



**Specialty Pharmacy Services & Clinical Management Program**  
**New Patient Welcome Packet**

**[P-PSC 1-1 ai] [DRX2-1A]**

**Address:**  
**1501 Division Street**  
**Baltimore, MD 21217**

**Telephone: 1-888-216-6553; 443-707-6300**

**Fax: 1-888-216-6802; 410-728-5116**

**Website**

**<https://totalhealthcarerx.org>**

**Pharmacy Hours of Operation**  
**Eastern Standard Time**

**Monday- Friday**  
**8:30 am to 5:00 pm**

**Closed Weekends and Holidays below**

***New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas, and New Year.***

**After Hours**

**Please Call 410-383-8300**

**Press option 3, 2,5, and 3 to leave a message for the on-call provider.**



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Dear Patient,

Welcome to Total Health Care Specialty Pharmacy; we are pleased to have been selected as your specialty pharmacy provider.

Enclosed is your patient welcome packet containing information about Total Health Care Specialty Pharmacy, our operations and services, patient safety, and other important patient information. Please take a few minutes to read through this information and keep this packet in a safe place for future reference.

As a specialty pharmacy patient, you will have access to our experienced clinicians. Here are few things you should know about Total Health Care Specialty Pharmacy:

- ✓ Total Health Care Specialty Pharmacy is a specialty pharmacy offering you 24/7/365 support.
- ✓ We treat you as an individual and work with your care providers to create a program tailored to your specific condition.
- ✓ Our dedicated team of patient care coordinators will ensure the delivery of your monthly refills. Because we want to be sure you understand and follow your prescription guidelines, you will be provided with educational materials on your medications.
- ✓ We will handle the details for shipping and delivering your specialty medications.
- ✓ We are experts in care with years of experience, and we can help you get the treatment you need.
- ✓ If you require information in a different language, please contact us and we will work to accommodate your specific language needs.

For us to provide you with the best care possible, please review the Important Forms section marked in the following welcome packet. We ask that you:

- ✓ Carefully read the content of the welcome packet.
- ✓ Sign and date forms as indicated.
- ✓ Return the forms in the pre-paid envelope to Total Health Care Specialty Pharmacy.

If you have any questions, please call us at or visit us online at [www.totalhealthcarerx.org](http://www.totalhealthcarerx.org).

Thank you!

Sincerely,



The Total Health Care Specialty Pharmacy Team

## What to Expect

We recognize that managing a chronic disease or serious illness can feel overwhelming at times. We are here for you. At Total Health Care Specialty Pharmacy, our staff is dedicated to working with you, your healthcare providers, family, and friends to achieve a fully integrated health care team.

### You can expect:

- **Personalized patient care:** 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.
- **Collaboration 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.
- **Benefit investigation:** 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.
- **Delivery:** We offer fast and convenient delivery to your home, workplace, or any location you prefer. A staff member will contact you five to seven days prior to your refill due date to coordinate the medications you need, update your medical and insurance records, and to set up and confirm a delivery date and address.
- **In Store Pickup:** We offer convenient in store pickup of your medications.
- **24/7/365 Support:** Our Specialty Pharmacy staff is available 24 hours a day, 7 days a week. We are always here to answer any questions or address any concerns you may have. Our after-hours clinicians are available to assist you with urgent clinical questions. **[P-PSC 1-1 aiii, av] [DRX2-1A]**

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## Mission Statement

Total Health Care Specialty Pharmacy's mission is to improve the health and quality of life in the communities we serve by providing an exceptional customer experience with optimal outcomes while empowering our patients in the self-management of their health.



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Total Health Care Specialty Pharmacy will provide care, treatment, and services in a caring, empathic, supportive and safe manner.

## Our Values

**We achieve our mission by abiding to the following core values**

**Respect:** We treat everyone in our diverse community with dignity.

**Quality:** We deliver the best outcomes and highest quality services through the dedicated effort of every team member.

**Integrity:** We adhere to the highest standards of professionalism, ethics and personal responsibility, worthy of the trust our patients place in us.

**Excellence:** We always do our best to continuously improve our services and care.

**Stewardship:** We sustain and reinvest in our mission by wisely managing our human, financial and capital resources.

**Innovation:** We enhance the lives we serve by infusing creative new ideas that build on the unique talents of our staff and partners.

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## Vision Statement

Total Health Care Specialty Pharmacy will become a national leader in integrated pharmacy services by providing high quality, cost-effective, and efficient treatment, care, and services while achieving and maintaining the best outcomes.

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## Non-Discrimination Statement

It is the policy of the organization to provide care, treatment, and services without regard to race, color, national origin, sexual orientation, age, gender, ethnicity, religion or handicap. The non-discrimination policies and practice are also applicable to all referring persons or organizations.

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## Practice Standards and Policies and Procedures

Total Health Care Specialty Pharmacy has developed and implemented policies and procedures based on nationally recognized, evidence-based standards of practices.

Total Health Care Specialty Pharmacy is continuously revising and implementing new policies and procedures as required by new or revisions of medication practice guidelines, insurance providers, and other Federal, State or accrediting agency requirements.



A written copy of our policies and procedures relevant to your care and Total Health Care Specialty Pharmacy will be provided upon request.

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## Specialty Pharmacy Overview

Total Health Care Specialty Pharmacy is a segment of Total Health Care pharmacy. It is a complete Specialty Pharmacy solution dedicated to serving patients living with chronic and complex conditions.

It is the goal of Total Health Care to provide our patients with access to their specialty medications right at their trusted local Total Health Care Pharmacy.

Total Health Care Specialty Pharmacy offers hands-on and personalized patient care, treatment, and services. Total Health Care Specialty Pharmacy has an entire healthcare team of highly skilled and trained professionals consisting of pharmacists and technicians.

The team is available 24/7/365 days a year to answer questions. Total Health Care Specialty Pharmacy coordinates your care as prescribed to optimize the best outcomes that will enhance your quality of life while reducing the risk of complications and noncompliance.

