services are provided. For more information, call [\(859\) 301-4525](tel:859-301-4525).



## SAFE DISPOSAL OF YOUR MEDICATIONS.

For instructions on the proper disposal of unwanted or unused medications, please refer to the FDA website at [www.fda.gov/forconsumers/consumerupdates/ucm101653.htm](http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm).

## OBTAINING MEDICATIONS AND SERVICES

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### Delivery of Your Specialty Medications

We make sure to deliver your specialty medications to your home or a location you prefer. We will also include anything needed to take the medication, such as needles, syringes and alcohol swabs (upon request). If your medications must be handled in a certain way or need refrigeration, they will be packaged and shipped in that way. If you cannot be there to accept the package, we can set it up to be left at your home or another place you prefer.

### How to Fill a New Prescription

St. Elizabeth Healthcare Specialty Pharmacy will work with the doctor who prescribed the medication. In many cases, the doctor will send St. Elizabeth Healthcare Specialty Pharmacy a new copy of your prescription. You may also call St. Elizabeth Healthcare Specialty Pharmacy and ask us to contact your doctor to get the new specialty prescription.

### Ordering Refills

A patient care coordinator will call you before your medication is scheduled to run out to figure out when we should send the next refill. Please call (859)301-4525 or (855) 812-6102 if you have any questions or need any help.

### Medications Not Available at Specialty Pharmacy

If you are unable to get your medication at St. Elizabeth Healthcare Specialty Pharmacy, your patient care coordinator will work with you and another pharmacy to make sure you receive your drug. If you want your prescription transferred to another pharmacy, please contact your patient care coordinator and we will transfer your prescription for you.

### Pharmacist and Nursing Assistance

St. Elizabeth Healthcare Specialty Pharmacy pharmacists are trained to know about the medication you are taking, and they can answer your questions about it and your care plan. Please call a St. Elizabeth Healthcare Specialty Pharmacy pharmacist if you have any questions about your treatment. In the case of an emergency, call 9-1-1. A licensed pharmacist is available 24 hours a day, 7 days a week, for any immediate needs about your medication. After normal business hours, please leave a message with our afterhours answering service with your contact information, and the pharmacist on-call will return your call as soon as possible.

### Patient Care Management Programs

St. Elizabeth Healthcare Specialty Pharmacy is here to help you in whatever way you need, including medical questions, giving you the information you need and helping you to use your medication correctly. This service is free, and it is your decision on whether you use it.

### Health Information for Common Conditions

St. Elizabeth Healthcare Specialty Pharmacy will attach medication information to your prescription during the first fill. This information includes what the prescription is for regarding your medication indication, common side effects, and what other medications you should watch mixing it with.





## PATIENT INFORMATION

### Appeals

If your health plan denies coverage for your medications, or if you disagree with the benefits or coverage of your medications, you may have the right to appeal with your health plan. Contact your health plan for more information.

### Returned Goods Policy

Federal Regulations forbid the takeback and resale or reuse of a prescription item that was previously dispensed. As a result, no credit can be issued for any unused or excess products. Your St. Elizabeth Healthcare Specialty Pharmacy patient care coordinator will arrange a return and reship of medication if your medication or supplies are defective.

### Generic Medication Substitution

Whenever possible, St. Elizabeth Healthcare Specialty Pharmacy will substitute a lower-cost generic medication for a brand name medication unless you or your prescriber has asked for a specific brand-name drug. This may occur for new prescriptions, refills, therapeutic changes and prescription transfers.

### Consumer Advocacy Support

To learn more about consumer protection and advocacy services, please visit the National Association of Consumer Advocates at [www.consumeradvocates.org/contact-us](http://www.consumeradvocates.org/contact-us).

## PAYMENT POLICY

### Drug Claims

St. Elizabeth Healthcare Specialty Pharmacy will bill your insurance company for you. However, you may still have to pay a portion of the cost, which is called a copayment. You will be responsible for paying your copayment when you order your medication or refills. We will tell you the exact amount you need to pay St. Elizabeth Healthcare Specialty Pharmacy

### Medical Insurance Claims

St. Elizabeth Healthcare Specialty Pharmacy will bill all medical insurance claims for you.

However, you may be responsible for paying a coinsurance and/or deductible amount.

### Outstanding Balances

If for any reason you owe a balance, the balance will need to be paid prior to your next refill. We accept cash, check, Visa, MasterCard, American Express and Discover credit cards.

### Payment Plan

If you need help in arranging a payment plan for the money you owe, please call St. Elizabeth Healthcare Specialty Pharmacy at (859) 301-4525 during business hours. If you get a check from the insurance company, you should send it to St. Elizabeth Healthcare Specialty Pharmacy with a copy of the Explanation of Benefits (also known as the EOB) statement you received.

