

Contact Us Today!

TFP Wellness Systems
12470 Telecom Drive, Suite 110W
Tampa, FL. 33637

Tel. 813-871-5161
Fax 813-877-2479
Email: TFP@tfpspecialty.com

Visit us on the Web:
www.tampafamilypharmacy.com

Text us on our Secure Digital RPh Platform. Ask a team member for enrollment information.

Our Mission:

Your Lifetime Health and Wellness is Our Commitment

Thank you for choosing Tampa Family Pharmacy

TFP Wellness Systems is devoted to providing personalized patient care.

Our team of pharmacists are skilled in many disciplines of pharmacy. We are always ready to help!

We are honored to provide you pharmaceutical care and look forward to answering any of your specialized medication questions.

TFP
WELLNESS SYSTEMS



To: Our Valued Patient

Welcome to TFP Wellness Systems

About Us

We are located at:
12470 Telecom Dr. Suite 110W
Tampa, FL. 33637.

Normal business hours:
Monday–Thursday | 8:00am-5:30pm
EST
Friday | 8:00am-12:30pm EST
Saturday-Sunday | Closed
24/7 Pharmacist available on Call

Here at TFP we are happy to offer a variety of services, including but not limited to:

- Reimbursement counseling to minimize out-of-pocket costs
- Confidential delivery upon request to your home or doctor's office
- Medication refill reminders
- Side effect management and educational support

Patient Financial Responsibility

TFP Wellness Systems' patients are responsible for any cost insurance does not cover. Payment is expected at time of service. Our goal is to reduce your cost to the lowest possible. For your convenience, we accept cash, money orders, and most major credit cards.

Receiving Your Medication

We welcome all of our patients to come into the pharmacy and pick up your prescription(s) in person.

Or...you may opt to utilize our delivery service!

- Medication is carefully packaged.
- Medication will be sent to the address of your choice: home, work, doctor's office, a relative's house, etc.
- Your package will arrive within 1-2 business day.
- For packages that may require a signature, an estimated time of arrival can be provided.

Receiving Medication during an Emergency

We understand that unexpected circumstances may sometimes arise. Fortunately, we have plans in place to ensure that our patients do not go without medication during an emergency.

Emergency:

In the event that the pharmacy must be evacuated or is not reachable due to an emergency, a different site will be chosen where staff will have the ability to access patients' files and assist in getting patients their medications.

To Reach Our Staff After Hours



Question, Comment, or Complaint?

We want to hear from you!

At TFP, we strive to always provide our patients with excellent service. Please let us know what you think. We guarantee to quickly assist you with the matter.

- Notify us by telephone, text or email.
- Complaint forms are also available on website.
- Provide feedback by filling out satisfaction surveys. They are sent out to patients at random.
- Surveys are also located on our website.





Welcome Packet Acknowledgement Form

Please confirm that you have received the TFP Wellness Systems Welcome Packet by signing below.

Completed forms may be mailed to:

TFP Wellness Systems
12470 Telecom Drive, Suite 110W
Tampa, FL 33637

- ✓ I have received your Welcome Packet, which includes Hours of Operations and Scope of Services provided; Patient Bill of Rights and Responsibilities, Privacy Notice, Patient Financial Responsibility, Emergency Preparedness Education, and Informed Consent form. I have read through it carefully, and fully understand; therefore, I have signed it and sent it back to you as requested.
- ✓ I have opted to use and authorize consent for TFP Wellness Systems to fill my prescriptions and have them delivered* to me when necessary for safety and/or convenience and agree to sign and return any accompanying Pharmacy Delivery Record, as TFP Wellness Systems is required to obtain a verified signature of receipt for each filled prescription.

*Only check this box if you do **NOT** wish to have your medication(s) delivered to you and will be picking them up instead.*

Printed Name _____

Signature _____ Date _____

PLEASE PROVIDE EMERGENCY CONTACT INFORMATION

Please Note: No HIPAA / protected health information will be shared with this individual.

Name _____ Phone # _____

Relationship to Patient _____

Thank you for choosing TFP Wellness Systems -- *Your Lifetime Pharmacy Solution!*



Tampa Family Pharmacy
 DBA: TFP Wellness Systems
 12470 Telecom Dr. Suite 110W, Tampa, FL. 33637
 Phone: 813-813-5161 | Fax: 813-877-2479
 Email: Advocate@tfpspecialty.com

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION TO INDIVIDUALS/FAMILY MEMBERS

Patient Name: _____ Date of Birth: _____

In accordance with the Federal Government privacy rules implemented through the Health Insurance Portability and Accountability Act (HIPAA), for our pharmacists or staff to be able to discuss your conditions and/or medications with your family members or other individuals that you designate, we must obtain your signed authorization.

This authorization to release your information will expire on the date specified below. It is your responsibility to inform us in writing if you wish to update or change this information.

I authorize TAMPA FAMILY PHARMACY to release any or all information concerning my medical/prescription care to the following individuals:

| First Name | Last Name | Relationship | Phone # | Authorization Expiration Date |
|------------|-----------|--------------|---------|-------------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

****Please Note**:** You may choose the expiration date for each individual listed above. The date selected is based on your preference, and the authorization will remain valid until that date.

I DO NOT authorize Tampa Family Pharmacy to release any of my protected health information with any individual.

I understand that I can cancel this consent at any time by writing to Tampa Family Pharmacy. This authorization will be in effect until the expiration date input above.

Patient's Signature: _____ Date: _____



INITIATION OF SERVICES

Part I: PATIENT-PROVIDER RELATIONSHIP CONSENT

Patient Name: _____

Name of Agency: Tampa Family Pharmacy LLC. DBA TFP Wellness Systems

Agency Address: 12470 Telecom Drive, Suite 110W, Temple Terrace, FL. 33637

I consent to entering a patient-provider relationship. I authorize Tampa Family Pharmacy LLC and their representatives to render routine healthcare. I understand routine healthcare is confidential and voluntary and may involve medical office visits including obtaining medical history, examination, providing medications, administration of medication, external prescription history, laboratory tests, STI tests, research, and/or minor procedures. I may discontinue the relationship at any time.

