



ProCare Pharmacy & Medical Supplies

New Patient Information Packet

9191 Westminster Ave  
Suite 108  
Garden Grove, CA 92844

[www.ProCareDrugStore.com](http://www.ProCareDrugStore.com) (714) 899-1111 Phone  
(800) 561-3143 Toll-Free

Dear Patient,

Welcome to ProCare Pharmacy! We are excited about the opportunity to serve you for all your pharmacy needs.

**Our mission is to improve patient health and optimize patient quality of life.**

The staff at ProCare Pharmacy understands that your medical needs may be complex and require special knowledge when collaborating with your prescriber and insurance provider. We are dedicated to providing you with the personal service necessary to ensure that you achieve the most benefit from your therapy including:

- Enrollment in our Patient Management Program, which provides benefits such as managing side effects, increasing adherence to drug therapies, and overall improvement in your health. A limitation of the program is that you must be willing to follow the treatment plan agreed upon by you, your provider and pharmacist. (For specialty patients)
- Training, education and counseling
- Refill reminders
- Free delivery of your medications. Free shipping of your medications (Restrictions may apply.).
- Access to clinically-trained personnel 24 hours a day, 7 days a week (including holidays and weekends)
- Coordination with your prescriber and insurance provider for prior authorizations.

**ProCare Pharmacy is located at:  
9191 Westminster Ave. Suite 108 Garden Grove, CA**

**92844 Our business hours are:**

**Monday – Friday 9:30AM – 6:30PM PST**  
**Saturday 9:30AM – 1:30PM PST**  
**Sunday 9:30AM – 1:30PM PST**

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We are closed on the following holidays: New Year's Day, Vietnamese New Year (Tet), Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

**Phone: 714-899-1111 or 1-800-561-3143**  
**Fax: 714-784-5445**  
**Email: [info@ProCareDrugStore.com](mailto:info@ProCareDrugStore.com)**

We look forward to providing you with the best service possible. We know you have many options and we thank you for choosing ProCare Pharmacy.

Sincerely,

The ProCare Pharmacy Team

## What to Expect

We recognize that your medical needs may be complex and can feel overwhelming at times. We are here for you. At ProCare Pharmacy, our staff is dedicated to working with you, your provider, and family and friends to achieve a fully integrated health care team. Our primary goal is to provide you with quality care through some of the following services:

### Personalized Patient Care

Our specialty trained staff members will work with you to discuss your treatment plan, and our pharmacists will help you manage your medications and disease through counseling and education.

### Delivery

#### 24/7 Support

You can reach a ProCare pharmacist or staff member by phone 24 hours a day, 7 days a week for assistance. For delivery, please contact us as least 72 hours before you need medicine delivered so we can coordinate delivery or shipping times.

#### We encourage you to call us at any point if:

- You have any questions or concerns about your medication
- You suspect a reaction or allergy to your medication
- You are hospitalized, your condition worsens, or your therapy is interrupted for any reason
- There is a change in the prescription and supply needs
- Anything that causes concern for your safety
- You have billing questions or need to provide new health plan information including out-of-pocket costs, deductibles, copayments, and co-insurance options
- You would like to understand where to refill your medication if ProCare is limited by your benefit design—we will work with your in-network pharmacy to coordinate future care for you

#### Please contact us if:

- Your contact information or delivery address has changed
- Your insurance information or payment source has changed

We offer fast and convenient delivery to your home, workplace, or other preferred location. When needed, we will contact you 5-7 days prior to your refill due date to coordinate the medications you need, update your medical and insurance records, and confirm a delivery date and address.

