



UConn
HEALTH

**Specialty Pharmacy
Patient Welcome Packet**

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Welcome to UConn Health Pharmacy Services Inc.

UConn Health Pharmacy Services Inc. (UConn Health Specialty Pharmacy) understands that your medical needs may be difficult to manage. Our staff is dedicated to working with you, your doctors and nurses, and your family and friends to achieve a fully integrated health care team. Our primary goal is to provide you with quality care.

You Can Expect

- 1 Personalized Care & Regular Follow-Ups:** Our specialty trained staff members will work with you to discuss your treatment plan, and address your questions or concerns. We will be in close contact with you throughout the course of your treatment.
- 2 Benefits:** There may be instances where you are prescribed a medication that your insurance plan may not cover. We will work diligently to lower your drug costs by getting the medication covered, switching to a medication that is covered, or applying valid manufacturer discounts.
- 3 Patient Management Program:** When you are willing to follow the treatment plan determined by your healthcare team, the program is designed to provide benefits such as managing side effects, increasing adherence to drug therapies, and overall improvement of your health. If you no longer wish to participate in our Patient Management Program, you may contact our team by phone to opt-out.
- 4 In-depth Consultation Services**
- 5 Refill Reminder Calls**
- 6 Free FedEx/UPS/Courier Delivery** of your medication upon request
- 7 Prescription Transfer** if UConn Health Pharmacy Services Inc. cannot fulfill the prescription
- 8 24/7 Support**

Pharmacy Location	Contact Information	Hours of Operation
270 Farmington Avenue Farmington, CT	833-777-4276 860-679-4036	Monday-Friday: 8 a.m. - 4:30 p.m.

We look forward to providing you with the best service possible. We know that you have many options and we sincerely thank you for choosing UConn Health Pharmacy Services Inc.

-The UConn Health Pharmacy Services Inc. Team

Important Information

Contact Us When/If...

- You have any questions or concerns about your medication.
- You suspect a reaction or allergy to your medication.
- A change has occurred in your medication use.
- You would like to start taking a vitamin/supplement or any over the counter medication.
- Your contact information or delivery address has changed.
- Your insurance information or payment source has changed.
- You need to check the status of your delivery.
- You need to reschedule or change your delivery.
- You have any questions or concerns about our specialty pharmacy service.

Prescription Transfers

- If you feel that our pharmacy is unable to meet your needs, we can transfer your prescription to the appropriate pharmacy of your choice. All we request, is a phone call from you to inform us where you would like your prescription transferred to.
- 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 prior to transferring your prescription.

Delivery & Storage of Your Medication

- We will deliver medication to your home, doctor's office, or to an alternative location at no cost to you. *Please note, we require a signature for delivery of all controlled substances, refrigerated medications, and high dollar medications.*
- If your medication requires refrigeration, we will ship it in special packaging that will maintain the appropriate temperature throughout the shipping process. Once you receive the package, take the medication out of the box and place it in the refrigerator.
- If the package looks damaged or is not in the correct temperature range, please give the pharmacy a call.

Adverse Drug Reactions

- If you are experiencing adverse effects to your medication, please contact your doctor or our Pharmacy as soon as possible.

Drug Substitution Protocols

- From time to time it is necessary to substitute generic drugs for brand name drugs. This may occur if your insurance company prefers the generic to be dispensed or to reduce your copay.

Payment Policy

- Before your care begins, a staff member will inform you of your financial obligations that are not covered by your insurance or other third-party sources. These obligations include but are not limited to: out-of-pocket costs such as deductibles, copays, co-insurance, and annual out of pocket limits. We will also provide this information if there is a change in your insurance plan.

Insurance Claims

- UConn Health Pharmacy Services Inc. will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you, as necessary, so that we can work together to resolve the issue.

Copayments

- You may be required to pay a part of your medication cost, called a copayment. If you have a copayment, it must be paid at the time of shipping or pick-up unless you would like to be billed by UConn Health Pharmacy Services Inc. We accept checks, Visa®, MasterCard®, American Express®, and Discover®. We can maintain your credit card information on file in a secured environment, if you wish.

