



Welcome to NuCara Specialty Pharmacy Services. We are excited about the opportunity to serve you for all of your specialty pharmacy needs within the state of Iowa and Illinois.

How to Contact the Pharmacy

Business Hours: Monday - Friday, 8:00am – 5:00pm.

The pharmacy is closed on all major holidays.

After Hours Services: In the event that you are experiencing an urgent matter when the pharmacy is closed call the local or toll-free phone number to reach a pharmacist.

Local Phone #: 515.266.4167

Toll Free #: 877.636.9602

Fax #: 515.265.5431

Email: nspr@nucara.com

Address: 5042 Maple Drive Pleasant Hill, IA 50327

Website: www.nucara.com

Our Commitment to Patient Centered Care

We recognize that managing a chronic disease or serious illness can feel overwhelming at times. We are here to support you. At NuCara Specialty Pharmacy our staff is dedicated to working with you, your doctors, nurses, and family and friends to achieve a fully integrated health care team. You are our primary focus.

Personalized Patient Care

NuCara Specialty pharmacists whom are certified by the American Academy of HIV Medicine, will work with you to create a custom care plan individualized to fit your needs and help manage your healthcare goals.

Patient Management Program

Getting medications quickly and efficiently to you is very important to us. We will contact you for refills via your preferred method of communication prior to your next fill being due to place your prescription order. You are welcome to contact us at any time to place your prescription order and check individual prescription status.

Pharmacists regularly follow up with you to answer your questions and provide you with clinical support services such as counseling on new medications, disease-state education, managing and preventing side effects and tips for medication adherence.

We are your healthcare advocates who will maintain open lines of communication between you, your prescribers, case managers and caregivers to ensure your patient care needs are met.

NuCara Specialty Pharmacy looks forward to providing you with the best service possible!

Description of Services

How To Place a Prescription Order

NuCara Specialty Pharmacy will reach out to you when you are due for a refill of your specialty medication. You are welcome to reach out to us by phone, email or in person to order as well.

How To Obtain a Refill

In the event there are no remaining refills NuCara Specialty Pharmacy will contact your prescriber for additional refills.

How To Obtain Financial Assistance

We have access to several financial assistance programs to help with co-payments to ensure there are no gaps in therapy. These programs include Benefits Drug Assistance Program (BDAP), case managed facilities, discount coupons from drug manufacturers, co-payment vouchers, and assistance from various disease management foundations and pharmaceutical companies.

Claims Processing Information

Staff will submit claims to your insurance plan. If the claim is rejected, a staff member will notify you so that we can work together to resolve the issue. At any time, you may contact NuCara Specialty Pharmacy to check on the status of your claim and copayment. We are required to collect all co-payments prior to shipment of your medication. We will notify you if NuCara Specialty Pharmacy is not in network with your insurance.

Shipping

NuCara Specialty Pharmacy offers free USPS shipping to your home, workplace, or your preferred location within the state of Iowa and Illinois. Sometimes patients are eligible for their orders to be shipped via UPS. You may also pick up your medication in person at our pharmacy.

How To Obtain Medications That Are Not Available at The Pharmacy

On occasion, medications may be on back order, out of stock or unavailable to NuCara Specialty Pharmacy. NuCara Specialty Pharmacy will make every effort to obtain the medication in a timely manner. If unable, we will notify you and either work with your prescriber to switch to an alternative medication that is available or transfer the prescription to a pharmacy of your choice.

How To Transfer a Prescription to Another Pharmacy

In some instances, your insurance plan may require you to fill at a specific pharmacy. NuCara Specialty Pharmacy will notify you, provide you with the outside pharmacy contact information and coordinate with the preferred pharmacy.

How to Handle Adverse Reactions to Medications

If you are experiencing adverse reaction to a medication, please contact your prescriber or NuCara Specialty Pharmacy.