Part II: DISCLOSURE OF INFORMATION CONSENT (*treatment, payment, or healthcare operation purposes only*) I consent to the use and disclosure of my medical information or data which may include, without limitation, photographic images; including medical, dental, HIV/AIDS, STD, TB, substance abuse prevention, psychiatric/psychological, and case management; for treatment, payment, research, quality, and healthcare operations. Substance Use Disorder medical information will not be disclosed without additional authorization in accordance with 42 CFR part 2.

PART III: MEDICARE PATIENT CERTIFICATION, AUTHORIZATION TO RELEASE, AND PAYMENT REQUEST (Only applies to Medicare Patients)

As Patient/Representative signed below, I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize the above agency to release my medical information to the Social Security Administration or its intermediaries/carriers for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for provider's services to the above-named agency and authorize it to submit a claim to Medicare for payment.

PART IV: ASSIGNMENT OF BENEFITS (Only applies to Third Party Payers)

As Patient/Representative signed below, I assign to the above-named agency all benefits provided under any healthcare plan or medical expense policy. The amount of such benefits shall not exceed the medical charges set forth by the approved fee schedule. All payments under this paragraph are to be made to above agency. I am personally responsible for charges not covered by this assignment.

PART V: MY SIGNATURE BELOW VERIFIES THE ABOVE INFORMATION AND RECEIPT OF THE NOTICE OF PRIVACY RIGHTS

Patient/Representative Signature

Relationship to Patient

Date of Birth

Patient/Representative Printed Name

Date



TFP Wellness Systems
12470 Telecom Drive, Suite 110W
Tampa, FL. 33637
Phone: 813-871-5161 Fax: 813-877-2479
Email: TFP@TFPSpecialty.com

Your Lifetime Pharmacy Solution!

CUSTOMER CREDIT CARD AUTHORIZATION FORM

TFP accepts most major credit cards for payment. Please fill out this form to pay for co-payments and/or other fees using a credit card. TFP will contact you if there is a copay or other fee.

Please enter the information of the patient that this payment will be made for below:

Name _____ Date of Birth _____

Billing Address _____

Phone# _____ Email _____

OPT OUT of Credit Card Authorization, call for payment information

| | | | | |
|---|---------|---|-------|----------|
| Account Type: (Select all that apply) | Visa | MasterCard | AmEx | Discover |
| | FSA/HSA | Call for authorization if charge exceeds \$ _____ | | |
| Name of Cardholder | _____ | | | |
| Card Number | _____ | | | |
| Expiration Date | _____ | | | |
| CVV Number | _____ | Zip Code | _____ | |
| (3 digit number on back of Visa/MC, or 4 digit number on front of AmEx) | | | | |

SIGNATURE _____ **DATE** _____

I authorize the above named business to charge the credit card indicated on this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated on this form.



Tampa Family Pharmacy | DBA: TFP Wellness Systems
 12470 Telecom Drive, Suite 110W, Tampa, FL. 33637
 Telephone: (813) 871-5161 | Toll-Free: (866) 871-5670
 Fax: (813) 877-2479
 Email: TFP@TFPspecialty.com
 Website: www.TampaFamilyPharmacy.com

Your Information. Your Rights. Our Responsibilities.

*This notice describes how medical information about you may be used and disclosed and how you can get access to your information. **Please review carefully.***

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

| | |
|--|--|
| Get an electronic or paper copy of your medical record: | <ul style="list-style-type: none"> You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. |
| Ask us to correct your medical record | <ul style="list-style-type: none"> You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days. |
| Request confidential communication | <ul style="list-style-type: none"> You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests. |
| Ask us to limit what we use or share | <ul style="list-style-type: none"> You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information. |
| Get a list of those with whom we’ve shared information | <ul style="list-style-type: none"> You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. |
| Get a copy of this privacy notice | <ul style="list-style-type: none"> You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. |
| Choose someone to act for you | <ul style="list-style-type: none"> If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action. |
| File a complaint if you feel your rights are violated | <ul style="list-style-type: none"> You can complain if you feel we have violated your rights by contacting us using the contact information above. We will not retaliate against you for filing a complaint. You can file a complaint with the following agencies: <ul style="list-style-type: none"> U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. Florida Board of Pharmacy -- Telephone: (850) 245-4339 Mailing Address: Consumer Services, 4052 Bald Cypress Way, Bin C75, Tallahassee, Florida 32399-3275. For information on how to submit a complaint or grievance to another state board of pharmacy, please go to https://nabp.pharmacy/about/boards-of-pharmacy You can also submit complaints and grievances to the Accreditation Commission for Health Care, Inc. "ACHC" at 855-937-224. |

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

| | |
|---|--|
| <p>In these cases, you have both the right and choice to tell us to:</p> | <ul style="list-style-type: none"> • Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation • Include your information in a hospital directory • Contact you for fundraising efforts <p>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</p> |
| <p>In these cases we never share your information unless you give us written permission:</p> | <ul style="list-style-type: none"> • Marketing purposes • Sale of your information • Most sharing of psychotherapy notes |
| <p>In the case of fundraising:</p> | <ul style="list-style-type: none"> • We may contact you for fundraising efforts, but you can tell us not to contact you again. |

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

| | |
|--------------------------------------|--|
| <p>Treat you</p> | <ul style="list-style-type: none"> • We can use your health information and share it with other professionals who are treating you. <ul style="list-style-type: none"> ➤ Example: A doctor treating you ask what other medications you are taking |
| <p>Run our organization</p> | <ul style="list-style-type: none"> • We can use and share your health information to run our practice, improve your care, and contact you when necessary. <ul style="list-style-type: none"> ➤ Example: We use health information about you to manage your treatment and services. |
| <p>Bill for your services</p> | <ul style="list-style-type: none"> • We can use and share your health information to bill and get payment from health plans or other entities. <ul style="list-style-type: none"> ➤ Example: We give information about you to your health insurance plan so it will pay for your services. |

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

| | |
|---|---|
| <p>Help with public health and safety issues</p> | <ul style="list-style-type: none"> • We can share health information about you for certain situations such as: <ul style="list-style-type: none"> ➤ Preventing disease ➤ Helping with product recalls ➤ Reporting adverse reactions to medications ➤ Reporting suspected abuse, neglect, or domestic violence ➤ Preventing or reducing a serious threat to anyone’s health or safety |
| <p>Do research</p> | <ul style="list-style-type: none"> • We can use or share your information for health research. |
| <p>Comply with the law</p> | <ul style="list-style-type: none"> • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law. |

Continued to page 3...