- You have any questions or concerns about our specialty pharmacy service
- Inquire about your current order status or any delays (including emergencies and delayed shipments)
- You need to reschedule or change your delivery
- Report Adverse Reactions to medications or consult with our pharmacists
- If you need to know where to get your medications in the event of an emergency
- If you have questions regarding disposal of medication
- If you have questions regarding copayment assistance, your benefits, and additional funding sources for your medications(s)
- Request refills

#### To help better serve you...

- We will find less expensive generic substitutions for your prescribed medications if your doctor allows for it.
- We will let you know of your overall costs in writing if you choose to use ProCare Pharmacy as an out-of-network pharmacy per your insurance carrier
- To safely dispose of your medications once you are done, if you are in the state of California, please visit [:http://www.calrecycle.ca.gov/homehazwaste/medications/household.htm](http://www.calrecycle.ca.gov/homehazwaste/medications/household.htm) for information on surrounding vendors
- To find a site near you, please visit [www.dontrushtoflush.org](http://www.dontrushtoflush.org)

9191 Westminster Ave. Suite 108 Garden Grove, CA 92844

Hours of Operation: Mon-Fri: 9:30am - 6:30pm | Sat - Sun: 9:30am - 1:30pm Phone Numbers: (714) 899-1111, (714) 409-3877, (714) 898-2959, (800) 561-3143 (Toll Free) FAX numbers: (714) 899-2808, (714) 784-5445, (714) 890-9073, (800) 561-3146 (Toll Free) Email: [info@ProCareDrugStore.com](mailto:info@ProCareDrugStore.com)

Website: [www.ProCareDrugStore.com](http://www.ProCareDrugStore.com)

**PLEASE NOTE:** *If ProCare is an out-of-network provider, we will find the most cost-effective way for you to receive your medication.*

## **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, co-pays, co-insurance, and annual out-of-pocket limits. We will also provide this information if there is a change in your insurance plan.

## **Eligibility Verification and Coordination**

### **Insurance Claims**

ProCare Pharmacy will submit claims to your health insurance carrier on the date your prescription is filled. If a 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 delivery or pick-up. If you have a copayment with shipping, it must be paid at time of shipping. We accept Visa®, MasterCard®, and flexible spending account (FSA) cards. We maintain all credit card information on file in a secure environment.

### **Reimbursement Assistance**

ProCare Pharmacy will work with your physician and your insurance company to assist with the prior authorization for certain drugs. The process may take a few days for insurance to review.

Our ProCare team will keep you informed when prior authorization is pending.

### **Appeals**

If your prescription plan denies coverage for your medications, or if you disagree with the benefits or coverage of your medications, you may contact your health plan. We will assist you in the

appeal process and any documentation needed from your provider.

### **Financial Assistance**

If a drug is not covered or copay is not affordable, we may have access to coupons from drug manufacturers, or disease management foundations, to help you with the medication cost.

ProCare Pharmacy recognizes that patients have inherent rights. Patients who feel their rights have not been respected, or who have questions or concerns, **Patient Rights and Responsibilities** should speak with the pharmacist on duty.

Patients and their families also have responsibilities while under the care of ProCare Pharmacy in order 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 and as a patient receiving our pharmacy services, you should understand your role, rights and responsibilities involved in your own plan of care.

**You have the right to:**

- Obtain relevant, accurate, current and understandable information from your ProCare Pharmacist concerning your treatment and/or drug therapy
- Discuss your specific drug therapy, the possible adverse side effects and drug interactions, and to receive effective counseling and education from your ProCare Pharmacist
- Expect that all prescribed medications you receive are accurately dosed, effective and in useable condition
- Choose the pharmacist and pharmacy provider where your prescriptions are filled and to not be pressured or coerced into transferring your prescriptions to another pharmacy or mail order service
- Confidentiality and privacy of all your patient counseling information contained in your patient record and all of your Protected Health Information, as described in ProCare's Notice of Privacy Practices (NOPP).
- Receive appropriate care without discrimination in accordance with physician orders
- Be advised if a medication has been recalled at the consumer level
- Call ProCare with any complaints about medication or privacy matters at (800) 561-3143 and ask for the Chief Compliance Officer, or contact us about them through our website, website
- Voice your grievances/complaints regarding treatment or care or lack of respect or to recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal, and have your grievances/complaints investigated.
- Be able to identify ProCare representatives through proper identification.
- Choose a healthcare provider.
- Receive information about the scope of care/services that are provided by ProCare directly or through contractual arrangements, as well as any limitations to ProCare's care/service capabilities.
- Receive in advance of care/services being provided, complete oral and written explanations of charges for care, treatment, services and equipment, including the extent to which payment may be expected from Medicare, Medicaid, or any other third party payer, charges for which you may be responsible, and an explanation of all forms you are requested to sign.
- Be informed of any financial benefits that might accrue when you are referred to an organization.
- Be advised of any change in ProCare's plan of service before the change is made.

