



## **WELCOME PACKET**

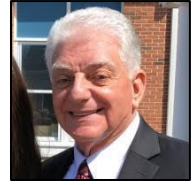
501 West 113<sup>th</sup> Street  
(between Amsterdam and 113<sup>th</sup>)  
New York, NY 10025

Phone: [212-678-0636](tel:212-678-0636) or [212-749-2677](tel:212-749-2677)

Fax: [212-662-3148](tel:212-662-3148)

Toll-free Emergency Line: [1-800-630-0043](tel:1-800-630-0043)

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



**Dear Valued Customer,**

Welcome to Town Drug Specialty Pharmacy! My name is John Navarra and I have been a registered pharmacist servicing the New York Community since 1982. Our pharmacy programs and practices have been revolutionized through years of experience to deliver high-quality care.

My team and I understand the challenges that may arise with your condition and we are here to give you the tools you need to manage your health and make your life easier. Our services include:

- Monthly Prescription Refill Reminders
- Private Consultation Rooms & Medication Therapy Management
- Compounding
- Immunizations
- Medication Synchronization
- Access to clinically trained pharmacists 24 hours a day/7 days a week
- Home Delivery & Multi-dose dispill packaging

You can visit our website at [www.towndrugpharmacy.com/pharmacy](http://www.towndrugpharmacy.com/pharmacy) for additional information about our pharmacy services and interesting health information.

**Our Business Hours are:**

**Monday to Friday: 9:00 am to 7:00 pm; Saturday: 9:00 am to 5:00 pm**

**Telephone # During Business Hours: 212-678-0636**

**We're here to support you beyond the traditional hours and you can reach us at:**

**1-800-630-0043 (Toll-Free)**

We look forward to providing you with the service and care that you deserve! We're grateful that you trust us in servicing your needs.

Sincerely,

*John Navarra*

John Navarra, RPh (President)

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## Mission Statement & Contact Information

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Town Drug has been servicing the New York Community since 1982. Our pharmacy programs and practices have been revolutionized through years of experience to deliver high quality patient care. Our team of pharmacists, technicians, reimbursement specialists, and clinical pharmacist consultants are dedicated to giving patients the tools they need to manage their health and their life. We believe in optimizing drug therapy, improving therapeutic outcomes, and emphasizing adherence for our patients. Our in-house clinical pharmacists support drug therapy management in patients and assists in health and wellness in our community.

**Address** 501 West 113<sup>th</sup> Street New York, NY 10025

**Hours of Operation** Monday to Friday: 9:00 am to 7:00 pm  
Saturday: 9:00 am to 5:00 pm

**Telephone/Fax** Phone: [212-678-0636](tel:212-678-0636) or [212-749-2677](tel:212-749-2677)  
Fax: [212-662-3148](tel:212-662-3148)

**Have clinical questions after business hours?**

**Call our toll-free emergency line: [1-800-630-0043](tel:1-800-630-0043)**

**We're available 24 hours a day, 7 days a week.**

**E-mail** [town\\_drug@yahoo.com](mailto:town_drug@yahoo.com)

**Website** [www.towndrugpharmacy.com](http://www.towndrugpharmacy.com)

**Mobile App** **INSTRUCTIONS:** Download "PocketRx" from the APP store and Set Town Drug as your primary pharmacy

## What is a Specialty Medication?

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Your doctor recently prescribed you a specialty medication to treat a complex condition. You may be wondering what is a specialty medication?

Specialty medications are used to treat chronic, complex or rare conditions such as HIV, cancer, hepatitis C, rheumatoid arthritis and others. These medications have several key differences from traditional prescriptions since they will more than 1 or more of the characteristics:

- ❖ High Cost
- ❖ High Touch
  - May require special storage or handling
  - Need to be taken on a strict schedule
  - Medication require ongoing management by a clinical pharmacist
- ❖ High Complexity
- ❖ May be infused through the vein, by injection, or orally

As your Specialty Pharmacy, we understand the complexity of your condition and we know managing your medications can be stressful, confusing, and challenging. We're here to help you through the process to make you feel comfortable. Our clinical pharmacists will sit down with you to ensure you understand your medications before you start taking them and we'll follow you through your journey. We'll do monthly follow-up to ensure you meet your health goals.

