

# Your Specialty Pharmacy

## WELCOME PACKET



This packet contains important information.  
Please keep it in a safe place.

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## Welcome Packet

Welcome to the University Hospitals Specialty Pharmacy. Our service is designed to help patients who are taking complex, high-cost medications also known as “specialty medications.”

## What is a specialty pharmacy?

A specialty pharmacy fills prescriptions for certain complex, high-cost medications and therapies. And, unlike retail pharmacies, specialty pharmacies also provide a wide range of services to support you based on your unique needs. We work directly with your physician and insurance provider to ensure that you have access to the right medications.

## We are here to help!

Starting a new treatment can be overwhelming and confusing. At UH Meds Specialty Pharmacy, we have a team and resources in place to maximize your comfort and give you peace of mind.

Our fully integrated team of clinical pharmacists, clinical specialists and certified pharmacy technicians works together to help you manage your complex treatment plan. We also communicate with your physician and nursing staff to ensure optimal patient care, help you manage any side effects you may experience and process medication refills. We are available to answer any questions or concerns that you may have. Best of all, we deliver the personalized care and attention you have come to know and expect from University Hospitals.

## Quality and Accreditation

University Hospitals Specialty Pharmacy is proud to be dually accredited by the URAC and the ACHC (Accreditation Commission for Health Care). Both URAC & ACHC hold our pharmacy to a set of standards of excellence in patient care, management and continuous quality improvement.

These achievements display University Hospitals’ unwavering commitment to adhere to high standards and provide exemplary health care to our patients. This outstanding dedication to our patients and employees is just one of the many ways in which they strive for the highest quality care that is focused on the best outcomes.



## Contact Information

You can pick up your prescriptions in person or have them delivered directly to your home. Please use the phone numbers listed below if you have any questions about your medication(s), to order refills and to make arrangements for medication delivery.

### Pharmacy Care Team

216-765-2784

Available Monday – Friday, 8 a.m. – 5 p.m.

- William Kupka, *PharmD, BCPS, 340B ACE; Pharmacy Director*
- Alicia Bowman, *PharmD, RPh Pharmacy Manager*
- Timothy Blake, *CPhT, MBA Business Manager*
- Kristen Kissling, *PharmD, RPh, CSP Specialty Pharmacy Manager*

### On-Call Emergency Services

Available 24 hours a day, seven days a week

216-765-2784

Toll-Free Number

1-800-552-8442

### It is very important that you contact us immediately if:

- You are admitted to the hospital
- Your insurance coverage changes
- You change physicians
- Your medications change

We are here to answer your questions.  
Please don't hesitate to call us.

### State Boards of Pharmacy Contact Numbers

Ohio

614-466-4143

Pennsylvania

717-783-7156

New Jersey

973-504-6450

Florida

850-245-4474

Arizona

602-771-2727

## Pharmacy Hours and Location

We are conveniently located in Warrensville Heights with easy access to I-480 and I-271. In addition to the regular business hours listed below, we offer on-call services 24/7.

### Regular Business Hours

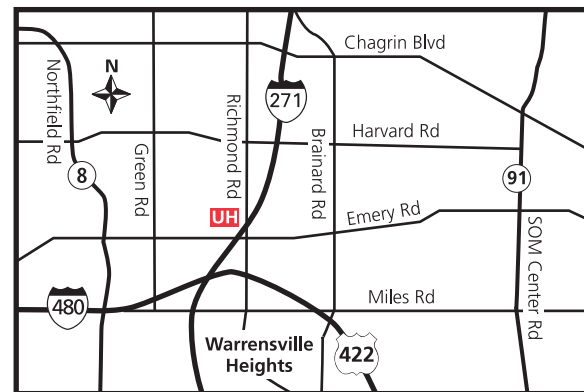
Monday – Friday, 8:30 a.m. – 5 p.m.

Tel: 216-765-2784

Toll-Free: 833-473-3455

Fax: 216-201-7760

### Business Location



### UH Meds Specialty Pharmacy Services

4510 Richmond Road

Warrensville Heights, Ohio 44128

### Visit Us Online

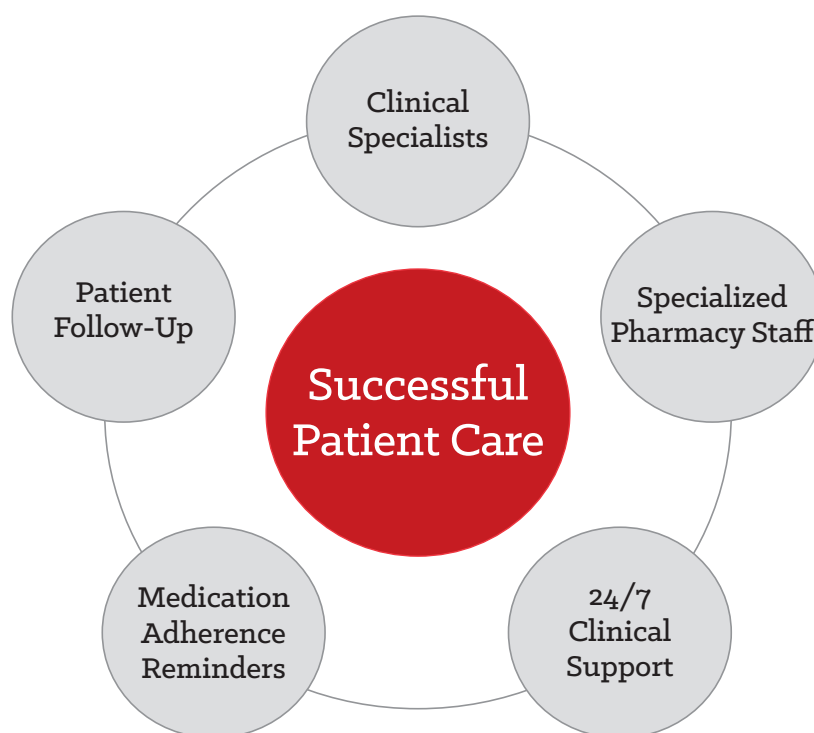
[UHhospitals.org/SpecialtyPharmacy](http://UHhospitals.org/SpecialtyPharmacy)

