



Dear Patient,

Welcome to Apicha Community Health Pharmacy and our Prescription Pathfinder Program. We are excited about the opportunity to serve you for all of your pharmacy needs. We specialize in caring for patients in the New York City area diagnosed with HIV/Hepatitis C.

The pharmacy staff at Apicha Community Health Pharmacy understands that your medical condition is complicated. You may need help with your medical provider and/or insurance company. We are dedicated to giving you the personal service you need to help you achieve the most benefit from your therapy. This help includes: [DRX2-1A]

- Access to trained pharmacy staff 24 hours a day, 7 days a week
- Coordination of prior authorization with your insurance company
- Help following medical advice for your medication
- Free delivery
- Training, education and counseling
- Refill reminders
- Care planning
- Enrollment in our free Prescription Pathfinder Program; this program is designed to provide benefits such as managing side effects, understanding your medications and overall assistance to you regarding your medications every step of the way. This program is provided to you at no cost, and your participation is voluntary. You may opt out of our program at any time by contacting one of our pharmacy staff members.

We look forward to providing you with the best service possible. We thank you for choosing Apicha Community Health Pharmacy.

Sincerely,

The Apicha Community Health Pharmacy Team



Pharmacy Information [P-PSC 1-1 ai] [CRX2-1A]

| Location |
|--|
| APICHA Community Health Center Pharmacy |
| 400 Broadway |
| New York, NY 10013-3698 |
| Contact |
| Website: www.apichahealthcenterpharmacy.com |
| Email: ApichaPharmacy@maxor.com |
| Phone: (844)370-6202 |

Hours of Operation

- Current and most up-to-date hours of operation can be found on the pharmacy website, www.apichahealthcenterpharmacy.com, or by calling the pharmacy at (844)370-6202.


Education & 24/7 Support [P-PSC 1-1 aiii, av] [DRX2-1A] [DRX4-9C]

- It is important to understand your medical condition and the medication used to treat it. We provide the following educational resources:
 - If you experience a medical emergency, please call 911 immediately.
 - Educational material (e.g. drug monograph) for the dispensed medication received. [DRX5-5F]
 - Pharmacists are available to answer your questions in person during normal hours of operation.
 - Clinical on-call staff are available 24 hours per day, 7 days a week. Services are available by calling (844)370-6202.

When to Contact Us [P-PSC 1-1 aiii, av] [DRX2-1A] [DRX2-1B]

- You have questions or concerns about your medication 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 Forms

Apicha Community Health Pharmacy wants to make sure that you have everything you need to get the most out of your medication therapy. Please review this entire document and complete the form marked with  in the upper right-hand corner of Page 23.

A signature is required to acknowledge that you have received and read the Welcome Packet, the HIPAA privacy policy, patient bill of rights, CMS supplier standards, hours of operation, how to log a complaint, pharmacy contact information, understand that educational material (e.g. drug monograph) will be provided for dispensed medications, and agree to participate in your plan of care. Please sign the form on Page 23 and return it in the provided self-address stamped envelope to Apicha Community Health Pharmacy.

You can also visit www.apichahealthcenterpharmacy.com for access to our privacy policy and supplier standards, as well as many other services.

Important Information

Prescription Pathfinder Program [PM 2-2 a, b, c]

- Pharmacy patients are enrolled in our therapy-specific Prescription Pathfinder 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.
- 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 determined by you, your doctor and pharmacist.
- The success of the program depends on your willingness to report issues and answer the pharmacist questions honestly and accurately. Without your active participation, the benefits of this program are limited.
- The 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 pharmacy staff member.

Financial Information [P-PSC 1-1 bi, bii, biii] [DRX2-1A] [DRX2-1B] (DRX2-1B - SRX and SRX ONLY)

- Before your care begins, a pharmacy staff member will inform you of your out-of-pocket costs such as deductibles, copays 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 [P-PSC 1-1 aii] [DRX 5-5G]

- Your provider can send us your prescription, or you can provide it to us in person or through the mail.
- You will be contacted by our pharmacy staff 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 pharmacy staff member to process your refill request.

Drug Substitution [DRX 5-5G]

- To save on your copay, our pharmacy will substitute generic medication when available for brand name if approved by you and your provider.