If you have question regarding the following, please give us a call and a staff member will be able to assist you:

**[P-PSC 1-1 aiii, av] [DRX2-1A] [DRX2-1B]**

- ✓ You have questions or concerns about your medication
- ✓ You suspect a reaction or allergy to your medication
- ✓ A change has occurred in your medication use
- ✓ Your contact information or delivery address has changed
- ✓ Your insurance information or payment source has changed
- ✓ To check the status of your order or discuss an order delay
- ✓ To receive claims related information

Total Health Care Specialty Pharmacy has trained clinicians to assist clients with their specialized needs, providing free consultations and communicating with other members of their healthcare team. The specialty disease areas Total Health Care Specialty Pharmacy focuses on:

➤ HIV	➤ Hepatitis C
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For additional resources on these specialties, please visit the following websites:

### Hepatitis

<http://www.liverfoundation.org>

<http://www.hepatitis-central.com>

[http://www.hepb.org/resources/printable\\_information.htm](http://www.hepb.org/resources/printable_information.htm)

### HIV



## Patient Management Program [PM 2-2 a, b, c]

### What is a Clinical Management Program?

- ✓ The program is designed on evidence-based standards of practice to optimize patient outcome and have a significant positive impact on the patient's quality of life.
- ✓ The program efficiently utilizes all available resources and provides individualized services in a timely and effective manner.
- ✓ The program assesses, monitors, trends and evaluates each patient adherence to the medication therapy treatment plan and issues that may prevent a patient from maintaining a high compliance ratio.
- ✓ The program also identifies high risk patients and implements interventions to prevent or decrease adverse events.

### Does the Clinical Management Program provide clinical services besides that of a pharmacist?

Total Health Care Specialty Pharmacy's healthcare team is composed of highly trained, skilled and professional clinicians including:

- ✓ Pharmacists
- ✓ Technicians
- ✓ Nurses
- ✓ Providers

To assist you or your patient with their individual and specialized needs, Total Health Care Specialty Pharmacy offers free consultations, ongoing education, and coordination of care with other members of the patient's healthcare team.

### What are the components of a successful Clinical Management Program?

The clinical management program includes complex integrated components:

- ✓ Medication Adherence/Compliance Program
- ✓ Drug Utilization Review (DUR)
- ✓ Disease-specific assessment and reassessment based on national standards of practice
- ✓ Patient Education and Counseling
- ✓ Coordination of Care and Services
- ✓ Ongoing Performance Quality Improvement Program
- ✓ Risk Assessment
- ✓ Assessing for Adverse Events (potential and actual), including immediate notification to the appropriate clinical staff and interventions to reduce the risk of potential or actual events
- ✓ Regular and "At Risk" Follow-up
- ✓ Concurrent and retrospective chart audits

Specialty pharmacy patients are automatically enrolled in our therapy-specific patient management program. This program is provided to you at no additional cost, and your participation is completely voluntary. If you wish to opt out of the program, please call and speak to a specialty pharmacy team member. At the time of the initial referral or initial physician order, a member of Total Health Care Specialty Pharmacy's staff initiates an



initial assessment and based on the findings, an individualized disease-specific Plan of Care is developed in collaboration with the patient, prescriber and at times the insurer.

The Plan of Care has interventions and measurable goals. The patient's strengths and weakness are regularly assessed to best meet the individual patient needs.

The staff conducts ongoing reassessments of the client to identify changes in the client or needs for service, treatment or care, and the plan of care is updated as warranted by the disease state or at minimum of every six months.

Clinical staff reviews the data collected during the assessment/reassessment process. An evidence-based plan of care is developed to optimize the patient outcome and quality of life.

A member of our clinical staff is available by phone, email, and in person to address your questions, order status, or other needs to optimize your best outcomes.

### **Is adherence to medication therapy important?**

Total Health Care Specialty Pharmacy understands how crucial a patient's adherence to their prescribed therapy is to the outcome of the client therapy program for their specific disease state.

Nonadherence or poor adherence to the patient medication treatment plan significantly increases the risk of poor outcomes and adverse events and decreases quality of life.

Total Health Care Specialty Pharmacy's Clinical Management Program is designed to support the following goals:

- ✓ Maintaining a consistent high medication adherence
- ✓ Educating patients in regard to their medication treatment plan and disease state(s)
- ✓ Increasing patient ability and confidence of self-management of their medications
- ✓ Medication therapy supported by evidence based clinical practice guidelines to promote best outcomes
- ✓ Reduce the risk of moderate to significant adverse events, resulting in missed hours from work or school, ER visits related to your disease state, unplanned doctor visits, etc.

The Clinical Management Program is designed to quickly identify a patient that is not adherent with the prescribed medication treatment plan through various means such as the assessment and reassessment progress, evaluating the medication on hand when scheduling a delivery.

The staff of Total Health Care Specialty Pharmacy works with the client, healthcare team and available resources to implement appropriate interventions that will improve a client's medication adherence.

### **Coordination of Care**

Effective and efficient communication is the key to the success of coordination of care when utilizing a multidisciplinary team that includes but is not limited to the pharmacist, technicians, nurses, physicians,



providers, the patient, caregivers and other exterior sources to optimize the best patient outcome based on evidence-based practice standards.

Mechanisms are in place to facilitate communication between all levels of the multidisciplinary team personnel: practitioners, administration, pharmacy, clients, and families.

Continuity of care is facilitated by established formal and informal communication mechanisms between all disciplines providing care (whether directly or under contract).

These communication mechanisms include, but are not limited to:

- ✓ Multidisciplinary team meetings
- ✓ Written documentation of communication
- ✓ Fax
- ✓ Electronic mail
- ✓ In person meetings
- ✓ Telephone communications and voicemail
- ✓ Reporting from and to on-call staff, practitioners, and the client.
- ✓ Ad hoc/Patient Advocate case conferences when needed
- ✓ Family meetings as appropriate

Communication for the coordination of care is ongoing throughout the course of services, care, and treatment.

## **Drug Selection**

Total Health Care Specialty Pharmacy's criteria for the selection of drugs dispensed by the organization assures that all products and supplies dispensed by the organization are high quality, cost effective, and processed in a timely manner.

Drug selection also includes obtaining, dispensing, and delivering the medication to meet the needs of each individual client. The organization only purchases medications from manufacturers that meet the Food & Drug Administration's (FDA) standards and requirements.

Total Health Care Specialty Pharmacy is compliant with the Prescription Drug Marketing Act (PDMA), FDA, and Federal, State and local laws and regulations. Additionally, the organization selects drugs that are listed on the FDA National Drug Code. Total Health Care Specialty Pharmacy maintains an adequate supply of drugs to fill prescription orders at a rate sufficient to meet the client's needs.