Financial Assistance

- We have access to financial assistance programs to help with copayments, and ensure no 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.

Proper Disposal of Sharps

- Place all needles, syringes, and other sharp objects into a sharps container. This will be provided by the Pharmacy if you are prescribed an injectable medication.
- Contact local waste pickup services for their policy on sharps container pickup. You can also check the following websites for additional information:
www.fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/sharps-disposal-containers
www.fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/best-way-get-rid-used-needles-and-other-sharps
www.safeneedledisposal.org

Proper Disposal of Unused Medications

- For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also check the following websites for additional information:
www.fda.gov/consumers/consumer-updates
www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines

Drug Recalls

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

Emergency Disaster Information

- In the event of a disaster in your area, please contact our pharmacy to instruct us on how to deliver your medication. This will ensure your therapy is not interrupted.

Concerns or Suspected Errors

- Patients and caregivers have the right to voice complaints and/or recommendations on services to the pharmacy. Patients and caregivers can do so by phone, fax, in writing, or by email.
- The following organizations are available to contact anytime you feel your complaint was not resolved by the pharmacy:
 - **Connecticut Board of Pharmacy**
Website: portal.ct.gov/DCEP/Drug-Control-Division/Commission-of-Pharmacy/The-Commission-of-Pharmacy
Phone Number: 860-713-6070
 - **URAC Complaint Info**
Website: urac.org/file-a-grievance
Email Address: grievances@urac.org
General Phone Number: 202-216-9010
 - **ACHC Complaint Info**
Website: achc.org/contact/
For further information, you may contact ACHC toll-free at 855-937-2242 or 919-785-1214 and request the Complaints Department

For Additional Information Regarding Your Condition or Diagnosis, You Can Visit the Following Websites:

Condition	Foundation	Website
Cystic Fibrosis	Cystic Fibrosis Foundation	cff.org
Dermatology	National Psoriasis Foundation	psoriasis.org
Gastroenterology	Crohn's and Colitis Foundation	crohnscolitisfoundation.org
Growth Hormone	Endocrine Web	endocrineweb.com
Hepatitis C	American Association for the Study of Liver	hcvguidelines.org
HIV	National Institutes of Health	aidsinfo.nih.gov
Hyperlipidemia	Familial Hypercholesterolemia Foundation	thefhfoundation.org
Multiple Sclerosis	National Multiple Sclerosis Society	nationalmssociety.org
Oncology	American Cancer Society Chemocare	cancer.org/cancer.html chemocare.com
Pulmonology	American Lung Association	lung.org
Rheumatology	American College of Rheumatology	rheumatology.org
Transplant	UNOS National Kidney Foundation	transplantliving.org kidney.org

Emergency & Disaster Preparedness Plan

UConn Health Pharmacy Services Inc. has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include, but are not limited to; fire to our facility, chemical spills in the community, earthquakes, hurricanes, tornadoes and community evacuations. Our primary goal is to continue to service your prescription care needs. UConn Health Pharmacy Services Inc. will contact you prior to any inclement weather or a threat of disaster the city may encounter. However, it is your responsibility to contact the pharmacy prior to any occurrences that may be a threat of disaster or inclement weather in an area you reside, which may be outside of the UConn Health Pharmacy Services Inc. pharmacy area (if permissible). This process will ensure you have enough medication to sustain you.

