



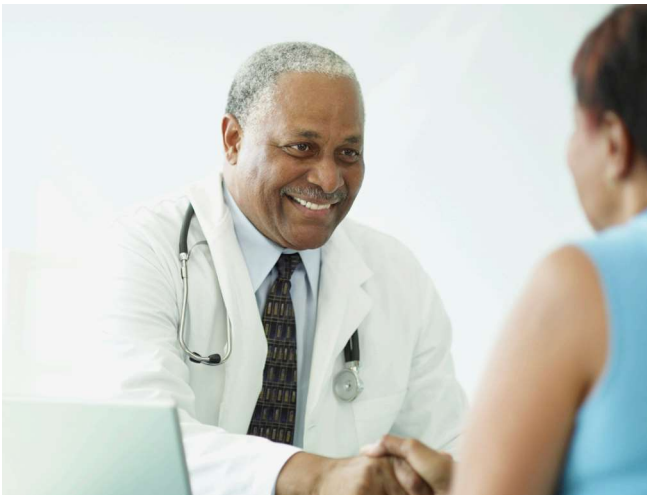
# Making Care Remarkable, for You.

Welcome to Novant Health New Hanover Regional Medical Center Specialty Pharmacy. You're getting this packet because your provider prescribed a specialty medication to treat a complex condition. This guide goes hand-in-hand with your new prescription. It introduces you to Novant Health New Hanover Regional Medical Center Specialty Pharmacy and how we help you manage your condition as well as your health. As a Novant Health New Hanover Regional Medical Center Specialty Pharmacy patient, you receive more than professionally dispensed specialty medications. You also get a partner in your healthcare. Our team is dedicated to providing support to clinicians and their patients. If you have any questions or concerns about the prescription medication(s) we have provided, please contact us.

We're here to help you on your journey to remarkable.

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## Your care team

Our job and mission are to improve the health of communities, one person at a time. Our promise: We are making your healthcare experience remarkable. We will bring you world-class clinicians, care and technology — when and where you need it. We are reinventing the healthcare experience to be simpler, more convenient and more affordable, so that you can focus on getting better and staying healthy. To make that happen, we have a whole team of experts dedicated to your service. Your care team includes:

### Customer service representatives

- Schedule medication delivery times and locations that fit your needs.
- Answer phone calls and triage to the right care team member.
- Proactively monitor your package shipment once it leaves our pharmacy to ensure it arrives on time and to alert you of any potential delays. To obtain your order status, please call our pharmacy (phone numbers are listed on the last page of this document).

### Medication management specialists

- Work to make sure your insurance coverage and copays are correct.
- Help with the prior authorization process between your insurance and doctor.
- Help find ways that may reduce medication copays (financial assistance).

### Pharmacists

- Help make sure you know how your medications work.
- Look to see if any of your medications may not work well together.
- Follow up to see how you are doing with medications and side effects.
- You can find some questions that we are commonly asked on page 15 of this packet.
- Pharmacist will be able to provide you with evidence-based health information that includes content for common conditions, diagnoses, and treatment diagnostics and interventions.

## What you can expect

### Personalized care and regular follow-ups

Our specialty-trained staff members will work with you to discuss your treatment plan and address your questions or concerns. We will be in close contact with you throughout the course of your treatment.

### Benefits

There may be times when you are prescribed a medication that your insurance plan may not cover. We will work to lower your drug costs by getting the medication covered, switching to a medication that is covered or applying valid manufacturer discounts.

### Patient management program

Following the treatment plan created by your healthcare team, the program is designed to provide benefits such as managing side effects, increasing adherence to drug therapies and overall improvement of your health. If you no longer wish to participate in our patient management program, you may contact our team by phone to opt out.

### What the program offers

- In-depth consultation services
- Refill reminder calls
- Free delivery of your medication upon request
- Prescription transfer if the Novant Health New Hanover Regional Medical Center Specialty Pharmacy program cannot fulfill the prescription
- 24/7 support

## Safety and storage

### Medication storage

Keep all medications and supplies out of reach of children and pets and away from other household or food items. If your medication needs to be kept in the refrigerator, put it on a clean shelf or in a drawer.