In the event a substitution is required, Total Health Care Specialty Pharmacy will contact you and your doctor prior to dispensing the drug. **[DRX 5-5G]**

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## **Client Education**

Patients of Total Health Care Specialty Pharmacy are provided with ongoing education regarding their disease state, comorbidities, wellness, nutrition, medications, common side effects, when to report moderate to severe



side effects, infection control techniques, medication storage, handling and disposal, self-administration of medications, and local/national resources. Please contact the pharmacy as soon as possible to report medication issues such as adverse effects to your medication or suspected errors. **[P-PSC 1-1 c] [DRX 5-5G]**

A multi-disciplinary approach is utilized when providing education. Total Health Care Specialty Pharmacy's client communication is personalized to that client's age, primary language, and ability of understanding, with consideration to a client's language, cultural, religion, social/economic impact, level of literacy, and cognitive or physical impairment that may impact patient education.

For patients that are non-English speaking, special needs or have other limitations, Total Health Care Specialty Pharmacy aims to facilitate effective communication with use of special devices, interpreters, literacy appropriate materials, visual aids, and/or other appropriate means.

One of the goals of Total Health Care Specialty Pharmacy is for a patient to be knowledgeable and understand their disease state. Total Health Care Specialty Pharmacy believes that a knowledgeable patient is an empowered patient and able to contribute effectively to their care, treatment, and services and with the ability to self-manage their care.

### **Proper Disposal of Sharps [DRX 5-5G]**

Place all needles, syringes, and other sharp objects into a sharps container. This will be provided by the Pharmacy if you are prescribed an injectable medication.

### **Proper Disposal of Unused Medications [DRX 5-5G]**

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:

- ✓ <http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>
- ✓ <http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>
- ✓ [RXdrugdropbox.org](http://RXdrugdropbox.org)

### **Drug Recalls [DRX 5-5G]**

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

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## **Your Initial Contact with Total Health Care Specialty Pharmacy [P-PSC 1-1 aii] [DRX 5-5G]**

- ✓ You will receive a welcome call from Total Health Care Specialty Pharmacy within **1 business day** if your prescription is received by 5pm.
- ✓ A staff member will contact you to introduce you to Total Health Care Specialty Pharmacy's services and review the benefits of the Clinical Management Program.
- ✓ The staff will confirm your identity by asking for your First and Last name, date of birth, and address to prevent the release of any protected health information to an unauthorized person.
- ✓ For your safety, a staff member will ask various questions to ensure that the information that we have received is correct, such as:



- Do you have any allergies?
- Are you sensitive to any medications?
- What other medications are you taking including any over-the-counter medicines, herbals, and homeopathic remedies?
- What other medical issues do you have?
- What is your comfort level of self-management of your medications?

Total Health Care Specialty Pharmacy’s staff provides services of the highest quality and in the safest manner. In addition to the call, we highly encourage patients to enroll in our text messaging service for ongoing communication with our team members and to receive reminders for follow-up/lab visits, medication refill, and follow-up from our team. We are here to answer your questions or discuss any concerns.

### **Refills and Scheduling of Medications [P-PSC 1-1 aii] [DRX 5-5G]**

- ✓ You will be contacted by one of our staff approximately **5 days** before your scheduled refill date.
- ✓ When contacted, the staff will perform a short assessment:
  - The assessment has a series of questions specific to your disease state to assess your status, monitor for compliance, identifying potential or actual adverse events, or needs.
- ✓ The questions are also to assess your adherence to your medication therapy, to monitor side effects of your medication, and to measure for improvement in your overall medical condition related to your primary disease process.
- ✓ During this time, the staff will also coordinate the safe delivery of your medication to your preferred location.
- ✓ You may elect to call the pharmacy prior to your scheduled refill date to schedule your delivery or to obtain the status of the dispensing or delivery of your medications(s).

### **Delivery**

The delivery of your medication and supplies will be at the site of your or your prescriber’s preference such as your home, your prescriber’s office, to another clinical setting, or to another preferred location, in a manner that preserves your confidentiality.

- ✓ **Inspect** your medications when delivered, for damage or evidence of potential tampering.
- ✓ **Confirm** medication is within the correct temperature range. Items stored in the refrigerator should be stored at a temperature between 36-46°F. Items stored at room temperature should be stored between 59-77°F.
- ✓ **Immediately contact** Total Health Care Specialty Pharmacy with any concerns via phone or email.
- ✓ **DO NOT TAKE** the medication until you have discussed your concerns with a Total Health Care Specialty Pharmacy pharmacist.

### **Emergency Medication/Delay in Delivery of Medications**



- ✓ In the event of a medical emergency, Total Health Care Specialty Pharmacy will make accommodations for same-day delivery.
- ✓ It is possible that a natural disaster or an emergency event may disrupt the delivery of your medication. It is for this reason that Total Health Care Specialty Pharmacy has developed relationships throughout the country to prevent an interruption of services even if a distribution from Total Health Care Specialty Pharmacy is not possible.
- ✓ When there is a natural disaster or emergency in your area that would prevent the delivery of the medication, please contact Total Health Care Specialty Pharmacy and your physician.
- ✓ If you are unable to receive your medications go to the local emergency room to receive your medication. However, we will make every effort to deliver your medications to prevent a gap in therapy.
- ✓ Total Health Care Specialty Pharmacy implements their emergency preparedness procedures based on the event to prevent a gap in therapy as prescribed.

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**Financial Obligation and Assistance [P-PSC 1-1 bi, bii, biii] [DRX2-1A] [DRX2-1B]**

Before dispensing of medication, you will be informed, either in writing or verbally, of any financial obligations not covered by insurance, Medicare, Medicaid or other third-provider sources.

The financial obligation includes but is not limited to out of network liabilities, potential out-of-pocket costs, such as; deductibles, copays, coinsurance, annual and lifetime co-insurance limits, and changes that could occur with your insurance provider.

If any insurance provider changes occur, Total Health Care Specialty Pharmacy will inform you as soon as possible, but no later than 30 calendar days from the date Total Health Care Specialty Pharmacy becomes aware of the change.

### ***Insurance Claims***

Total Health Care Specialty Pharmacy automatically processes claims to your health insurance provider at the time a medication is dispensed. A monthly statement will be provided to you if you have any financial obligations that are not covered by your insurance provider. If we are an out of network pharmacy, we will notify you of the differences in cost and provide you with the cash price of the medication upon request.

If you have any changes of insurance providers, please notify Total Health Care Specialty Pharmacy as soon as possible, to prevent a possible gap in therapy.

In the event a medication is not covered by your insurance, you will be notified. Total Health Care Specialty Pharmacy will work with you to resolve the issue. If we are unable to resolve the issue, our staff will provide you information on how to file a claim with your insurance provider.