## Overview of Pharmacy Services

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### **Personalized Patient Care. Helping you every step of the way.**

Manage your complex and/or chronic condition with help from our specialty pharmacy, where you can consult with specially trained pharmacists. Our Specialty Care Team can help answer your questions 24 hours a day, 7 days a week. Our staff is dedicated to working with you. Below is a list of services you can expect:

#### ❖ **Initial Consultation/New Medication Counseling**

We'll go over everything to get you prepared to start your new therapy such as the best way to take your medication, what your medications are for, potential side effects, and answer any questions you may have. We'll gather information to ensure your therapy is appropriate for you and to track your progress.

#### ❖ **Regular Follow ups**

We'll make sure to check in monthly to ensure your medications are appropriate and working for you optimally to meet your health goals.

#### ❖ **Provider Collaboration**

Coordination between prescriber, patient, caregivers, pharmacist and other providers is established at the start of therapy. Sharing of information and the management of therapy among all parties.

#### ❖ **Prescription Renewals**

Let us do the work for you! We'll reach out to your doctor to request new prescriptions and make sure you have your medications on time.

#### ❖ **Adherence tools**

Our team offers compliance tools such as multi-dose packaging to help patients adhere to their medication therapy regimen as well as telephone outreaches by our clinical staff.

#### ❖ **Medication Synchronization**

Med-Synch allows for all of Patient's medications to be filled on the same day at each fill making med access easier and more convenient for the patient; resulting in greater medication possession rates for greater adherence.

#### ❖ **Financial Assistance**

For assistance with financial obligations, please contact the pharmacy to inquire about what can be done to help you in terms of calling your insurance, referral assistance, coupons available, or if we accept any discount cards.

#### ❖ **Delivery Throughout all 5 Boroughs**

We know how difficult it can be for some people to get to the pharmacy. Town Drug will deliver patient's medications to the hospitals or home for timely access and no disruptions in their medication treatment.

## Patient Authorization of PHI and Plan of Service

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**Insurance Payment Authorization:** I request that Medicare and/or any other insurance plan that I have to make payments of authorized benefits on my behalf directly to Town Drug Pharmacy for pharmaceuticals that were furnished to me for which they bill Medicare and/or any other insurance plan on my behalf.

**Release of Insurance Information and Payment:** I request my medical insurance plan(s) to release to the above named pharmacy, any and all information which will assist in processing my claims for pharmaceuticals that I am receiving from the above named pharmacy even after service to me is discontinued. I also authorized any holder of hospital or medical information about me to release to the health care financing administration, its agents, my insurance company or the above-named pharmacy any information needed to determine the benefits that are payable for related services. I understand if my insurance plan(s) makes payment(s) to me for pharmaceuticals that I have received, rather than directly to the above-named pharmacy, I agree to endorse those checks and send them immediately to the above-named pharmacy. I also understand that I am responsible for the payment of any deductible, co-insurance or other portion of my charges not paid by my insurance plan(s).