Returned Goods Policy

I understand that it is NuCara Specialty Pharmacy's goal to provide its clients with the finest quality products and support services. I understand that NuCara Specialty Pharmacy dispenses and delivers to patients only those medications, solutions, and supplies that are prescribed by respective patient's doctor for the individual patient or reflect usual and customary items and quantities for the specific therapy ordered by the doctor. I understand that

quantities are generally determined and ordered by the patient or his/her representative. I further understand that NuCara Specialty Pharmacy policy does not allow patients to return medications and/or medical supply merchandise to its inventory for reissue to another patient because it cannot guarantee the sterility or integrity of these products once they have been dispensed and are out of pharmacy oversight. **It is against pharmacy law to return any drugs once they've been issued from NuCara Specialty Pharmacy**

How To Handle Medication Recalls

The pharmacy will take back any unused recalled pharmaceuticals from you by sending a prepaid package to mail the recalled product back to NuCara Specialty Pharmacy, free of charge. However, if you prefer to dispose of the recalled medication yourself, see below.

Proper Disposal of Unused Medications:

1. Remove the medication from the prescription container as practical
2. Mix the unused medication with an inert and undesirable substance like kitty litter or unused coffee grounds
3. Place the resulting mixture in a zippered-lock plastic bag, sealed coffee can or similar container
4. Place the sealed container in a sealed trash bag for garbage pick-up
5. When the unused medication is in an injection device, the pharmacist or pharmacy technician will advise the patient to dispose of the "sharp" item in an approved sharps container

How To Report Concerns/Complaints or Errors

You have the right and responsibility to express concerns, dissatisfaction or make complaints without fear of discrimination or unreasonable interruption of services.

NuCara Specialty Pharmacy, Phone# 515-266-4167

Accreditation Commission for Health Care, Phone# 855-937-2242

Iowa Board of Pharmacy, website: <https://dial.iowa.gov/complaints>

How To Access Medications In Case of an Emergency or Disaster

NuCara Specialty Pharmacy has an emergency preparedness plan that is initiated in the event of a disaster or crisis situation. Environmental emergencies that could affect NuCara Specialty Pharmacy may include, but are not limited to; a blizzard, flood, fire, derecho or tornado. Environmental emergencies may result in electrical or communication failures at NuCara Specialty Pharmacy. Staff scenarios may include shortages due to illness, pandemics, emergencies, or a disaster. The appropriate plan is initiated as soon as an emergency is recognized.

NuCara Specialty Pharmacy will utilize every resource available to continue to service you. However, there may be circumstances where NuCara Specialty Pharmacy cannot meet your needs due to the scope of the disaster and your medication can be transferred to a local pharmacy so you do not go without medication.

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. The pharmacy recommends all patients have an emergency contact on file.

If you have a personal emergency and you need your medication, please contact the pharmacy at your convenience and we will aid you.

Patient Bill of Rights and Responsibilities

As a patient of NuCara Specialty Pharmacy you have the rights and responsibilities as listed below.

Patient Rights

1. NuCara Specialty Pharmacy patients are automatically enrolled in our Patient Management Program.
2. To assist in the development of the plan of care.
3. To 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.
4. To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, gender, sex, race, religion, ethnic origin, veteran status, sexual orientation, lifestyle or physical or mental handicap.
5. To be informed in advance of care/service being provided, including any specific charges to be paid by the patient and those charges to be covered by insurance, third party payment or public benefit programs.
 - To be informed of changes in payment information as soon as possible, but no later than 30 days after NuCara Specialty Pharmacy is aware of change.
6. To receive information about the scope of services/products that NuCara Specialty Pharmacy will provide and specific limitations on those services.
7. To participate in the development and periodic revision of the plan of care.
8. To have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
9. To be able to identify visiting/delivery personnel members through proper identification.
10. To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
11. To 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.
12. To have grievances/complaints regarding treatment or care/products that is (or fails to be) furnished or lack of respect of property investigated.
13. To confidentiality and privacy of all information contained in the patient record and of Protected Health Information.
14. To be advised on organizations policies and procedures regarding the disclosure of clinical records.
15. To choose a health care provider, including choosing an attending physician, if applicable.
16. To receive appropriate care/product without discrimination in accordance with physician orders, if applicable.
17. To be informed of any financial benefits when referred to an organization
18. To receive medication intended for that patient.
19. To be offered counseling by a pharmacist regarding the medications dispensed to them.
20. To receive medications as allowed by law.
21. To receive written patient information as required under the law.
22. To receive medications pursuant to provisions in the contract between the patient's pharmacy and the patient's prescription drug plan.
23. To accurately processed prescriptions.
24. To be fully informed of one's responsibilities.