### ***Co-Payments Requirements***

Most insurance provider membership plans require a co-payment before shipment of your medication. For your convenience, a co-payment can be paid by credit card over the phone and by check or money order through the mail or in person.

### ***Co-Pay Assistance Referral Program***

If a treatment becomes a significant financial burden, we can assist in locating possible resources. Total Health Care has relationships with many insurers, foundations, and co-pay assistance programs. The staff may assist you in obtaining financial assistance for your drug therapy. It is a goal of our organization to find solutions that will prevent any gaps in your medication therapy and enhance your quality of life.

### ***Prescription Transfers* [P-PSC 1-1 aiv] [DRX 5-5G]**

If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care.

Please call us if you would like to receive your medications from another pharmacy. We will assist you in transferring your prescription to the appropriate pharmacy of your choice.

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## **CLIENT/PATIENT BILL OF RIGHTS AND RESPONSIBILITIES**

Total Health Care Specialty Pharmacy shall honor patient rights and responsibilities and inform the patient of their rights and responsibilities in the care process.

Patients will receive a written copy of Patient's Rights and Responsibilities at the time of the initial order shipment. Total Health Care Specialty Pharmacy staff will be trained in reviewing Patient Rights and Responsibilities with the Patient/Caregiver and will ensure understanding of these rights and responsibilities.

If the patient/caregiver cannot read the statement of rights and responsibilities, an offer will be made to read it to the patient/caregiver or offer a translator to provide this service in a language the patient/caregiver understands.

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

### **Client / Patient Rights and Responsibilities:**

#### **Client / Patient Rights**

Patient Rights: [DRX2-2A]

- 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 [DRX2-1A]
- Be informed, in advance of care being provided and their financial responsibility [DRX3-4B]



- Receive information about the scope of services that the organization will provide and specific limitations on those services [DRX2-1A]
- Participate in the development and periodic revision of the plan of care [DRX5-4A]
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented [DRX2-6A]
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality [DRX2-2B]
- Be able to identify visiting personnel members through proper identification [DRX2-2B]
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property [DRX2-3A]
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal [DRX2-4A]
- Have grievances/complaints regarding treatment or care that is [or fails to be] furnished, or lack of respect of property investigated [DRX2-4A]
- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information [PHI] [DRX2-5A]
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records [DRX2-5A]
- Choose a healthcare provider, including an attending physician, if applicable [DRX2-2B]
- Receive appropriate care without discrimination in accordance with physician's orders, if applicable [DRX2-2B]
- Be informed of any financial benefits when referred to an organization [DRX2-2B]
- Be fully informed of one's responsibilities [DRX2-2B]
- Have personal health information shared with the patient management program only in accordance with state and federal law [PM 2-1 ai]
- Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested [PM 2-1 aii]
- Speak to a health professional [PM 2-1 aiii]
- Receive information about the patient management program [PM 2-1 aiv]
- Decline participation, or disenroll, at any point in time [PM 2-1 av]

**Patient Responsibilities:** [DRX2-2A.01]

- Give accurate clinical/medical and contact information and to notify the patient management program of changes in this information [PM 2-1 bi] [DRX2-2A.01]
- Notify the treating prescriber of their participation in the services provided by the pharmacy, such as the patient management program [PM 2-1 bii] [DRX2-2A.01]
- Submit forms that are necessary to receive services [DRX2-2A.01]
- Maintain any equipment provided, if applicable [DRX2-2A.01]
- Notify the organization of any concerns about the care or services provided [DRX2-2A.01]

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**Infection Control** [DRX7-1A]



According to the Centers for Disease Control (CDC), the most important step to prevent the spread of germs and infections is hand washing. You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

**Follow these five steps every time you wash your hands:**

- Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
- Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- Rinse your hands well under clean, running water.
- Dry your hands using a clean towel or air dry them.

**How to apply hand sanitizer:**

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

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## Notice of Privacy Practice

**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.**

### *Introduction*

All of us at Total Health Care Specialty Pharmacy Inc. value your relationship with us, and we know that respect for your privacy is the foundation of that relationship. We are committed to safeguarding the privacy of your protected health information (PHI) that is in our possession and only using and disclosing your PHI as necessary to provide you with healthcare products and services. PHI is any information that we possess, use, and disclose that identifies you and relates to your past, current, or future physical and mental health condition or illness and the health care products and services that have been provided to you.

This “Notice of Privacy Practices” (Notice) has been created to help you understand our legal duties to protect your PHI and how we may use and disclose your PHI about your past, present, and future physical or





mental health condition or illness and its treatment. We will mainly use and disclose your PHI about the health care products and services that we provide you, such as dispensing your prescriptions.

Specifically, we will use and disclose your PHI as necessary to provide treatment to you, obtaining payment for health care products and services provided to you, and other health care operations and activities as described later in this Notice. This Notice also describes the legal rights that you have related to your PHI that is in our possession. Matters described in this Notice are taken very seriously to maintain compliance and quality standards of care.

Your PHI will only be used and disclosed as described in this Notice. Should a need for use and disclosure of your PHI occur that is not described in this Notice, we will obtain your written authorization before the use and disclosure of your PHI. It may be necessary for us to revise this Notice in the future. A revised Notice will be posted in the pharmacy and provided to you upon request.

### ***Your Rights with Respect to Your PHI***

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides you with several rights related to your PHI. These rights are summarized below. If you would like more information about any of these, please contact our Clinical Pharmacist at the address or telephone number of our pharmacy.

1. You have the right to receive the written Notice of Privacy Practices describing how we will protect your PHI and your rights related to PHI. You are entitled to request this written Notice at any time
2. You have the right to request a limitation on our use and disclosure of your PHI. However, please be aware that we may not be able to agree to your requested limitation if it results in our not being able to provide health care products and services to you or if we are required to use and disclose the PHI under federal or state law. All requests for a limitation on the use and disclosure of your PHI must be submitted to our Pharmacy Privacy Officer in writing.
3. You have the right to review or receive photocopies of our records that contain your PHI, to the extent that these records are part of a designated record set as defined by HIPAA. The most common such records are your prescriptions on file with us, our patient profile for you, and our billing records for health care products and services that have been provided to you. We will be pleased to allow you to review such records at no charge during normal business hours. However, a reasonable fee may be applied for photocopies of the records, any expenses for mailing, special courier, faxing, and supplies necessary to fulfilling your request for records.
4. If we are unable to provide our records to you, we will provide you a written explanation of why we are not able to provide the records. Depending on the reason, you may submit a written request for us to reconsider. All requests to review or receive photocopies of our records that contain your PHI must be submitted to our Pharmacy Privacy Officer in writing.
5. You have the right to request changes in the content of your PHI contained in our records where you believe the content is incomplete, inaccurate, or for some other reason needs to be changed. We may not be able to agree to your requested change if we no longer have the records or if the requested change would cause your PHI to become inaccurate. If we are not able to agree to your requested change, we will notify you in writing as to why we are not able to agree. You will then have the right to submit to us a written statement of disagreement, to which we may elect to respond further in writing to you. All requests for changes to your PHI in our records must be submitted to our Pharmacy Privacy Officer in



writing, using a form that we will provide to you.