**Received Information:** I have reviewed and understand the information above. I have been instructed on and understand the use of the pharmaceuticals and products provided. I have received the products ordered. I have received a copy of a patient handout that contains: Patient Bill Of Rights and Responsibilities, HIPAA Privacy Notice, Emergency Planning, Home Safety, Infection Control, Making Decisions about Your Health Care, How to Place a Prescription Order, How to Obtain a Refill, How to Access Medications In Case of an Emergency or Disaster, How to Check on a Prescription Order, Information on Prescription Drug Substitutions, How to Transfer a Prescription to another Pharmacy, How to Obtain Medications Not Available at the Pharmacy, How to Handle Medication Recalls, How to Dispose of Medications, How to Handle Adverse Reactions and Grievance / Complaint Reporting and Medicare DMEPOS Supplier Quality Standards. I have received monograph/instructions for medications received. I have received pharmacy marketing material and information on the pharmacy's scope of services. I have received instructions on how to follow up with Town Drug Pharmacy. I understand that prescribed pharmaceuticals cannot be re-dispensed. Therefore, these items cannot be returned for credit. I understand that I may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. To place a grievance, please call (212) 749-2677 and speak to customer services. If your complaint is not resolved to your satisfaction within 5 working days, you may initiate a formal grievance, in writing and forward it to the Governing Body. You can expect a written response within 14 working days or receipt. You may also make inquiries or complaints about this pharmacy by calling Medicare at 1-800-MEDICARE, the Accreditation Commission for Health Care (ACHC) at 919-785-1214 and/or the New York State Pharmacy Board at 1-800-442-8106 or [conduct@nysed.gov](mailto:conduct@nysed.gov). I hereby agree that Town Drug Pharmacy or any of its affiliates may contact me, or my authorized caregiver, by telephone at my place of residence.

**Authorization of Protected Health Information (PHI):** I authorize Town Drug to use or release my protected health information to third-party payors or outside organizations for the purpose of diagnosing or providing treatment to me, obtaining payment for my healthcare bills or to conduct healthcare operations. I understand that the patient record is private and known as "Protected Health Information (PHI)". My "protected health information" means health information, including my demographic information, collected and created or received by my physician, another healthcare provider, a health plan, my employer or a healthcare clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me. I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. I understand that Town Drug Pharmacy is not required to agree to the restrictions that I may request if it would affect my care. I understand that I have the right to revoke this consent, in writing, at any time. I understand that I am entitled to receive a copy of this authorization. I understand that signing this authorization is voluntary and that this authorization will not affect my ability to obtain treatment from Town Drug Pharmacy". In addition, I or my legal representative agree to allow Town Drug Pharmacy to share my PHI with the people or entities listed below.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

X \_\_\_\_\_

Signature of patient or personal representative

\_\_\_\_\_  
Printed name of personal representative and relationship to patient

**Additional Authorizations:** I authorize Town Drug to use and disclose the protected health information described below to:

\_\_\_\_\_ Name/Relationship \_\_\_\_\_ Name/Relationship

**Effective Period:** The dates of service covered by this Authorization are:

Start date \_\_\_\_\_ (MM/DD/YY) End date \_\_\_\_\_ (MM/DD/YY)

**Extent of Authorization for the Effective Period:** Please select one from the following:

- I authorize the release of specific health records as indicated here: \_\_\_\_\_
- I authorize the release of my complete health record excluding highly confidential information.
- I authorize the release of my complete health record including highly confidential information as indicated below:
  - Mental health records
  - Communicable diseases (including HIV and AIDS)
  - Alcohol/drug abuse treatment

**Purpose of the release of PHI:** Please select one from the following:

- At the request of Patient/Patient's personal representative.
- Other: \_\_\_\_\_

**Please return the Patient Authorization of PHI and Plan of Service Form to Town Drug Pharmacy. Thank you for choosing Town Drug Pharmacy.**

# Patient Notice of Privacy Practices

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## HIPAA PRIVACY NOTICE

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

**OUR COMMITMENT TO YOUR PRIVACY:** It is our duty to maintain the privacy and confidentiality of your **protected health information (PHI)**. We will create records regarding your and the treatment and service we provide to you. We are required by law to maintain the privacy of your PHI, which includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care. We will share protected health information with one another, as necessary, to carry out treatment, payment or health care operations relating to the services to be rendered at the pharmacy.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of PHI. This notice also discusses the uses and disclosures we will make of your PHI. We must comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI we maintain. You can always request a written copy of our most current privacy notice from our Privacy Officer.

**PERMITTED USES AND DISCLOSURES:** We can use or disclose your PHI for purposes of treatment, payment and health care operations. For each of these categories of uses and disclosures, we have provided a description and an example below. However, not every particular use or disclosure in every category will be listed.