Our Uses and Disclosures Continued...

| | |
|--|---|
| Respond to organ and tissue donation requests | <ul style="list-style-type: none"> We can share health information about you with organ procurement organizations. |
| Work with a medical examiner or funeral director | <ul style="list-style-type: none"> We can share health information with a coroner, medical examiner, or funeral director when an individual dies. |
| Address workers' compensation, law enforcement, and other government requests | <ul style="list-style-type: none"> We can use or share health information about you: <ul style="list-style-type: none"> ➤ For workers' compensation claims ➤ For law enforcement purposes or with a law enforcement official ➤ With health oversight agencies for activities authorized by law ➤ For special government functions such as military, national security, and presidential protective services |
| Respond to lawsuits and legal actions | <ul style="list-style-type: none"> We can share health information about you in response to a court or administrative order, or in response to a subpoena. |

Your Rights Regarding Reproductive Health Care Privacy

- We are prohibited from using or disclosing your protected health information (PHI) to conduct a criminal, civil, or administrative investigation into any person, or to impose liability on any person, for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
- Reproductive Health Care is broadly defined as care, services, or supplies related to the health of an individual in all matters relating to the reproductive system, its functions, and processes.

Substance Use Disorder Records

Information regarding substance use disorder treatment is protected by federal law (42 CFR Part 2). We will not disclose these records without your written consent, except in limited circumstances such as medical emergencies, or to carry out treatment, payment, or healthcare operations.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

This notice is effective as of February 16, 2026. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, at Tampa Family Pharmacy, and on our web site.

TFP Wellness Systems

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

Patients have the right to:

1. Be fully informed verbally and/or in writing in advance about services/care to be provided.
2. Provided any charges that may occur prior to treatment or receiving medication.
3. Be treated with dignity, courtesy and respect as a unique individual, without discrimination.
4. Be able to identify company employees through name and job title (Name badge, Job title) and to speak with a pharmacist if requested.
5. Choose a healthcare and pharmacy provider.
6. Receive information about the scope of care/services that are provided by TFP as well as any limitations to the company's care/service capabilities.
7. Receive upon request evidence-based practice information for clinical decisions (manufacturer package insert, published practice guidelines, peer-reviewed journals, etc.) including the level of evidence or consensus describing the process for intervention in instances where there is no evidence-based research, conflicting evidence, or no level of evidence.
8. Receive in advance of services being provided, complete verbal or written explanations of expected payments from Medicare or any other third-party payer, charges for which you may be responsible, and explanation of all forms you are requested to sign.
9. Receive quality medications and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social or economic status, age, disease process, DNR status or disability in accordance with physician orders.
10. Receive medications and services from qualified personnel and receive instructions and education on safely handling and taking medications.
11. Receive information regarding your order status. Patients or caregivers can call (813) 871-5161 and speak with a TFP pharmacy employee.
12. Receive prompt response on all inquiries.
13. Be informed of rights and responsibilities during the whole treatment process.
14. A patient has the right to know what rules and regulations apply to his or her conduct.
15. Confidentiality and privacy of all the information contained in your records and of Protected Health Information (except as otherwise provided for by law or third-party payer contracts).
16. If desired, to be referred to other health care providers within an external health care system (ex. Dietician, mental health services, etc.). Patients may also be referred to back to their own prescriber for follow up.
17. Receive information about when and to whom your personal health information was disclosed, as permitted under applicable law and as specified in the company's policies and procedures.
18. Express dissatisfaction/concerns/complaints for lack of respect, treatment or service, and to suggest changes in policy, staff or services without discrimination, restraint, reprisal, coercion, or unreasonable interruption of services. Patients or caregivers can call (813) 871-5161 and ask to speak with a pharmacist, supervisor, or pharmacy director.
19. Have concerns/complaints/dissatisfaction about services be investigated properly.
20. Be offered assistance with any eligible internal programs that help with patient management services, manufacturer copay and patient assistance programs, health plan programs (tobacco cessation programs, disease management, suicide prevention/behavioral health programs).
21. Be advised of pharmacy number, (813) 871-5161 for after hours as well as normal business hours of Monday-Thursday 8am-5:30pm, Friday 8am-12:30pm, Saturday/Sunday-Closed (EST).
22. Be advised of any change in the plan of service before the change is made.
23. Participate in the development and periodic revision of the plan of care/service.
24. Receive information in a manner, format and/or language that you understand.
25. Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, involved in care, treatment, and/or service decisions.
26. Be fully informed of your responsibilities.
27. To be automatically enrolled in TFP's Patient Management Program as a patient of TFP at no additional cost. You have the right to opt out, decline participation, revoke consent or disenrollment in any TFP services at any point in time. To learn more about the Patient Management Program, please call TFP and ask for a clinical pharmacist.
28. To know the philosophy and characteristics of the Patient Management Program, have personal health information shared with the patient management program only in accordance with state and federal law, speak to a health professional, receive information about the patient management program, and receive administrative information regarding changes in (or termination of) the patient management program.
29. To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
30. The patient has the right to express grievances, make suggestions to the organization and complain to the Florida Board of Pharmacy Telephone: **(850) 245-4339** Mailing Address: **Consumer Services, 4052 Bald Cypress Way, Bin C75, Tallahassee, Florida 32399-3275**. For information on how to submit a complaint or grievance to another state board of pharmacy, please go to **<https://nabp.pharmacy/about/boards-of-pharmacy>** to find your states contact info. You can also submit complaints and grievances to the Accreditation Commission for Health Care, Inc. "ACHC" at **855-937-2242**.