UConn Health Pharmacy Services Inc. will utilize every resource available to continue to service you. However, there may be circumstances where UConn Health Pharmacy Services Inc. cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local rescue or medical facility. Please read the guide below to aide you in the case of an emergency or disaster:

- 1 The pharmacy will call you 3-5 days before any predicted inclement weather emergency such as a severe snowstorm or hurricane utilizing the weather updates as point of reference.
 - a. If you are not in the Hartford County area and are aware you will be experiencing inclement weather you are responsible for calling the pharmacy 3-5 days before the occurrence.
- 2 The pharmacy will send your medication via courier or FedEx/UPS next day delivery during any suspected inclement weather emergencies.
- 3 If the pharmacy cannot get your medication to you before an inclement weather emergency occurrence the pharmacy will transfer your medication to a local specialty 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. Visit your local hospital immediately if you will miss a dose.
- 5 The pharmacy recommends all patients leave a secondary emergency number. If you have an emergency that is not environmental but personal and you need your medication, please contact the pharmacy at your convenience and we will aide you.

Washing Your Hands

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.

Follow Five Steps to Wash Your Hands the Right Way

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals.

Follow these five steps every time:

- 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.

Use Hand Sanitizer When You Can't Use Soap and Water

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

Sanitizers can quickly reduce the number of germs on hands in many situations. **However,**

- Sanitizers do **not** get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

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 right 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.
- Know the side effects of the medication you are taking.
- Do not throw away outdated medication by pouring down a sink or flushing down the toilet.

Slips and/or Falls

Slip 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.
- 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 your feet, including electrical cords and rugs.
- Keep drawers and cabinets closed.
- Install good lighting.

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 and soft and uneven surfaces.

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.

Electrical Accidents

Watch for early warning signs; overheating, a burning smell or 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 any water or leaks.
- Do not plug cords under rugs, through doorways or near heaters.
Check cords for damage before use.
- Extension cords must have a large enough wire for larger appliances.
- If you have a broken plug outlet or wire, get it fixed immediately.
- Use a grounded 3-wire plug to prevent shock in case of electrical fault.
- Do not overload outlets with too many plugs.
- Use three-prong adapters when necessary.

Smell Gas?

- Open windows and doors immediately.
- Shut off appliance(s) involved. You may be able to refer to the front of your telephone book for instructions regarding turning off the gas to your home.
- Do not use matches or turn on electrical switches.
- Do not use the telephone - dialing may create electrical sparks.
- Do not light candles.
- Call your 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. Look for a plan with 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. They are your best early warning. Test frequently and change the battery every year (or as needed).
- 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. Wet 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 a 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. Signal help from the window.

Patient Bill of Rights & Responsibilities

UConn Health Pharmacy Services Inc. recognizes that patients have inherent rights. Patients who feel their rights have not been respected, or who have questions or concerns, should talk to the pharmacist on duty.

Patients and their families also have responsibilities while under the care of UConn Health Pharmacy Services Inc. to facilitate the provision of safe, high-quality health care for themselves and others. The following patient rights and responsibilities shall be provided to, and expected from, patients or legally authorized individuals.

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

As our patient, you have the right to:

- Select those who provide you with pharmacy services.
- Receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference, or physical or mental handicap.
- Be treated with friendliness, courtesy and respect by each and every individual representing our Pharmacy, who provided treatment or services for you and be free from neglect or abuse, be it physical or mental.
- Assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs, including management of pain.
- Be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services.
- Express concerns, grievances, or recommend modifications to your Pharmacy regarding services or care, without fear of discrimination or reprisal.
- Request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans.
- Receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our Pharmacy's policies, procedures and charges.
- Request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality.

As our patient, you have the right to (continued):

- Be given information as it relates to the uses and disclosure of your plan of care.
- Have your plan of care remain private and confidential, except as required and permitted by law
- Receive instructions on handling drug recall.
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information; PHI will only be shared with the Medication Management Program in accordance with state and federal law.
- Receive information on how to access support from consumer advocates groups.
- Receive pharmacy health and safety information to include consumers rights and responsibilities.
- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
- Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible.
- Receive information about the scope of services that the organization will provide and specific limitations on those services.
- Participate in the development and periodic revision of the plan of care.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable.
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.
- Can identify visiting personnel members through proper identification.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
- Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information.
- Be advised on agency's policies and procedures regarding the disclosure of clinical records.
- Choose a health care provider, including choosing an attending physician, if applicable.
- Receive appropriate care without discrimination in accordance with physician orders, if applicable.
- Be informed of any financial benefits when referred to an organization.
- Be fully informed of one's responsibilities.