**Treatment** means providing services as ordered by your physician. Treatment also includes coordination and consultations with other health care providers relating to your care and referrals for health care from one health care provider to another. We may also disclose PHI to outside entities performing other services related to your treatment such as hospital, diagnostic laboratories, home health or hospice agencies, etc.

**Payment** means the activities we undertake to obtain reimbursement for the health care provided to you, including billing, collections, claims management, prior approval, determinations of eligibility and coverage and other utilization review activities. Federal or state law may require us to obtain a written release from you prior to disclosing certain specially protected PHI for payment purposes, and we will ask you to sign a release when necessary under applicable law.

**Healthcare Operations** means the support functions of the pharmacy, related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient comments and complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. We may use your PHI to evaluate the performance of our staff when caring for you. We may also combine PHI about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose PHI for review and learning purposes. In addition, we may remove information that identifies you so that others can use the de-identified information to study health care and health care delivery without learning who you are.

## **OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

We may also use your PHI in the following ways:

- To provide appointment reminders for treatment or medical care.
- To tell you about or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you.
- To disclose to your family or friends or any other individual identified by you to the extent directly related to such person's involvement in your care or the payment for your care. We may use or disclose your PHI to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon our professional judgment.

When permitted by law, we may coordinate our uses and disclosures of PHI with public or private entities authorized by law or by charter to assist in disaster relief efforts.



## **NOTICE OF PRIVACY PRACTICES CONTINUED**

We will allow your family and friends to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, and similar forms of PHI, when we determine, in our professional judgment that it is in your best interest to make such disclosures.

We may contact you as part of our fundraising and marketing efforts as permitted by applicable law. You have the right to opt out of receiving such fundraising communications.

We may use or disclose your PHI for research purposes, subject to the requirements of applicable law. For example, a research project may involve comparisons of the health and recovery of all patients who received a particular medication. All research projects are subject to a special approval process which balances research needs with a patient's need for privacy. When required, we will obtain a written authorization from you prior to using your health information for research.

We will use or disclose PHI about you when required to do so by applicable law.

In accordance with applicable law, we may disclose your PHI to your employer if we are retained to conduct an evaluation relating to medical surveillance of your workplace or to evaluate whether you have a work-related illness or injury. You will be notified of these disclosures by your employer or the pharmacy as required by applicable law.

Note: incidental uses and disclosures of PHI sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

## **SPECIAL SITUATIONS**

Subject to the requirements of applicable law, we will make the following uses and disclosures of your PHI:

- **Organ and Tissue Donation.** If you are an organ donor, we may release PHI to organizations that handle organ procurement or transplantation as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the Armed Forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- **Worker's Compensation.** We may release PHI about you for programs that provide benefits for work-related injuries or illnesses.
- **Public Health Activities.** We may disclose PHI about you for public health activities, including disclosures:
  - to prevent or control disease, injury or disability;
  - to report births and deaths;
  - to report child abuse or neglect;
  - to persons subject to the jurisdiction of the Food and Drug Administration (FDA) for activities related to the quality, safety, or effectiveness of FDA-regulated products or services and to report reactions to medications or problems with products;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - to notify the appropriate government authority if we believe that an adult patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if the patient agrees or when required or authorized by law.

**Health Oversight Activities.** We may disclose PHI to federal or state agencies that oversee our activities (e.g., providing health care, seeking payment, and civil rights).

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI subject to certain limitations.

**Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime under certain limited circumstances;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct on our premises; or
- In emergency circumstances, to report a crime, the location of the crime or the victims, or the identity, description or location of the person who committed the crime.

## **NOTICE OF PRIVACY PRACTICES CONTINUED**

Coroners, Medical Examiners and Funeral Directors. We may release PHI to a coroner or medical examiner. We may also release PHI about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release PHI about you to authorized federal officials for intelligence, counterintelligence, other national security activities authorized by law or to authorized federal officials so they may provide protection to the President or foreign heads of state.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Serious Threats. As permitted by applicable law and standards of ethical conduct, we may use and disclose PHI if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or is necessary for law enforcement authorities to identify or apprehend an individual.