Patients have the Responsibility to:

1. Adhere to the plan of treatment or service established by your physician and to notify him/her of your participation in TFP's Patient Management Program.
2. Notify TFP if you are hospitalized, have changes in your medication or other matters pertaining to your health.
3. Inform your physician you are a patient of TFP and are enrolled in our Patient Management Program.
4. Participate in the development of an effective plan of care/treatment/services. Pharmacists will discuss with you any concerns or questions you have regarding your medication. Issues discussed include disease overview, medication, dose, when to take medication, interactions, side effects, and anything else appropriate for your specific needs.
5. Participate in periodic reviews to plan of care and any changes implemented.
6. Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services.
7. Ask questions about your care, treatment and/or services.
8. Have clarified any instructions provided by company representatives.
9. A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
10. Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
11. Be available to receive medication deliveries and coordinate with TFP during the times you will be unavailable.
12. Treat pharmacy personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.
13. Provide a safe environment for the organization's representatives to provide services.
14. Use medications according to instructions provided, for the purpose it was prescribed, and only for/on the individual to whom it was prescribed.
15. Communicate any concerns on ability to follow instructions provided.
16. Promptly settle unpaid balances except where contrary to federal or state law.
17. Notify pharmacy of change in prescription or insurance coverage.
18. Notify pharmacy immediately of address or telephone changes, temporary or permanent. As part of the Patient Management Program, you have the Responsibilities to submit forms that are necessary to participate in the program, to the extent required by law, and give accurate clinical and contact information and to notify the patient management program of changes in this information.

UNLESS OTHERWISE INDICATED, all materials on these pages are created by TFP Wellness Systems. All rights reserved. No part of these pages, either text or image, may be used for any purpose other than personal use. Therefore, reproduction, modification, storage in a retrieval system or retransmission, in any form or by any means, electronic, mechanical or otherwise, for reasons other than personal use, is strictly prohibited without prior written permission

By signing below, I attest that I have received a copy of TFP Wellness Systems' Notice of Privacy Practices and Patient Bill of Rights and Responsibilities.

Signature: _____

Print Name: _____

Date Signed: _____

| |
|--|
| Approved By: TFP Quality Committee Creation Date: 6/25/2014 Revision Date(s): 12/1/15, 3/1/16, 1/25/17, 5/30/19, 3/25/20, 3/18/24, 4/10/25, 2/16/26 |
|--|

YOUR HEALTH INFORMATION, YOUR RIGHTS

GET IT. CHECK IT. USE IT.



DID YOU KNOW?



8 in 10 individuals who have viewed their medical record online considered the information useful.¹



27% of individuals were unaware or didn't believe they had a right to an electronic copy of their medical record.¹



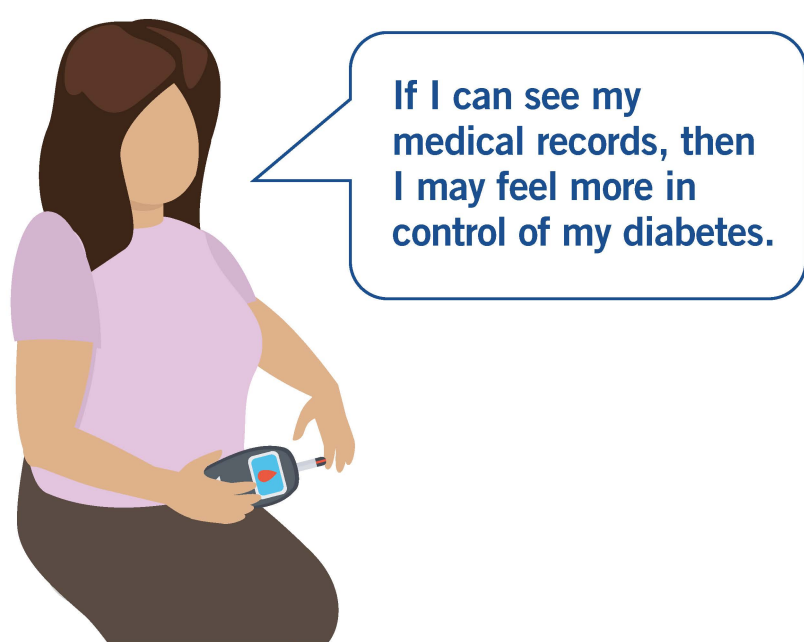
41% of Americans have never even seen their health information.²



HIPAA (Health Insurance Portability and Accountability Act of 1996) gives us the right to access our health information.

KNOW YOUR RIGHTS

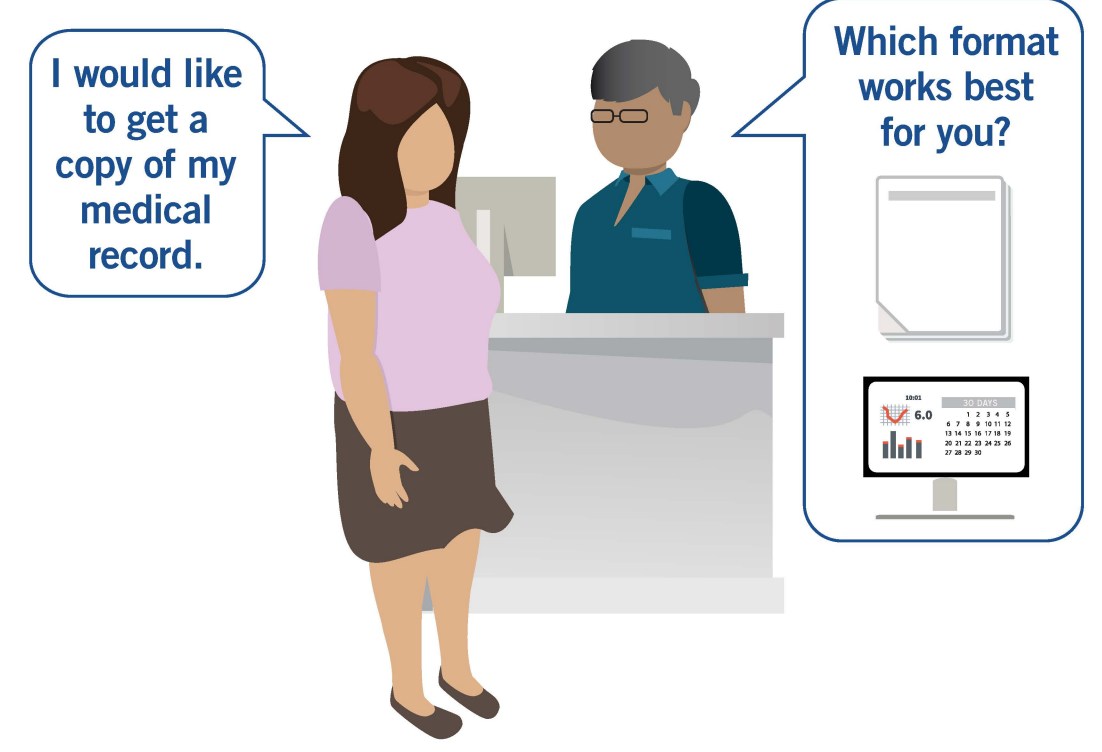
Hannah is a 50-year-old woman recently diagnosed with Type 2 Diabetes.