## Services Offered

The UH Meds Specialty Pharmacy provides access to specialized pharmacists and technicians who are knowledgeable about specialty medications and their side effects.

### Our services include:

- Prior authorization with insurance providers
- Free medication delivery directly to your home
- Formulary management
- Dosing reminders (medication-specific adherence tools)
- Refill reminders from your pharmacy technicians
- Side effect management
- Patient follow-up throughout treatment cycles
- Copay assistance
- 24/7 clinical support



## Supported Conditions

We currently offer pharmacy support for many different medical conditions, including but not limited to:

- Anemia
- Asthma
- Cancer
- Crohn's disease
- Cystic fibrosis
- Fertility services
- Growth hormone deficiency
- Hepatitis B
- Hepatitis C
- Immune disorders
- Multiple sclerosis
- Osteoarthritis
- Osteoporosis
- Psoriasis
- Psoriatic arthritis
- Rheumatoid arthritis
- Transplant

We expect to add more conditions to this list, as the demand for specialty pharmacy services continues to grow.

# Obtaining Medications and Services

## How to Fill a New Prescription

Your prescriber will send a copy of your new prescription to the UH Specialty Pharmacy. If you have any questions regarding your prescriptions, please contact the pharmacy at **216-765-2784**.

## Delivery of Your Medications

If you would like your medications delivered to your home, we will set up the delivery. We will also send any additional supplies that you may need. This may include needles, syringes and alcohol swabs. Some medications require a signature at delivery. Our team will make sure that you know if your medication delivery requires a signature. The team will make every effort to make the process easy for you.

## Ordering Refills

A member of our team will call you before your medication runs out. He or she will answer any questions you may have and help you with the refill process.

## Pharmacist Assistance

The pharmacists at the UH Specialty Pharmacy are trained experts on the medications you are taking. They are available to answer any questions you may have 24 hours a day, seven days a week.

In case of an emergency, call 9-1-1.

## Patient Management Programs

The UH Meds Specialty Pharmacy team can provide patient education about how and when to take your medications and any potential side effects. This is a completely voluntary service and is provided at no additional cost.

## Medication Substitutions

The pharmacist will substitute a generic and therapeutically equivalent drug for the drug specified on the prescription as long as the price of the substituted drug does not exceed the price of the drug specified by the practitioner. Medication substitutions will not be made if the practitioner indicates "dispense as written", "DAW", "brand", or "brand necessary" on the signed prescription. Medication substitutions are only permitted when a generic medication is deemed to be therapeutically equivalent by the FDA. A patient may also request a brand medication to be dispensed but it may have a much higher copay.

## Transferring Prescriptions

University Hospitals Home Care-Specialty Pharmacy Services has access to and stocks a wide range of specialty medications. If we are unable to obtain your medications due to manufacturer restrictions, back order, or other limitations, we will work with you and another pharmacy to ensure you receive your prescription medication.

If you prefer to use another pharmacy to receive your medication, we will transfer the prescription to a pharmacy of your choice upon request.

## Medication Recalls

If there is a recall on one of your medications, we will follow these steps:

- Review our inventory and records to see if we have the medication in stock.
- Remove and quarantine any stock of the medication in the dispensary.
- Follow the steps recommended by the manufacturer and document the steps with the date completed and signature of the person completing the form.
- Contact any patient that may have potentially received the recalled medication and their prescriber if necessary.



## The Billing Process

### **UH Meds Specialty Pharmacy Payment Line: 216-378-8555**

The UH Specialty Pharmacy works together with your insurance company to get the best financial results for you.

If your insurance company does not cover the entire amount, you will be responsible for the rest of the cost. This cost is called a copayment or copay. We will tell you the exact amount you need to pay. We will help you make your therapy plan as affordable as possible.

If you are experiencing any financial burdens, we will help you explore options. We have relationships with different pharmaceutical companies as well as many foundations that provide funding for specialty medications.

## Additional Tools and Resources

Below are some tips to help manage your new medication(s).

### **Keep Your Medication List Current**

Write down a list of all current medications, including over-the-counter medications, vitamins and supplements. Having an up-to-date list will help your health care providers determine certain treatment plans and avoid any unwanted drug interactions.

### **Remembering to Take Your Medication**

- Pillboxes can help you stay organized with your medications. Fill your pillbox at the beginning of each week. The pharmacy staff can always help you set up your pillbox if needed.
- Set an alarm to remind you when to take your medications. Or send yourself reminder emails to maintain your medication schedule.
- Ask for help! We are all here to help make your treatment experience the best it can be.