- Receive information in a manner, format and/or language that you understand.
- Have family members, as appropriate and as allowed by law, and with your authorization or the authorization of your personal representation, be involved in your care and treatment, and/or service decisions affecting you.
- Be fully informed of your responsibilities.
- To obtain services regardless of race, nationality, sex, age, sexual orientation, physical and/or mental disabilities, diagnosis or religious affiliation.
- To speak to a health professional.
- To have personal health information shared with the patient management program only in accordance with state and federal law
- To receive information about the patient management program
- To receive administrative information regarding changes to or termination of the patient management program.
- To decline participation, revoke consent, or disenroll at any time.

**You have the responsibility to:**

- Adhere to the plan of treatment or service established by your physician.
- Participate in the development of an effective plan of care/treatment/services.
- Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services.
- Ask questions about your care, treatment and/or services, or to have clarified any instructions provided by ProCare representatives.

**Patient Rights and Responsibilities**

- Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
- Notify ProCare if you are going to be unavailable for scheduled delivery times.
- Treat ProCare personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.
- Care for and safely use medications, supplies and/or equipment, per instructions provided, for the purpose they were prescribed and only for/on the individual for whom they were prescribed.
- ProCare should be notified of any changes in your physical condition, physician's prescription or insurance coverage. Notify ProCare immediately of any address or telephone changes whether temporary or permanent.
- Understand that ProCare acts solely as an agent for you in filling for insurance or other benefits assigned to ProCare; Understand that ProCare assumes no responsibility for assuring that benefits so assigned will be paid; and understand that your account will only be credited when ProCare receives payment



## Notice of Privacy Practices:

As Required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

### **THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

#### **A. OUR COMMITMENT TO YOUR PRIVACY**

Our organization is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

To summarize, this notice provides you with the following important information:

- How we may use and disclose your identifiable health information
- Your privacy rights in your identifiable health information
- Our obligations concerning the use and disclosure of your identifiable health information.

The terms of this notice apply to all records containing your identifiable health information that are created or retained by our practice. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records our practice has created or maintained in the past, and for any of your records we may create or maintain in the future. Our organization will post a copy of our current notice in our offices in a prominent location, and you may request a copy of our most current notice during any office visit.

#### **B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT: the Compliance Officer of ProCare Pharmacy**

#### **C. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS**

The following categories describe the different ways in which we may use and disclose your identifiable health information:

1. **Treatment.** Our organization may use your identifiable health information to treat you. For example, we may perform a follow-up interview and we may use the results to help us modify your treatment plan. Many of the people who work for our organization may use or disclose your identifiable health information in order to treat you or to assist others in your treatment. Additionally, we may disclose your identifiable health information to others who may assist in your care, such as your physician, therapists, spouse, children, or parents.
2. **Payment.** Our organization may use and disclose your identifiable health information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your identifiable health information to obtain payment from third parties who may be responsible for such costs, such as family members. Also, we may use your identifiable health information to bill you directly for services and items.
3. **Health Care Operations.** Our organization may use and disclose your identifiable health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our organization may use your health information to evaluate the quality



of care you received from us or to conduct cost- management and business planning activities for our practice.

4. **Appointment Reminders.** Our organization may use and disclose your identifiable health information to contact you and remind you of visits/deliveries.
5. **Health-Related Benefits and Services.** Our organization may use and disclose your identifiable health information to inform you of health-related benefits or services that may be of interest to you.
6. **Release of Information to Family/Friends.** Our organization may release your identifiable health information to a friend or family member who is helping you pay for your health care or who assists in taking care of you with your written consent.
7. **Disclosures Required By Law.** Our organization will use and disclose your identifiable health information when we are required to do so by federal, state, or local law.