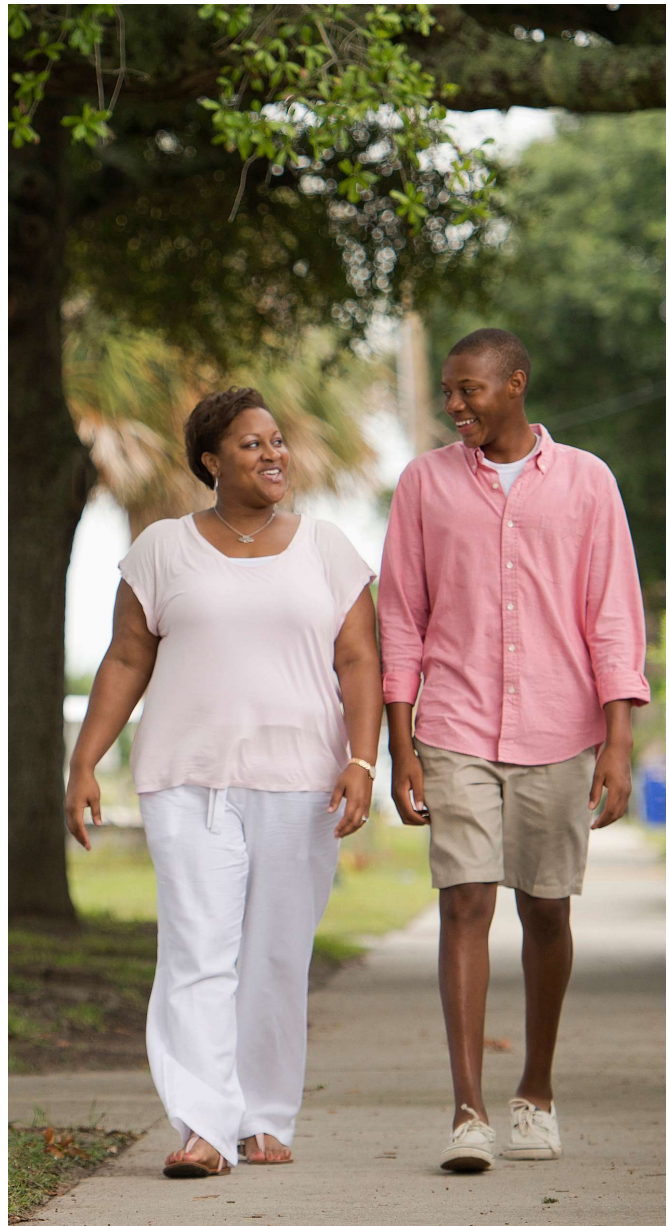
### Waste disposal

Do not flush unused medications or pour them down the sink. Using local drug takeback programs is the best way to dispose of unwanted medications. Do not recap needles after injections. Keep a rigid, puncture-proof, leak-proof container close by for easy disposal of syringes and needles. Store the container upright and keep out of reach of children. To dispose of the container properly, follow your county or city regulations. Please do not take the container to Novant Health New Hanover Regional Medical Center Specialty Pharmacy. If you need more information on disposal of unused medications or medical waste, consult your local Department of Public Health agency, call your pharmacy or visit [fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-drug-take-back-locations](https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-drug-take-back-locations). If you need a new sharps container, please let us know when setting up your refill. For more information on safe disposal, you can visit the Federal Drug Administration Consumer Information on Safe Disposal of Medications web page ([fda.gov](https://www.fda.gov)).

### Emergency and disaster preparation

In the event of an emergency situation, including missed treatment, please during a disaster, please go to your local pharmacy or hospital. If there is a disaster in our area, please take enough medication and supplies to last through the emergency. If you use an infusion pump or other device, be sure to take that with you, too. Store temperature-sensitive medication in an ice-filled ice chest, and when you can, let our team know how you are and how to reach you. To ensure that your treatment is not interrupted, you are welcome to pick up your medication or have your medication shipped from one of our specialty pharmacies that is not affected by the disaster or emergency.

For more on emergency and disaster preparation, see page 7 of this packet.



### Recalls

In the event of an FDA-mandated drug recall, Novant Health New Hanover Regional Medical Center Specialty Pharmacy will contact you with instructions on how to return the drug for proper disposal.

## Home safety information

Here are some guidelines to help you keep your home safe. Correct unsafe conditions before they cause an accident.

### Medication

- If children are in the home, store medications and poisons in childproof containers and out of reach.
- All medication should be labeled clearly and left in original containers.
- Do not give or take medications that were prescribed for other people.
- When taking or giving medication, read the label and measure doses carefully.
- Know the side effects of the medication you are taking.
- Do not throw away outdated medication by pouring down a sink or flushing down the toilet.

### Mobility items

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

- Do not use walkers, canes or crutches on slippery or wet surfaces.
- Always put the wheelchairs or seated walkers in the lock position when standing up or before sitting down.
- Wear shoes when using these items and try to avoid obstacles in your path and soft and uneven surfaces.

### Slips and/or falls

Slips 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.

- Arrange furniture for easy home navigation.
- 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.
- Wipe up all spilled water, oil or grease immediately.
- Keep drawers and cabinets closed.

### Lifting

If it is too big, too heavy, or too awkward to move alone — GET HELP.

Here are some things you can do to prevent low back pain or injury.

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

### Electrical accidents

Watch for early warning signs: overheating, a burning smell, sparks. Unplug the appliance and get it checked right away.

Here are some things you can do to prevent electrical accidents.