## Patient Safety

### Hand-Washing Instructions

The best way to prevent infection is to wash your hands. Germs are all around us, including on the body. The hands are especially likely to gather germs. Always wash your hands before and after you prepare or handle any medication(s).

Follow these simple steps for proper hand-washing:

- Wet hands with warm water.
- Place a small amount of soap on hands.
- Rub hands together for at least 30 seconds. Make sure to clean under the nails and between the fingers.
- Rinse hands with warm running water.
- Dry with a paper towel or a clean cloth.

### Hand Sanitizers

Alcohol-based hand sanitizers can quickly reduce the number of germs when soap and water are not available.

To use:

- Apply a small amount of hand sanitizer to the palm of one hand.
- Rub your hands together until they are dry. Be sure to cover all the surfaces of your hands.

**NOTE:** Hand sanitizers are not effective when hands are visibly dirty.

### Adverse Drug Reactions

If you are experiencing any adverse drug reactions, acute medical symptoms or other issues, contact your doctor or local emergency room, or call 9-1-1.

## Biomedical Waste Disposal at Home

Biomedical waste generated at home includes syringes, lancets and sharps (needles) that you use to either inject medication(s) or draw blood. In order to keep you, your family and the environment clean and safe, special care must be taken when disposing of these items.

Please follow these simple rules to ensure your safety:

### Sharps

Place ALL needles, syringes and lancets into a sharps container after use. If a sharps container is not available, you can use a hard plastic or metal container with a securable lid such as an empty liquid detergent container or an empty coffee can with a lid. Do not fill containers more than three-quarters and do not use clear plastic or glass containers.

Reinforce the lid with heavy-duty tape before discarding. Never flush sharps down the toilet or dispose of them unsealed in your trash.

### Disposal

We recommend that you contact your local waste collection service or public health department to confirm that these disposal procedures are acceptable in your area. You may also check with your doctor's office about the possibility of disposing of your sharps containers in his or her office at your next appointment.

For additional information regarding safe needle disposal processes, please visit the Centers for Disease Control and Prevention (CDC) website at [www.cdc.gov/niosh/stopsticks/default.html](http://www.cdc.gov/niosh/stopsticks/default.html).

### Needle Safety

- Never replace the cap on needles
- Throw away needles in a sharps container immediately after use
- Report all needle sticks or sharps-related injuries to your doctor right away





## Home Safety – Patient Education

Below are a few easy tips to make your home safe, decrease hidden hazards and help prevent injuries within your home.

### Falling

Falling is the most common injury in the home. Taking certain medications can cause dizziness and make you unsteady on your feet, increasing the risk for falls. It is important to prepare your home in advance to reduce the chance of serious injury. Some suggestions include:

- Keep the floors clean and clean up any spills quickly
- Avoid using throw rugs
- Be sure to have a non-slip bathmat in the shower or tub
- Keep electrical, telephone and computer cords out of walkways
- Make sure that all steps and stairs have handrails
- Have all walkways well lit and use nightlights as needed
- Always have a working flashlight available

### Patients Receiving Infusion Therapy

The UH Meds Specialty Pharmacy will make every effort to deliver your supplies and medications if a winter storm warning is in place. Go to the nearest hospital for assistance if the power fails.

### Poisoning

Medications can be dangerous when they are not taken as directed and should only be taken by the person named on the prescription. It is important to store medications properly to avoid any poisoning accidents.

- Store medications in their original containers and out of reach of children
- Use child-resistant packaging and replace caps tightly
- Never refer to medications as “candy” in front of children
- If a poisoning is suspected, dial 1-800-222-1222 for Poison Control

## Emergency Preparedness

Here are some tips for planning ahead in case of an emergency situation:

- Know the evacuation routes in your area
- Have emergency or first-aid kits available in your home and car
- Keep extra water bottles and nonperishable snacks on hand
- Maintain an up-to-date emergency contact list
- Keep your medications stocked and stored in a safe place
- Store important documents in a safe place

More information about emergency preparedness is available at [www.redcross.org](http://www.redcross.org).

In case of an emergency, please call the local police or dial 9-1-1.

## Fire

- If you are on oxygen, turn it off
- Rescue anyone from immediate danger, including yourself, and evacuate the area
- Once you are in a safe place, alert the fire department

You should only attempt to extinguish a fire if it is very small and in a localized area. In most cases, the safest and smartest thing to do is get out and call for help.

If relocation is necessary and your address changes either temporarily or permanently, please contact the UH Meds Specialty Pharmacy with your updated contact information and address so there will not be any lapse in your medication deliveries.

## Power Outage

- If there is a loss of power, notify the gas and electric company
- Make sure to have a flashlight and fresh batteries available
- If you are on oxygen, make sure to turn it off before lighting any candles

## Winter Storm

- Prepare an emergency kit that includes:
  - Water
  - Nonperishable foods
  - Flashlight and batteries
  - First-aid kit (including prescriptions)
- Make sure that your cell phone is fully charged.
- Do NOT use your stove for heat. If you lose power, use extra blankets, sleeping bags, winter clothing or a wood-burning fireplace for warmth.
- Never use a charcoal grill or portable gas camping stove inside your home. These items can produce deadly fumes.
- Do not leave any lit candles unattended.