**D. USE AND DISCLOSURE OF YOUR IDENTIFIABLE HEALTH IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks.** Our organization may disclose your identifiable health information to public health authorities who are authorized by law to collect information for the purpose of:
  - Maintaining vital records, such as births and deaths
  - Reporting child abuse or neglect
  - Preventing or controlling disease, injury, or disability
  - Notifying a person regarding potential exposure to a communicable disease
  - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
  - Reporting reactions to drugs or problems with products or devices
  - Notifying individuals if a product or device they may be using has been recalled
  - Notifying appropriate government

agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information

- Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. **Health Oversight Activities.** Our organization may disclose your identifiable health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.
3. **Lawsuits and Similar Proceedings.** Our organization may use and disclose your identifiable health information in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your identifiable health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** We may release identifiable health information if asked to do so by a law enforcement official:
  - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
  - Concerning a death, we believe might have resulted from criminal conduct
  - Regarding criminal conduct at our offices
  - In response to a warrant, summons, court order, subpoena, or similar legal process
  - To identify/locate a suspect, material witness, fugitive, or missing person
  - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
5. **Serious Threats to Health or Safety.** Our organization may use and disclose your identifiable health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

6. **Military.** Our organization may disclose your identifiable health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities.
7. **National Security.** Our organization may disclose your identifiable health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your identifiable health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
8. **Inmates.** Our organization may disclose your identifiable health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you; (b) for the safety and security of the institution; and/or (c) to protect your health and safety or the health and safety of other individuals.
9. **Workers' Compensation.** Our organization may release your identifiable health information for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION

You have the following rights regarding the identifiable health information that we maintain about you:

1. **Confidential Communications.** You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the Compliance Officer of **ProCare Pharmacy**, specifying the requested method of contact or the location where you wish to be contacted. Our organization will accommodate **reasonable** requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your identifiable health information for the treatment, payment, or health care operations. Additionally, you

have the right to request that we limit our disclosure of your identifiable health information to individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use of disclosure of your identifiable health information, you must make your request in writing to the Compliance Officer, of ProCare Pharmacy. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure, or both; and (c) to whom you want the limits to apply.

3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you, including patient medical records and billing records. You must submit your request in writing to the Compliance Officer of ProCare Pharmacy in order to inspect and/or obtain a copy of your identifiable health information. Our organization may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing and submitted to the Compliance Officer of ProCare Pharmacy. You must provide us with a reason that supports your request for amendment. Our organization will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the identifiable health information kept by or for the organization; (c) not part of the identifiable health information which you would be permitted to inspect and copy; or (d) not created by our organization, unless the individual or entity that created the information is not available to amend the information.

5. **Accounting of Disclosures.** All of our patients have the right to requests an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures our organization has made of your identifiable health information. In order to obtain an accounting of disclosures, you must submit your request in writing to the Compliance Officer of ProCare Pharmacy. All requests for an "accounting of disclosures" must state a time period which may not be longer than six years. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our organization will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**Right to Provide an Authorization for Other**

**Uses and Disclosures.** Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your identifiable health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note that we are required to retain records of your care.

# Important Information

## Patient Management Program

- As a patient of our specialty pharmacy program, we monitor your medications and health progress through our disease specific Patient Management Program. This program is designed to offer benefits such as managing side effects, increasing adherence to drug therapies, and overall improvement in your health, provided you are willing to follow the treatment plan determined by you, your provider and pharmacist. This service is provided to you at no cost, and your participation is voluntary. If you no longer wish to participate in our Patient Management Program, you may contact us by phone to opt out.
- **Our specialty trained staff members will work with you to discuss your treatment plan, and we will address any questions or concerns you may have. We are available for you 24/7.**

## Refills

- You will be contacted by a staff member 5-7 days prior to your refill date. If you would like to contact us for a refill, you can call us and speak to any ProCare Pharmacy staff member to process your refill requests.

## Prescription Transfers

- If you feel that our pharmacy is unable to meet your needs, please call and let us know. We can transfer your prescription to the appropriate pharmacy of your choice.
- If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy that is most convenient for you. We will notify you of this transfer of care.

## Delivery and Storage of your Medication

- We deliver medication to your home, provider's office, or to an alternative location at no cost
- to you. We will also offer other supplies for

- purchase such as a sharps container, as requested. We coordinate all refills to make sure that you, or an adult family member, is available to receive the shipment. Please note we require a signature for all medication deliveries.
- 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, please remove the medication from the box and place it in the refrigerator.
- If the package looks damaged or does not appear to be in the correct temperature range, please call us to let us know.