As a patient, you have the responsibility to:

- Provide accurate and complete information regarding your past and present medical history and contact information and any changes.
- Agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments.
- Participate in the development and updating of a plan of care.
- Communicate whether you clearly comprehend the course of treatment and plan of care.
- Comply with the plan of care and clinical instructions.
- Accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services.
- Respect the rights of Pharmacy personnel.
- Notify your physician and the Pharmacy with any potential side effects and/or complications.
- Notify UConn Health Pharmacy Services Inc. by telephone when medication supply is running low so refill maybe shipped to you promptly.
- Maintain any equipment provided.

Specialty Pharmacy patients have the below additional rights and responsibilities:

- 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 program's staff members, including their job title, and to speak with a staff member's supervisor if requested.
- The right to speak to a health care professional.
- The right to receive information about the patient management program.
- The right to decline participation, revoke consent or dis-enroll at any point in time.
- 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 prescriber of their participation in the medication management program.

Medicare DMEPOS Supplier Standards

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

- 1 A supplier must 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 A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
- 4 A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
- 5 A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
- 6 A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
- 7 A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
- 8 A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
- 9 A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.

Medicare DMEPOS Supplier Standards (continued)

- 10 A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
- 11 A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR§ 424.57 (c) (11).
- 12 A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
- 13 A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
- 14 A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
- 15 A supplier must accept returns of substandard (less than full quality for the 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 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 for those specific products and services (except for certain exempt pharmaceuticals).

Medicare DMEPOS Supplier Standards (continued)

- 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 CFR § 424.57 (d).
- 27 A supplier must obtain oxygen from a state-licensed oxygen supplier.
- 28 A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
- 29 A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
- 30 A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by UConn Health Pharmacy Services Inc are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g, honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gov>. Upon request we will furnish you a written copy of the standards.

Enrollee's Name (optional): _____

Drug and Prescription Number (optional): _____

Medicare Prescription Drug Coverage & Your Rights

Your Medicare Rights

You have the right to request a coverage determination from your Medicare drug plan if you disagree with information provided by the pharmacy. **You also have the right to request a special type of coverage determination called an “exception”** if you believe:

- you need a drug that is not on your drug plan’s list of covered drugs. The list of covered drugs is called a “formulary;”
- a coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- you need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price.

What You Need to Do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan’s toll-free phone number on the back of your plan membership card, or by going to your plan’s website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

- 1 The name of the prescription drug that was not filled. Include the dose and strength, if known.
- 2 The name of the pharmacy that attempted to fill your prescription.
- 3 The date you attempted to fill your prescription.
- 4 If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan’s notice will explain why coverage was denied and how to request an appeal if you disagree with the plan’s decision.

Refer to your plan materials or call 1-800-Medicare for more information.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0975. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call 1-800-MEDICARE.

Form CMS -10147
(Expires: 02/28/2021)

OMB Approval No. 0938-0975



Specialty Pharmacy
Expires 05/01/2024

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. EFFECTIVE DATE OF ORIGINAL NOTICE: APRIL 14, 2003. REVISION DATE: SEPTEMBER 23, 2013

WHO WILL FOLLOW THIS NOTICE: The University of Connecticut Health Center entities listed below will follow the terms of this Notice. In addition, these entities may share medical, dental and billing information with each other for treatment, payment or health care operations purposes described in this Notice.

- John Dempsey Hospital, including all outpatient locations both on and off campus.
- University of Connecticut School of Medicine
- All University of Connecticut Medical Group (UMG) practice sites, both on and off campus
- All School of Dental Medicine practice locations and clinics, both on and off campus, and University Dentists.

OUR PLEDGE REGARDING MEDICAL/DENTAL INFORMATION: We understand that medical/dental/billing information about you and your health is personal and confidential. In this Notice, such information is referred to as "protected health information." We are committed to protecting this information about you. We create a record of the care and services you receive at the Health Center. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the Health Center, and any records contained within your medical/dental/billing record here. This Notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of this information.