Proper Disposal of Sharps [DRX 5-5G]

- Place all needles, syringes, and other sharp objects into a red sharps container. Upon request, we can provide you a sharps container if you are prescribed an injectable medication.
- Check with your local waste collection service for instructions on how to properly dispose of sharps containers.

- You can also visit the following website for more information:
 - <https://safeneedledisposal.org/>

Proper Disposal of Unused Medications [DRX 5-5G]

- Do not flush unused medications or pour them down a sink or drain.
- 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:
 - <https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines>
 - <https://www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines>
 - <https://www.rxdrugdropbox.org/>

Drug Recalls [DRX 5-5G]

- If your medication is recalled, the pharmacy will contact you with further instructions as directed by the FDA or drug manufacturer.

Accessing Medications During an Emergency or Disaster [DRX 5-5G]

- In the event of an emergency or disaster in your area, please contact the pharmacy to inform us where 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.
- What else you can do to be ready for an emergency or disaster:
 - Get a Kit of emergency supplies.
 - Be prepared to improvise and use what you have on hand to make it on your own for at least three days.
 - Make a Plan for what you will do in an emergency.
 - Develop a Family Emergency Plan.
 - Consider a plan where each family member calls, or e-mails, the same friend or relative in the event of an emergency.
 - Order free preparedness materials from FEMA or the American Red Cross
 - Create a Plan to Shelter-in-Place
 - Create a Plan to Get Away
 - Be Informed about what might happen.
 - Know the risks where you live, work, learn and play.
 - Get Involved in preparing your community.

Medication Issues and Concerns [P-PSC 1-1 c, f] [DRX 5-5 F,G]

- Please contact the pharmacy as soon as possible to report medication issues such as adverse effects to your medication or suspected errors.
- Please notify pharmacy within 72 hours if an order is received without a drug monograph or other written information.
- You may contact the pharmacy by phone, writing, and/or via website if you have questions, concerns, or complaints that require assistance. Complaints will be forwarded to management and you will receive a response within 5 business days.
- We want you to be completely satisfied with the care we provide. If you or your caregiver have concerns, please contact the pharmacy by phone, online or in writing to discuss your concerns.
 - Apicha Community Health Pharmacy
Phone: (844)370-6202
Address: 400 Broadway, New York, NY 10013-3698
- If you wish to seek further review of your concern, you may contact:
 - ACHC
 - Website: <https://www.achc.org/complaint-policy-process.html>
 - Telephone: (855) 937-2242 or 919-785-1214 (request Complaints Dept.)
 - URAC
 - Website: <https://www.urac.org/file-a-grievance>
 - Email Address: grievances@urac.org
 - New York State Board of Pharmacy
 - Website: www.op.nysed.gov/opd/
 - Telephone: (800) 442-8106
 - Anyone may file a complaint against a pharmacy, but complaints must be received in writing. A consumer may fill out the online complaint form or call the phone number above to have one mailed to you.

Prescription Transfers [P-PSC 1-1 aiv] [DRX 5-5G]

- 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.

Patient Rights and Responsibilities

As our patient, you have the **RIGHT** to: [DRX2-2A]

- 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 [DRX2-1A]
- 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 [DRX3-4B]
- Receive information about the scope of services that the organization will provide and specific limitations on those services [DRX2-1A]
- Participate in the development and periodic revision of the plan of care [DRX5-4A]
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented [DRX2-6A]
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality [DRX2-2B]
- Be able to identify visiting personnel members through proper identification [DRX2-2B]
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property [DRX2-3A]
- 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 [DRX2-4A]
- Have grievances/complaints regarding treatment or care that is [or fails to be] furnished, or lack of respect of property investigated [DRX2-4A]
- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information [PHI] [DRX2-5A]
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records [DRX2-5A]
- Choose a healthcare provider, including an attending physician, if applicable [DRX2-2B]
- Receive appropriate care without discrimination in accordance with provider's orders, if applicable [DRX2-2B]
- Be informed of any financial benefits when referred to an organization [DRX2-2B]
- Be fully informed of one's responsibilities [DRX2-2B]
- Have personal health information shared with the patient management program only in accordance with state and federal law [PM 2-1 ai]
- Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested [PM 2-1 aii]
- Speak to a health professional [PM 2-1 aiii]
- Receive information about the patient management program [PM 2-1 aiv]
- Decline participation at any point in time [PM 2-1 av]