Note: HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information may enjoy certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.

## **OTHER USES OF YOUR HEALTH INFORMATION**

Certain uses and disclosures of PHI will be made only with your written authorization, including uses and/or disclosures: (a) of psychotherapy notes (where appropriate); (b) for marketing purposes; and (c) that constitute a sale of PHI under the Privacy Rule. Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization.

## **YOUR RIGHTS**

You have the right to request restrictions on our uses and disclosures of PHI for treatment, payment and health care operations. However, we are not required to agree to your request unless the disclosure is to a health plan in order to receive payment, the PHI pertains solely to your health care items or services for which you have paid the bill in full, and the disclosure is not otherwise required by law. To request a restriction, you may make your request in writing to the Privacy Officer.

You have the right to reasonably request to receive confidential communications of your PHI by alternative means or at alternative locations. To make such a request, you may submit your request in writing to the Privacy Officer.

You have the right to inspect and copy the PHI contained in our pharmacy records, except:

- For psychotherapy notes, (i.e., notes that have been recorded by a mental health professional documenting counseling sessions and have been separated from the rest of your medical record);
- For information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
- For PHI involving laboratory tests when your access is restricted by law;  
If you are a prison inmate, and access would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, any officer, employee, or other person at the correctional institution or person responsible for transporting you;
- If we obtained or created PHI as part of a research study, your access to the PHI may be restricted for as long as the research is in progress, provided that you agreed to the temporary denial of access when consenting to participate in the research;
- For PHI contained in records kept by a federal agency or contractor when your access is restricted by law; and
- For PHI obtained from someone other than us under a promise of confidentiality when the access requested would be reasonably likely to reveal the source of the information.

In order to inspect or obtain a copy your PHI, you may submit your request in writing to the Medical Records Custodian. If you request a copy, we may charge you a fee for the costs of copying and mailing your records, as well as other costs associated with your request. We may also deny a request for access to PHI under certain circumstances if there is a potential for harm to yourself or others. If we deny a request for access for this purpose, you have the right to have our denial reviewed in accordance with the requirements of applicable law.

## **NOTICE OF PRIVACY PRACTICES CONTINUED**

You have the right to request an amendment to your PHI but we may deny your request for amendment, if we determine that the PHI or record that is the subject of the request:

- Was not created by us, unless you provide a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment;
- Is not part of your medical or billing records or other records used to make decisions about you;
- Is not available for inspection as set forth above; or
- Is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records. In order to request an amendment to your PHI, you must submit your request in writing to Medical Record Custodian at our pharmacy, along with a description of the reason for your request.

You have the right to receive an accounting of disclosures of PHI made by us to individuals or entities other than to you for the six years prior to your request, except for disclosures:

- (i) to carry out treatment, payment and health care operations as provided above;
- (ii) incidental to a use or disclosure otherwise permitted or required by applicable law;
- (iii) pursuant to your written authorization;
  - To persons involved in your care or for other notification purposes as provided by law;
  - For national security or intelligence purposes as provided by law;
  - To correctional institutions or law enforcement officials as provided by law;
  - As part of a limited data set as provided by law.
- To request an accounting of disclosures of your PHI, you must submit your request in writing to the Privacy Officer at our pharmacy. Your request must state a specific time period for the accounting (e.g., the past three months). The first accounting you request within a twelve (12) month period will be free. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

You have the right to receive a notification, in the event that there is a breach of your unsecured PHI, which requires notification under the Privacy Rule.

## **COMPLAINTS**

If you believe that your privacy rights have been violated, you should immediately contact the pharmacy's Privacy Officer. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of the U. S. Department of Health and Human Services, 200 Independence Ave. S.W., Washington DC, 20201.