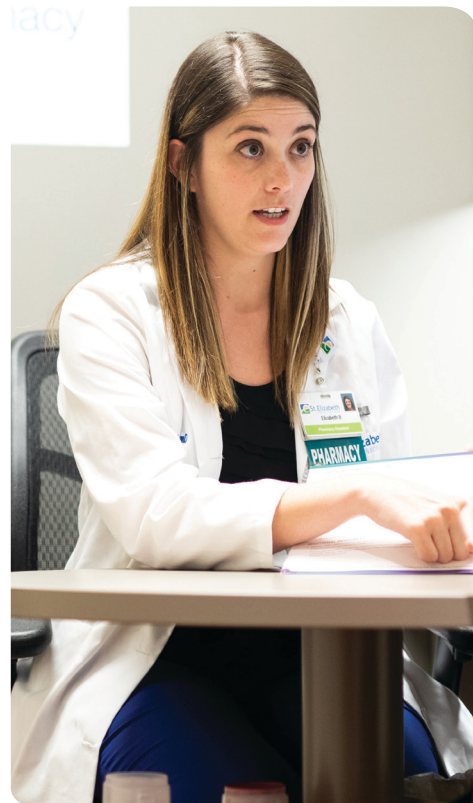
## AS OUR PATIENT, YOU HAVE THE RIGHT TO

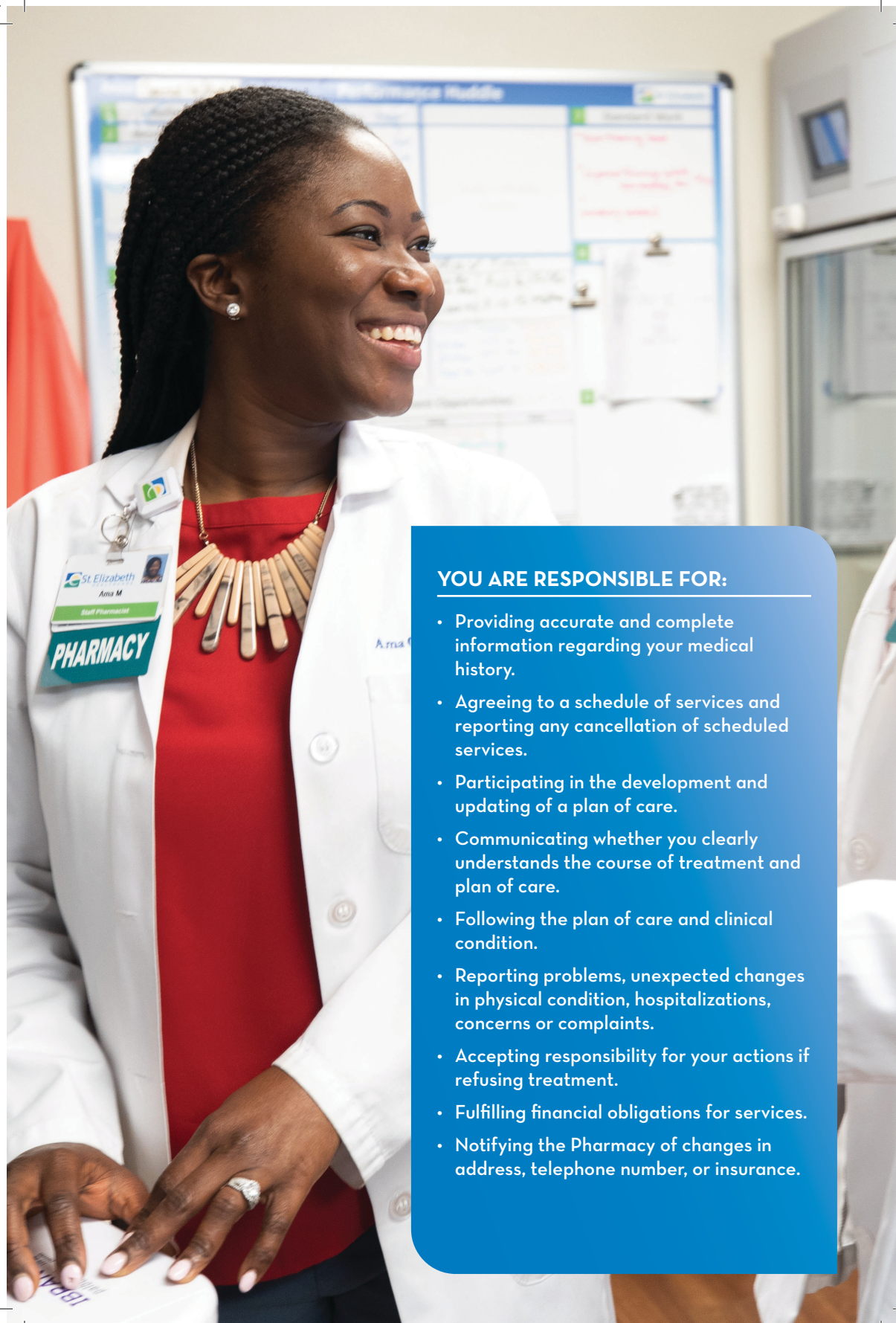
Be treated with dignity and respect without regard to race, color, creed, sex, age, national or ethnic origin, diagnosis, or source of payment.

- Be provided with information regarding ownership, available services, insurance coverage, and other charges if applicable.
- Be informed about your illness and treatment, when and how services will be provided, the name and function of any person and agency providing care and service, and the name of the person responsible for coordination of care.
- Be informed in advance about any changes in the care or treatment as it pertains to their well-being.
- Make informed decisions about his/her care and actively participate in the planning of care.
- Be instructed in your care therapy in order to reach the highest level of self-care and wellness.
- Continuity of care and service provided by personnel who are qualified through education and experience to perform the service for which they are responsible.
- Participate in experimental treatment and research with voluntary, informed consent documented.
- Refuse treatment, within the confines of the law, after being fully informed of and understanding the consequences of such action.
- Confidentiality and privacy in treatment and care, including confidential treatment of patient records, and to refuse their release to any individual outside, except in

the case of transfer to another health facility, or as required by law or third-party contract.