- Keep cords and electrical appliances away from water.
- Do not plug cords under rugs, through doorways or near heaters. 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 fixed right away.
- Use a ground on three-wire plugs to prevent shock in case of electrical fault.
- Do not overload outlets with too many plugs.
- Use three-prong adapters when necessary.

#### Footnotes

- ACHC Standards: DRX2-1A, DRX2-2A, DRX2-2A.01, DRX2-2B, DRX2-3A, DRX2-4A, DRX2-5A, DRX2-6A, DRX3-4B, DRX5-4A
- URAC Standards: PHARM Core 37, CSCD 1, PM 12

## Smell gas?

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

## Fire

Pre-plan and practice your fire escape. Plan at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located. Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs.

Here are some steps to prevent fires.

- Install smoke detectors. They are your best early warning. Test frequently and change the battery every year.
- If there is oxygen in use, place a "No Smoking" sign in plain view of all persons entering the home.
- Throw away old newspapers, magazines, and boxes.
- Empty wastebaskets and trashcans regularly.
- Do not toss matches into wastebaskets unless you know they are out. Wet down first or dump into toilet.
- Have your chimney and fireplace checked frequently. Look for and repair cracks and loose mortar.
- Keep paper, wood and rugs away from area where sparks could hit them.
- Be careful when using space heaters.
- Follow instructions when using heating pad to avoid serious burns.
- Check your furnace and pipes regularly. If nearby walls or ceilings feel hot, add insulation.
- Keep a fire extinguisher in your home and know how to use it.

If you have a fire or suspect fire:

- Take immediate action per 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 window.

## Handwashing and infection prevention

The No. 1 way to prevent infection is through proper handwashing. It only takes 20 seconds of using either soap and water or an alcohol-based hand rub to kill the germs that might cause infection. Hand-sanitizing dispensers are located throughout our facilities including at all entrances and in all patient rooms. Frequent handwashing should take place:

- Before eating
- After using the restroom
- After touching any blood or body fluids
- After touching bedpans, dressings or other soiled items

Here's how you should clean your hands with soap and water:

- 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.
- Rinse your hands well under clean, running water.
- Dry your hands using a clean towel or air dry them.

Here's how you should clean your hands with hand sanitizers (waterless hand cleaners):

- Apply the correct amount (per label) of the product to the palm.
- Rub your hands together. Cover all surfaces of your hands and fingers until they are dry. This should take around 20 seconds.

### Footnotes

- ACHC Standards: DRX2-1A, DRX2-2A, DRX2-2A.01, DRX2-2B, DRX2-3A, DRX2-4A, DRX2-5A, DRX2-6A, DRX3-4B, DRX5-4A
- URAC Standards: PHARM Core 37, CSCD 1, PM 12



# Emergency and disaster preparedness — are you ready?



Prepare	Plan	Respond	Recover
<ul style="list-style-type: none"> <li>• Risks</li> <li>• Team members</li> <li>• Resources</li> <li>• Inventory</li> <li>• Equipment</li> <li>• Facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Strategy</li> <li>• Guides</li> <li>• Accessibility</li> <li>• Protection</li> <li>• Impact</li> <li>• Communication</li> <li>• Resource management</li> </ul>	<ul style="list-style-type: none"> <li>• Implemented strategies</li> <li>• Immediate needs</li> <li>• Essential services</li> </ul>	<ul style="list-style-type: none"> <li>• Rebuild</li> <li>• Assistance programs</li> <li>• Evaluate results</li> <li>• Future initiatives</li> </ul>

## Emergency and disaster preparedness plan

The New Hanover New Hanover Regional Specialty Pharmacy program has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility, chemical spills in the community, earthquakes, hurricanes, tornadoes and community evacuations. Our primary goal is to continue to service your prescription care needs. When there is a threat of disaster or inclement weather in the Wilmington area, the Specialty Pharmacy will contact you. If you might be affected by a threat of disease or inclement weather outside of the Wilmington area, it is your responsibility to contact the pharmacy. This process will help ensure you have enough medication to sustain you.

The Specialty Pharmacy will use every resource available to continue to serve you. However, there may be circumstances when the Specialty Pharmacy program cannot meet your needs due to the scope of the disaster. In that case, you must use the resources of your local rescue or medical facility. Please read the following guide to help you in case of an emergency or disaster.

1. Not all weather emergencies can be declared in advance. We will attempt to call you if a weather emergency is in the forecast. If you are not in the area or not accessible through the number we have on file for you, call the pharmacy three to five days before the projected emergency if possible.
2. The pharmacy will send your medication next day delivery during any suspected inclement weather emergencies.
3. If the pharmacy cannot get your medication to you before the weather emergency, the pharmacy will transfer your medication to a local specialty pharmacy.
4. If a local disaster occurs, please listen to your local news and rescue center for advice on obtaining medication. Visit your local hospital immediately if you will miss a dose.
5. The pharmacy recommends all patients leave a secondary emergency number. If you have an emergency that is not environmental but personal and you need your medication, please contact the pharmacy at your convenience and we will help you.