Like all individuals, Hannah has a right to see and get a copy of her health information.



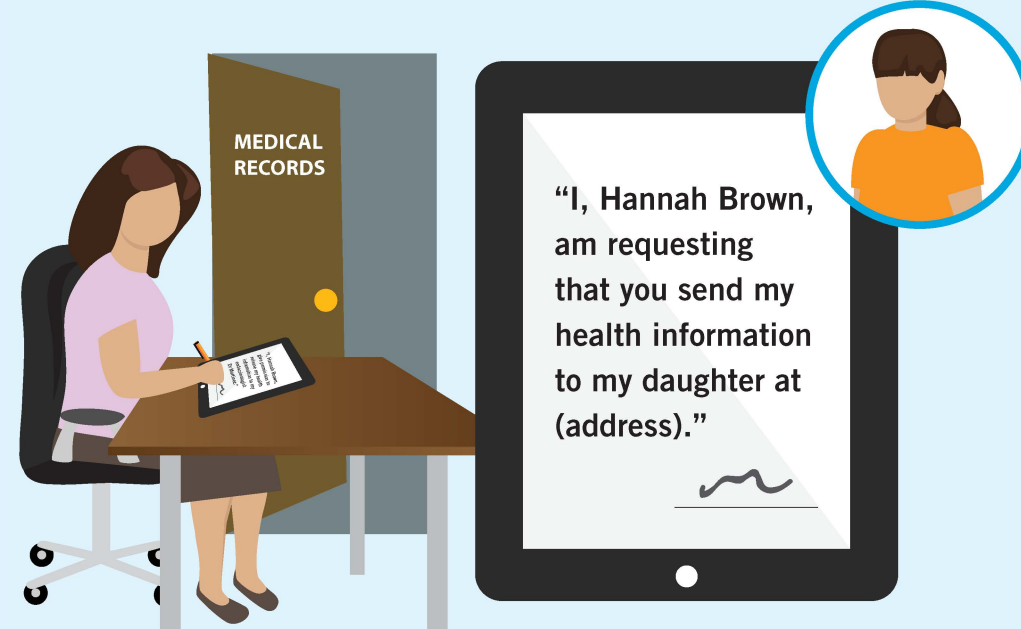
With a copy of your medical record you can become more informed about your health.



SEND YOUR HEALTH INFORMATION TO A THIRD PARTY



You hold the key to your health information and can send or have it sent to anyone you want. Only send your health information to someone you trust.



Your provider is no longer responsible for the security of your health information after it is sent to a third party.



Be careful when sending your health information to a mobile application or other third party.

PROTECT YOUR HEALTH INFORMATION



Once you have a copy of your health information, it is important to keep it protected.

Passwords can protect your health information on your computer or mobile device.



Sources: 1. https://www.healthit.gov/sites/default/files/briefs/oncdatabrief30_accessstrends_.pdf 2. <https://www.healthit.gov/buzz-blog/consumer/making-patient-access-health-information-reality/>

LEARN MORE ABOUT YOUR RIGHTS



WWW.HEALTHIT.GOV/ACCESS
www.hhs.gov/hipaa/for-professionals/privacy/guidance/access





PATIENT CONCERNS / COMPLAINT FORM

TFP strives to guarantee excellent service that matches our values. You have the right to voice your concerns or complaints about your service at any time. If you are unhappy with our service, have concerns about safety, or unhappy with quality of care, we would like you to contact our management team.

How to make a complaint:

- You may complete this form and fax to 813-877-2479, email to TFP@tfpspecialty.com, or mail to address below.

Mail form to: TFP Wellness Systems, 12470 Telecom Drive, Suite 110W, Tampa, FL. 33637

- Call 813-871-5161 or toll free 866-871-5670 and ask for Pharmacist or to speak with a supervisor.
- Visit our website at <http://www.TampaFamilyPharmacy.com> to submit your concerns.
- Submit to the Florida Board of Pharmacy Telephone: (850) 245-4339 Mailing Address: Consumer Services, 4052 Bald Cypress Way, Bin C75, Tallahassee, Florida 32399-3275.
- For information on how to submit a complaint or grievance to another state board of pharmacy, please go to <https://nabp.pharmacy/about/boards-of-pharmacy> to find your states contact info.
- Submit complaints and grievances to the Accreditation Commission for Health Care, Inc. "ACHC" at 855-937-2242.

TFP will contact you within 3 calendar days after receiving your concern. You will receive a telephone and/or written response from our management.

Thank you in advance for bringing your concern to our attention. We will continue to learn from our patients and work to improve the quality of our services.