## Burn Prevention

- Be sure that you have a working smoke detector on each level of your home. Batteries should be replaced at least twice a year – many people like to do this when the time changes in the spring and fall.
- Have a fire safety plan and share it with anyone who lives in the home.
- Don't set your water heater higher than 120 degrees Fahrenheit.
- Keep matches and lighters out of reach of children.
- Do not leave any open flames (candles, fireplaces) unattended.

## Natural Disasters (Flood, Tornado or Earthquake)

- Keep a supply of bottled water and nonperishable foods on hand.
- Make sure to have a flashlight and fresh batteries available.
- Stay away from any broken glass, windows or water leaks. Always wear shoes to prevent injury.
- Evacuate the area, when necessary for safety.
- If relocation is necessary and your address changes either temporarily or permanently, please contact the UH Meds Specialty Pharmacy with your updated contact information and address so there will not be any lapse in your medication deliveries.

# UH Notice of Privacy Practices

## Effective Date: September 23, 2013

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

If you have any questions about this Notice or would like to file a privacy-related complaint, please contact our Privacy Officer:

### UH Privacy Officer

UH Management Services Center  
3605 Warrensville Center Road  
Mail Stop # MSC 9105  
Shaker Heights, Ohio 44122  
Phone: 216-286-6362 or 1-800-227-6934  
E-Mail: Compliance@UHhospitals.org

## About this notice

University Hospitals (“UH,” “we,” “our,” or “us”) is committed to protecting your medical information (“Medical Information”). This Notice tells you how we may use and disclose your Medical Information. It also describes your rights regarding your Medical Information. We are required by law to maintain the privacy of your Medical Information; give you this Notice of our legal duties and privacy practices regarding your Medical Information; notify you following a breach of your unsecured Medical Information; and follow the terms of our current Notice. The privacy practices described in this Notice will be followed by all health care professionals, employees, medical staff, trainees, students, and volunteers of the UH System. At the end of this Notice, you can find a list of the entities in the UH System that follow this Notice and have agreed to participate as an organized health care arrangement. A copy of this Notice, as well as specific information about each participant in the UH System, is also listed on our website, UHhospitals.org.

## UH may use and disclose your Medical Information in the following ways:

The following categories describe different ways that we use and disclose Medical Information without your written permission. A “use” of your Medical Information means sharing, accessing, or analyzing Medical Information within the UH System. A “disclosure” of your Medical Information means sharing, releasing, or giving access to your Medical Information to a person or company outside UH. Not every use or disclosure in a category will be listed. However, all of the ways that we are allowed to use or disclose your Medical Information should fall within one of these categories:

**Treatment** We may use and disclose your Medical Information to give you medical care. For example, we may use your Medical Information to write a prescription or treat an injury. We may also share Medical Information about you for treatment purposes with other people or entities in the UH System. To coordinate the different things you need, such as x-rays, lab work, or prescriptions, we may also disclose Medical Information to non-UH health care providers.

**Payment** We may use and disclose your Medical Information to bill and be paid for your treatment. For example, we may give your health insurer information about your treatment so your insurer can pay for it. If a bill is overdue, we may give Medical Information to a collection agency to help collect payment. We may also provide Medical Information to other health care providers, such as ambulance companies, to assist in their billing efforts.

**Health Care Operations** We may use and disclose Medical Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for management purposes. For example, we may use Medical Information to check how well our staff cared for you. We also may disclose information to students for educational purposes. The entities and individuals covered by this Notice also may share information with each other for their joint health care operations.

**Appointment and Medication Reminders/Treatment Options/Health-Related Benefits and Services** We may use and disclose Medical Information to contact you with appointment or medication reminders. You may request that we provide such reminders in a certain way or at a certain place. We will try to honor all reasonable requests. We may also communicate to you by newsletters, mailings, e-mail, or other means about treatment options, health-related information, disease-management programs, wellness programs or other community-based activities in which UH participates.

**Patient Directory** We may compile the following directory information about patients receiving inpatient or outpatient services at our hospitals: name; location; general condition; and religious affiliation. This information may be disclosed to clergy or, except for religious affiliation, to any person who asks for a patient by name. You may request that any or all of this information not be disclosed by notifying Patient Access Services at the time you register.

**Individuals Involved in Your Care or Payment for Your Care** We may disclose Medical Information to a person who is involved in your medical care or helps pay for your care, such as a family member or friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

**Business Associates** We may disclose Medical Information to third parties so that they can perform a job we have asked them to do. For example, we may use another company to perform billing services on our behalf. All of these third parties are required to protect the privacy and security of your Medical Information.

**Fundraising** We may contact you to provide information about UH-sponsored activities, including fundraising. To do so, we may use your contact information, demographic information, dates of service, department of service, treating physician, health insurance status, and outcome information. You have the right to opt-out of future fundraising communications. We will process your request promptly but may not be able to stop contacts that were initiated prior to receiving your opt-out request.

**Lawsuits and Disputes** If you are involved in a lawsuit or a dispute, we may disclose Medical Information in response to a court or administrative order. Under certain circumstances, we also may disclose Medical Information in response to a subpoena or discovery request by someone else involved in the dispute.

**Personal Representative** If you have a personal representative, such as a legal guardian, we will treat that person the same as you with respect to disclosures of your Medical Information. If you die, we may disclose Medical Information to an executor or administrator of your estate to the extent that person is acting as your personal representative.

