



245 W. State Street
Newcomerstown, Oh 43832
TEL: (740) 498-6337 FAX: (740) 498-8037

New Patient Enrollment

To: Agency or Caregiver

From: Medi-Wise Pharmacy

Thank you for your interest in our pharmacy and home medical supply & equipment services. There is information that we need prior to initiation of service on the forms accompanying this fax. Please complete the enrollment form and the current medication listing and fax back to us at (740) 498-8037. When medical supplies and equipment are provided, additional forms will be provided to the patient at the time of service.

- Patient Enrollment Forms
 - Page 1: Requests basic demographic information as well as a contact person for the referral agency in case it is needed. Please note that photocopies of insurance cards (health and prescription) should be provided.
 - Page 2: Requests information about the prescriptions they are taking if they have current prescriptions from another pharmacy.
- Notice of Privacy Practices (HIPAA)
 - Give this 3 page form to the patient.

If you have any questions, feel free to contact us at (740) 498-6337.

Thank You!

The Friendly Staff at Medi-Wise Pharmacy



PATIENT ENROLLMENT FORM



<u>Patient Information</u>		
Name:	Date of Birth:	SSN#:
Street Address (NO POST OFFICE BOXES)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Weight in pounds: _____ Height _____
City, State, Zip:	Phone #:	
Drug Allergies:		
Responsible Party: Address:	Relationship to patient:	Phone #:
Insurance: * please include copies of cards when possible <input type="checkbox"/> Medicare #: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prescription Insurance ID _____ Group _____ BIN _____ PCN _____ <input type="checkbox"/> Medicaid #: _____ <input type="checkbox"/> Private pay with no insurance		
<u>Physician Information</u>		
Name:	Fax:	
Street Address:	Telephone:	
City, State, Zip	Specialty:	
<u>Agency Information completing referral</u>		
Agency Name:		
Contact Person:	Phone:	
Medication dispensing options: <input type="checkbox"/> Wise Pack™ Medication Compliance System OR <input type="checkbox"/> Prescriptions in bottles Delivery Method: <input type="checkbox"/> Patient will pick up at pharmacy <input type="checkbox"/> Patient requests delivery <input type="checkbox"/> Mail to patient		
<u>Important information when choosing the Wise Pack™ Medication Compliance System: The purpose of the Wise Packs™ is to aid in patient compliance to medication administration and for use by the patient. The Wise Packs™ are not child resistant. If a caregiver or family member will be placing the medications into their own medication dispensing system, please do not request Wise Packs™. Instead, we will dispense the medications in bottles.</u>		
The following has been reviewed with and/or given to patient (check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> HIPPA Notice of Privacy Practices provided. (this serves as your acknowledgement of receiving the notice) <input type="checkbox"/> Patient authorizes prescriptions to be dispensed by Medi-Wise Pharmacy in non-child resistant containers (easy open, etc). <input type="checkbox"/> Financial Responsibility Terms. Medi-Wise Pharmacy will provide medications and supplies prescribed by their physician to the patient according to the following terms: <ol style="list-style-type: none"> 1. The patient and/or responsible party shall pay Medi-Wise Pharmacy for all charges for medications and supplies provided that are not covered by the patient's insurance. 2. Payment for services rendered is due in one installment on receipt of the products unless they have been approved for a monthly bill. If the bill is not paid in full within thirty (30) days of the billing date, a penalty of 2.0% per month (minimum \$5 fee) shall be assessed on the unpaid balance. Services will be discontinued for any account with a past due balance. 3. Patient Permission: Medi-Wise has my permission to bill the appropriate payor identified on the enrollment form for medications and supplies prescribed and provided for my care. I request that authorized insurance or Medicare benefits may be made to Medi-Wise for any services provided. I authorize any holder of medical information about the patient to be released to CMS and it's agents as needed to determine benefits payable for related services. The use of generic drugs is allowed unless otherwise stated. Prescription medications may be automatically sent each month. 4. Patient or responsible party shall notify Medi-Wise Pharmacy immediately of any change in medication therapy or prescription insurance coverage. Medi-Wise Pharmacy shall only back bill any claims to insurance for 30 days from time of receipt of insurance information. Patient or responsible party is responsible for submitting any older claims for reimbursement. 		
_____	_____	_____
Patient/Caregiver	Relationship	Date
Fax completed form to Medi-Wise Pharmacy at (740) 498-8037		

Notice of Privacy Practices

(for patient to keep)

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

Medi-Wise Pharmacy (Neidig Health Care, LTD) will ask you to sign an Acknowledgement that you have received this Notice of Privacy Practices (Notice). This Notice describes how Medi-Wise Pharmacy (Neidig Health Care, LTD) may use and disclose your protected health information in accordance with the HIPAA Privacy Rule. It also describes your rights and Medi-Wise Pharmacy (Neidig Health Care, LTD's) duties with respect to protected health information about you.