### Where can you go for help?

- Federal Emergency Management Agency (FEMA) — [fema.gov](http://fema.gov)
- Centers for Disease Control and Prevention (CDC) — [cdc.gov](http://cdc.gov)
- CDC’s Strategic National Stockpile (SNS) — [phe.gov/about/sns/Pages/default.aspx](http://phe.gov/about/sns/Pages/default.aspx)
- National Association of County and City Health Officials (NACCHO) — [naccho.org](http://naccho.org)
- ReadyNC — [readync.org](http://readync.org)
- North Carolina Division of Emergency Management — [ncem.org](http://ncem.org)

Footnotes

- ACHC Standards: DRX2-1A, DRX2-2A, DRX2-2A.01, DRX2-2B, DRX2-3A, DRX2-4A, DRX2-5A, DRX2-6A, DRX3-4B, DRX5-4A
- URAC Standards: PHARM Core 37, CSCD 1, PM 12





## Billing and understanding your insurance plan

### Financial responsibility notification

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

By accepting medication from Novant Health New Hanover Regional Medical Center Specialty Pharmacy, you authorize payment by your insurance company or prescription benefit manager (prescription insurance card) to Novant Health New Hanover Regional Medical Center Specialty Pharmacy for medications and supplies received from Novant Health New Hanover Regional Medical Center Specialty Pharmacy. You are financially responsible for all copayments and deductibles associated with your insurance benefit.

Novant Health New Hanover Regional Medical Center Specialty Pharmacy will take all reasonable steps to correctly file and process your insurance claims, including the initial filing of insurance and any prior authorization or appeals process necessary for coverage determination. Please note, if your insurance

provider fails to remit payment, you may be responsible for the amount due.

### Specialty Pharmacy billing

- 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 shipping or pick-up.
- We accept cash, check or credit card as payment.
- Novant Health team members may also pay through payroll deduction.

### Prescription transfers/out of network

If we are not contracted with your pharmacy benefit manager and are out of network, we may be unable to dispense your prescription. We will notify you and offer to transfer the prescription to a pharmacy that is within your pharmacy benefit network. If you desire to fill at another pharmacy, please call us and we can transfer your prescription to the pharmacy of your choice.

### Financial assistance

We have access to financial assistance programs to help with copayments and ensure no financial barriers to starting your medication. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will help you to enroll into such programs.

#### Footnotes

- ACHC Standards: DRX2-1A, DRX2-2A, DRX2-2A.01, DRX2-2B, DRX2-3A, DRX2-4A, DRX2-5A, DRX2-6A, DRX3-4B, DRX5-4A
- URAC Standards: PHARM Core 37, CSCD 1, PM 12

# Medicare prescription drug coverage and your rights

## Your Medicare rights

You **have the right to request a coverage determination** from your Medicare drug plan if you disagree with information provided by the pharmacy. You also **have the right to request a special type of coverage determination called an “exception”** if you believe:

- You need a drug that is not on your drug plan’s list of covered drugs. The list of covered drugs is called a “formulary;”
- A coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- You need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price.

## What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan’s toll-free phone number on the back of your plan membership card, or by going to your plan’s website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan’s notice will explain why coverage was denied and how to request an appeal if you disagree with the plan’s decision.

Refer to your plan materials or call 1-800-Medicare for more information.

**PRA Disclosure Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0975. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, large print, audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 800-MEDICARE.

### Footnotes

- ACHC Standards: DRX2-1A, DRX2-2A, DRX2-2A.01, DRX2-2B, DRX2-3A, DRX2-4A, DRX2-5A, DRX2-6A, DRX3-4B, DRX5-4A
- URAC Standards: PHARM Core 37, CSCD 1, PM 12

## Medication delivery and more

We make it easy to get the medication(s) you need, when and where you need it. We give you the choice of pickup at a Novant Health New Hanover Regional Medical Center Specialty Pharmacy or delivery at home, or a preferred location.

### Delivery times

Regular delivery is Monday through Friday, but some shipments arrive on Saturday.

### Late or missing deliveries

Sometimes, shipments may be delayed for reasons beyond our control. We track all shipments until delivery is confirmed or an exception occurs. If you don't receive your medication on schedule, call us as soon as possible to avoid missing a dose. We have staff available 24 hours a day, seven days a week to address your delivery concerns.

### Receiving your shipment

You or your insurance plan may require a signature for medication delivery. If that's the case, we can't leave your package at the door. We can always deliver your medication(s) to another location, even when you're on vacation.

### Our partners

Novant Health New Hanover Regional Medical Center Specialty Pharmacy uses the services of commercial shipping vendors including FedEx and U.S. Postal Service.

### Change of address

Please let us know if your address, phone number or delivery preference changes.