## Adverse Drug Reactions

If you are experiencing adverse effects from your medication, please contact your provider or call us and speak with one of our pharmacists 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 due to your insurance provider preferring the generic product be dispensed or to reduce your copay. If a substitution is required, a staff member will contact you prior to shipping or delivery of the medication to inform you of the substitution.

## Safe Administration of your medications

- Specialty Pharmaceuticals are complex medications and often require some administration or injection training to ensure your medication is being administered as effectively as possible. Our pharmacists will counsel you on the proper administration technique and safety of your specific medications upon your first fill of the medication.
- Additionally, please let us know if you need additional support, nursing services, or additional educational material on administration and safe injection of your medication. We offer starter kits and educational material to all patients that are new to specialty therapy.

## Proper Disposal of Sharps

- Place all needles, syringes, and other sharp objects into a sharps container. This will be available for purchase if you're prescribed an injectable medication,
- California law prohibits disposal of home-generated sharps waste in the trash or recycling containers, and requires that all sharps waste be disposed of safely. Sharps waste should be placed in a heavy-duty, puncture-resistant container with a tight-fitting lid such as empty plastic detergent, liquid fabric softener or bleach bottles.
- Orange County residents can dispose of sharps waste for free at any of the County's four Household Hazardous Waste Collection Centers. For information on specific locations, visit:

# Important Information

<http://oceansfills.com/hazardous>

- You can check the following websites for more information about sharps disposal:
  - <http://www.calrecycle.ca.gov/HomeHazWaste/sharps/>
  - <http://oceansfills.com/hazardous/disposal>

## 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:
  - [https://www.dca.ca.gov/webapps/pharmacy/takeback\\_search.php](https://www.dca.ca.gov/webapps/pharmacy/takeback_search.php)
  - <http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>
  - <http://www.fda.gov/drugs/resourcesforpatients/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>

## Generic Drug Substitution

- For your new and refill prescriptions, there may be less expensive generics that may be substituted in your medication regimen with the same effect. ProCare Pharmacy is required by law to substitute these generics (when applicable) and will let you know when these substitutions occur

## Drug Recalls

- For your safety, in the event of a recall of your medication or supplies that you received from ProCare, we will notify you with instructions.
- Side Effects
- You should report all side effects to your ProCare pharmacists immediately. Depending on the clinical consult and the medication's expected side effects, there may need to be a report issued to the FDA for the nature of the side effect. Please be honest and clear in all of your reporting of activities, medication regimens (including any



medication taken that is over-the-counter and herbal supplements) in order for ProCare to understand your situation in detail.

### **Coordination with your Doctor**

- We will always keep the lines of communication open between you and your doctors and caregivers. We are here to make sure any difficulties you may be having with your treatment are addressed immediately with your physicians.
- Regular follow-up: Getting your medications and medical supplies quickly and efficiently is paramount. We will be in close contact with you during your treatment and will be your healthcare advocate.
- Clinical Lab Value Monitoring: Due to the complex nature of many specialty therapies, we may have to coordinate regular reviews of your lab tests with your prescriber. These may warrant a visit to your doctor in order to make sure that your therapy is progressing as expected. Please be aware that ProCare uses this for internal monitoring only, and that it is to your clinical and financial benefit that the therapy is being as effective as possible. Additionally, the detail of your personal health information is
- insert from the manufacturer, and (3) website information on conditions treated at [www.ProCareDrugStore.com](http://www.ProCareDrugStore.com) under "Conditions."

### **Therapy Support and Adherence Monitoring**

- The most expensive medication is the one that is not taken! It is vital that you take your medications as instructed by your pharmacist and as detailed on your pharmacy label. In order to help you with understanding the importance of compliance and the complexity of your specific disease state, ProCare will also review with you any advocacy

groups and resources that may

# **Important Information**

- be recommended to help you manage your therapy in your area, or via the web. These may include some of the partners listed on our website at protected as outlined in the Notice of Privacy Practices (NOPP) within this packet.