Patient Name: _____ DOB: _____

Description of the problem/concern/complaint (include dates, times and names, if possible):

Completed by (signature): _____ Date: _____

Relationship to patient (if applicable): _____

(FOR OFFICE USE ONLY)

Patient's Address: _____

Patient's Telephone Number: () _____ - _____

Date Received: _____ by: _____

Follow-up by phone completed by: _____ Date: ____/____/____ Time: _____ AM/PM

Items discussed: _____

Resolution/action taken to resolve the complaint: _____

Follow-up by letter completed by: _____

(*please attach copy*) Date completed: _____ Date mailed: _____

Form completed by: _____ Date: _____

Enrollee name: _____(optional)

Drug and prescription number: _____(optional)

Medicare Drug Coverage and Your Rights

You have the right to ask for a coverage determination from your Medicare drug plan to provide or pay for a drug you think should be covered, provided, or continued. You also have the right to ask for a special type of coverage determination called an **“exception”** if you:

- Need a drug that’s not on your plan’s list of covered drugs
- Believe a coverage rule (like prior authorization or a quantity limit) shouldn’t apply to you for medical reasons
- Need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price

How to ask for a coverage determination

To ask for a coverage determination, you or your prescriber can call your Medicare drug plan’s toll-free phone number on the back of your plan membership card, or go to your plan’s website. You can ask for 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:

- The name of the prescription drug, including dose and strength (if known)
- The name of the pharmacy that tried to fill the prescription
- The date you tried to fill the prescription
- If you ask for an exception, your prescriber will need to explain why you need the off-formulary or non-preferred drug, or why a coverage rule shouldn’t apply to you

Your Medicare drug plan will send you a written decision. If coverage isn’t approved and you disagree with this decision, you have the right to appeal. The plan’s notice will explain why coverage was denied and how to ask for an appeal.

Get help and more information

Look at your plan materials or call 1-800-MEDICARE (1-800-633-4227) for more information about how to ask for a coverage determination. TTY users can call 1-877-486-2048. For help contacting your plan, call 1-800-MEDICARE.

To get this form in an accessible format (like large print, Braille, or audio) contact your Medicare drug plan. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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 information collection is 0938-0975. This information collection is used to provide notice to enrollees about how to contact their Part D plan to request a coverage determination. 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, gather the data needed, to review and complete the information collection. This information collection is required under § 423.562(a)(3) and an associated regulatory provision at § 423.128(b)(7)(iii). If you have 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, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Frequently Asked Questions

How do I contact TFP?

- You can contact TFP through the following methods:
 - **Phone:** 813-871-5161 (Toll free: 866-871-5670)
 - **Fax:** 813-877-2479
 - **Email:** TFP@tfpspecialty.com
 - **Text:** Digital Pharmacist Platform (Ask a TFP team member for additional info and to sign up)
 - **Mobile App:** “My Community Pharmacy” (once downloaded search for Tampa Family Pharmacy by zip code: 33637)
 - **Website:** www.TampaFamilyPharmacy.com
- Please contact us if you have any questions or concerns. We are here to answer all your questions and can give additional information on order status, co-pay amount and assistance, claims submissions, benefit coverage, and so much more.
- If you have any adverse effects to the medication you were given, please contact your prescribing physician or your pharmacist right away.

When is TFP Open?

- Hours of Operation:
 - Monday – Thursday from 8:00am until 5:30pm EST.
 - Friday from 8:00am until 12:30pm EST.
- A TFP staff member will be available to assist you through any of our methods of contact or in person during business hours.
- A Pharmacist is available 24 hours a day, 7 days a week for any questions you may have. Pharmacists are available for emergencies after hours by calling the pharmacy phone number and requesting a call back with our answering service.

How do I order a new prescription?

- When your doctor sends a prescription to our pharmacy, a TFP staff member will call you to verify all your information and to set up pickup or delivery (upon request) of your new medication.
- Your doctor can e-scribe or fax a new prescription to TFP. Please note, some controlled substance medications cannot be faxed. The paper copy of these prescriptions must be brought or mailed to the pharmacy.
- Your prescription may be filled with a generic equivalent based on state law. Please ask a pharmacist if you have any questions or concerns.
- A TFP staff member will let you know if we are unable to fulfill the medication request. Suggestions on where to find the medication will be given to the patient.
- A TFP pharmacist will gladly transfer your prescription(s) to another pharmacy or health care facility at your request. In addition, TFP will offer your medication profile to the new pharmacy or health care facility.

How do I refill my prescription?

- If you need to request a refill on your medication, you can do so through any of our methods of communication listed above under the “How do I contact TFP” section.
 - During business hours you can contact the pharmacy through any of our methods of communication to request your medication be filled.
 - After hours you can request a refill by calling our pharmacy phone number and leaving a non-urgent message for the pharmacy staff to complete the next business day.
 - 24/7, You can submit your refill request on our website (www.tampafamilypharmacy.com) as well as through our Digital Pharmacist texting platform or through our mobile app (My Community Pharmacy)
 - When requesting a refill, please include the following in your message:
 - Your first and last name
 - Date of birth
 - Daytime phone number
 - Medication name and Rx number if available
- A TFP staff member will contact you to schedule your refill an estimated week before your refill due date.
- TFP will automatically refill and send your medications at your request. All demographics must be up to date every 90 days to continue with auto refills.
- If you run out before TFP contacts you, or you would like to order your refill early, please contact us.
- Please let a TFP staff member know if you have run out of refills and would like us to call your doctor for a new prescription.
- Please tell a TFP staff member if there are any changes with your health, insurance, or your address.
- If you need your prescription quickly, please let a TFP staff member know so your order can be expedited. If you cannot wait for a delivery, you can pick up from TFP or you may ask about having your prescription transferred to a local pharmacy. The prescription can be transferred back to TFP for the next refill.

How long does it take to receive my prescription?