## Patients' Bill of Rights & Responsibilities

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As a patient in this pharmacy, you have the right to:

1. Be fully informed of one's responsibilities
2. Receive information about the scope of services that the organization will provide and specific limitations on those services
3. Know the benefits and limitations of the Program
4. Receive information 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
5. Participate in the development and periodic revision of the plan of care
6. Be informed in advance of care/service being provided and the financial responsibility, including out-of-pocket costs such as deductibles, co-pays, and co-insurance as allowed by our pharmacy software, and if the pharmacy is out of network for you plan.
7. Be informed of any financial benefits when referred to an organization
8. Be treated respectfully free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property, including, have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality and receive appropriate care without discrimination in accordance with prescriber's
9. Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI)
10. Be advised on the agency's policies and procedures regarding the disclosure of clinical records
11. Identify visiting personnel members through proper identification
12. Choose a healthcare provider
13. Refuse care or treatment after the consequences of refusing care or treatment are fully presented
14. Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
15. Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal
16. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated

Patients are responsible for:

1. Provides accurate medical and contact information and any changes
2. Complete and submit any forms that are necessary for your care/services
3. Participate in developing a plan for your care, treatment and services.
4. Notify the organization of any questions or concerns about the care or services provided
5. Notify the treating provider of participation in the services provided by the organization
6. Maintain any equipment provided, if applicable

## Overview of Prescription Services and Important Information

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### 1. HOURS OF OPERATION

- Monday to Friday: 9:00 am to 7:00 pm
- Saturday: 9:00 am to 5:00 pm

### 2. CONTACTING A PHARMACIST OR PATIENT SUPPORT SERVICES

- You may contact us at (212) 749-2677 and ask to speak with a pharmacist or a technician.

### 3. AFTER HOURS SERVICE

- For afterhours service, call the pharmacy number 1-800-630-0043 to reach an on-call pharmacist.
- There is an on-call pharmacist 24/7 365 days of the year for our patients to call with questions or concerns about their medications.
- If you leave a message, please be as detailed as possible. Leave your name, number, and a short message about your questions, concern, or situation. Please also indicate if this is an urgent request. All urgent requests will receive a call back within 30 minutes.

### 4. HOW TO PLACE A PRESCRIPTION ORDER

- It is our policy at Town Drug Pharmacy to help you place a prescription order. Your prescriber may contact us at (212) 749-2677 to submit a verbal order. We also accept prescriber faxes or electronic prescriptions.

### 5. HOW TO OBTAIN PRESCRIPTION ORDER STATUS AND CLAIMS RELATED INFORMATION

- You may contact us at (212) 749-2677 at any time to check on a prescription order or to receive claims related information.

### 6. HOW TO OBTAIN A REFILL

- It is our policy at Town Drug Pharmacy to help you remember when it is time to refill your medication. We will call you to set up delivery when you have about 7 days of medication left. If we are not able to contact you after three attempts, we will send you a letter via the United States Postal Service. If you have not heard from us when you have 5 days of medication remaining, please contact us at (212) 749-2677. In addition, we will gladly assist you with any coordination issues with your medication such as vacation supplies, early refill due to change in therapy, or manufacture replacement due defective device, etc.
  - Refills can also be made by going to [www.towndrugpharmacy.com](http://www.towndrugpharmacy.com).
  - Click on the refill button and use either the guest or sign in option to make your request.
  - Follow the prompts on the screen and make sure to put in the Prescription number and drug name.

### 7. INFORMATION ON PRESCRIPTION DRUG SUBSTITUTIONS

- Town Drug Pharmacy may substitute a generic drug for a prescribed drug unless the prescriber writes, "Dispense as written". If questions arise as to therapeutic equivalent

Town Drug Pharmacy will contact the drug manufacturer and/or consult the FDA Orange Book.