As our patient, you have the **RESPONSIBILITY** to:

- Give accurate clinical/medical and contact information and to notify the patient management program of changes in this information [PM 2-1 bi] [DRX2-2A.01]
- Notify the treating prescriber of their participation in the services provided by the pharmacy, such as the patient management program [PM 2-1 bii] [DRX2-2A.01]
- Submit forms that are necessary to receive services [DRX2-2A.01]
- Maintain any equipment provided [DRX2-2A.01]
- Notify the organization of any concerns about the care or services provided [DRX2-2A.01]

Website information regarding medication, condition/diagnosis and community and financial resources

[PM 4-1 d, e]

| | |
|---------------------------|---|
| Allergy and Immunology | https://www.aaaaifoundation.org |
| Crohn's Disease | http://www.crohnonline.com http://www.crohnsforum.com |
| Cystic Fibrosis | https://www.cff.org/ |
| Growth Hormone Deficiency | http://www.hgfound.org |
| Hepatitis | http://www.liverfoundation.org http://www.hepatitis-central.com http://www.hepb.org/resources/printable_information.htm |
| HIV | https://www.hiv.gov https://www.cdc.gov/hiv/basics/livingwithhiv/resources |
| IBD | https://www.crohnscolitisfoundation.org |
| Infertility | https://resolve.org |
| Lipid Disorders | https://www.lipid.org/foundations |
| Multiple Myeloma | https://themmrf.org/multiple-myeloma/what-is-multiple-myeloma |
| Multiple Sclerosis | http://www.mymsaa.org http://www.msfocus.org http://www.nationalmssociety.org |
| Neuro Oncology | https://www.soc-neuro- https://www.nccn.org/patients/guidelines/cancers.aspx |
| Oncology/Hematology | https://www.nccn.org/patients/guidelines/cancers.aspx https://www.cancer.org https://www.livestrong.org/we-can-help |
| Psoriasis | http://www.psoriasis.org |
| Pulmonary Hypertension | https://phassociation.org/patients/aboutph |
| Rheumatoid Arthritis | https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Rheumatoid-Arthritis http://www.rheumatoidarthritis.com http://www.arthritis.org |
| Solid Organ Transplant | https://transplantliving.org |
| Stem Cell Transplant | https://www.asbmt.org/patient-education/external-resources |

Emergency/Disaster Preparedness Plan [DRX5-5A] [DRX7-4C]

Apicha Community Health Pharmacy has a comprehensive emergency preparedness plan to help ensure continued treatment during an emergency or disaster such as severe storms, hurricanes, tornadoes, earthquakes, fire and flooding. Our primary goal is to continue to service your prescription needs. When there is a threat of disaster, we will ensure you have enough medication to sustain you.

1. The pharmacy will call you 3-5 days before an anticipated local weather emergency utilizing the weather updates as point of reference.
 - a. If you are not in the pharmacy local area but reside in a location that will experience a weather disaster you are responsible for calling the pharmacy 3-5 days before the occurrence to discuss your medication needs.
2. The pharmacy will send your medication via courier or UPS next day delivery during any suspected weather emergencies.
3. If the pharmacy cannot get your medication to you before a weather emergency occurrence the pharmacy will transfer your medication to a local pharmacy, so you do not go without medication.
4. If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication or visit your local hospital immediately. Go to the nearest emergency room if you are unable to reach the pharmacy and may run out of your medication.

Infection Control [DRX7-1A]

According to the Centers for Disease Control (CDC), the most important step to prevent the spread of germs and infections is hand washing. You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- **Before, during, and after** preparing food
- **Before** eating food
- **Before and after** caring for someone at home who is sick with vomiting or diarrhea
- **Before and after** treating a cut or wound
- **After** using the toilet
- **After** changing diapers or cleaning up a child who has used the toilet
- **After** blowing your nose, coughing, or sneezing
- **After** touching an animal, animal feed, or animal waste
- **After** handling pet food or pet treats
- **After** touching garbage

Proper Hand Washing

Follow these five steps every time you wash your hands:

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.

How to use hand sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

Home Safety Information

Here are some helpful guidelines to help you keep a careful eye on your home and maintain safe habits. The safe way is always the best way to do things. Shortcuts may hurt. Correct unsafe conditions before they cause an accident. Take responsibility. Keep your home safe. Keep emergency phone numbers handy.