### Lower-cost generics

Some states allow lower-cost generic medications. If your doctor prescribes a brand-name medication, we may call him or her to see if a generic is right for you. This helps make sure your medications are both cost-effective and clinically effective.

### Drugs we stock

Our inventory includes a large stock of specialty oral and injectable specialty medications. If a generic



is available, we will offer to substitute. If you need a medication that is not included in our drug inventory, we will make every effort to obtain the medication for you. If Novant Health New Hanover Regional Medical Center Specialty Pharmacy cannot obtain the medication you need, we will assist you with finding a pharmacy that carries the medication you need.

## Ordering your prescription

Making sure it's easy to get the medication you need is our priority. A Novant Health New Hanover Regional Medical Center Specialty Pharmacy team member will contact you a week before your medication runs out.

## Medication therapy management program

Novant Health New Hanover Regional Medical Center Specialty Pharmacy is dedicated to providing support to our patients, ensuring that you receive safe and optimal care through our medication therapy management (MTM) program. This program is led by pharmacists who specialize in helping our patients manage their specialty medication therapy. MTM is intended to be an extension of the care you currently receive from your physician's office. This program helps ensure your safety and optimal medication management reducing the potential for medication errors, improving adherence to treatment and providing education regarding potential side effects. This service is provided to you at no additional cost, and your participation is completely voluntary. If you would like to not participate in our medication therapy management program, please contact a member of our specialty pharmacy team and we will promptly remove you from our program.

#### Footnotes

- ACHC Standards: DRX2-1A, DRX2-2A, DRX2-2A.01, DRX2-2B, DRX2-3A, DRX2-4A, DRX2-5A, DRX2-6A, DRX3-4B, DRX5-4A
- URAC Standards: PHARM Core 37, CSCD 1, PM 12

## Rights and responsibilities for inclusion in patient management program

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.

### Patient rights

- To select those who provide you with pharmacy services
- To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap
- To be treated with friendliness, courtesy and respect by each and every individual representing our pharmacy, who provided treatment or services for you and be free from neglect or abuse, be it physical or mental
- To assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs, including management of pain
- To be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another healthcare provider, or the termination of services
- To express concerns, grievances, or recommend modifications to our pharmacy in regard to services or care, without fear of discrimination or reprisal [ACHC Standard DRX2-2A.01]
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans [URAC CSCD 1 (e-ii)]
- To receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our pharmacy's policies, procedures and charges
- To request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality
- To be given information as it relates to the uses and disclosure of your plan of care
- To have your plan of care remain private and confidential, except as required and permitted by law
- To receive instructions on handling drug recalls [URAC CSCD 1 (e-iii)]
- To confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information; PHI will only be shared with the Patient Management Program in accordance with state and federal law
- To receive information on how to access support from consumer advocates groups [URAC CSCD 1 (a-iv)]
- To receive pharmacy health and safety information to include consumers' rights and responsibilities [URAC CSCD 1 (e-iv)]
- To know about philosophy and characteristics of the Patient Management Program [URAC PM 12 (a)]
- To have personal health information shared with the Patient Management Program only in accordance with state and federal law [URAC PM 12 (b)]
- To identify the program's staff members, including their job title, and to speak with a supervisor of the staff member if requested [URAC PM 12 (c)]
- To speak to a health professional [URAC PM 12 (d)]
- To receive information about the Patient Management Program [URAC PM 12 (e)]
- To receive administrative information regarding changes in or termination of the Patient Management Program [URAC PM 12 (f)]
- To decline participation, revoke consent or disenroll at any point in time [URAC PM 12 (g)]

#### Footnotes

- ACHC Standards: DRX2-1A, DRX2-2A, DRX2-2A.01, DRX2-2B, DRX2-3A, DRX2-4A, DRX2-5A, DRX2-6A, DRX3-4B, DRX5-4A
- URAC Standards: PHARM Core 37, CSCD 1, PM 12

- 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 [ACHC Standard DRX2-1A]
- Be informed, both verbally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible [ACHC Standard DRX3-4B]
- Receive information about the scope of services that the organization will provide and specific limitations on those services [ACHC Standard DRX2-1A]
- Participate in the development and periodic revision of the plan of care [ACHC Standard DRX5-4A]
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented [ACHC Standard DRX2-6A]
- Be informed of client/patient rights under state law to formulate an advance directive, if applicable [ACHC Standard DRX2-6A]
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality [ACHC Standard DRX2-2B]
- Be able to identify visiting personnel members through proper identification [ACHC Standard DRX2-2B]
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property [ACHC Standard DRX2-3A]
- Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal [ACHC Standard DRX2-4A]
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated [ACHC Standard DRX2-4A]
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information [ACHC Standard DRX2-5A]
- Be advised on agency's policies and procedures regarding the disclosure of clinical records [ACHC Standard DRX2-5A]
- Choose a healthcare provider, including choosing an attending physician, if applicable [ACHC Standard DRX2-2B]
- Receive appropriate care without discrimination in accordance with physician orders, if applicable [ACHC Standard DRX2-2B]
- Be informed of any financial benefits when referred to an organization [ACHC Standard DRX2-2B]
- Be fully informed of one's responsibilities [ACHC Standard DRX2-2B]