- Information regarding Therapeutic Equivalence:
  - The FDA classifies as therapeutically equivalent products that are approved as safe and effective; are pharmaceutical equivalents (i.e., contain identical amounts of the same active drug ingredient in the same dosage form and route of administration and meet compendial or other applicable standards of strength, quality, purity, and identity); are bioequivalent (i.e., do not present a known or potential bioequivalence problem and meet an acceptable in vitro, or in some cases in vivo, or both, standard-or, if they do present such a known or potential problem, are shown to meet an appropriate bioequivalence standard); are adequately labeled; and are manufactured in compliance with current Good Manufacturing Practice (GMP) regulations.
  - Products that meet these criteria are considered therapeutically equivalent even though they may differ in certain other characteristics such as shape, scoring configuration, release mechanisms, packaging, excipients (including colorings, flavorings, and preservatives), expiration date/time, minor aspects of labeling (e.g., presence of specific pharmacokinetic information), and storage conditions.
  - The FDA takes the position that when differences of these types are important in the care of a particular patient, it may be appropriate for the prescribing physician to require that a particular brand be dispensed ("dispense as written") as a medical necessity ("brand medically necessary"). With this limitation, however, the FDA believes that products classified as therapeutically equivalent can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product.

## **8. FINANCIAL RESPONSIBILITIES**

- Patients are informed of their financial responsibilities either in person or via phone at the time of or prior to the delivery of services.
- If financial assistance is needed, Town Drug Pharmacy staff will assist patients with obtaining funding or medication through manufacturer copay cards, a nonprofit organization, or the manufacturer.

## **9. WARRANTY INFORMATION**

- All patients who either purchase or rent equipment will be informed of the manufacturer's warranty coverage and we will honor all warranties under applicable law.
- Town Drug Pharmacy will repair or replace, free of charge, equipment that is under warranty. Additionally, if available, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment. The patient will be required to sign a form stating that they received and understand the warranty coverage.

## **10. HOW TO REQUEST DELIVERY AND WHAT TO EXPECT**

- Call the pharmacy at (212) 749-2677 and request to have your medications delivered or go to our website when refilling and choose the delivery option.
- Make sure to give an accurate address to deliver too and the apartment number if applicable.

- Provide an updated number as the delivery personnel will call once they arrive at your address.
- Please make sure you are home to pick up your medications and sign for them. If you have a preferred time for delivery, let us know by calling the pharmacy directly at (212) 749-2677 or adding this to the notes section on the website.
- All co-pays for delivery items can be paid by cash in person or you can have a credit/debit card placed on your patient file to be charged at the time of delivery.
- For any questions or updates on delivery, please call the pharmacy at (212) 749-2677.

#### **11. WHAT TO DO IF YOUR SCHEDULED DELIVERY WAS MISSED**

- Call the pharmacy at 212-749-2677 to reschedule a drop off date or see if it can be redelivered during business hours or schedule a physical pick up.
- If after hours, please call 1-800-630-0043 to schedule a pick up or delivery during business hours and what to do in the meantime as you wait

#### **12. HOW TO OBTAIN MEDICATIONS OR SERVICES NOT PROVIDED BY THE PHARMACY**

- Town Drug Pharmacy will assist the patient to obtain medications that are not available at our pharmacy. We may transfer your prescription to another pharmacy that has the medication prescribed and provide the information needed to fill your prescription.

#### **13. OUT OF NETWORK**

- If Town Drug Pharmacy is considered an out of network pharmacy, staff will notify the patient and share the cost information. Town Drug Pharmacy will assist in transferring the prescription to an in-network pharmacy at the patient's request.

#### **14. HOW TO TRANSFER A PRESCRIPTION TO ANOTHER PHARMACY**

- Simply call us at (212) 749-2677, provide the name of the medication along with the name and phone number of the pharmacy the prescription is to be transferred.
- Town Drug Pharmacy will contact the pharmacy where your prescription is to be transferred and provide the information needed to fill your prescription. We will inform you if the prescription has no remaining refills so you may contact the prescribing physician

#### **15. CONCERNS OR SUSPECTED ERRORS**

- To report any concerns and/or suspected errors, all patients should immediately call (212) 749-2677 and request to speak with the Pharmacist.
- The pharmacist will review the concern or error and advise of the appropriate course of action.