6. You have the right to request that we communicate with you about your PHI in a confidential manner and only to locations (such as a post office box) or by means (such as a personal cellular telephone) specified by you. All requests for confidential communications must be submitted to our Pharmacy Privacy Officer in writing.
7. You have the right to obtain an accounting of some of our disclosures of your PHI made after April 14, 2003. By an accounting, we mean a written record of these disclosures. Some of our disclosures of your PHI are not required by HIPAA to be included in the accounting. Most notable among these are disclosures for purposes of treatment, obtaining payment, and carrying out health care operations. Other disclosures of your PHI that are not required to be included in the accounting are disclosures made directly to you or that you have authorized, made to family, friends, and others who assist you with your care (caregivers) and made for other purposes allowed by HIPAA. Please consult with our Pharmacy Privacy Officer for more information on the disclosures not required to be included in the accounting.
8. The period for which we are required to provide the accounting is the six-year period immediately before the date of your request for the accounting but no earlier than April 14, 2003; however, your request for an accounting can be for a shorter period. You may obtain from us, without charge, one accounting during a 12-month period. However, if you request additional accountings during the same 12-month period, a reasonable fee may be applied for printing or photocopying of the accounting, any expenses for mailing, special courier, faxing, and supplies necessary to fulfilling your request for the accounting. If it becomes necessary for us to charge you for the accounting, we will notify you in advance and allow you to withdraw or modify your request for the accounting. All requests for an accounting of our disclosures of your PHI must be submitted to our Pharmacy Privacy Officer in writing.
9. You have the right to file a complaint if you believe that we have violated your rights as described above, and to not fear retaliation or adverse action by us against you for exercising your right. You can file the complaint with us directly or with the United States Department of Health and Human Services (HHS). Please be assured that we will work with you to resolve any complaint, including providing you with the address for filing a complaint with HHS.

**IF YOU HAVE QUESTIONS ABOUT ANY OF YOUR RIGHTS AS DESCRIBED ABOVE, PLEASE CONTACT OUR CLINICAL PHARMACY TEAM AT THE ADDRESS, EMAIL, OR TELEPHONE NUMBER LISTED IN THE WELCOME PACKAGE.**

### ***Ways That We May Use and Disclose Your PHI***

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that this Notice tells you how we may use and disclose your PHI. These uses and disclosures are summarized below, but if you would like more information about any of these, please contact our Pharmacy Privacy Officer at the address or telephone number of our pharmacy.

#### **1. Treatment**

HIPAA defines treatment as “the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.”



We will maintain records that contain your PHI, and we will use and disclose your PHI as necessary to provide health care products and services to carry out and support your treatment. As a pharmacy, we may use and disclose your PHI as necessary to maintain a patient profile on you, which may include information about you, your medical condition, medications, and prescription devices that you use; any allergies that you may have; and other information, such as any health insurance that you may have.

We may use and disclose your PHI in dispensing prescription medications and related products and services, including counseling you and your caregivers about proper use of your medications. We may discuss such problems with your other health care professionals, such as your physician or dentist, and through such discussions, we may use and disclose your PHI. Finally, we may use and disclose your PHI to you and your caregivers in our discussions with you and your caregivers about your treatment.

## 2. Payment

HIPAA defines payment, in relation to health care providers, as activities to obtain reimbursement for the health care products and services that are provided to you. These activities include primarily billing you directly or someone who pays for your health care, such as a health insurance company, for health care products and services that we provide to you. Activities related to billing may include, but are not limited to:

- ✓ Claims management
- ✓ Health care data processing
- ✓ Determination of eligibility or coverage
- ✓ Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges
- ✓ Drug-Utilization review activities, including pre-certification and pre-authorization of services
- ✓ Concurrent and retrospective review of services
- ✓ Disclosure to consumer reporting agencies of some or all the following PHI necessary for collection of payment, including name and address, date of birth, social security number, payment history, account number(s), name and address of the health care provider and/or health plan

We will use and disclose your PHI to carry out the above activities as necessary or required to obtain payment for the health care products and services that we provide to you. In relation to this, public and private health care insurance programs that may provide or pay for your health care can conduct audits, inspections, and investigations of us in relation to our activities and your activities. We may be required to disclose your PHI to these programs for purposes of audits, inspections, and investigations.

## 3. Health care operations

HIPAA defines health care operations as those activities necessary and related to our providing of health care products and services to you. These activities include, but may not be limited to, the following:

- A. Conducting quality assessment and improvement activities, case management and care coordination, and contacting of health care providers and patients with information about treatment alternatives and related functions that do not include treatment.
- B. Conducting or arranging for medical review, legal services, and auditing functions, including fraud



and abusedetection and compliance programs.

C. Our pharmacy management and general administrative activities, including, but not limited to, activitiesrelating to the implementation of and compliance with the requirements of HIPAA. We will use and disclose your PHI to carry out the above activities as necessary or required, and especially tomonitor and improve the quality of the health care products and services that are provided to you by Total Health Care Specialty Pharmacy andother health care professionals.

In addition to treatment, payment, and health care operations as described above, we may use and discloseyour PHI for the following purposes listed in 4–15.

#### **4. Business associates**

The nature of the health care system is such that we may not be able to provide health care products and services to you without the involvement of other businesses or persons. Depending on what these other businesses or persons do for us, they may become “business associates” as defined by HIPAA.

In many situations, it willbe necessary for us to provide your PHI to these business associates so that they can carry out the activities that we need to have performed to provide your health care products and services. One of our most common businessassociates is a health insurance company. Contracts exist with these associates who require our business associates to give us their assurance that they, like us, will protect the privacy of your PHI.

#### **5. Disclosures of your PHI not involving treatment, payment, and health care operations**

In providing health care products and services to you, we may find it necessary to communicate with businesses and individuals not already described above. Most of these disclosures will be related to providing treatment to you, and to carrying out payment and health care operations as discussed above.