### **Expected Benefits and Patient Advocacy**

Treatment can be costly, and we will help you navigate through the complexities of the healthcare system to explore every option available to you. Our relationships with insurers will help provide you with information and explanations of your drug and medical benefits. Your quality of care is our highest mission. You will receive evidence-based information and guidance in writing on your medication delivery by form of (1) Medication Guide and (2) Product

[www.ProCareDrugStore.com](http://www.ProCareDrugStore.com).

You may want to learn more about your therapy and gain access to more information on your specific disease state, and we deeply encourage this as all patients should be empowered decision-makers. ProCare will happily provide you recommendations to these centers, sites, and services over the phone – just give us a call!



## Emergency & Disaster Preparedness Plan

ProCare Pharmacy has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility or region, chemical spills in the community, earthquakes, flooding, rainstorms, hurricanes, and community evacuations. Our primary goal is to continue to service your prescription care needs. When there is a threat of disaster, we will ensure you have enough medication to sustain you.

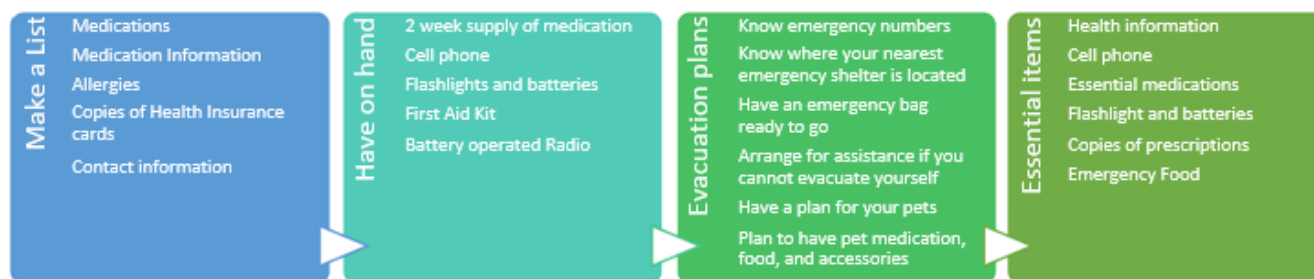
- The pharmacy will call you 3-5 days before an anticipated local weather disaster emergency utilizing the weather updates as point of reference.
  - If you are not in the pharmacy local area but reside in a location that will experience a weather disaster, you are responsible for calling the pharmacy 3-5 days before the occurrence to instruct us on how to deliver your medication. This will ensure your therapy is uninterrupted.
- The pharmacy will send your medication via courier/delivery driver or USPS during any suspected inclement weather emergencies.
- 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.
- 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.
- The pharmacy recommends all patients leave a secondary emergency number.

If you have an emergency that is personal and not environmental and you need your medication, please contact the pharmacy at your convenience and we will assist you.

Here are some guidelines to help you keep a careful eye on your home and maintain safe habits.

## PATIENT EMERGENCY PLAN

**It is important to have a general plan when preparing for an emergency. The following tips could be helpful during your preparation.**



**Should you have any questions during your preparation or in the event of an emergency, do not hesitate to call your Pharmacist**

### Hand Washing

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:

- Cough
- Sneeze
- Blow your nose
- Before you eat
- Touch any blood or body fluids
- Touch bedpans, dressings, or other soiled items
- Use the bathroom and/or a bedpan

## 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.

## Slip 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 bathtubs.
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath, or dizziness.

## Medications

- If you have children at home, store all medications and dangerous/poisonous products securely in childproof containers and out of reach.
- All medications should be labeled clearly and left in original containers.
- Do not give or take medication that is prescribed for other people.
- When taking or giving medication, read the label and measure doses carefully. Know the side effects of the medication(s) you are taking.
- Discard/dispose of outdated medications by mixing them with dirt, cat litter, or used coffee grounds. Place mixture in a container such as a sealed plastic bag and place in trash.