NuCara Specialty Pharmacy protects and promotes the exercise of these rights.

Patient Responsibilities

1. To treat pharmacy staff with respect.
2. To submit any forms that are necessary to receive services.
3. To give accurate medical and contact information and to notify the NuCara Specialty Pharmacy of changes in this information.
4. To contact NuCara Specialty Pharmacy at least 7 days prior to running out of medication.
5. To participate in the development and modification of the plan of care.
6. Request further information and clarification if there is something you do not understand.
7. To notify NuCara Specialty Pharmacy of any concerns about the care or services provided.
8. To read written patient information provided by their pharmacy.
9. To notify their treating provider of their participation in the services provided by NuCara Specialty Pharmacy.
10. To maintain any equipment provided, if applicable.

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 was prescribed to another person.
- When taking or giving medication, read the label and measure doses carefully. Know the side effects of the medication you are taking.
- Throw away outdated medication by pouring down a sink or flushing down the toilet.

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.

- Exercise extreme care when 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 be try to avoid obstacles in your path and soft and uneven surfaces

Slips and 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 bath tubs
- 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 & rugs
- Keep drawers and cabinets closed

- Install good lighting to avoid groping in the dark

Lifting

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

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

Electrical Accidents

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

- Keep cords and electrical appliances away from water
- Do not plug cords under rugs, through doorways or near heaters and check to see if cords are damaged before using
- Extension cords must have a big enough wire for larger appliances
- If you have a broken plug outlet or wire, get it fixed right away
- Do not overload outlets with too many plugs
- Use three-prong adapters when necessary

Smell Gas?

- Open windows and doors
- Shut off appliance involved - you may be able to refer to the front of your telephone book for instructions regarding turning off the gas to your home
- Don't use matches or turn on electrical switches
- Don't use the telephone - dialing may create electrical sparks
- Don't 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 that includes 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
- 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 a 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

Washing your hands appropriately/Infection Control

- The most important step to prevent the spread of germs and infections is hand washing. Wash your hands often. Be sure to wash your hands each time you:
 - Touch any blood or bodily fluids
 - Touch bedpans, dressings, or other soiled items
 - Use the bathroom or bedpanIf you are coughing, sneezing, or blowing your nose, clean your hands often. Before you eat, always clean your hands.
- Here's how you should clean your hands with soap and water:
 - Wet your hands and wrists with warm water
 - Use soap. Work up a good lather, and rub hard for 15 seconds or longer
 - Rinse your hands well
 - Dry your hands well
 - Use a clean paper towel to turn off the water. Throw the paper towel away
- Here's how you should clean your hands with hand sanitizers (waterless hand cleaners):
 - For gel product use one application
 - For foam product use a golf-ball size amount
 - Apply product to the palm of your hand

Rub your hands together. Cover all surfaces of your hands and fingers until they are dry

NuCara Specialty Pharmacy Services Agreement

Consent to Services

I understand that I have a choice of my pharmacy provider. I agree to the provision of services by NuCara Specialty Pharmacy. These services may include dispensing and shipping of prescription medications ordered by my doctor and coordination of nursing services. I understand that my care is directed and monitored by my doctor, and NuCara Specialty Pharmacy is not liable for any act of omission when following the instructions of my doctor who is neither the employee nor the agent of NuCara Specialty Pharmacy.