**Research** Under certain circumstances, we may use and disclose Medical Information for research purposes. All UH research is approved through a special review process to protect patient safety, welfare and confidentiality. This process evaluates a proposed research project and its use of Medical Information to balance the benefits of research with the need for privacy of Medical Information. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for similar purposes, so long as they do not remove or take a copy of any Medical Information.

**As Required by Law** We will disclose your Medical Information when required to do so by international, federal, state or local law.

**To Avert a Serious Threat to Health or Safety** We may use and disclose Medical Information when necessary, in our professional judgment, to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Public Health Purposes** We may disclose Medical Information for public health purposes. Some examples of these purposes are

- reporting births and deaths;
- reporting communicable diseases to health officials;
- reporting child abuse or neglect; or
- reporting elder abuse, neglect or exploitation.

**Organ and Tissue Donation** If you are an organ or tissue donor, we may release Medical Information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

**Workers' Compensation** We may disclose Medical Information for Workers' Compensation or similar programs that provide benefits for work-related injuries or illness.

**Health Oversight Activities** We may disclose Medical Information to a health oversight agency for authorized government review of the health care system, civil rights and privacy laws and compliance with government programs.

**Law Enforcement** We may disclose Medical Information to law enforcement officials. Some examples of these types of disclosures are:

- In response to a valid court order, subpoena or search warrant;
- To identify or locate a suspect, fugitive or missing person; or
- To report a crime committed on UH premises.

**National Security and Intelligence Activities and Protective Services** We may disclose Medical Information to authorize federal officials for intelligence and other national security activities permitted by law.

**Coroners, Medical Examiners and Funeral Directors** We may disclose Medical Information to coroners, medical examiners or funeral directors so they can do their jobs.

**Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information** Special privacy protections apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, and genetic information. This means that parts of this Notice may not apply to these types of information because stricter privacy requirements may apply. UH will only disclose this information as permitted by applicable state and federal laws. If your treatment involves this information, you may contact our Privacy Officer to ask about the special protections.

**Other Uses of Medical Information** Other uses and disclosures of Medical Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. For example, most uses and disclosures of psychotherapy notes, uses and disclosures of Medical Information for marketing purposes, and disclosures that constitute a sale of Medical Information require your written authorization.

You may cancel that authorization at any time by sending a written request to our Privacy Officer. We are unable to take back any disclosures we have already made with your authorization.

## UH participates in the Ohio Health Information Partnership

University Hospitals participates in CliniSync, a Health Information Exchange operated by the Ohio Health Information Partnership. Through CliniSync, participating UH providers may exchange the Medical Information of patients with other health care providers throughout the State of Ohio that also participate in CliniSync. For example, if you regularly see a UH physician that participates in CliniSync, and then visit the emergency room of a Cincinnati hospital that also participates in CliniSync, the physicians in Cincinnati would be able to access your UH Medical Information. Patients may withdraw from participation in the Health Information Exchange by contacting the UH Privacy Officer at 216-286-6362. UH participates in CliniSync voluntarily, and does not warrant or guarantee that any particular Medical Information will be accessible via CliniSync.

## Your Medical Information Rights

The records we maintain about your health care are the property of UH. To protect your privacy, we may check your identity when you have questions about treatment or billing issues. We will also confirm the identity and authority of anyone who asks to review, copy or amend Medical Information or to obtain a list of disclosures of Medical Information as described below. These are your specific rights, subject to certain limitations, regarding Medical Information we maintain about you.

**Right to Obtain a Paper Copy of This Notice** You have the right to a paper 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.

**Right to Inspect and Copy** In general, you have the right to inspect and copy your Medical Information. If you request a copy of your Medical Information, we may charge a reasonable fee for the costs of labor, postage and supplies associated with your request. If the Medical Information you request is maintained electronically, we will provide you access to the Medical Information in an agreed-upon electronic format.

We may deny your request to inspect, copy or send Medical Information in certain limited circumstances. If you are denied access to Medical Information, you may request that the denial be reviewed.

**Right to Request Amendments** If you feel that Medical Information we have about you is incorrect or incomplete, you may ask us to amend the information or to make an addition to your record. You have the right to request this for as long as we maintain the information. To request an amendment, please submit your written request, along with a reason that supports it, to our Privacy Officer. If we accept your request, we will tell you and will amend your records. We cannot take out what is in the record, but we will supplement the information. If we deny

your request for amendment, you may submit a statement of disagreement, to which UH may choose to respond in writing. In addition, you have the right to request that UH send a copy of your amendment request and your statement of disagreement (if any) with any future disclosures of your Medical Information.

**Right to an Accounting of Disclosures** You have the right to request a list of certain of our disclosures of your Medical Information. The first list you request in a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. To request an accounting of disclosures, please submit your request to our Privacy Officer using the contact information above.

**Right to Request Restrictions** You have the right to request a restriction or limitation on the Medical Information we use or disclose about you for treatment, payment or health care operations. You also have the right to request that we disclose a limited amount of Medical Information to someone involved in your care or involved in payment for your care. We are not required to agree to your restriction request. If we do agree, we will notify you in writing and will honor our agreement unless we need to use or disclose the information to provide emergency treatment to you or if the law requires us to disclose it.