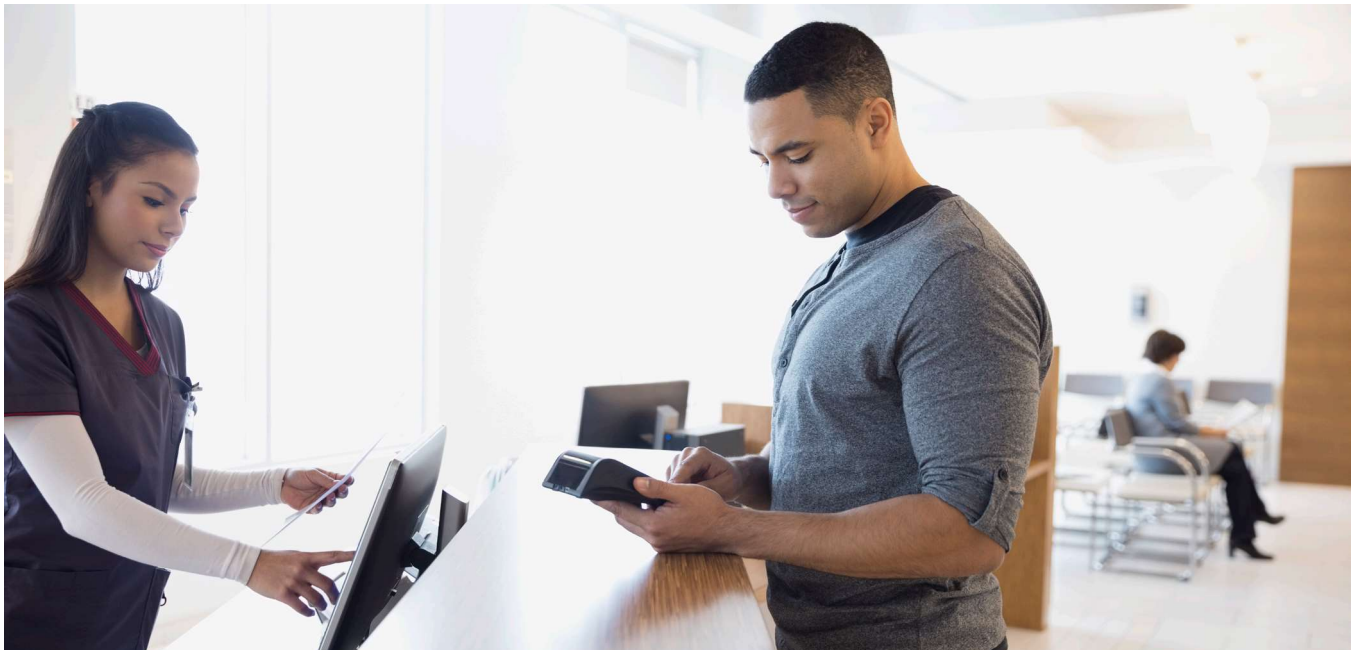


Footnotes

- ACHC Standards: DRX2-1A, DRX2-2A, DRX2-2A.01, DRX2-2B, DRX2-3A, DRX2-4A, DRX2-5A, DRX2-6A, DRX3-4B, DRX5-4A
- URAC Standards: PHARM Core 37, CSCD 1, PM 12

## Patient responsibilities

- To provide accurate and complete information regarding your past and present medical history as well as contact information and any changes [ACHC Standard DRX2-2A.01]
- To agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments
- To participate in the development and updating of a plan of care
- To communicate whether you clearly comprehend the course of treatment and plan of care
- To comply with the plan of care and clinical instructions
- To accept responsibility for your actions if refusing treatment or not complying with the prescribed treatment and services
- To respect the rights of pharmacy personnel
- To notify your physician and the pharmacy with any potential side effects and/or complications [URAC CSCD 1 (e-v)]
- To notify Novant Health New Hanover Regional Medical Center Specialty Pharmacy via telephone when medication supply is running low so refill maybe shipped to you promptly [URAC CSCD 1 (d-ii, iii)]
- To submit any forms that are necessary to participate in the program to the extent required by law [URAC PM 12 (h)] [ACHC Standard DRX2-2A.01]
- To give accurate clinical and contact information and to notify the Patient Management Program of changes in this information [URAC PM 12 (i)]
- To notify your treating provider of your participation in the Patient Management Program, if applicable [URAC PM 12 (j)] [ACHC Standard DRX2-2A.01]
- To maintain any equipment provided [ACHC Standard DRX2-2A.01]



### Footnotes

- ACHC Standards: DRX2-1A, DRX2-2A, DRX2-2A.01, DRX2-2B, DRX2-3A, DRX2-4A, DRX2-5A, DRX2-6A, DRX3-4B, DRX5-4A
- URAC Standards: PHARM Core 37, CSCD 1, PM 12



## Patient questions and concerns

### Questions about your medication

If you have questions or concerns about your care, please contact the pharmacy manager at your dedicated Novant Health New Hanover Regional Medical Center Specialty Pharmacy.