Assignments of Benefits

- Medicare/Medicaid Benefits: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I request that payment of authorized benefits be made on my behalf to NuCara Specialty Pharmacy
- Private Insurance: I authorize NuCara Specialty Pharmacy to bill my insurance carrier directly for services provided on my behalf.

I authorize payment for any services provided to me by NuCara Specialty Pharmacy to be paid directly to NuCara Specialty Pharmacy. I understand that I am financially responsible to NuCara Specialty Pharmacy for any

copayment or non-covered medications not paid by my insurance company. I understand that at any time, I may contact NuCara Specialty Pharmacy at 515. 266.4167 to request an estimated amount of my financial responsibility for services provided by NuCara Specialty Pharmacy.

Release of Information

I authorize all healthcare providers, insurers, or other parties with healthcare information about me to release to NuCara Specialty Pharmacy any and all of my healthcare records, including prescription records, that are related to or may assist in the treatment of the condition(s) for which NuCara Specialty Pharmacy is providing services to me (hereafter referred to as "My Records"). I authorize NuCara Specialty Pharmacy to release any and all information for My Records as may be necessary for NuCara Specialty Pharmacy to receive payments of benefits on my behalf, to comply with audit requests of accrediting bodies or government agencies. I understand that NuCara Specialty Pharmacy may use information from my records that does not identify me personally for data collection, statistical analysis, and other purposes undertaken in NuCara Specialty Pharmacy normal course of business. I hereby release, on my behalf and on behalf of my successors and assigns, NuCara Specialty Pharmacy and its officers, directors, employees, and agents from any and all liability arising from the release of My Records and from the use of information released from my records.

Notice of Privacy Practice Acknowledgement

We recognize that you come to us with individualized medication needs. We respect the privacy of your personal information and are committed to keeping this information confidential and secure.

NuCara Specialty Pharmacy is a fully licensed pharmacy that operates under state and federal laws. The records we create and maintain related to patients and medication dispensing history are considered to be medical records. Consistent with privacy laws, personally identifiable information may be provided to patients, doctors or healthcare providers, as well as to patients' insurance companies as part of the billing process.

What is HIPAA?

The Health Insurance Portability and Accountability Act (HIPAA) is meant to provide patients with an additional level of privacy and accountability in the healthcare service they receive from their providers. The privacy rule of HIPAA affects the way your doctor(s), pharmacy, and other healthcare team members communicate and use your health information. HIPAA is meant to better protect your right to the privacy of your information.

The information included with this acknowledgement will further explain how we are committed to protecting your privacy. **Please take a moment to review the notice, then sign and send back your acknowledgement of receipt of our privacy practices.**

The quality care that we provide, respect for your right to privacy, and our top-notch service standards are just a few of the ways you can count on us to deliver for you.

Contacting Our Facility

If you have any questions or concerns regarding our practices or services that you have received from this facility, please contact:

NuCara Pharmacy

5042 Maple Drive

Pleasant Hill, IA 50327

Phone 515.266.4167 fax 515.265.5431

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can obtain access to this information. Please review carefully.

Uses and Disclosures of Protected Health Information

1. Under applicable law, we are required to protect the privacy of your individual health information (information we refer to in this notice as "Protected Health Information"). We are also required to provide you with this Notice regarding our policies and procedures regarding your Protected Health Information and to abide by the terms of this notice, as it may be updated from time to time.

We are permitted to make certain types of uses and disclosures under applicable law for treatment, payment, and healthcare operations purposes. We may obtain information to dispense prescriptions and for the documentation of pertinent information for your records that may assist us in managing your medication therapy or your overall health. For treatment purposes, such use and disclosure will take place in providing, coordinating, or managing healthcare and its related services by one or more of your providers, such as when your pharmacist consults with your physician or a specialist regarding your medications, treatment or condition.