- Our standard processing time is less than 24 hours. This does not include delivery time. If processing time is longer than 24 hours, we will contact you. We will give you additional options, so you don't go without medication.
- A TFP staff member will let you know if there are any issues that may delay your medication. For example, prior authorizations or quantity limits allowed by your insurance company. TFP will work with you and your physician to try and get any insurance issues resolved quickly. TFP staff will help determine the best way to get the medication you require in a timely manner.
- Medications are sent through our private courier, Crosstown or FedEx if your address is outside of our courier's delivery radius. Priority Overnight is available for required medications.
- Prescriptions are sent out for delivery Monday through Friday for 1-2 business day delivery.
- Some medications will require your signature for delivery. A TFP staff member will contact you to schedule the most convenient delivery time for you.

Why do I have to verify or update my demographic information every 90 days?

- A TFP staff member will reach out to you every 90 days through your preferred method of contact to review your current demographic information on file. The information we review includes, but is not limited to, your phone number, mailing address, email address, medical conditions, medications, allergies as well as other important information.
- Our patients' health, safety, and security are of utmost importance to us and because of this we have put policies and processes in place to ensure we are able to meet these commitments which include reviewing and updating your demographic information every 90 days for accuracy. By verifying or updating your demographic information regularly, we are able to ensure your security and are able to keep in compliance with pharmacy regulations as well as insurance company requirements.

Why do I have to sign a form stating that I received my medication?

- Each time a medication is sent to you for delivery, you will be required to sign a form confirming you, the patient, received the medication. This form will be sent to you by email or text through our secure DocuSign account for your convenience.
- This form is in place to ensure your security as well as a requirement to keep compliance with certain pharmacy regulations and insurance company standards.

How much will my prescription cost?

- Prescription cost will vary depending on your insurance.
- Because drug pricing can change daily, a co-pay cannot be determined until your claim is processed. We will then inform you of your co-pay and explain whether TFP is in network or out of network and the differences in cost. You may also call the Member Services phone number on your insurance card to get the most current information.
- If you are unable to afford the out-of-pocket cost for your medication, TFP will help find co-pay assistance, patient assistance programs, or other support and/or charitable organizations. Visit TFP Wellness Systems website to learn about Patient Assistance.

How can I pay for my prescription order?

- TFP accepts all major credit cards, check, cash, or money orders. If you are mailing payment, please do not mail cash.

How can I safely dispose of my medications?

- Visit the website below to view a list of medications that can be flushed down the toilet or see the handout provided in the welcome packet: <https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-fdas-flush-list-certain-medicines#FlushListLinks>
- If your medication is not on this list, please see the handout included in your Welcome Packet. There are instructions on how to dispose of your unwanted or expired medications.
- You will be notified by a TFP staff member if there is a recall on your medication and given instructions on what to do.

What is the Patient Management Program?

- The Patient Management Program is included at no cost to you, and you are automatically enrolled as a patient of TFP. You may opt out at any time. You may opt out of the patient management program by calling the pharmacy at (813) 871-5161, by fax at (813) 877-2479, by email yourteam@tfpspecialty.com or in person at the pharmacy. You may also opt out when the clinical pharmacist calls to welcome you to the program and verifies that you would like to proceed with the initial assessment.
- Pharmacists will discuss with you any concerns or questions you have regarding your medication. Issues discussed include disease overview, medication, dose, when to take medication, interactions, side effects, and anything else appropriate for your specific needs.
- The benefits of this program, in addition to participating in the development of your Plan of Care, include managing side effects, improving overall health, increasing disease and medication education, and increasing medication compliance.
- The limits of this program depend on you as the patient. You must be willing to follow the directions of your physician and pharmacist, be compliant with your medication, willing to discuss the details of your disease, medical history, and current practices with your pharmacist so she/he can have a full understanding of your situation.
- Please let your physician know you are a patient of TFP and are enrolled in our Patient Management Program. A good relationship between your doctor and your pharmacist will benefit everyone involved in your care.
- As part of the Patient Management Program you have the Rights to: know about philosophy and characteristics of the patient management program, have personal health information shared with the patient management program only in accordance with state and federal law, speak to a health professional, receive information about the patient management program, and receive administrative information regarding changes in (or termination of) the patient management program.
- As part of the Patient Management Program, you have the Responsibilities to: submit forms that are necessary to participate in the program, to the extent required by law, and give accurate clinical and contact information and to notify the patient management program of changes in this information.
- To learn more about the Patient Management Program, please call TFP and ask for a clinical pharmacist.

Disaster can strike at any time and without warning. By preparing in advance, you can help make sure you'll have the medications you need and one less thing to worry about in an emergency.

Some Simple Tips

- Don't wait until you're almost out of medication to order more. Be sure to keep an adequate supply on hand. If a disaster forces you to leave your home, you'll need to take at least three days' worth of medication and supplies with you, and more if local authorities advise.
- Keep all your medications together so you can grab them quickly and take them with you if you need to evacuate.
- Make a list of your medications, and keep it in your wallet, along with your prescription drug ID card. This brochure includes a handy medication information card that you can use to record such information and other important facts that you may need to get your medication.
- Consider discussing your medication disaster plan with your doctor, especially if the medication you take has special shipping requirements or requires electronic equipment (such as a nebulizer) for administration.
- If you have a child who takes prescription medication on a regular basis, it's a good idea to speak with your child's daycare center or school about their plan for dealing with your child's medication and medication needs in an emergency.

Additional Information

For more information, visit the following websites:

American Red Cross
www.redcross.org

Florida Division of Emergency Management
www.floridadisaster.org

Federal Emergency Management Agency
www.fema.gov

My doctor
Name: _____

Telephone number: _____

My participating retail pharmacy
Name: _____

Telephone number: _____

My local post office
Address: _____

Telephone number: _____

TFP Wellness Systems
813-871-5161 or Toll-Free 1-866-871-5670



Creating a Medication Disaster Plan



Simple Tips for Planning Ahead

How TFP Can Help

If you find yourself without your prescription medications during a disaster, we can help get them to you as soon as possible.

Call us *right away* at 813-871-5161 or toll-free at 1-866-871-5670.

Delivery

During an emergency situation, including natural disasters, be sure to keep us informed of any changes in your location so that we may arrange for the delivery of your medications to an alternate address. Please remember to plan ahead, as these situations can make for delayed delivery times.