Our pharmacists, pharmacy technicians and medication management specialists are here for you Monday through Friday, 9 a.m. to 5 p.m. Need help after hours? Our clinical staff is on-call for you 24 hours a day, seven days a week to answer your questions about your specialty medication. Call the phone number on your prescription label.

### Returns

Novant Health New Hanover Regional Medical Center Specialty Pharmacy follows your doctor's order carefully. You cannot return or exchange medications after they have been sold to you. We cannot give credit for medication you do not use.

### Damaged shipments

If your medicine or supplies are damaged, we will arrange a return and reship the medication(s). If you have any questions or concerns, please contact us immediately by calling the phone number on your prescription label.

### Additional information regarding your condition or diagnosis

Please visit [nhrmcspecialtyrx.com/recommended-links](http://nhrmcspecialtyrx.com/recommended-links) and click on your condition/diagnosis for more information.

### When to contact us

- You have any questions or concerns about your medication.
- If the package looks damaged or is not in the correct temperature range.
- You suspect a reaction, side effect, or allergy to your medication.
- A change has occurred in your medication use.
- You would like to start taking a vitamin/supplement or any over-the-counter medication.
- Your contact information or delivery address has changed.
- Your insurance information or payment source has changed.
- You need to check the status of your delivery.
- You need to reschedule or change your delivery.
- You have any questions or concerns about our specialty pharmacy service.

#### Footnotes

- ACHC Standards: DRX2-1A, DRX2-2A, DRX2-2A.01, DRX2-2B, DRX2-3A, DRX2-4A, DRX2-5A, DRX2-6A, DRX3-4B, DRX5-4A
- URAC Standards: PHARM Core 37, CSCD 1, PM 12

## Frequently asked medication questions

### What if my medicine is recalled?

If there is a medicine recall, Novant Health New Hanover Regional Medical Center Specialty Pharmacy will call you directly and tell you what to do.

### How is my medicine best taken?

Take the medicine as ordered by your doctor. Read all the information your doctor gives you and follow all instructions closely. If you have any questions about how to take your medicine, you can contact the Novant Health New Hanover Regional Medical Center Specialty Pharmacy and speak with your specialty pharmacist.

### What do I do if I miss a dose?

Call your pharmacist or doctor to find out what to do.

### What should I expect when taking medicine (including side effects)?

You can call the Novant Health New Hanover Regional Medical Center Specialty Pharmacy to talk to a pharmacist about side effects. The pharmacist can talk directly to your doctors, nurses and other health providers to help you with your concerns. Your designated specialty pharmacy also gives out patient education guides to make sure you understand the side effects of your medicine. If you experience a side effect, let your pharmacist and/or doctor know. There are many ways to manage side effects while allowing you to continue therapy.

## Important

Fill in, sign and return the form on the following pages. Complete and place in the envelope provided and mail back to us.

Be sure to do this right away so we can get started on your treatment.

## Patient concerns, complaints, billing questions or general questions

If you have a complaint about services you are receiving from Novant Health or have not received satisfactory resolution to an issue, you may speak with a supervisor. The supervisor will investigate your complaint and take appropriate action. All issues can be escalated to the next level of management, as necessary. As part of our quality improvement (QI) program, all issues are documented and reviewed by the supervisors, manager and QI staff.

You may provide information regarding your complaint in writing, by telephone or anonymously. Our contact information is:

855-307-6868

specialtypharmacycustomerservice@NovantHealth.org

If your complaint is not resolved after contacting Novant Health New Hanover Regional Medical Center Specialty Pharmacy at the above phone number, you can:

1. Contact your state board of pharmacy:  
NC: [ncbop.org](http://ncbop.org) and SC: [llr.sc.gov/bop/](http://llr.sc.gov/bop/)
2. Call the following independent organizations that provide accreditation to Novant Health Specialty Pharmacy for meeting certain standards for pharmacy care:  
ACHC: 855-937-2242, Monday through Friday, 8 a.m. to 5 p.m. ET or [achc.org/complaint-policy-process.html](http://achc.org/complaint-policy-process.html).  
URAC: 202-216-9010, Monday through Friday, 9 a.m. to 5 p.m. ET

- Novant Health Pharmacy-New Hanover  
910-667-5180
- Novant Health Specialty Pharmacy-Shipyard  
910-662-7755
- Patient advocate line  
910-667-6655 or 910-667-7771





## Acknowledgment of Receipt of Notice of Privacy Practices

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### HIPAA – Notice of Privacy Practices

- I have been provided with a copy of Novant Health's **Joint Notice of Privacy Practices**.
- I know that the notice may be changed at any time.
- I may get a new copy of the notice on Novant Health's website at [www.NovantHealth.org](http://www.NovantHealth.org); by writing to the Privacy Official, Novant Health Privacy Office, P.O. Box 33549, Charlotte, NC 28233; or by asking for a copy at any Novant Health facility.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date/Time

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

### **For staff use only:**

Patient refused to sign. Patient was informed that signing merely acknowledges that the notice has been made available to the patient; or  Patient was initially treated for an emergency condition. The notice was made available to the patient either after stabilization or upon transfer.