- Be informed of any financial benefit when referred to an organization.
- Voice complaint and grievance and be informed of procedure for registering complaints without reprisal, coercion, or unreasonable interruption of services.
- Receive prompt response to all reasonable interruption of services.
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Be informed of provider service/care limitations.





#### YOU ARE RESPONSIBLE FOR:

- Providing accurate and complete information regarding your medical history.
- Agreeing to a schedule of services and reporting any cancellation of scheduled services.
- Participating in the development and updating of a plan of care.
- Communicating whether you clearly understands the course of treatment and plan of care.
- Following the plan of care and clinical condition.
- Reporting problems, unexpected changes in physical condition, hospitalizations, concerns or complaints.
- Accepting responsibility for your actions if refusing treatment.
- Fulfilling financial obligations for services.
- Notifying the Pharmacy of changes in address, telephone number, or insurance.





## PATIENT MANAGEMENT PROGRAMS

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- St. Elizabeth Healthcare Specialty Pharmacy Patient Management Programs have dedicated teams to work with each individual patient throughout the therapy management process. St. Elizabeth Healthcare Specialty Pharmacy has created a model of care for patients with chronic and complex conditions. Our patient care teams are staffed by pharmacists, pharmacy technicians and patient care representatives each with therapy specific training for a focused level of service. Our programs are customized to your individual needs; our therapy management program covers the spectrum of care from proactive monitoring of therapy to counseling you on effectively managing side effects.
- For new prescriptions St. Elizabeth Healthcare Specialty Pharmacy pharmacists offer to counsel each patient (or caregiver) by telephone or in-person visits, explaining the medication, its storage requirements, adverse effects, precautions, dosing parameters, and instructions for use.
- Our care team will contact you or your designated caregiver prior to each new and refill shipment to arrange delivery, to monitor therapy outcomes, and to encourage therapy adherence.
- We will also contact you throughout your therapy regimen to promote proper use of the medication and to help you manage any side-effects you may experience.
- St. Elizabeth Healthcare Specialty Pharmacy will deliver to your approved preferred location – home, office, or clinic – as appropriate for administration.
- Our specialty trained pharmacists and clinicians are available by telephone 24 hours a day, 7 days a week to help you manage critical aspects of your care, no matter what time of day questions arise.
- In case of an emergency, such as a natural disaster or crisis, the specialty pharmacy is available 24 hours a day, 7 days a week and can be reached at [\(859\) 301-4525](tel:8593014525) or [1-855-812-6102](tel:18558126102).
- St. Elizabeth Healthcare Specialty Pharmacy care management programs are clinical programs that focus on compliance and adherence to drug therapy. The goal of each program is to increase the number of patients that will achieve the desired clinical result by improving patient compliance to the prescribed medication regimen.





## PATIENT MANAGEMENT PROGRAM PATIENT RIGHTS AND RESPONSIBILITIES

- The right to know about philosophy and characteristics of the patient management program.
- The right to have personal health information shared with the patient management program only in accordance with state and federal law.
- The right to identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested.
- The right to speak to a health professional.
- The right to receive information about the patient management program.
- The right to receive administrative information regarding changes in, or termination of, the patient management program.
- The right to decline participation, revoke consent, or disenroll at any in time.
- The responsibility to submit any forms that are necessary to participate in the program, to the extent required by law.
- The responsibility to give accurate clinical and contact information and to notify the Patient management program of changes in this information.
- The responsibility to notify their treating provider of their participation in the patient management program, if applicable.

# SERVICE AGREEMENT

In exchange for St. Elizabeth Healthcare Specialty Pharmacy agreement to (i) provide me with my medications; and (ii) bill my insurance carrier or third-party payer that is obligated to pay for my medications, I agree to the following terms and conditions;

**1. Authorization for Medical Treatment** I authorize St. Elizabeth Healthcare Specialty Pharmacy under the direction of my physician, to provide my medications to me. I have been instructed by my physician about my prescribed medications and understand the reasons why they are considered necessary, their risks, advantages, possible complications and alternatives. As in any medication therapy, I understand that there are unknown risks as well as risks. I certify that no guarantee or promise, expressed or implied has been made to me in conjunction with the medications that have been prescribed for me.

**2. Release of Information** I understand that St. Elizabeth Healthcare Specialty Pharmacy will use my protected health information ("PHI") in accordance with the St. Elizabeth Healthcare Specialty Pharmacy Notice of Privacy Practices that I have received separately from St. Elizabeth Healthcare Specialty Pharmacy. If I have not received an St. Elizabeth Healthcare Specialty Pharmacy Notice of Privacy Practices, I agree to call (859)-301-4525 to request another copy from St. Elizabeth Healthcare Specialty Pharmacy.