Medication

- If children are in the home, store medications and poisons in childproof containers and out of reach
- All medication should be labeled clearly and left in original containers
- Do not give or take medication that were prescribed for other people
- When taking or giving medication, read the label and measure doses carefully and know the side effects of the medication you are taking
- Before administering an injectable medication for yourself or others wash your hands thoroughly and prepare a clean area to give the injection.

Mobility Items

When using mobility items to get around such as canes, walkers, wheelchairs or crutches you should use extra care to prevent slips and falls.

- Use extreme care to avoid using walkers, canes or crutches on slippery or wet surfaces
- Always put the wheelchairs or seated walkers in the lock position when standing up or before sitting down
- Wear shoes when using these items and try to avoid obstacles in your path as well as soft and uneven surfaces

Slips and Falls

Slips and falls are the most common and often the most serious accidents in the home. Here are some things you can do to prevent them in your home.

- Arrange furniture to avoid an obstacle course
- Secure throw rugs or remove them all together
- Install handrails on all stairs, showers, bathtubs and toilets
- Keep stairs clear and well lit
- Place rubber mats or grids in showers and bathtubs
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath or dizziness
- Wipe up all spilled water, oil or grease immediately
- Pick up and keep surprises out from under foot including electrical cords
- Keep drawers and cabinets closed
- Install good lighting to avoid searching in the dark

Lifting

If it is too big, too heavy or too awkward to move alone -GET HELP. Here are some things you can do to prevent low back pain or injury.

- Stand close to the load with your feet apart for good balance
- Bend your knees and straddle the load
- Keep your back as straight as possible while you lift and carry the load
- Avoid twisting your body when carrying a load
- Plan ahead - clear your way

Poisoning

- Keep all hazardous materials and liquids in locked cabinets or out of the reach of children.
- Keep medications out of the reach of children.
- Have a working carbon monoxide detector in your home. The best places for a CO detector are near bedrooms and close to furnaces.
- Remember, if you suspect that you or someone you know has been poisoned, immediately call the toll-free Poison Help line (1-800-222-1222), which connects you to your local poison center.

Electrical Accidents

Watch for early warning signs, overheating, a burning smell, sparks. Unplug the appliance and get it checked right away. Here are some things you can do to prevent electrical accidents.

- Keep cords and electrical appliances away from water
- Do not plug cords under rugs, through doorways or near heaters. Check cords for damage before use
- Extension cords must have a big enough wire for larger appliances
- If you have a broken plug outlet or wire, get it fixed right away
- Use a ground on 3-wire plugs to prevent shock in case of electrical fault
- Do not overload outlets with too many plugs
- Use three-prong adapters when necessary

Smell of Gas

- Open windows and doors
- Shut off appliance involved (You may be able to refer to the front of your telephone book for instructions regarding turning off the gas to your home)
- Don't use matches or turn on electrical switches
- Don't use telephone - dialing may create electrical sparks
- Don't light candles
- Call gas company from a neighbor's home
- If your gas company offers free annual inspections, take advantage of them

Fire

Pre-plan and practice your fire escape. Plan for at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located. Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs. Here are some steps to prevent fires:

- Install smoke detectors as they are your best early warning, test frequently and change the battery every year
- If there is oxygen in use, place a "No Smoking" sign in plain view of all persons entering the home
- Throw away old newspapers, magazines and boxes
- Empty wastebaskets and trashcans regularly
- Do not allow ashtrays or toss matches into wastebaskets unless you know they are out and have been wetted down first or dump into toilet.
- Have your chimney and fireplace checked frequently:
- Look for and repair cracks and loose mortar
- Keep paper, wood and rugs away from area where sparks could hit them
- Be careful when using space heaters.
- Follow instructions when using heating pad to avoid serious burns.
- Check your furnace and pipes regularly
- If nearby walls or ceilings feel hot, add insulation
- Keep a fire extinguisher in your home and know how to use it

If you have a fire or suspect fire

1. Take immediate action per plan - Escape is your top priority
2. Get help on the way - with no delay - **CALL 9-1-1**
3. If your fire escape is cut off, close the door and seal the cracks to hold back smoke and signal help from the window

For more information about the CDC and their mission to protect America from health, safety and security threats, both foreign and in the U.S., please visit: <https://www.cdc.gov/>

Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Supplier Standards

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

Suppliers may download the abbreviated or the full version of the supplier standards by selecting the appropriate attached document.