In addition to communicating with these businesses and individuals, we may also communicate with you directly, as well as others who assist you with your health care commonly referred to as caregivers. We will disclose your PHI to these caregivers, or appropriate others, as we believe necessary and appropriate for your health care.

#### **6. Communications with you concerning your health and treatment**

We want to do whatever we can to assist you withmaintaining your health and obtaining the most benefit from your treatment. We routinely monitor your prescription medications for appropriateness and take other steps to help you use your medication properly. For example, if our records show that a refill of your medication is due, we may contact you to remind you to obtain the refill.

We may also call you or send you materials regarding products and services that we believe may be of benefit to you. As a final example, in the event of a medication recall, we may contact you, if you are taking the medication subject to the recall.

#### **7. Federal and state government agencies**

We may disclose your PHI to federal and state government agencies for a variety of purposes, most of which are directed at monitoring health care quality and safety, and government programs related to health care and our compliance with laws applicable to health care.

For example, the United States Drug Enforcement Administration (DEA) monitors the distribution and usage of controlled substances, while the United StatesFood and Drug Administration (FDA) monitors adverse drug



events. We may disclose your PHI to such agencies where required by the agency so that the agency can carry out its required activities.

Related to this, some private businesses, such as the manufacturers of medications and medical devices, are legally required to conduct post-marketing surveillance to ensure the safety of their products. Disclosing your PHI for such surveillance may be necessary.

#### **8. Federal and state government health care insurance programs.**

If you apply for and receive benefits from federal and state health care programs, such as Medicare or Medicaid, your PHI may be disclosed to the agency granting these benefits.

If you are employed by a business that is required to carry workers' compensation insurance, and you are injured in such a way that the workers' compensation plan covers your health care, it may be necessary to disclose your PHI to the workers' compensation plan.

Such plans have a right to conduct audits, inspections, and investigations of our activities and your activities, and when required, we will disclose your PHI for these activities.

#### **9. Matters of public health and safety**

There are several federal and state laws that require health care providers to report to various government agencies matters related to public health.

If your physical or mental health condition or illness are of a nature that Federal or State law requires that it be reported, then we will disclose your PHI to the appropriate government agency to comply with these laws.

#### **10. Law enforcement activities**

Several federal, state, and local government agencies are charged with enforcing the health care and drug laws and other laws in relation to the health care products and services that are provided to you.

In addition, as a state licensed pharmacy, a variety of federal, state, and local health care agencies, such as the state board of pharmacy, regulate our activities. These agencies may engage in several activities designed to monitor and improve federal and state health care programs and systems, including conducting inspections and investigations of our activities and the health care products and services that we provide to our patients.

At any time, we are required by federal or state laws, or by court order, subpoena or other legal mandate, to disclose your PHI, we will do so as necessary.

#### **11. Legal disputes**

Lawsuits and other legal disputes may involve your PHI. If you are involved in a lawsuit or other legal proceeding, whether as a plaintiff or a defendant, and without regard to the basis for the lawsuit, such as medical malpractice or divorce, we will disclose your PHI when required to comply with a court order, subpoena, discovery proceeding, or other legal mandate served upon us.

#### **12. Disclosures for the benefit of you and others.**

A variety of events could occur where we would use and disclose your PHI for your benefit and to prevent or reduce the risk of harm to you.

For example, if you are in a car accident and are unconscious in a hospital emergency room and the emergency room medical staff calls us with a request for your PHI, we may disclose it for the purpose of



assisting in your prompt medical treatment.

Finally, we may disclose your PHI when necessary to protect the health and safety of others.

**13. Disclosures for national security and intelligence.**

We are legally required to disclose your PHI where necessary for national security activities and intelligence and counterintelligence activities.

Disclosures related to this may also include those required in relation to the protection of the President of the United States. Any disclosure for these purposes would be made only to authorized government officials.

**14. Disclosures if you are in the military or a veteran.**

We may disclose your PHI if you are a member of any branch of the armed services, whether on active or reserve status as required by the U.S. Military.

If you are a veteran, we may release your PHI, particularly if you are receiving health care products and services from Veterans Services.

Any disclosure for these purposes would be made only to authorized government officials.

**15. Disclosures of a miscellaneous nature.**

This last category of disclosures includes a variety of disclosures that we may make in accordance with HIPAA. We may be required to disclose your PHI if you are placed into the custody of a federal or state correctional system, if necessary, to protect the health and safety of you and others.

Health care is an area where much research is being conducted, and we may disclose your PHI for purposes of a research project. Finally, given the national need for organ donations, we may disclose your PHI to organizations that manage organ transplantation programs.

***Uses and Disclosures Not Contained in this Notice***

If a use and disclosure of your PHI are not contained in this Notice, then we will obtain your written authorization before the use and disclosure.

You may have the right to refuse to authorize the use and disclosure, or if you grant the authorization, to revoke the authorization at any time.

If such authorization is requested, we will provide you with a form that describes the proposed use and disclosure and your rights related to the requested authorization.

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***Your Rights as a Patient Regarding PHI***

As our patient, you have several rights associated with your PHI. The following notice describes your specific rights.

- ✓ You have the right to request restrictions or limitations on how we use and/or disclose your PHI, however, we do not have to agree to your requested restriction or limitation (except for transactions you paid for in full out-of-pocket).



- ✓ Your written request must specify:
  1. If you would like to restrict or limit our use and/or disclosure;
  2. What information you want restricted or limited
  3. To whom the restriction or limitation applies (e.g., spouse)
  
- ✓ If we agree to your request, it will not prevent us from disclosing your PHI as follows:
  1. To you if you request access or an accounting of disclosures
  2. For purposes required or permitted by law
  3. In case of an emergency
  
- ✓ You have the right to receive confidential communications concerning your PHI by alternative means or via alternative locations. For example, you may want to receive communications related to your prescriptions at a different address other than your home address.
  
- ✓ If you wish to receive confidential communications via alternative means or locations, please submit your request in writing to the Privacy Officer and set forth the alternative means by which you wish to receive communications or the alternative location at which you wish to receive such communications. We will accommodate all reasonable requests.
  
- ✓ You have the right to access, inspect and obtain a copy of your PHI, including any electronic PHI; provided, however, you are not entitled to access certain PHI exempted under HIPAA.
  
- ✓ To the extent we maintain electronic PHI upon request we will provide you with a copy of your PHI in the format requested. If we do not have your PHI in our possession, we will provide you with the appropriate contact information when your request is received.
  