**3. Financial Responsibility** I understand and agree that I am responsible for the payment of all sums that may become due for the medications provided to me by St. Elizabeth Healthcare Specialty Pharmacy. If, for any reason and to whatever extent, St. Elizabeth Healthcare Specialty Pharmacy does not receive payment from my insurer or the third-party payor that is obligated to pay for my medications, I do hereby agree to pay St. Elizabeth Healthcare Specialty Pharmacy directly for the unpaid balance within thirty

(30) days of receipt of an invoice from St. Elizabeth Healthcare Specialty Pharmacy, except in cases where such payment to St. Elizabeth Healthcare Specialty Pharmacy is prohibited by applicable law. If my insurer and/or third-party payor that is obligated to pay for my medications issues payment directly to me, I agree to promptly endorse such payment to St. Elizabeth Healthcare Specialty Pharmacy and forward it directly to St. Elizabeth Healthcare Specialty Pharmacy on the day that I receive payment.

**4. Unpaid Invoices** I agree that any amounts I owe to St. Elizabeth Healthcare Specialty Pharmacy for more than thirty (30) calendar days shall bear interest from the due date of such invoice, at the lesser of, one and one-half percent (1.5%) per month or the maximum rate permitted by applicable law. I further agree to pay all costs and expenses of St. Elizabeth Healthcare Specialty Pharmacy collection efforts, including reasonable attorney's fees and court costs that are incurred by St. Elizabeth Healthcare Specialty Pharmacy to collect overdue amounts.

**5. Entire Agreement** This agreement contains the entire agreement of the parties. No other representation, promise, or agreement, oral or otherwise, expressed or implied, not embodied herein, shall be of any force or effect. All amendments must be in writing and signed by both parties to have any effect. This Agreement shall be binding upon and insure to the benefit of the parties hereto and their respective successors, heirs, and assigns.

**6. Return Medication Procedure** All unused portions of any patient's discontinued prescription medication may not be taken back by the pharmacy. Medication shall be destroyed, please refer to "Safe disposal of your medication" within the Welcome Packet. Medications for hospitalized patients must be isolated and may be held until the patients return or permanent discharge.

**I have read, understand and agree to all the above.** A photocopy of this agreement may be used as though it were an original. This Release of Information and Assignment of Benefits will be effective until revoked by me in writing. Such revocation shall have a prospective effect only.

Please Print Patient Name: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Primary Insured: \_\_\_\_\_ Date: \_\_\_\_\_

# ASSIGNMENT OF BENEFITS

## Medicare Part B Lifetime Authorization

I hereby assign to St. Elizabeth Healthcare Specialty Pharmacy all insurance benefits and payments to which I am entitled from all third party payors that are obligated to pay for my medications, including Medicare and/or Medicaid if applicable, for any services, medications, equipment or supplies which are furnished to me by St. Elizabeth Healthcare Specialty Pharmacy, and authorize St. Elizabeth Healthcare Specialty Pharmacy to seek such insurance benefits and payments from all third party payors that are obligated to pay for my medications directly and that this assignment of benefits shall be ongoing and continuous, unless and until canceled by me in writing. Cancellation of this assignment of benefits shall become effective when the cancellation is delivered to St. Elizabeth Healthcare Specialty Pharmacy, my insurer(s) and each third-party payor that is obligated to pay for my medications. I request that payment of authorized Medicare benefits be made directly to St. Elizabeth Healthcare Specialty Pharmacy on my behalf, for any medications furnished to me by St. Elizabeth Healthcare Specialty Pharmacy.

## NOTICE Medicare Part B Patient, Signature Required

Medicare Assignment of Benefits and Release of Medical Records

Beneficiary Name: \_\_\_\_\_

HI CN # \_\_\_\_\_

Account # \_\_\_\_\_

Product(s) to be Supplied: \_\_\_\_\_

Start Date: \_\_\_\_\_

Beneficiary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If beneficiary is unable to sign, the following information must be completed in full by the

## Authorized Representative:

Beneficiary Name \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Relationship to Beneficiary: \_\_\_\_\_

Medical Reason for Beneficiary Inability to Sign: \_\_\_\_\_

## NOTICE OF PRIVACY PRACTICES

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

Provided in compliance with 45 C.F.R. § 164.520

St. Elizabeth Healthcare Specialty Pharmacy, and its affiliated entities use health information about you and your treatment to obtain payment for treatment, to evaluate the quality of care you receive, and for other administrative and operational purposes. Your health information is contained in a medical record that is the physical property and responsibility of St. Elizabeth Healthcare Specialty Pharmacy.

### **Your Health Information Rights**

You have the following rights with respect to health information about you.

#### **Right to Copy of Notice of Privacy Practices**

You have the right to a paper copy of our Notice of Privacy Practices at any time. To obtain a copy of our current Notice of Privacy Practices, please contact St. Elizabeth Healthcare Privacy Officer at the address or phone number listed below.

#### **Right to Inspect and Copy**

You have the right to inspect and/or obtain a copy of the health information about you that we maintain in certain groups of records that are used to make decisions about your care. For information about this right, see 45 C.F.R. § 164.524.

#### **Right to Amend**

If you feel that health information about you that we maintain in certain groups of records is inaccurate or incomplete, you have the right to request that we amend the information. You have the right to request an amendment as long as we maintain the information. Depending on the nature of your request, we may ask that you submit it in writing and include a reason supporting the request. In certain circumstances, we may deny your request to amend your health information. If your request for an amendment is denied, we will explain our reasons in writing. You have a right to submit a statement explaining why you disagree with our decision to deny your amendment request. We will share your

statement when we disclose health information about you that we maintain in certain groups of records. For more information about this right, see 45 C.F.R. § 164.526.