We will agree to your request to restrict disclosure of your Medical Information to a health plan if the disclosure is for the purpose of payment or health care operations; is not otherwise required by law; and the Medical Information you wish to restrict pertains solely to a health care item or service for which you, or someone other than your health plan, has paid in full.

**Right to Request Confidential Communications** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by e-mail. We will honor all reasonable requests. However, if we are unable to contact you using your requested methods or locations, we may contact you using any information we have.

**Right to Notice of a Breach of Certain Medical Information** We are required to notify you by first class mail or e-mail (if you have told us you prefer to receive information by e-mail), of a breach of your Medical Information. A breach is any unauthorized acquisition, access, use, or disclosure of certain categories of Medical Information that compromises the security or privacy of this Medical Information.

## Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for Medical Information we already have as well as any information we receive in the future.

We will post a copy of the current Notice at each UH hospital, physician office and outpatient location and on our website. The beginning of our Notice will contain the Notice's effective date.

## Complaints

You may file a written or verbal complaint with us if you believe your privacy rights have been violated. If you have any privacy-related questions or complaints, please contact our Privacy Officer using one of the methods listed above. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. We support your right to privacy of your Medical Information and you will not be penalized for filing a complaint.

## Patient Complaints, Concerns or Issues

You have the right and responsibility to express concerns, complaints or dissatisfaction about the services you have received. We will strive to resolve any concerns or issues you experience as quickly as possible. If we cannot resolve your complaint promptly, or your complaint requires additional research, we will contact you with the results of our investigation, either via telephone or in writing of the complaint as soon as possible. If the pharmacy staff is unable to help resolve your complaint to your expectation, you may contact the Pharmacy Manager/Director at 216-765-2784 or toll free at 833-473-3455. If you are still unsatisfied you may contact the Boards of Pharmacy or any of the following agencies:

### The State of Ohio Board of Pharmacy

77 S High Street, 17th Floor  
Columbus, OH 43215  
Phone: 614-466-4143  
Fax: 614-644-8556

#### Hours of Operation:

Monday – Friday, 8 a.m. – 5 p.m.  
Saturday and Sunday, Closed

### The State of Pennsylvania Board of Pharmacy

One Penn Center  
2601 N. 3rd Street  
Harrisburg, PA 17110  
Phone: 717-783-7156  
Fax: 717-787-7769

#### Hours of Operation:

Monday – Friday, 8:30 a.m. – 4 p.m.  
Saturday and Sunday, Closed

### The State of Florida Board of Pharmacy

4052 Bald Cypress Way  
Tallahassee, FL 32399  
Phone: 850-245-4474  
Fax: 850-921-5389

#### Hours of Operation:

Monday – Friday, 8 a.m. – 5 p.m.  
Saturday and Sunday, Closed

### The State of New Jersey Board of Pharmacy

124 Halsey St  
Newark, NJ 07012  
Phone: 973-504-6450  
Fax: 973-504-6326

#### Hours of Operation:

Monday – Friday, 8:30 a.m. – 5 p.m.  
Saturday and Sunday, Closed

### The State of Arizona Board of Pharmacy

1110 W. Washington St., Suite 260  
Phoenix, AZ 8507  
Phone: 602-771-2727  
Fax: 602-771-2749

#### Hours of Operation:

Monday – Friday, 8 a.m. – 5 p.m. MST  
Saturday and Sunday, Closed

### Accreditation Commission for Healthcare (ACHC)

139 Weston Oaks CT  
Cary, NC 27513  
Phone: 855-937-2242  
Fax: 919-785-3011

#### Hours of Operation:

Monday – Friday, 8 a.m. – 5 p.m.  
Saturday and Sunday, Closed

<sup>\*</sup>Campuses of UH Regional Hospitals

**The following entities have adopted and agree to follow the standards listed in this Notice:**

University Hospitals Cleveland Medical Center  
University Hospitals Ahuja Medical Center  
University Hospitals Conneaut Medical Center  
University Hospitals Elyria Medical Center  
University Hospitals Geauga Medical Center\*  
University Hospitals Geneva Medical Center  
University Hospitals Home Care Services  
University Hospitals Laboratory Services Foundation  
University Hospitals MacDonald Women’s Hospital  
University Hospitals Medical Group  
University Hospitals Medical Practices  
University Hospitals Parma Medical Center  
University Hospitals Physician Services  
University Hospitals Portage Medical Center  
University Hospitals Rainbow Babies & Children’s Hospital  
University Hospitals Samaritan Medical Center  
University Hospitals Seidman Cancer Center  
University Hospitals St. John Medical Center, a Catholic Hospital  
All wholly owned subsidiaries of University Hospitals Health Systems

## Patient Bill of Rights and Responsibilities

### Patient Rights and Responsibilities Policy Effective Date: June 2019

UH recognizes that all patients have basic individual rights and responsibilities; and, as such, endeavors to support and respect the basic human dignity of each patient as well as the civil, constitutional, and statutory rights of each patient. UH respects the patient’s right to participate in decisions about his/her care, treatment, and services, and to give or withhold informed consent. The patient or designated surrogate may exercise his/her rights without fear of coercion, discrimination, or retaliation.

A designated surrogate or proxy decision-maker can exercise these rights on the patient’s behalf if the patient lacks decision-making capacity, is legally incompetent, or is a minor.