## Mobility Items

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

- Avoid using canes, walkers, or crutches on slippery or wet surfaces.
- Always put wheelchairs or seated walkers in the locked position when standing up or before sitting down.
- When using any of these items, wear shoes and try to avoid any obstacles and soft and uneven surfaces.
- Wipe up all spilled water, oil or grease immediately.
- Install good lighting throughout the house.

## Lifting

If an object 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 prior to carrying 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 such as overheating, a burning smell, or sparks. Unplug the appliance and get it checked as soon as possible. Here are some things you can do to prevent electrical accidents:

- Keep cords and electrical appliances away from water.
- Do not plug cords under rugs, through doorways, or near heaters. Check cords for damage before use.
- Extension cords must have a big enough wire for larger appliances.
- If you have a broken plug outlet or wire, get it

## Fire

Pre-plan and practice your fire escape. Look for at least two ways to exit 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.
- Do not allow ashtrays or toss matches into wastebaskets unless you know they are out. Wet down first.
- Have your chimney and fireplace checked frequently. Look for and repair cracks and loose mortar.
- Keep paper, wood, and rugs away from areas where sparks could hit them.
- Be careful when using space heaters.
- Follow instructions when using heating pad to avoid serious burns.
- Check your furnace and pipes regularly. If nearby walls or ceilings feel hot, add

fixed rightaway.

- Do not overload outlets with too many plugs.

## Smell Gas?

- Open windows and doors.
- Shut off appliance(s) involved.
- Don't use matches or turn on electrical switches.
- Don't use telephone as dialing may create electrical sparks.
- Don't light candles.
- Call local gas company from a neighbor's home.
- If your gas company offers free annual inspections, take advantage of them.

insulation.

- Keep a fire extinguisher in your home and know how to use it.

## If there is a fire or you suspect fire

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

## Concerns or Suspected Errors

- We want you to be completely satisfied with the care we provide. If you have any issues with your medication, the services provided, or have any other issues related to your order, please contact us directly and speak to a ProCare staff member.
- Patients and caregivers have the right to voice complaints and/or make recommendations without fear of reprisal or unreasonable interruption of services. Service, product, and billing complaints will be communicated to the Supervising Pharmacist and the Board of Directors.
- All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing, e-mail, or by telephone within 5 business days after the receipt of the complaint.
- In the event you are not satisfied with the resolution of your complaint, you can further report the complaint as an advance directive to the following entities:

- **URAC Complaint Info**

- Website: <https://www.uran.org/complaint/>
- Email Address: [grievances@uran.org](mailto:grievances@uran.org)

- **ACHC Complaint Info**

- Website: <http://achc.org/contact/complaint-policy-process>
- For further information, you may contact ACHC toll-free at (855) 937-2242 or (919) 785-1214 and request the Complaints Department

- **California Board of Pharmacy**

- Website: <https://www.pharmacy.ca.gov>
- Telephone: (916) 574-7900
- Online Complaint Form: <https://www.dca.ca.gov/webapps/pharmacy/complaint.php>