Signature of Staff: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

If limited English proficiency or hearing impaired, offer interpreter at no additional cost:

Interpreter Accepted

Interpreter Refused

\_\_\_\_\_ (Name/Number of Person/Services Chosen/Used)



**Acknowledgment of Receipt of Notice of Privacy Practices**

## **Novant Health Specialty Pharmacy-Shipyard**

2250 Shipyard Blvd., Suite 12  
Wilmington, NC 28403  
910-662-7780

Hours of operation  
Monday to Friday, 9 a.m. to 5 p.m.

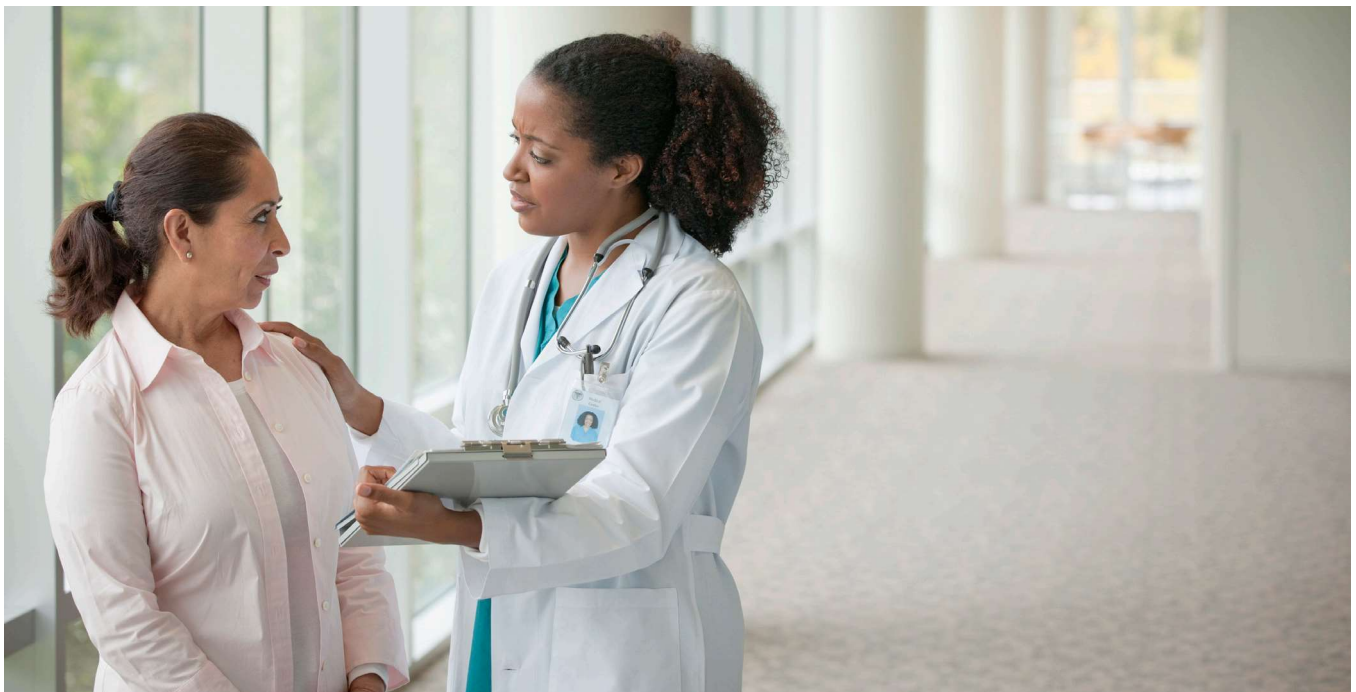
[nhrmcspecialtyrx.com](http://nhrmcspecialtyrx.com)

## **Novant Health Pharmacy-New Hanover**

2131 S. 17th St.  
Wilmington, NC 28401  
910-667-5180

Hours of operation  
Monday to Friday, 9 a.m. to 5 p.m.

[nhrmcoutpatientrx.com](http://nhrmcoutpatientrx.com)



**We can help**

Find a Novant Health specialist near you at [NovantHealth.org/Pharmacy](http://NovantHealth.org/Pharmacy)