We are required by law to:

- Make sure that protected health information that identifies you is kept private;
- Notify you of the Health Center's legal duties and privacy practices with respect to protected health information about you;
- Notify you of a breach of your protected health information, if such breach occurs; and
- Follow the terms of this Notice.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION: The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your protected health information will fall within one of the categories.

For Treatment: We may use protected health information about you to provide you with treatment or services. We may disclose this information about you to doctors, dentists, nurses, technicians, students, or other Health Center personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments or sites of the Health Center also may share protected health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose protected health information about you to people outside the Health Center who may be involved in your continued care, such as family members, nursing service providers or others we use to provide services that are part of your care. If we are permitted to do so, we may also disclose or allow electronic access to your protected health information to a health care provider you designate for follow-up care, care coordination, discharge planning and for other treatment purposes.

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

For Health Care Operations: We may use and disclose protected health information about you for health care operations at the Health Center. These uses and disclosures are necessary to run UConn Health Center and make sure that all of our patients receive quality care. For example, we may use protected health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine protected health information about many Health Center patients to decide what additional services the Health Center should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, dentists, nurses, technicians, students, and other Health Center personnel for review and learning purposes. We may also combine the information we have with information from other providers of care to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of protected health information so others may use it to study health care and health care delivery without learning who the specific patients are.

Business Associates: There may be some services provided by our business associates, such as a billing service, transcription company or legal or accounting consultant. We may disclose your protected health information to our business associate so that they can perform the job we have asked them to do. To protect your information, we require our business associates to enter into a written contract that requires them to appropriately safeguard your information.

Appointment Reminders: We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or care at the Health Center.

Treatment Alternatives: We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you.

Fundraising Activities: We may contact you in an effort to raise money for the Health Center and its operations. We may disclose information about you to The University of Connecticut Foundation, Inc., so that they may contact you to raise money for the Health Center. The Foundation has been designated with the primary responsibility for all fundraising for the benefit of the University. The information released would only include your name, address, telephone number, other contact information, age, gender, date of birth, insurance status, dates of service or

treatment at the Health Center, department of service, treating physician and outcome information. If you do not want the Health Center to release this information about you for fundraising efforts, you must notify the University of Connecticut Foundation, Inc. at 1-800-269-9965 or www.foundation.uconn.edu.

Hospital Directory: We may include certain limited information about you in the John Dempsey Hospital patient Directory while you are a patient at the hospital. This information may include your name, location in the hospital and your religious affiliation. Patients in the psychiatric units are not included in the hospital's directory. The information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital. If you don't wish to be included on our patient list, please notify the unit manager or designee.

Individuals Involved in Your Care or Payment for Your Care: We may release protected health information about you to a friend or family member that you indicate is involved in your care or the payment for your care unless you object in whole or in part. Information is not released routinely about patients on the Health Center's psychiatric units.

Disaster Relief: We may disclose this information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research: Under certain circumstances, we may use and disclose protected health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of your information, trying to balance the research needs with patients' need for privacy of their protected health information. Before we use or disclose information for research, the project will have been approved through this research approval process. We may, however, disclose protected health information about you to people preparing to conduct a research project. For example, this information may help researchers look for patients with specific medical needs. This information will remain within the Health Center. We will ask for your specific permission to give a researcher your name, address or other information that reveals who you are. In rare cases, your permission may be waived as directed by federal, state, and local law.

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

To Avert a Serious Threat to Health or Safety: We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to help prevent the threat.

SPECIAL SITUATIONS:

Organ and Tissue Donation: We may use or disclose protected health information to organ procurement organizations or other entities engaging in the procurement, banking or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye, or tissue donation and transplantation.

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

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

Public Health Risks: We may disclose protected health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child or elder abuse;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

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

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order, or to comply with a subpoena, court order, or other lawful process by someone else involved in the dispute, provided that the request meets all of the legal requirements and is valid.