In the event of a missed treatment or delivery due to an emergency, the patient or caregiver should immediately contact our pharmacy to report the missed service and receive further instructions. A pharmacy team member will assess the situation, provide guidance to ensure patient safety, and arrange for rescheduled treatment or expedited delivery as soon as conditions allow. If the patient experiences urgent or life-threatening symptoms related to the missed treatment, they should call 911 or seek emergency medical care immediately.

Pick-up

Your medications may also be made available for pick-up at our retail location. During an emergency or natural disaster, if delivery is not available and you are not able to pick up your medications, we can always transfer your prescription(s) to a pharmacy nearest to you for your convenience.

Medication Information Card

Fill out the card below and keep it with your prescription drug ID card. That way, you'll have the information you need to get your medications during an emergency.

If other members of your household take medications on a regular basis, make copies of the card to use for their information, too.

Planning ahead for your medications means one less thing to worry about in an emergency.

TFP Wellness Systems
12470 Telecom Dr. Suite 110W
Tampa, Florida 33637
Phone: 813-871-5161
Toll Free: 1-866-871-5670



Medication I Take

List the drug name, strength (for example, 500 mg), dosage form (tablet, capsule or liquid) and directions for use for each medication you take.

Drug name: _____ Strength: _____

Dosage form: _____ Directions: _____

Drug name: _____ Strength: _____

Dosage form: _____ Directions: _____

Drug name: _____ Strength: _____

Dosage form: _____ Directions: _____

Special Considerations

By developing an emergency plan, you'll be one step ahead in a disaster situation. Here are a few other things you can prepare for ahead of time:

When medication requires refrigeration

Keep a cooler on hand that you can fill with ice so you can keep your medication at the proper temperature if you need to be away from your home.

When medication requires electronic equipment for administration

Be prepared to take action. If the power goes out, you'll need to take at least three days' worth of medication and supplies with you (more if local authorities advise) to the closest hospital or shelter.

When you must leave your home for a few days

Stock a disaster supply kit with any nonprescription medications you may need (for example, aspirin or other pain relievers, cold medicine and antacids). You may also want to keep a copy of your medication information card in this kit.

Help is available anytime, day or night.

Just call TFP at 813-871-5161, or toll-free, at 1-866-871-5670.

I need to get rid of this medication.

Drug Disposal Options

Do you have medicine you want to get rid of?

Do you have a drug take-back option readily available?

Check the [DEA website](#), as well as your local drugstore and police station for possible options.

NO

YES

Is it on the [FDA flush list](#)?

NO

Follow the FDA [instructions for disposing of medicine in the household trash](#).

YES

[Immediately flush your medicine in the toilet.](#) Scratch out all personal info on the bottle and recycle/throw it away.

Take your medicine to a drug take-back location.

Do this promptly for [FDA flush list](#) drugs!

Washing Your Hands

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 Five Steps to Wash Your Hands the Right Way

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals.

Follow these five steps every time:

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

Use Hand Sanitizer When You Can't Use Soap and Water

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

Sanitizers can quickly reduce the number of germs on hands in many situations. **However,**

- Sanitizers do not get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

How to use 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.

Home Safety Information

Here are some helpful guidelines to help you keep a careful eye on your home and maintain safe habits. The safe way is always the right way to do things. Shortcuts may hurt. Correct unsafe conditions before they cause an accident. Take responsibility. Keep your home safe. Keep emergency phone numbers handy.

Medication

- If children are in the home, store medications and poisons in childproof containers and out of reach.
- All medication should be labeled clearly and left in original containers.
- Do not give or take medication that were prescribed to 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.

Slips and/or Falls

Slip and falls are the most common and often the most serious accidents in the home. Here are some things you can do to prevent them in your home.

- Arrange furniture to avoid an obstacle course.
- Install handrails on all stairs, showers, bathtubs, and toilets.
- Keep stairs clear and well lit.

- Place rubber mats or grids in showers and bathtubs.
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath or dizziness.
- Wipe up all spilled water, oil or grease immediately.
- Pick up and keep surprises out from under your feet, including electrical cords and rugs.
- Keep drawers and cabinets closed.
- Install good lighting.

Mobility Items

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

- Use extreme care to avoid using walkers, canes or crutches on slippery or wet surfaces.
- Always put the wheelchairs or seated walkers in the lock position when standing up or before sitting down.
- Wear shoes when using these items and try to avoid obstacles in your path and soft and uneven surfaces.

Lifting

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

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

Electrical Accidents

Watch for early warning signs; overheating, a burning smell or 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 any water or leaks.
- Do not plug cords under rugs, through doorways or near heaters. Check cords for damage before use.
- Extension cords must have a large enough wire for larger appliances.
- If you have a broken plug outlet or wire, get it fixed immediately.
- Use a grounded 3-wire plug to prevent shock in case of electrical fault.
- Do not overload outlets with too many plugs.
- Use three-prong adapters when necessary.

Smell Gas?

- Open windows and doors immediately.
- Shut off appliance(s) involved. You may be able to refer to the front of your telephone book for instructions regarding turning off the gas to your home.
- Do not use matches or turn on electrical switches.
- Do not use the telephone - dialing may create electrical sparks.
- Do not light candles.
- Call your Gas Company from a neighbor's home.
- If your gas company offers free annual inspections, take advantage of them.

Fire

Pre-plan and practice your fire escape. Look for a plan with 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 (or as needed).
- If there is oxygen in use, place a "No Smoking" sign in plain view of all people entering the home.
- Throw away old newspapers, magazines and boxes.
- Empty waste baskets and trashcans regularly.
- Do not allow ashtrays or toss matches into wastebaskets unless you know they are out. Wet down first or dump into toilet.
- Have your chimney and fireplace checked frequently. Look for and repair cracks and loose mortar. Keep paper, wood and rugs away from areas where sparks could hit them.
- Be careful when using space heaters.
- Follow instructions when using a heating pad to avoid serious burns.
- Check your furnace and pipes regularly. If nearby walls or ceilings feel hot, add insulation.
- Keep a fire extinguisher in your home and know how to use it.

If you have a fire or suspect fire:

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