#### **Right to an Accounting of Disclosures**

You have the right to request an accounting or detailed listing of certain disclosures of your health information. The time period covered by the accounting is limited. For more information about this right, see 45 C.F.R. § 164.528.

#### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the health information about you that we use or disclose. Your request must be in writing. Please be aware that we are not required to agree to your request about restrictions. If we agree to your request for a restriction, we will comply with it unless the information is needed for emergency treatment. For more information about this right, see 45 C.F.R. § 164.522.

#### **Right to Revoke Authorization**

You have the right to revoke your authorization to use or disclose health information, except to the extent that action has been taken in reliance upon your authorization. Your request must be in writing.

#### **Right to Request Alternative Method of Contact**

You have a right to request that we communicate with you about medical matters in a certain way or at a certain location. Your request must be in writing. We will agree to the request to the extent that it is reasonable for us to do so. For example, you may request that we use an alternative address for billing purposes. For more information about this right, see 45 C.F.R. § 164.522(b)

#### **Complaints**

If you believe your privacy rights have been violated, you may complain to St. Elizabeth Healthcare and to the Secretary of the Department of Health and Human Services. You may make a complaint to us by contacting St. Elizabeth Healthcare Privacy Officer at the address or phone listed below. You will not be retaliated against for filing a complaint.



**Specialty Pharmacy Obligations**

St. Elizabeth Healthcare Specialty Pharmacy is required to:

- Maintain the privacy of protected health information;
- Provide you with this Notice of our legal duties and privacy practices with respect to your health information;
- Abide by the terms of the Notice of Privacy Practices currently in effect;
- Notify you if we are unable to agree to a requested restriction on how your health information is used or disclosed;
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations;

- Obtain your written authorization to use or disclose your health information for reasons other than those identified in this Notice and permitted by law; and comply with your state’s laws if they provide you with greater rights over your health information or provide for more restrictions on the use or disclosure of your health information.

St. Elizabeth Healthcare Specialty Pharmacy reserves the right to change the terms of this Notice, our privacy practices, and to make the new provisions effective for all protected health information we maintain. You may contact St. Elizabeth Healthcare Privacy Officer at the address or phone listed below to obtain a revised Notice of Privacy Practices.

**USES OR DISCLOSURES OF YOUR HEALTH INFORMATION**

**Treatment.** We may use and disclose health information about you to provide you with pharmaceutical care or medical treatment and services. To this end, we may communicate with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, information related to your treatment may be obtained by a health care provider, such as a pharmacist, nurse or other person providing health services to you, and will be recorded in your medical record. This information is necessary to health care providers to determine what treatment you should receive. Health care providers also may record actions taken by them in the course of your treatment and note how you responded to the actions.

Under the Federal HIPPA Privacy Rule, we are required to give you our Notice of Privacy Practices and make a good faith effort, before providing services, to get your:

**Please complete and return this form.**

**Acknowledgement of Receipt of Notice of Privacy Practices**

Name of Patient (print): \_\_\_\_\_

Facility or Organization: \_\_\_\_\_

By signing this form, I acknowledge that I have been provided with a copy of the Notice of Privacy Practices for St. Elizabeth Healthcare Specialty Pharmacy and its affiliated entities.

Signature (patient, parent, or legal representative):

\_\_\_\_\_ Date: \_\_\_\_\_

Name and Relationship to Patient (if signed by someone other than patient):

\_\_\_\_\_

## USES OR DISCLOSURES OF YOUR HEALTH INFORMATION (CONT.)

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### Payment

We may use and disclose health information about you to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third party payer, such as Medicare, an insurance company, or a health plan. The information on the bill may include information that identifies you, your dependents, and treatment or supplies used in the course of your treatment. In some instances, we may disclose health information about you to an insurance plan before you receive certain health care products or services, to determine whether the insurance plan will pay for the particular product or service.

### Health Care Operations

We may use and disclose health information about you for administrative and operational purposes. Members of the risk management or quality improvement teams may use health information about you to assess the care and outcomes in your case and others like it. The results will be used internally to continually improve the quality of care for all patients. For example, we may combine medical information about many patients to evaluate the need for new products, services, or treatments.

We may disclose information to health care professionals, students, and other personnel for review and training purposes. We also may combine health information we have with other sources to see whether we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy and to allow others to use the information to study health care without learning the identity of specific patients.

**We also may use and disclose medical information to:**

- Evaluate the performance of our staff and your satisfaction with our services;
- Learn how to improve our facilities and services;
- Determine how to continually improve the quality and effectiveness of the health care we provide; and conduct training programs or review competence of health care professionals.

### Organized Health Care Arrangement

An organized health care arrangement is a clinically integrated care setting in which individuals typically receive health care from more than one health care provider. Health information may be shared between participants in the organized health care arrangement for the health care operations of the arrangement.

### Individuals Involved in Your Care or Payment for Your Care.

We may release health information about you to a family member or friend who is involved in your medical care. We also may give information about you to someone who helps pay for your care. If you do not specifically inform us of individuals who are to be excluded from involvement in your care or payment for your care, we will assume that we have your permission to release health information about you to family and friends provided above. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort (such as Red Cross) so that your family can be notified about your condition, status, and location.