Section A: Uses and Disclosures of Protected Health Information

1. Treatment, Payment and Health Care Operations

- a. We will use your health information to provide treatment. This may involve receiving or sharing information with other health care providers such as your physician. This information may be written, verbal, electronic or via facsimile. This will include receiving prescription orders so that we may dispense prescription medications. We may also share information with other health care providers who are treating you to coordinate the different things you need, such as medications, lab work or other appointments. We may also contact you to provide treatment-related services, such as refill reminders, treatment alternatives and other health related services that may be of benefit to you.
- b. We will use your health information to obtain payment. This will include sending claims for payment to your insurance or third-party payer. It may also include providing health information to the payer to resolve issues of claim coverage.
- c. We will use your health information for our health care operations necessary to run the pharmacy. This may include monitoring the quality of care that our employees provide to you and for training purposes.

2. Permitted or Required Uses and Disclosures

- a. Our pharmacists, using their professional judgment may disclose your protected health information to a family member, other relative, close personal friend or other person you identify as being involved in your health care. This includes allowing such persons to pick up filled prescriptions, medical supplies or medical records on your behalf.
- b. We also have contracts with entities called Business Associates that perform some services for us that require access to your protected health information. Examples may include companies that route claims to your insurance company or that reconcile the payments we receive from your insurance. We require our Business Associates to safeguard any protected health information appropriately.
- c. Under certain circumstances Medi-Wise Pharmacy (Neidig Health Care, LTD) may be required to disclose health information as required or permitted by federal or state laws. These include, but are not limited to:
 - i. To the Food and Drug Administration (FDA) relating to adverse events regarding drugs, foods, supplements and other health products or for post-marketing surveillance to enable product recalls, repairs or replacement.
 - ii. To public health or legal authorities charged with preventing or controlling disease, injury or disability.
 - iii. To law enforcement agencies as required by law or in response to a valid subpoena or other legal process.
 - iv. To health oversight agencies (e.g., licensing boards) for activities authorized by law such as audits, investigations and inspections necessary for Medi-Wise Pharmacy (Neidig Health Care, LTD) 's licensure and for monitoring of health care systems.
 - v. In response to a court order, administrative order, subpoena, discovery request or other lawful process by another person involved in a dispute involving a patient, but only if efforts have been made to tell the patient about the request or to obtain an order protecting the requested health information.
 - vi. As authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by the law.
 - vii. Whenever required to do so by law.
 - viii. To a Coroner or Medical Examiner when necessary. Examples include: identifying a deceased person or to determine a cause of death.
 - ix. To Funeral Directors to carry out their duties
 - x. To organ procurement organizations or other entities engaged in procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

- xi. To notify or assist in notifying a family member, personal representative or another person responsible for the patient's care of the patient's location or general condition.
- xii. To a correctional institution or its agents if a patient is or becomes an inmate of such an institution when necessary for the patient's health or the health and safety of others.
- xiii. When necessary to prevent a serious threat to the patient's health and safety or the health and safety of the public or another person.
- xiv. As required by military command authorities when the patient is a member of the armed forces and to appropriate military authority about foreign military personnel.
- xv. To authorized officials for intelligence, counterintelligence and other national security activities authorized by law.
- xvi. To authorized federal officials so they may provide protection to the president, other authorized persons or foreign heads of state or to conduct special investigations.
- xvii. To a government authority, such as social service or protective services agency, if Medi-Wise Pharmacy (Neidig Health Care, LTD) reasonably believes the patient to be a victim of abuse, neglect or domestic violence but only to the extent required by law, if the patient agrees to the disclosure or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to the patient or to someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against the patient.

3. Authorized Use and Disclosure

- a. Use or disclosure other than those previously listed or as permitted or required by law, will not be made unless we obtain your written Authorization in advance. You may revoke any such Authorization in writing at any time. Upon receipt of a revocation, we will cease using or disclosing protected health information about you unless we have already taken action based on your Authorization.

4. More Stringent Laws

- a. Some states may have laws that are more stringent than HIPAA. Please refer to the end of the Notice for the laws that may apply.