**FOR ADDITIONAL INFORMATION REGARDING YOUR CONDITION OR DIAGNOSIS, YOU CAN VISIT THE FOLLOWING WEBSITES:**

<b>Hepatitis B</b>	<a href="http://www.hepb.org/">http://www.hepb.org/</a> <a href="http://www.cdc.gov/hepatitis/HBV/index.htm">http://www.cdc.gov/hepatitis/HBV/index.htm</a> <a href="http://hepatitisfoundation.org/hepatitisliver-diseases/hepatitis-b/">http://hepatitisfoundation.org/hepatitisliver-diseases/hepatitis-b/</a>
<b>Hepatitis C</b>	<a href="http://www.hepcassoc.org/">http://www.hepcassoc.org/</a> <a href="http://hcvsupport.org/forum/index.php">http://hcvsupport.org/forum/index.php</a> <a href="http://www.liverfoundation.org/">http://www.liverfoundation.org/</a>
<b>Osteoporosis</b>	<a href="https://www.nof.org/">https://www.nof.org/</a> <a href="http://www.niams.nih.gov/health_info/bone/">http://www.niams.nih.gov/health_info/bone/</a>
<b>Hyperlipidemia</b>	<a href="https://vascular.org/patient-resources/vascular-conditions/hyperlipidemia">https://vascular.org/patient-resources/vascular-conditions/hyperlipidemia</a> <a href="https://www.nhlbi.nih.gov/health-topics/high-blood-cholesterol">https://www.nhlbi.nih.gov/health-topics/high-blood-cholesterol</a> <a href="https://www.heart.org/en/health-topics/cholesterol/about-cholesterol">https://www.heart.org/en/health-topics/cholesterol/about-cholesterol</a>
<b>Atopic Dermatitis</b>	<a href="https://nationaleczema.org/eczema/types-of-eczema/atopic-dermatitis/">https://nationaleczema.org/eczema/types-of-eczema/atopic-dermatitis/</a> <a href="https://www.mayoclinic.org/diseases-conditions/atopic-dermatitis-eczema/symptoms-causes/syc-20353273">https://www.mayoclinic.org/diseases-conditions/atopic-dermatitis-eczema/symptoms-causes/syc-20353273</a> <a href="https://www.niaid.nih.gov/diseases-conditions/eczema-atopic-dermatitis">https://www.niaid.nih.gov/diseases-conditions/eczema-atopic-dermatitis</a>

**ProCare Pharmacy is proud to be accredited by URAC**



**ACCREDITED**

Specialty Pharmacy Expires  
02/01/2021



**ACCREDITED**

Mail Service Pharmacy  
Expires 02/01/2021

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

***ACKNOWLEDGEMENT OF WELCOME PACKET INFORMATION***

By signing this form, you acknowledge that you have received a copy of the following documents:  
These documents comprise the Welcome Packet and are required for new patients:

- ✓ Welcome to ProCare Pharmacy
- ✓ ProCare Pharmacy Mission Statement
- ✓ Patient Complaint Policy
- ✓ Patient Rights And Responsibilities
- ✓ Notice Of Privacy Practices
- ✓ Advance Directives, available upon request
- ✓ Patient Satisfaction Survey

Please confirm that you have received the ProCare Pharmacy Welcome packet by signing and returning this form in the enclosed postage paid envelope.

I acknowledge I have received a copy of the documents indicated above and have had full opportunity to read and consider their contents.

Please Sign: \_\_\_\_\_

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

**Please Return**

### Assignment of Benefits

I request that payment of authorized benefits be made on my behalf to ProCare Pharmacy for any services furnished by the pharmacy, and I assign my right to receive these payments to ProCare Pharmacy.

I authorize ProCare Pharmacy to file an appeal on my behalf for any denial of payment and/or adverse benefit determination related to services and care provided.

I authorize ProCare Pharmacy to release to my Health Insurance Plan such information needed to determine these benefits or the benefits payable for related services.

I certify that the insurance information that I have provided is accurate, complete and current.

Please Sign: \_\_\_\_\_

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

### Patient Responsibility

I acknowledge that I am responsible for all charges for services provided which are not covered by my Health Insurance Plan or for which I am responsible for payment under my Health Insurance Plan.

To the extent no coverage exists under my Health Insurance Plan, I acknowledge that I am responsible for all charges for services provided and agree to pay all charges not covered by insurance.

I further agree that, if permissible by law, I will reimburse ProCare Pharmacy for all costs, expenses and attorney's fees that may be incurred by ProCare Pharmacy to collect those charges.

Please Sign: \_\_\_\_\_

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

### Acknowledgement of Receipt of ProCare Notice of Privacy Practices

As required by HIPAA, patients are required to sign that they have received the notice of Privacy Practices

I, the undersigned, hereby acknowledge that I have received, read and understand the "ProCare Pharmacy Notice of Privacy Practices"

Please Sign: \_\_\_\_\_

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

### Advance Directives

I acknowledge availability of Advanced Directive form. \_\_\_ Yes, \_\_\_ No

Do you have a signed Advanced directive? \_\_\_ Yes, \_\_\_ No

Can you provide us with a copy of the Advanced Directive? \_\_\_ Yes, \_\_\_ No

If you cannot provide us with a copy of your Advance Directive ProCare Pharmacy will call 911 if the event that is required or we will obtain an MD order for "No Code"

Please Sign: \_\_\_\_\_

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

**Please Return**