### Business Associates

We provide some services through contracts with business associates, such as accountants, consultants, and attorneys. When such services are contracted, we may disclose health information about you to our business associates so that they can perform the tasks that we have assigned to them. To protect your health information, we require the business associate to appropriately safeguard health information about you.

### Appointment reminders

We may use health information about you to provide appointment or prescription reminders.

### Alternative treatments

We may use health information about you to provide you with information about alternative treatments or other health related benefits and services that may be of interest to you.

### **Future Communications**

We may communicate with you via newsletters, mailings, or other means regarding treatment options, health related information benefits and services that may be of interest to you.

### **Required by Law**

We may use and disclose health information about you as required by federal, state, or local law. For example, we may disclose health information for the following purposes:

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

### **Public Health**

We may use or disclose health information about you for public health activities such as assisting in public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

### **Research**

We may use or disclose health information about you for research purposes under certain circumstances. For example, we may disclose health information about you to a research organization if an institutional review board or privacy board has reviewed and approved the research proposal, and after establishing protocols to ensure the privacy of your health information.

### **Health and Safety**

We may use or disclose health information about you to avert a serious threat to your health or safety or any other person pursuant to applicable law.

### **Medical Examiners and Others**

We may use or disclose health information about you to medical examiners, coroners, or funeral directors to allow them to perform their lawful duties. If you are an organ or tissue donor, we may use or disclose health information about you to organizations that help with organ, eye, and tissue donation and transplantation.

### **Food and Drug Administration (FDA)**

We may use or disclose health information for purposes of notifying the FDA of adverse

events with respect to food supplements, product, and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.

### **Information Not Personally Identifiable**

We may use or disclose health information about you in ways that do not personally identify you or reveal who you are.

### **Government Functions**

We may use or disclose health information about you for specialized government functions, such as protection of public officials, national security and intelligence activities, or reporting to various branches of the armed services.

### **Workers Compensation**

We may use or disclose health information about you to comply with laws and regulations related to worker's compensation.

### **Correctional Institutions**

If you are an inmate of a correctional institution or under the custody of law enforcement official, we may use or disclose health information about you. Such information will be disclosed to the correctional institution or law enforcement official when necessary for the institution to provide you with health care and to provide the health and safety of others.

### **Affiliated Covered Entity**

We are part of an affiliated covered entity with other entities that are under common ownership or control. The affiliated covered entity treats itself as a single entity for purposes of using and disclosing information to you.

### **Contact information**

If you have any questions, requests, or concerns about you St. Elizabeth Healthcare Specialty Pharmacy related health information rights or our use and disclosure of health information, please contact:

**Lisa Frey, Privacy Officer**

1 Medical Village Dr.  
Edgewood, KY 41017  
(859) 301- 5580



## HAND WASHING INSTRUCTIONS:

Avoiding an infection is very important. The best way to make sure you do not get an infection is by washing your hands. Please always wash your hands before you prepare or give any medication, after you prepare or give any medication, before and after you handle supplies, or give yourself or someone else medication.

1. Collect the supplies.
  - Soap (an antibacterial soap works best)
  - Paper towels or a clean cloth towel
2. Wet your hands with warm water.
3. Place a small amount of soap on your hands.
4. Rub your hands briskly together for at least 30 seconds.
5. Rinse your hands with warm water.
6. Dry your hands with a paper towel or clean cloth towel
7. Turn off your faucet with the towel
8. If you touch anything (your hair, for example), sneeze into your hands, or feel that your hands may no longer be clean, please wash your hands again before continuing with your care.

If no water supply is available, use an alcohol based, antibacterial hand cleanser.



# PATIENT CONCERN AND COMPLAINT FORM

Please complete and return this form.

We want to provide your therapy to your complete satisfaction. If you are not happy with the care or services we have provided, we want to know about it. At St. Elizabeth Healthcare Specialty Pharmacy, our pharmacists are concerned for our patient's health and safety. We want to work with our patients in delivering the highest quality of healthcare. If you believe there is a problem with your medications or services, you have the right to call St. Elizabeth Healthcare Specialty Pharmacy at (859) 301-4525 or (855) 812-6102 to speak with one of our staff members, fill out a Patient Concern and Complaint Form at the Specialty Pharmacy site, or you can go to St. Elizabeth Specialty Website. We will be glad to help you with any concerns. We take all concerns very seriously and view them as opportunities to improve our services.

All complaints will be reviewed and an investigation started within 5 business days of receipt of the concern/complaint. Every attempt shall be made to resolve all grievances within 14 business days. You will be informed in writing of the resolution of the complaint/grievance. If more time is needed to resolve the concern/complaint, you will also be informed verbally or in writing. If you have a concern that an error may have occurred in the dispensing of your prescription you may also contact the Department of Consumer Protection by calling (502) 696-5389.

Patient Name:

Date:

Concern/Complaint:

Employee involved (If applicable):

For Specialty Pharmacy Staff Only

QA/QI Action taken:

Date:

If you need help or have questions about child abuse or child neglect, call the Childhelp National Child Abuse Hotline at 1-800-4-A-CHILD (1-800-422-4453) then push 1 to talk to a counselor or visit [www.childhelp.org/get\\_help](http://www.childhelp.org/get_help).

The St. Elizabeth Healthcare Specialty Pharmacy is licensed in several states and you may contact the board of pharmacy in the state in which your grievance occurred.