- ✓ If you request a copy of your PHI, you will receive a response to your request in a timely fashion, but reasonable fee may be applied to cover copy costs and postage. In some limited circumstances, we may deny your request for access to PHI in which case you may request for the denial to be reviewed. If access is ultimately denied, you are entitled to a written explanation of the reason(s) for the denial.
  
- ✓ You have the right to receive an accounting of disclosures of your PHI made by Total Health Care Specialty Pharmacy, including disclosures to or by our business associate(s) for a period of six (6) years prior to the date on which you request an accounting of disclosures or a lesser period as you indicate.
  
- ✓ You will receive one request annually free of charge and, thereafter, we may charge you a reasonable cost-based fee for each subsequent request for an accounting of disclosures within the same twelve-month period. We will notify you of the cost for an accounting of disclosures, and you may choose to withdraw or modify your request before we charge you.
  
- ✓ If you believe we have PHI about you that is incorrect or incomplete, you may make a written request to Total Health Care Specialty Pharmacy stating the reasons to support any requested amendment.
  
- ✓ You have the right to request an amendment to your PHI for so long as we maintain your PHI. If



we do not have your PHI in our possession, we will provide you with the appropriate contact information when we receive your request We will respond to your request for an amendment after we receive your request.

- ✓ However, we may deny your request for amendment if, for example, we determine that the PHI you requested was not created by us or is already accurate and complete You may respond to our denial by filing a written statement of disagreement, but we have the right to rebut your disagreement.
- ✓ If this occurs you have the right to request that your original request, our denial, your statement of disagreement and our rebuttal be included in future disclosures of your PHI.
- ✓ You have the right at any time to obtain a paper copy of this Notice, even if you receive this Notice electronically. If you have received an electronic copy of this Notice but wish to obtain a paper copy of this Notice, please contact a member of our team.
- ✓ You have the right to opt-out of fundraising, and your PHI will not be used for fundraising purposes or sold without your prior authorization.

***Additional Information/Questions or Complaints*** [P-PSC 1-1 c] [DRX 5-5G]

If you believe your privacy rights have been violated, you may file a complaint without retaliation with the Specialty Pharmacy Compliance Officer or Total Health Care Compliance Officer. If you need any additional information about this Notice or wish to exercise any of your rights outlined in this Notice, please contact the

**Specialty Pharmacy Compliance Officer at:**

Total Health Care Specialty

1501 Division street, Baltimore MD 21217

Phone: 410-735-5357

E-mail: [Thespecialtyrx@totalhealthcare.org](mailto:Thespecialtyrx@totalhealthcare.org)

Or

**Via Compliance Hotline at 833-961-3649**

Or

**[www.Lighthouse-services.com/totalhealthcare](http://www.Lighthouse-services.com/totalhealthcare)**

***Conclusion***

HIPAA requires that we offer you this “Notice of Privacy Practices” and make a good faith effort to obtain your written acknowledgment that you were given this Notice.

Upon giving you this Notice, you will be asked to sign a document acknowledging that you have been offered this Notice. We appreciate your cooperation in reviewing this Notice and in giving us your written acknowledgment.

Please consult our Pharmacy Privacy Officer if you have any questions or want more information concerning your healthcare and privacy rights under HIPAA or the laws of our state, or our privacy practices. Consult our Pharmacy Privacy Officer if you wish to file a complaint about our privacy practices or if you believe we have violated any of your rights as described in this Notice.

Again, thank you for allowing us the privilege of being your pharmacy, and we look forward to





continuing to be of service to you.

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## **Client / Patient Complaint and Resolution Process**

Total Health Care Specialty Pharmacy would like to inform you in writing of your right to voice grievances/complaints and to recommend changes without coercion, discrimination, reprisal and/or unreasonable interruption in your services. Total Health Care Specialty Pharmacy will respond to all complaints and/or concerns expressed by clients.

The staff at Total Health Care Specialty Pharmacy would like to encourage you to discuss any of your concerns or issues with us. Please allow us the opportunity to resolve any problems. All patient complaints, regardless of seriousness, will be documented and acted on.

Please call or use the complaint form on the following page to submit any formal complaints about the pharmacy.

- The complaint investigation shall begin within 24 hours of receipt of the complaint.
- Within two (2) business days of receiving a complaint, the organization will notify you using oral, telephone, e-mail, fax, or letter format, which it has received the complaint and has opened an investigation.
- Within five (5) business days, Total Health Care Pharmacy will provide you written notification to the results of the investigation.
- You will be notified verbally and in writing of any delay within fourteen (14) business days.

If you have any **concerns** or additional questions, please feel free to contact:

**Director of Pharmacy**  
**Total Health Care Specialty**  
**1501 Division street, Baltimore MD 21217**  
**Phone: 410-735-5357**  
**E-mail: [Thspecialtyrx@totalhealthcare.org](mailto:Thspecialtyrx@totalhealthcare.org)**

You may also file a complaint with the Maryland Board of Pharmacy

**Maryland Board of Pharmacy**  
**4201 Patterson Avenue**  
**Baltimore, Maryland 21215**  
**<https://health.maryland.gov/pharmacy/Pages/index.aspx>**  
**Email: [MDH.MDBOP@maryland.gov](mailto:MDH.MDBOP@maryland.gov)**

You may also file a complaint with the Accreditation Commission for Health Care (ACHC)

**Accreditation Commission for Health Care**  
**139 Weston Oaks Ct.**  
**Cary, NC 27513**  
**1-855-937-2242**  
**[www.achc.org](http://www.achc.org)**



**Client/Patient Complaint Form**

1501 Division Street.  
Baltimore, MD 21217  
1-888-216-6533 toll-free phone  
1-888-216-6802 toll-free fax

**Name:** (Optional) \_\_\_\_\_

**Date of Birth:** (optional) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Pharmacy Staff, (if known):** \_\_\_\_\_

**Complaint:**

**Thank you.**

Within two business days of receiving your complaint, the pharmacy will notify you that your complaint has been received and is being investigated. Within five business days, you will be notified of the results of the investigation. You will be notified verbally and in writing of any delay.