Section B: Patient's Rights

1. Restriction Requests

- a. You have a right to request a restriction be placed on the use and disclosure of your protected health information for purposes of carrying out treatment, payment or health care operations. Restrictions may include requests for not submitting claims to your insurance or third-party payer or limitations on which persons may be considered personal representatives.
- b. Medi-Wise Pharmacy (Neidig Health Care, LTD) is not required to accept restrictions other than payment related uses not required by law that have been paid in full by the individual or representative other than a health plan.
- c. If we do agree to requested restrictions, they shall be binding until you request that they be terminated.
- d. Requests for restrictions or termination of restrictions must be submitted in writing to the Privacy Officer listed in Section D of this Notice.

2. Alternative Means of Communication

- a. You have a right to receive confidential communications of protected health information by alternate methods or at alternate locations upon reasonable request. Examples of alternatives may be sending information to a phone or mailing address other than your home.
- b. Medi-Wise Pharmacy (Neidig Health Care, LTD) shall make reasonable accommodation to honor requests.
- c. Requests must be submitted in writing to the Privacy Officer listed in Section D of this Notice.

3. Access to Health Information

- a. You have a right to inspect and copy your protected health information. The designated record set will usually include prescription and billing records. You have the right to request the protected health information in the designated record set for as long as we maintain your records.
- b. You have the right to request that your protected health information be provided to you in an electronic format if available.
- c. Requests must be submitted in writing to the Privacy Officer listed in Section D of this Notice.
- d. Any costs or fees associated with copying, mailing or preparing the requested records will be charged prior to granting your request.
- e. Medi-Wise Pharmacy (Neidig Health Care, LTD) may deny your request for records in limited circumstances. In case of denial, you may request a review of the denial for most reasons. Requests for review of a denial must also be submitted to the Privacy Officer listed in Section D of this Notice.

4. Amendments to Health Information

- a. If you believe that your protected health information is incomplete or incorrect, you may request an amendment to your records. You may request amendment to any records for as long as we maintain your records.

- b. Requests must be submitted in writing to the Privacy Officer listed in Section D of this Notice.
 - c. Requests must include a reason that supports the amendment to your health information.
 - d. Medi-Wise Pharmacy (Neidig Health Care, LTD) may deny amendment requests in certain cases. In case of denial, you have the right to submit a Statement of Disagreement. We have the right to provide a rebuttal to your statement.
5. Accounting of Uses and Disclosures
- a. You have the right to request an accounting of uses and disclosures that are not for treatment, payment or health care operations. This accounting may include up to the six years prior to the date of request and will not include an accounting of disclosures to yourself, your personal representatives or anything authorized by you in writing. Other restrictions may apply as required in the Privacy Rule.
 - b. Requests must be submitted in writing to the Privacy Officer listed in Section D of this Notice.
 - c. The first accounting in any 12-month period will be provided to you at no cost. Any additional requests within the same 12-month period will be charged a fee to cover the cost of providing the accounting. This fee amount will be provided to you prior to completing the request. You may choose to withdraw your request to avoid paying this fee.
6. Notice of Privacy Practices
- a. You have a right to receive a paper copy of this Notice even if you previously agreed to receive a copy electronically.
 - b. Please submit a request to the Privacy Officer listed in Section D of this Notice.

Section C: Medi-Wise Pharmacy (Neidig Health Care, LTD's) Duties

Medi-Wise Pharmacy (Neidig Health Care, LTD) is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

Medi-Wise Pharmacy (Neidig Health Care, LTD) is required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all protected health information that we maintain. Any such revised Notice will be made available upon request.

Section D: Contacting Us

1. Additional Questions, Submitting Requests or Complaints

- a. If you have questions about this Notice or how Medi-Wise Pharmacy (Neidig Health Care, LTD) uses and discloses your protected health information please contact our Privacy Officer below.
- b. You may obtain forms needed for request submission from our pharmacy or from our Privacy Officer.
- c. If you believe your privacy rights have been violated you may file a complaint with our Privacy Officer or with the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint.

2. Privacy Officer

Jeff Neidig, RPh, Owner
Medi-Wise Pharmacy (Neidig Health Care, LTD)
245 W. State Street
Newcomerstown, OH 43832
(740) 498-6337

3. Secretary of Health and Human Services, Office for Civil Rights

- a. For online complaint forms and contact information for the Regional OCR offices:
<http://www.hhs.gov/ocr/privacy/index.html>
- b. Email: OCRComplaint@hhs.gov for assistance or questions about complaint forms

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This Notice of Privacy Practices is effective as of 9/23/2013