If suppliers have any questions regarding these standards, please contact the National Supplier Clearinghouse.

1. A supplier must be in compliance with all applicable federal and state licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs or from 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 and must instruct beneficiaries on 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 directly or through a service contract with another company Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number (i.e., the supplier may not sell or allow another entity to use its Medicare billing number).
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include the name, address, telephone number and health insurance claim number of the beneficiary; a summary of the complaint; and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 C.F.R. 424.57(c).
27. A supplier must obtain oxygen from a state-licensed oxygen provider.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f)
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.

30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848 (j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

*Although CMS has revised payment rules for capped rental items, supplier standard 5 still applies for inexpensive and routinely purchased items that do not fall into the capped rental category and applicable capped rental items (i.e. complex rehabilitative power wheelchairs and parental/enteral pumps, etc.).

Notice of Privacy Practices:

Your Rights:

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record:

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or summary of your health information, usually within 10 days of request. We may charge a reasonable, cost based fee.

Ask us to correct your medical record:

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

Request Confidential Communications:

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share:

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we say “no” if it would affect your care.

Get a list of those with whom we’ve shared information:

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide once accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice:

- You can ask for paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- We provide you with a paper copy promptly.

Choose someone to act for you:

- If you have given someone medical power of attorney or if someone is your legal guardian, the person can exercise. Your rights and make choices about your health information.
- We will make sure the person has the authority and can act for you before we take any action.

File a complaint if you feel your rights are violated:

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices:

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

You have both the right and choice to tell us to:

- Share information with your family, close friends, and others involved in your care.
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In case of Fundraising:

- We may contact you for fundraising efforts, but you can tell us not contact you again.

Our Uses and Disclosures:

How do we typically use or share your health information?

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

- **Treat you:** We can use your health information and share it with other professionals who are treating you.
Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- **Run Our Organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.
Example: We use health information about you to manage your treatment and services.
- **Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities.
Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

- **Help with public health and safety issues:** We can share health information about you for certain situations such as: Preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety.
- **Do Research:** We can use or share your information for health research.

- **Comply with the law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **Respond to organ and tissue donation requests:** We can share health information about you with organ procurement organizations.
- **Work with a medical examiner or funeral director:** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Address workers' compensation, law enforcement, and other government requests:** We can use or share health information about you: for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and presidential protective services.
- **Respond to lawsuits and legal actions:** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

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.

Our Responsibilities:

1. We are required by law to maintain the privacy and security of your protected health information.
2. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
3. We must follow the duties and privacy practices described in this notice and give you a copy of it.
4. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html



Acknowledgement of Receipt

PLEASE COMPLETE FORM AND RETURN ENVELOPE PROVIDED.

ACKNOWLEDGMENT OF RECEIPT OF APICHA COMMUNITY HEALTH PHARMACY'S WELCOME PACKET. [DRX5-5F]

Please confirm that you have received and read the attached **Apicha Community Health Pharmacy** Welcome Packet by signing and returning the enclosed postage paid envelope. Completed forms may be mailed, emailed, or faxed to:

Apicha Community Health Pharmacy

Attn: Pharmacy

400 Broadway, New York, NY 10013-3698

Email: ApichaPharmacy@maxor.com

Or fax to: 212-925-7233

I acknowledge I have received and read the Welcome Packet which includes the HIPAA privacy policy, patient bill of rights, CMS supplier standards, hours of operation, how to log a complaint, pharmacy contact information, understand that educational material (e.g. drug monograph) will be provided for dispensed medications, and agree to participate in my plan of care. I have read it carefully and sent it back as requested.

X _____

Signature of Patient or Personal Representative

X _____

Patient Name (Print)

X _____

Personal Representative Name (Print) If Applicable

Zip Code

Date

Please note that information sent through **email** may not be secure. Although it is unlikely, there is a possibility that information you include in an unsecured email can be captured and read by other parties other than the intended recipient. When emailing this form, do not include any personal identifying information such as your birth date, financial information like credit card number or insurance information, or any personal medical information.

Thank you for choosing Apicha Community Health Pharmacy to service all of your pharmacy needs.