For payment purposes, such use and disclosure will take place to obtain or provide reimbursement for providing pharmaceutical care services. For reimbursement purposes, your Protected Health Information may be disclosed to one or several intermediaries employed by your plan sponsor including but not limited to insurers, pharmacy benefits managers, claims administrators and pharmacy management computer companies.

For healthcare operations purposes, such use and disclosure will take place in a number of ways, including for quality assessment and improvement; provider review and training; reviews and adherence activities; and planning, development, management and administration. Your information could be used, for example, to assist in the evaluation of the quality of care that you were provided.

We store some of your Protected Health Information in electronic computer files. We backup our electronic records and employ other precautions to safeguard the integrity of your Protected Health Information. In spite of these precautions, it is possible but unlikely that a computer crash or other technological failure could cause the loss of data.

In addition, we may contact you to provide; refill reminders, health screenings, wellness events, inoculations, vaccinations or information about treatment alternatives or other health related benefits and services that may be of interest to you. In addition, we may disclose your health information to your plan sponsor.

We may list and disclose your Protected Health information without your authorization when the pharmacy needs to contact a physician or physician's staff and is permitted or required to do so without individual written authorization. We may use and disclose your Protected Health information if we are contacted by another pharmacy who states they have your request and consent to transfer pharmacy records to them.

From time to time we may employ the services of business associates who may assist us in one or more tasks and who may use, change or create Protected Health Information. Business associates are required to comply with all the privacy regulations on your behalf.

We may disclose Protected Health Information about you without your authorization to comply with workers compensation laws, as required by law enforcement, legal proceedings, public health requirements, and health oversight activities and as required by law.

Other uses and disclosures will be made only with your written authorization, and you may revoke your authorization by notifying us.

2. You may ask us to restrict uses and disclosures of your Protected Health Information to carry out treatment, payment, or healthcare operations, or to restrict uses and disclosures to family members, relatives, friends or other

persons identified by you who are involved in your care or payment for your care. However, we are not required to agree to your request.

3. You have the right to request the following with respect to your Protected Health Information: (i) inspection and copying; (ii) amendment or correction; (iii) an accounting of the disclosures of this information by us (we are not required to account to you for disclosures made for treatment, payment, operations, disclosures to you, disclosures to your caregivers for notifications or as otherwise excluded by law); and (iv) the right to receive a paper copy of this, notice upon request. We may require you to pay for this request to cover our costs of copying, labor and postage.

In addition, you may request, and we must accommodate the request, if reasonable, to receive communications of Protected Health Information by alternative means or at alternative locations. To make this request please contact, in writing: NuCara Specialty Pharmacy (515) 266-4167, 5042 Maple Drive Pleasant Hill, IA 50327

4. We may use your name to reference your prescriptions and pharmaceutical care services. You may be required to sign a signature log form to acknowledge receipt of service, to acknowledge receipt of this notice and the disclosures of Protected Health Information as outlined herein. This information may be disclosed by us to other persons who ask for you or your prescriptions by name. You may restrict or prohibit these uses and disclosures by notifying a pharmacy representative orally or in writing of your restriction or prohibition. We are not required, to honor those requests. We are able to provide treatment services to you even if you object to sign the acknowledgment of the receipt of this Notice or if we decide not to honor a request regarding the information in this document. In the event of an emergency or your incapacity, we will do what is within our reasonable judgment and is consistent with your known preference, and what we determine to be in your best interest. We will inform you of any such uses or disclosures, if uses and disclosures would require your signed authorization under such circumstances and give you an opportunity to object as soon as practicable.