**----Below Fields for Pharmacy Use Only ----**



Pharmacy Staff Receiving Complaint: \_\_\_\_\_ Date \_\_\_\_\_

**RESOLUTION ACTION(s): Response to client required within 5 business days**

Investigator Name: \_\_\_\_\_ Date Investigated Initiated: \_\_\_\_\_

**Findings:**

**Resolved, explain:**

**Unresolved, explain and next steps:**

Signature of Investigator: \_\_\_\_\_ Date \_\_\_\_\_

Date client contacted to confirm receipt: \_\_\_\_\_ Written \_\_\_\_\_ Telephone \_\_\_\_\_ In-person \_\_\_\_\_

Date client provided investigation results: \_\_\_\_\_ Written \_\_\_\_\_ Telephone \_\_\_\_\_ In-person \_\_\_\_\_



1501 Division Street.  
Baltimore, MD 21217  
1-888-216-6533 toll-free phone  
1-888-216-6802 toll-free fax

**Client / Patient Satisfaction Survey**

*Thank you for being a valued client of Total Health Care Specialty Pharmacy. We request that you complete the following survey to assist us in the improvement of treatment, care, and services. Thank you.*

Name: (Optional) \_\_\_\_\_ Date of Birth: (optional) \_\_\_\_\_ Date: \_\_\_\_\_

Name of Pharmacy Staff, (if known): \_\_\_\_\_

Please rate the following questions on a scale from 1 to 5, where 1=Strongly Disagree, 2=Somewhat Disagree, 3=Neutral (no opinion), 4=Somewhat Agree, and 5=Strongly Agree:

Satisfaction Survey Question	Rating (1-5)
1. My initial contact with Total Health Care Specialty Pharmacy staff was positive.	
2. The staff was courteous and professional.	
3. The staff was knowledgeable regarding my disease state and medication(s).	
4. My medications were filled accurately.	
5. My medications were filled in a timely manner.	
6. I was clearly educated regarding medication safety storage, administration, and disposal.	
7. The welcome package material was clear and useful.	
8. The staff was able to answer all questions concerning my medication(s) and/or therapy to my satisfaction.	
9. The pharmacy worked with my physician and insurance to provide coordination of care that met my needs.	
10. I understand my individual plan of care/treatment plan.	
11. My overall experience with Total Health Care Specialty Pharmacy has exceeded my expectations.	

**Comment/Suggestions:**

\_\_\_\_\_

*Please return your completed survey in the postage paid envelope provided and/or mail your completed survey to:*

*Total Health Care Specialty Pharmacy, 1501 Division street, Baltimore, MD 21217*

*Thank you for your feedback to help Total Health Care Specialty Pharmacy's efforts for continuous*



**Acknowledgement of Welcome Packet Information**

**Acknowledgment of Clinical Program Admissions and Welcome Packet that contains the following information:**

- Pharmacy Mission and Vision Statement
- Pharmacy Contact Information & 24-Hour Support
- Hours of Operation
- Refills for Delivery to Client/Healthcare provider
- Information on Deliveries and shipping
- Financial Responsibility
- Assignment of Benefits including co-pay, insurance
- Shipping
- Counseling/Education
- Returns
- Emergency Situations
- Home Safety
- Medication and Medication Safety
- Disposal of Medical Waste
- Clinical Management Program Options
- Notice of Client Rights and Responsibilities\Clinical Management Program Patient Rights
- Nursing Service Information
- DME Standards
- Privacy Notice & Practices
- Patient Satisfaction Form
- Complaint Process
- Authorization for Release of Information Pursuant To HIPAA, (separate form from Welcome Packet).

Please sign and return this acknowledgment with additional forms in the postage paid envelope

provided. Thank you!

**I have received the Total Health Care Specialty Pharmacy Welcome Package/Handbook and Release of Information.**

**Print Name** \_\_\_\_\_

**Client Signature** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**Date** \_\_\_\_\_



**RELEASE OF INFORMATION**

**Please complete and return the attached “AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TOHIPAA” form. Thank you!**

**Financial Responsibility and Assignment of Benefits**

Total Health Care Specialty Pharmacy agrees to bill Medicare, Medicaid or a private insurance carrier for any pharmaceuticals dispensed. Should it be required by any program that the client is responsible for any deductible, co-insurance, co-payment or disallowance of payment, Total Health Care Specialty Pharmacy has the right to bill the client of those charges, provide an accurate as possible estimate of the charges billed to the payer and of those, if any, which will be billed to the client. Further notification is provided that the cost(s) of services may have to be negotiated with your insurance company after delivery is made and that a good will estimate can be provided upon request. I, at this moment authorize Total Health Care Specialty Pharmacy to request any medical records or copy of such that may be needed to ensure accurate costs of goods/services.

I agree that the insurance company’s verification of benefits does not release me from financial responsibility for services rendered. If the insurance company denies any claims, in part or whole, I am financially responsible for all charges not covered by my insurance. I understand that the insurance claims are subject to medical review and that the insurance company is not obligated to pay for services not covered by the applicable policy. I understand that this notification of benefits is a good faith estimate and that actual client financial responsibility will be determined when the claim is processed.

Payment Authorization: I request that payment of authorized Medicare benefits be made on my behalf to Total Health Care Specialty Pharmacy for any services furnished to me by Total Health Care Specialty Pharmacy. I authorize any holder of medical information to release information about me to Total Health Care Specialty Pharmacy and its agents, including information needed to determine these benefits.

I agree to inform Total Health Care Specialty Pharmacy Corp. of any change in my status including, but not limited to; change in address, hospital or nursing home admissions and discharges, and any changes that affect my insurance coverage and payments or my ability to pay for products and services rendered by Total Health Care Specialty Pharmacy. If you have any questions regarding this form, please contact Total Health Care Specialty Pharmacy.

**Client/Representative Signature** \_\_\_\_\_

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

**Print Client/Representative Name** \_\_\_\_\_

**Relationship:** \_\_\_\_\_



## Clinical Management Program Options

Total Health Care Specialty Pharmacy has trained clinicians to assist the client with his/her specialized needs, providing consultations and communicating with other members of their healthcare team.

During initial contact the staff will conduct a disease-specific initial assessment and based on the finding, the clinician develops an individualized disease-specific Plan of Care based on evidence-based standards.

The Plan of Care has interventions and measurable goals concerning the identified strengths and needs of the clients.

The staff conducts an ongoing reassessment of the client to identify changes in client or need for service, treatment or care and the plan of care update as warranted or at least every six months.

The clinical management of the disease is based on evidence-based standards of care and best practice optimizing client outcomes.

### I choose the following option:

Elect to enroll in the Clinical Management Program, I am aware that may unenroll/opt-out at any time by notifying the staff.

I do not wish participate in the Clinical Management Program currently but aware I have the choice to enroll at any time.

I wish to unregister from the Clinical Management Program.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Verbal Consent Given

\_\_\_\_\_ Date \_\_\_\_\_  
Written Consent Given Staff Signature