Law Enforcement: We may release protected health information:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a victim or the suspected victim of a crime.
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the Health Center; and
- In certain circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

Coroners, Medical Examiners and Funeral Directors: We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the Health Center to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. • Protective Services for the President and Others: We may

disclose protected health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Patients Under Custody of Law Enforcement: If you are under the custody of a law enforcement official we may release protected health information about you to the law enforcement official. This release would be necessary for the Health Center to provide you with health care and/or to protect your health and safety or the health and safety of others.

Proof of Immunization: We may disclose immunization records to a school about a child who is a student or prospective student of the school, as required by state or other law, if authorized by the parent/guardian, emancipated minor or other individual as applicable.

SPECIAL RULES REGARDING DISCLOSURE OF BEHAVIORAL HEALTH, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION: For disclosures concerning protected health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment, special restrictions may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign a special authorization or a court orders the disclosure.

Behavioral Health Information: Certain behavioral health information may be disclosed for treatment, payment and health care operations as permitted or required by law. Otherwise, we will only disclose such information pursuant to an authorization, court order or as otherwise required by law. For example, all communications between you and a psychologist, psychiatrist, social worker and certain therapists and counselors will be privileged and confidential in accordance with State and Federal law.

Substance Abuse Treatment Information: If you are treated in a specialized substance abuse program, the confidentiality of alcohol and drug abuse patient records is protected by Federal law and regulations. Generally, we may not say to a person outside the program that you attend the program, or disclose any information identifying you as an individual being treated for drug or alcohol abuse, unless:

1. You consent in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of these Federal laws and regulations by us is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the substance abuse program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

HIV-Related Information: We may disclose HIV-related information as permitted or required by State law. For example, your HIV-related information, if any, may be disclosed without your authorization for treatment purposes, certain health oversight activities, pursuant to a court order, or in the event of certain exposures to HIV by personnel of the Health Center, another person, or a known partner (if certain conditions are met).

Minors: We will comply with State law when using or disclosing protected health information of minors. For example, if you are an unemancipated minor consenting to a health care service related to HIV/AIDS, venereal disease, abortion, outpatient mental health treatment or alcohol/drug dependence, and you have not requested that another person be treated as a personal representative, you may have the authority to consent to the use and disclosure of your health information.

USES AND DISCLOSURES THAT REQUIRE YOUR PRIOR AUTHORIZATION: Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose protected health information about you, you may revoke it, in writing, at any time. If you revoke it, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization, unless required by law. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you. Examples of when an authorization from you may be required include the following:

Psychotherapy Notes: A signed authorization is required for the use or disclosure of psychotherapy notes except for use by the originator of the psychotherapy note in order to treat you, or for our mental health training programs, or to defend ourselves in a legal action or other proceeding.

Marketing: A signed authorization is required for the use or disclosure of your protected health information for a purpose that encourages you to purchase or use a product or service except for certain limited circumstances such as when the marketing communication is face-to-face or when marketing includes the distribution of a promotional gift of nominal value provided by the Health Center.

Sale of Protected Health Information: Except when permitted by law, we will not sell your protected health information unless we receive a signed authorization from you.

Uses and Disclosures Not Described in this Notice: Unless otherwise permitted by Federal or State law, other uses and disclosures of your protected health information that are not described in this Notice will be made only with your signed authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:

Right to Inspect and Copy: You have the right to inspect and have copied protected health information that may be used to make decisions about your care. You also have the right to obtain an electronic copy of any of your protected health information that we maintain in electronic format. To inspect and have copied protected health information about you, you must submit your request in writing to the Director of the Health Information Management Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will respond within 30 days of receiving your written request. We may deny your request to inspect and copy in certain very limited circumstances and we will provide you the reason for the denial. In certain circumstances, if you are denied access to your information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Health Center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Correct or Update: You have the right to correct information in your medical record. If you believe there is missing or incorrect information, you may ask us to correct or update the

information; however, we cannot delete information from your record. You have the right to request this for as long as the information is kept by or for the Health Center. To request a correction or update, your request must be made in writing on our form, with a reason to support the request, signed by you, and submitted to the Director of the Health Information Department. We will respond within 60 days of receiving your written request. We may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