KY Board of Pharmacy  
[pharmacy.ky.gov](http://pharmacy.ky.gov) (502) 564-7910

OH Board of Pharmacy  
[pharmacy.ohio.gov](http://pharmacy.ohio.gov) (614) 466-4143

IN Board of Pharmacy  
[in.gov](http://in.gov) (317) 234-2067

FL Board of Pharmacy  
[floridaspharmacy.gov](http://floridaspharmacy.gov) (850) 245-4125

NY Board of Pharmacy  
[op.nysed.gov](http://op.nysed.gov) (518) 474-3817

The St. Elizabeth Healthcare Specialty Pharmacy is accredited by ACHC and URAC. If you are concerned your issue was not resolved you may file a grievance with these organizations.

ACHC [achc.org](http://achc.org) (855) 937-2242

URAC [urac.org](http://urac.org) (202) 326-3942

# RETURN MAILER CHECKLIST

- ☐ **Service Agreement ..... page 14**
- ☐ **Assignment of Benefits ..... page 15**  
(for patients that have Medicare)
- ☐ **Uses or Disclosures of Your Health Information ..... page 17**
- ☐ **Patient Concern and Complaint Form ..... page 21**
- ☐ **Patient/Client Satisfaction Survey ..... page 23**

All St. Elizabeth Healthcare Specialty Pharmacy patients receive this welcome packet when initially filling a prescription. We request that patients complete all of the highlighted forms contained on perforated pages and return them to us. Completing and returning these form will help us to better serve you. Thank you for your assistance.

# PATIENT/CLIENT SATISFACTION SURVEY

Please complete and return this form.

Type of therapy you have been receiving:

Injection\_\_\_\_Oral\_\_\_\_Supplies\_\_\_\_Other\_\_\_\_

Please circle your response to the following:

1. The written drug information provided by the pharmacy was:

Very good \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_

Below Average \_\_\_\_ Did not use \_\_\_\_

Comments: \_\_\_\_\_

2. The initial admission/ intake process/ and customer service provided was:

Very good \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_

Below Average \_\_\_\_ Did not use \_\_\_\_

Comments: \_\_\_\_\_

3. Ability of our business staff to provide prompt and accurate answers to your questions:

Very good \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_

Below Average \_\_\_\_ Did not use \_\_\_\_

Comments: \_\_\_\_\_

4. Prescription was received via:

UPS \_\_\_\_

Phox Health (Courier) \_\_\_\_

Picked up at the pharmacy \_\_\_\_

Very good \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_

Below Average \_\_\_\_ Did not use \_\_\_\_

Comments: \_\_\_\_\_

5. Please rate the service provided by our staff after business hours:

Very good \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_

Below Average \_\_\_\_ Did not use \_\_\_\_

Comments: \_\_\_\_\_

6. Your overall impression with the services provided by St. Elizabeth Healthcare Specialty Pharmacy was:

Very good \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_

Below Average \_\_\_\_ Did not use \_\_\_\_

Comments: \_\_\_\_\_

7. The ability of our pharmacist to provide medication and administration counseling and education:

Very good \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_

Below Average \_\_\_\_ Did not use \_\_\_\_

Comments: \_\_\_\_\_

**I'M  
RIGHT  
HERE.**



## DISPOSING OF MEDICAL WASTE

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If your therapy involves the use of needles, the following simple rules will help to ensure you and your family's safety during your therapy.

1. Never place the cap back on a used needle. Instead, place it immediately in the "sharps" container.
2. Always keep the "sharps" container out of reach of children and pets.
3. Never overfill a sharps container as you may be exposing yourself or a family member to a dirty needle stick. If this should occur, wash the area immediately with soap and water and call the Pharmacy or call your family physician as soon as possible.
4. As a backup if you don't have a sharps container available, you may use an empty laundry detergent bottle with a screw on lid for disposal of your sharp items.
5. You may dispose of your sharps container by capping it off with a screw on lid, marking it as "sharps" and placing it into the regular trash.
6. For more information, visit the Centers for Disease Control and Prevention Safe Community Needle Disposal website at [CDC.gov/NeedleDisposal](https://www.cdc.gov/NeedleDisposal).
7. Never dispose of sharp items in glass or a clear plastic container. Never put sharp items in a container that can be recycled or returned to a store.

## DISPOSAL OF CHEMOTHERAPY OR HAZARDOUS DRUGS

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DO NOT throw chemotherapy or hazardous drugs in the trash or flush them down the toilet. See the chemotherapy disposal sheet, "Safe handling, storage and disposal of oral chemotherapy."

## SAFE DISPOSAL OF YOUR MEDICATIONS

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For instructions on the proper disposal of unwanted or unused medications, please refer to the FDA website at [www.fda.gov/forconsumers/consumerupdates/ucm101653.htm](https://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm).

## FREQUENTLY ASKED QUESTIONS

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### **Q. What is a specialty pharmacy?**

**A.** A specialty pharmacy provides injectable and oral specialty medications.

Specialty medications are drugs that are high cost and treat complex or rare disease states such as cancer, hepatitis C, multiple sclerosis or HIV. These medications require a high level of pharmacy care, which is why your doctor has referred you to St. Elizabeth Healthcare Specialty Pharmacy Services. St. Elizabeth Healthcare Specialty Pharmacy will assist in managing your specialty medication prescription by helping you receive your medications, answer your questions, assist you in managing side effects, and lend additional support.