5. We may disclose to one of your family members, to a relative, to a close personal friend or to any other person identified by you, Protected Health Information that is directly relevant to the person's involvement with your care or payment related to your care. In addition, we may use or disclose the Protected Health Information to notify, identify, or locate a member of your family, your personal representative another person responsible for care or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you object to this use or disclosure, we will do in our judgment what is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your healthcare. We will also use our judgment and experience regarding your best interest in allowing people to pick-up filled prescriptions, or other similar forms of Protected Health Information.

6. We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all Protected Health Information we maintain. You may receive a copy of this Notice by contacting us.

7. If you believe that your privacy rights have been violated, you may submit a complaint to us or to the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. You will not be retaliated against for filing a complaint.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

This is an authorization consistent to HIPAA privacy rules for authorizing the release of medical and health information to a spouse, parent, adult child, friend or caregiver. They would be allowed access on an on-going basis to assist with your care and maintaining your information. You understand these records may contain information created by other persons or entities, including physicians or any other health care professionals, as well as information regarding the use of drug and alcohol treatment services, HIV/AIDS treatment, mental health services (excluding psychotherapy notes), reproductive health services and the treatment of sexually transmitted infection.

Please complete this form and return it via fax, email or in the provided prepaid mailing envelope to:

Fax: 515-265-5431 • Email: NSPshipping@nucara.com • 5042 Maple Drive Pleasant Hill, IA 50327

Patient Information

First Name, Middle Initial, Last Name: _____

Date of Birth: _____

May we contact you via *email*? **Communication would include but not be limited to refill reminders, medication consultations, medication package tracking information and patient satisfaction surveys.**

Yes No

If yes, provide email: _____

Please keep in mind that communications via email over the internet are not secure. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed.

Person Authorized to Receive Information from NuCara Specialty Pharmacy

Provide the information of the person who you are authorizing to receive your Protected Health Information (“PHI”).

First Name, Last Name: _____

Cell Phone#: _____ Home Phone#: _____

Relationship to Patient: _____

Information Regarding this Authorization

- You have the right to revoke the authorization, in writing, to NuCara Specialty Pharmacy at any time. The revocation is only effective after it is received and logged by NuCara Specialty Pharmacy. Any use or disclosure made prior to a revocation is not included as part of the revocation.
- Refer to our Notice of Privacy Practices for permitted use and disclosures of Protected Health Information (PHI). You may obtain a copy of this notice from the corporate office. Please keep a copy of the authorization for your records.
- Once PHI is disclosed to others, it may be re-disclosed to them to persons or entities that are not subject to the privacy regulations. This means that the PHI may no longer be protected by regulations.
- Privacy regulations prohibit the conditioning of treatment, payment, enrollment or eligibility for benefits on signing this authorization.
- This authorization must be signed and dated by the patient or signed and dated by the patient’s personal representative and include a description of that person’s ability to act on behalf of the patient.

Patient Signature and Date

I, (print name) _____, by signing below, authorize NuCara Specialty Pharmacy to use or disclose my protected health information as described above.

Signature: _____ Date: _____

This authorization will expire on 12/31/2025

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

Only complete this section if you are a legal representative for this patient.

Example: Power of Attorney

Proof of legal representation must be included.

Legal Representative's First Name, Last Name: _____

Cell Phone#: _____ Home phone#: _____

Relationship to Patient: _____

Type of Documentation Included: _____

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*This Space is for Pharmacy Purposes only.*

Legal documentation received? Yes  No

If yes, scan documentation into patient profile.

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**ACKNOWLEDGEMENT OF WELCOME PACKET INFORMATION**

I confirm that I have received the NuCara Specialty Pharmacy Welcome Packet, which includes Hours of Operation, Contact Information, Patient Bill of Rights and Responsibilities, Notice of Privacy Practices, Financial Obligation and Assistance Programs and the Complaint Process.

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Name (please print)

Date of Birth

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Signature

Date

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Please complete this form and return it in the provided prepaid envelope to:

NuCara Specialty Pharmacy  
5042 Maple Drive  
Pleasant Hill, IA 50327

If you have questions about this form please call us 515.266.4167