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

Right to a List of Disclosures We Have Made About You: You have the right to request a list of the disclosures of your protected health information made by us. This list does not include disclosures for treatment, payment and health care operations or certain other exceptions. To request this list of disclosures, you must submit your request in writing to the Director of the Health Information Management Department. Your request must state a time period, which may not be longer than six years prior to the date of your request. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of costs involved and you may alter your request before any costs are incurred. Please note that at times, companies we work with (called "business associates") may have access to your protected health information. When you request an accounting of disclosures from the Health Center, we may provide you with the accounting of disclosures or the names and contact information of our business associates, so that you may then contact them directly for an accounting of disclosures.

Effective January 1, 2014, where required by law, when you request a list of disclosures of protected health information that is maintained in an electronic health record, the accounting will be for three years prior to the date of the request, and will include disclosures made for purposes of treatment, payment and health care operations in addition to those disclosures listed in our policy regarding accounting of disclosures.

Right to Request Restrictions: You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the protected health information we disclose about you to a person who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to these types of requests; however, if we do agree, we will comply with your request unless the disclosure is needed to provide you emergency treatment. You may restrict the disclosure of your protected health information to a health plan (other than Medicaid or other federal health care program that requires the Health Center to submit information) and the Health Center must agree to your request (unless we are prohibited by law from doing so), if the restriction on disclosure is for purposes of payment or other health care operations (but not treatment) and if you paid out of pocket, in full, for the item or service to which restriction on disclosing the protected health information pertains. If those two conditions are not met, we are not required to agree to your requested restriction. To request a restriction of disclosure to a health plan, you must make your restriction request known at the time of service and complete and sign our restriction form. Either you or the Health Center may terminate any restriction on the disclosure of your protected health information by notifying the other party in writing of the termination. The termination of the restriction will apply only to use and/or disclosure of protected health information after the termination date.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request at the time of registration at the doctor's office or by calling the Registration Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Request Transmission of Your Protected Health Information in Electronic Format: You may direct us to transmit an electronic copy of your protected health information that we maintain in electronic format to an individual or entity you designate. To request the transmission of your electronic health information, you must submit the request in writing on our form, to the Director of the Health Information Management Department.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website, www.uchc.edu. You may obtain a paper copy of this Notice at any location where you receive care. We will ask that you acknowledge receipt of this Notice in writing.

CHANGES TO THIS NOTICE: We reserve the right to change this Notice and to make the revised or changed Notice effective for protected health information we already have about you as well as any such information we receive in the future. We post copies of the current Notice in all Health Center locations where you may receive care. The effective date of the Notice is contained on the first page. In addition, each time you register at or are admitted to the Health Center for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current Notice in effect.

QUESTIONS ABOUT THIS NOTICE: You may refer questions about this Notice to your health care provider. Remaining questions may be referred to the Health Center's Privacy Officer.

COMPLAINTS: You will not be penalized for filing a complaint. If you believe your privacy rights have been violated, you may file a complaint with the Health Center or with the Secretary of the United States Department of Health and Human Services (DHHS) Office for Civil Rights (OCR).

- To file a complaint with the Health Center, contact the Privacy Officer at 860-679-4180. All complaints must be submitted in writing.
- To file a complaint with the DHHS, you must file in writing (electronic or paper), within 180 days of when you knew, or should have known of the problem.
- Send written complaints to: DHHS Regional Manager for Region I, Office for Civil Rights U.S. Department of Health and Human Services Government Center J.F. Kennedy Federal Building - Room 1875 Boston, Massachusetts 02203
- You may file electronic complaints with the DHHS OCR via their web portal or via email which can be found on their website.