### **Q. How important is it to take all of my medications?**

**A.** Following your prescriber's instructions for both the amount of the medication you should take (for example, 20 ml once a day) and the length of time you should take it (for example, every day for three months) is the best thing you can do to ensure a successful course of treatment. We understand that some medications may have unpleasant side effects or may be difficult to administer. Therefore, our pharmacists are available to offer practical advice about dealing with these issues or to contact your prescriber about the medical management of these side effects.

The potential limitations of this program are dependent on you as the patient. You must be willing to follow the directions of your physician and pharmacist, be compliant with taking your medication and willing to discuss the details of your disease, medical history and current practices with your pharmacist so they can have a full understanding of the situation.

### **Q. How do I order a refill? Will you automatically send it to me?**

**A.** St. Elizabeth Healthcare Specialty Pharmacy will not automatically refill your the medication. One of our representatives will call you to schedule your refill for delivery or pickup a week before your next refill. During this call, he or she will confirm that you are still

taking the medication, that your prescriber has not changed the dose, and that you are not having any unmanageable side effects.

### **Q. How long does it take to receive my medications?**

**A.** Medications are usually available for pickup or delivery within 24-48 hours after we receive your complete prescription. Some medications may require a prior authorization to be completed which could extend the time frame. St. Elizabeth Healthcare Specialty Pharmacy will provide any additional supplies you need for administering your medications, such as needles, syringes and alcohol swabs.

### **Q. What should I do if my order is delayed?**

**A.** St. Elizabeth Healthcare Specialty Pharmacy patient care coordinator will make every attempt to contact you if there is any delay with your medication delivery. However, if your delivery does not arrive by the end of the expected day, please contact us at (859) 301-4525 or (855) 812-6102. We can track the status of your delivery with a tracking number.

### **Q. What happens if there is a drug recall?**

**A.** St. Elizabeth Healthcare Specialty Pharmacy representatives will notify you and your doctor if there is a drug recall that affects any of your prescriptions.

### **Q. What if I have questions about my medications?**

**A.** At St. Elizabeth Healthcare Specialty Pharmacy, we have a team of pharmacists to answer your questions (855) 812-6102. We are available for you 24 hours a day, 7 days a week. Please leave your contact information with our after-hours service and the pharmacist on-call will promptly return your call.

### **Q. If I need copay assistance, how does this work?**

**A.** Depending on the copay assistance organization, you may be required to pay for a portion of the copay. Also, many organizations have a maximum amount they will pay on your behalf per year; if your copays exceed this limit, you may be responsible for the remaining balance. St. Elizabeth Healthcare Specialty Pharmacy will handle the billing for

you. We will charge your insurance first and then the copay assistance organization for your medication. The organization will pay the copay on your behalf. Please be aware: if you have been conditionally approved for copay assistance through the Chronic Disease Fund (CDF), The Assistance Fund (TAF), or the National Organization for Rare Disorders (NORD), you will be required to complete and return all paperwork and supporting documentation in a timely manner. Delays may put you at risk of losing your assistance.

**Q. What preparations do I need to be aware of while traveling in regards to my medication?**

**A.** \*\* Make sure to carry your medication with a copy of your prescription or the bottle/container with your prescription information on it. \*\* At least two weeks prior to your departure, take an inventory of your medication at home. This should give you enough time to call and get another shipment delivered to your home if needed, as well as obtain any prescriptions from your doctor. If you expect to need an early fill before your trip, please call us at (859) 301-4525 or (855) 812-6102 so we can see if your insurance will provide a vacation override (some insurance companies do not allow this). Remember to pack your medication in a secure and easy-to-reach area of your carry-on luggage only. In the event that your luggage is misplaced, you will still have your medication. If your medication requires refrigeration, place it into a plastic bag and then into an insulated container with an ice pack.

**Q. What should I do if I am unable to reach St. Elizabeth Healthcare Specialty Pharmacy and running out of medication?**

**A.** If at any time it is not possible for you to reach the Pharmacy and you are running out or are out of medication, please contact your prescribing physician for immediate instructions. For your convenience, we've included an emergency preparedness list, to better prepare you in the event of an emergency. It is very important to plan what

to do to prepare for an emergency. Planning ahead involves such things as:

- Evacuation route
- Emergency kit
- Extra water/food
- Emergency phone numbers
- Medications
- Important documents
- Care for pets, if applicable

Have a plan for your medications to include having a safe place to store your medications appropriately.

In a situation where the pharmacy is unable to fill your medication due to an emergency all prescriptions will be transferred to St. Elizabeth Outpatient Pharmacy or another preferred pharmacy.

You can find more helpful information about emergency preparedness at [www.redcross.org](http://www.redcross.org).

**Q. This welcome packet contains a lot of information. Which forms do I need to return?**

**A.**

- Service Agreement (page 14)
- Assignments of Benefits - For patients that have Medicare (page 15)
- Uses or Disclosures of your Health Information (page 17)
- Patient Concern and Complaint Form (page 21, optional)
- Patient/Client Satisfaction Survey (page 23, optional)



**St. Elizabeth**  
HEALTHCARE

Specialty Pharmacy

(859) 301-4525

[SpecialtyPharmacy.Services@stelizabeth.com](mailto:SpecialtyPharmacy.Services@stelizabeth.com)

[stelizabeth.com](http://stelizabeth.com)