Each patient has the right to:

- Considerate and respectful care. This includes the right to be free from all forms of harassment, neglect, financial or other exploitation, and verbal, mental, physical, and sexual abuse.
- Reasonable access to care.
- Effective communication in a manner he/she understands.
- Know the identity, professional status, and role of those caring for him or her.
- Impartial access to treatment regardless of race, color, religion, sex, ethnicity, national origin, age, sexual orientation, gender identity, or disability.
- Have support person(s) present while hospitalized subject to certain exceptions to ensure the care of our patients and the safety of patients and staff.
- Receive assistance with physical disabilities and limitations, including assistance in communication for patients with vision, speech, hearing, or cognitive impairments.
- Be fully informed in advance of furnishing or discontinuing care or treatment whenever possible.
- Have his/her spiritual and pastoral needs accommodated, and his/her cultural and personal values, beliefs, and preferences respected.
- Know the reason for any transfer within or outside the hospital.
- Make informed decisions regarding his or her care and treatment, be informed of his or her health status, and be involved in care planning and treatment in terms the patient can understand.

- Refuse care and receive information on possible consequences of this refusal.
  - Expect that all communications and records pertaining to his/her care are treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law.
  - Access information contained in his or her clinical records within a reasonable time frame.
  - Be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities, and to be informed of the hospital's charges for services and available payment methods.
  - Be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising his or her access to the facility services.
  - Receive care in a safe setting.
  - Communicate with people outside of the hospital; restrictions are made with the patient's (or family, if appropriate) participation.
  - Decline services by students.
  - Personal privacy.
  - Access assistance in domestic violence situations.
  - Know the relationship(s) of the hospital to other persons or organizations participating in the provision of his/her care.
  - Be free from restraints of any form that are not medically necessary or are used as a means of coercion, convenience, or retaliation by staff.
  - Formulate advance directives and to have hospital staff and practitioners who provide care in the hospital honor these directives.
  - Be informed of his/her rights in a language the patient understands.
  - Have a family member or representative of his/her choice and his/her own physician notified promptly of his or her admission to the hospital.
  - Be informed of the right to have pain treated as effectively as possible.
  - Choose a post-hospital care provider.
  - Receive a written text of the "Patient Rights and Responsibilities" upon admission and available to all outpatients. These rights shall also be posted in patient areas that are easily accessible for review by the public.
  - Be informed about outcomes of care, including unanticipated outcomes.
  - Freely voice complaints without being subject to coercion, discrimination, or reprisal.
  - Access guardianship, patient advocacy, and child/adult protective services.
  - Ask for and receive prompt review and resolution of a complaint. If the resolution is unacceptable, the patient is advised of the patient grievance mechanism.
  - File a complaint with the Centers for Medicare and Medicaid Services (Attn: Beneficiary Complaints, 5201 West Kennedy Boulevard, Suite 900, Tampa, FL 33609; 855-408-8557), Ohio Department of Health (Attn: Provider and Consumer Services Unit, 246 North High Street, Columbus, OH 43215; 800-342-0553), Medicare Peer Review Organization (216-447-9604) or, if facility is Joint Commission accredited, Joint Commission (Attn: Office of Quality and Patient Safety, One Renaissance Boulevard, Oakbrook Terrace, IL 60181; 800-994-6610).
- The patient is responsible for:
- Providing, to the best of his/her knowledge, accurate, and complete information about matters relating to his/her health.
  - Following the treatment plan.
  - His/her actions if he/she refuses treatment or fails to follow the care plan.
  - Being considerate and respectful to other patients, hospital personnel, hospital property, and the property of others.
  - Providing all needed information for insurance processing and for assuring that the financial obligations of his/her care are fulfilled.
  - Asking questions when he/she does not understand information.
  - Reporting episodes of pain and the effectiveness or lack of response to pain treatment.
  - Reporting perceived risks and/or unexpected change in condition during the course of his/her care.
  - His/her own personal items.
  - Following all hospital rules and regulations.
- All staff is educated regarding Patient's Rights in orientation and annual reeducation.
- Copies of the policies and procedures related to patient's rights and responsibilities are available to all staff.



## Patient Management Program Notification

The services provided by University Hospitals Health System (Specialty Pharmacy) are included at no cost to you. You are automatically enrolled in our patient management program just by being a patient of University Hospitals Health System (Specialty Pharmacy). You can always choose to opt-out at any time. Just call our pharmacy and speak with one of our team members.

As a part of University Hospitals Health System (Specialty Pharmacy) patient management program, our clinical team will work with you. We will answer any concerns or questions you may have about your drug therapy. We will make sure you understand why you are taking your medication. We will teach you on how to take your medicine correctly. We will tell you any drugs to avoid and any common side effects. We will also give you information on how to treat common side effects. Our team will contact your doctor when needed.

The benefit of our program is improved overall health. Being aware and educated on both, the disease and the drug ensure your success. Our clinical team will work together with your doctor. Working together will help you make informed decisions about your health.

The success of our program depends on you. You must be willing to work together with your doctor and pharmacist. You must be willing to take your medicine as directed by your doctor. You must be willing to discuss the details of your disease and medical history with your pharmacist.

Please let your doctor know you are a patient of the University Hospitals Health System (Specialty Pharmacy). Having a good relationship between your doctor and your pharmacist will benefit everyone involved in your care

If you wish to speak with a team member, please call University Hospitals (Specialty Pharmacy) at **216-765-2784**.







## Service Agreement Terms and Conditions

This form describes the terms and conditions to which you must agree to receive treatment from UH Specialty Pharmacy and enables direct payment of claims to UH Specialty Pharmacy.

If your specialty medication is billed through your medical benefit, please complete this form and return to UH Specialty Pharmacy in the enclosed postage-paid envelope.

### RELEASE OF INFORMATION

The undersigned hereby permits University Hospitals Specialty Pharmacy, its affiliated health care providers, and/or their authorized personnel to access and/or to release all or any parts of the patient information (including information regarding substance abuse, HIV/AIDS/ARC test results and emotional illness treatment) to, including but not limited to, the appropriate health care insurance(s), employers for work-related injuries, third-party payer(s), students receiving education or training in health care, and/or the Hospital's agent(s), attorney(s), and/or consultant(s).

### ASSIGNMENTS OF INSURANCE BENEFIT TO HOSPITAL

The patient or the undersigned insured authorizes payment of insurance benefits directly to University Hospitals Specialty Pharmacy and/or any physician involved in his/her care. The patient or the undersigned insured understands he/she is financially responsible for charges not covered by his/her insurance. Should the account be referred to any attorney or collection agency for collection, the undersigned shall be responsible for any reasonable attorney's fees and collection expense(s) in addition to the amount of the original collection.

### AUTHORIZATION FOR PHARMACY SERVICES

By signing this form, I understand that by enrolling in this program, I will receive some or all of the following services from the UH Specialty Pharmacy:

- Education phone calls related to my condition;
- Coordination of care between UH Specialty Pharmacy and my physicians regarding my condition;
- Periodic phone calls for medical updates and/or for the purpose of refilling my prescription(s);
- Assistance with reimbursement issues and/or coordination of benefits with my prescription benefit providers;
- The right to transfer my prescriptions to an outside pharmacy if required.

I acknowledge receipt and agree to the terms of the following documents: (please initial)

\_\_\_ Notice of Privacy Practices      \_\_\_ Patient Rights and Responsibilities      \_\_\_ Credit Card Authorization Form

I have read and understand the information provided by this form; by signing this consent, I agree that University Hospitals Specialty Pharmacy may use or disclose the patient's protected health information to carry out treatment, payment or health care operations.

Name (Print): \_\_\_\_\_ If Other Than Self, Relationship to Patient: \_\_\_\_\_

Signature (Patient/Parent/Legal Guardian): \_\_\_\_\_

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

Witness Signature (UH Representative): \_\_\_\_\_

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



## Patient Information – Credit Card Authorization Form

### PATIENT INFORMATION

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

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

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

Relationship to Patient: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Relationship to Patient: \_\_\_\_\_

Phone: \_\_\_\_\_

If you would like to receive your medications via mail order, please complete the following section in addition to the Credit Card Authorization form below.

### SHIPPING INFORMATION

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Patient/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CREDIT CARD INFORMATION

You may complete and return this form if you would like us to keep payment information on file.

Credit Card Type:  Visa  MasterCard  Discover  American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify UH Specialty Pharmacy of any changes to my account information, and if needed, I agree to terminate this authorization at least 10 days prior to the next medication refill. I understand that payments may be executed to satisfy copayments for any medication that I request. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this authorization form.



## Patient Concern and Complaint Form

Please provide the following information:

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

MRN #: \_\_\_\_\_

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

Concern or Complaint Regarding: \_\_\_\_\_

\_\_\_\_\_

Concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person Taking Complaint: \_\_\_\_\_



You may bring your form directly to the UH Specialty Pharmacy or mail it to us at:

**Specialty Pharmacy Services, UH Home Care Services**  
4510 Richmond Road, Warrensville Heights, Ohio 44128

## Patient Satisfaction Survey

We would like to hear from you! Tell us about your experience with our pharmacy services so that we may better serve you. Please use the form provided to voice any compliments or concerns.

Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

**Type of therapy you have been receiving:**  Oral Medication  Injectable Medication (Sub-Q, IM, IV)  
 Infused Medication  Other: \_\_\_\_\_

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

Very Good  Good  Average  Below Average  N/A

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

**2. The initial admission, intake process and customer service provided were:**

Very Good  Good  Average  Below Average  N/A

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

**3. The ability of our billing staff to provide prompt and accurate answers to your questions was:**

Very Good  Good  Average  Below Average  N/A

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

**4. The service from the delivery personnel was:**  FedEx  UPS

Very Good  Good  Average  Below Average  N/A

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

**5. The service provided by our staff after business hours was:**

Very Good  Good  Average  Below Average  N/A

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

**6. Your overall impression with the services provided by the UH Specialty Pharmacy was:**

Very Good  Good  Average  Below Average  N/A

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

**7. Additional Comments:** \_\_\_\_\_

\_\_\_\_\_



Thank you for filling your prescriptions and trusting us to provide you with the high quality care you have come to expect and deserve at University Hospitals.

Call the pharmacy on your prescription label if you answer “yes” to any of the questions below:

- Have you had any changes to your medication(s)?
- Have you been hospitalized since your last refill?
- Have you missed any doses of your medication since your last refill?
- Are you having difficulty affording your medication(s)?
- Are you experiencing any side effects or would like to talk to a pharmacist?
- Have there been any changes in your insurance or home address?

Pharmacists are available  
Monday – Friday, 8:30 a.m. to 5 p.m.