#### **16. HOW TO HANDLE MEDICATION RECALLS**

- In the event of a drug recall of a medication that has been dispensed to you, a pharmacy staff member will immediately call you. Town Drug Pharmacy will:
  - Give you the recall specific directions regarding the medication
  - Document and notify your prescriber if you took any of the recalled medication, how much, if there were any side effects.
  - Notify your prescriber of the recall, including the severity, reason, and any instructions
  - Follow the steps recommended by the manufacturer and document the steps with the date completed and the signature of the person completing the form.

**17. MISSED DOSE OF MEDICATION**

- If you have missed a dose of your medication:
  - Do not take 2 doses at the same time or extra doses (or double up).
  - If it is close to the time for your next dose, skip the missed dose and go back to your normal scheduled time of taking your medication.
  - If your missed dose was missed recently (not close in time for your next dose), take the missed dose making sure to follow the instructions on your medication bottle.

**18. HOW TO HANDLE ADVERSE REACTIONS**

- An adverse reaction is defined as any unpredictable, unintended, undesirable, and unexpected biological response that a patient may have to medications. Below find a list of the some of the possible adverse reactions that are possible to experience when starting a new medication:
  - Headache, tremors, dizziness; muscle spasms, confusion;
  - Nausea, vomiting, diarrhea;
  - Skin rash or flushing;
  - Hypotension (low blood pressure), Hypertension (high blood pressure), arrhythmia (irregular heart beat), tachycardia (high heart rate), or bradycardia (low heart rate);
  - Shortness of breath, dyspnea (difficulty in breathing), or respiratory depression (slowed breathing).
- If an adverse drug reaction is reported to our clinical staff, the pharmacist shall do a complete clinical assessment with the patient and based on his/her clinical judgment will formulate a plan of action.
- This plan of action could include counseling you on common preventative measures if a known and manageable adverse reaction is reported or contacting your physician to obtain instructions that may involve discontinuing the medication or modifying the dose.

**19. PATIENT INCIDENTS**

- If you have experienced an incident, please notify use when possible.
- An incident is described as (a) A serious injury (b) An adverse event (c) A medication error (c) Other undesirable or adverse outcomes.
- We will notify your prescriber if not yet notified and work to coordinate care that you might need.

**20. PRESCRIPTION ORDER DELAY**

- If an order will be delayed for any reason, a pharmacy staff member will contact you as soon as this information becomes available.
- If it is determined that the delay could cause a gap in your therapy, we will work with you to develop a solution. This may include a transfer to another pharmacy. Any coordination needed will be taken care of by Town Drug Pharmacy.

**21. PATIENT GRIEVANCE/COMPLAINT REPORTING PROCESS AND RESOLUTION STEPS**

- You may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service.
- To place a grievance, please call (212) 749-2677 and speak to customer services or email us at town\_drug@yahoo.com, with Subject: Patient Complaint.



- If your complaint is not resolved to your satisfaction within 5 working days, you may initiate a formal grievance, in writing and forward it to the Governing Body. You can expect a written response within 14 working days or receipt.
- You may also make inquiries or complaints about this pharmacy by calling Medicare at 1-800-MEDICARE, the Accreditation Commission for Health Care (ACHC) at 919-785-1214 and/or the New York State Pharmacy Board at 1-800-442-8106 or [conduct@nysed.gov](mailto:conduct@nysed.gov).

## 22. EVIDENCE BASED HEALTH INFORMATION AND TREATMENT PLANS

- Town Drug Pharmacy creates treatment plans, provides medication information, and gives medication-related advice based on current guidelines and the most up-to-date information available.
- Our pharmacists use clinical expertise, your individual patient values, and the best research evidence available when making decisions about your care.
- Upon request, we can provide you with any of the evidence-based health information for your treatment or condition. Simply call and ask to speak with a pharmacist. Let us know what we can provide for you. You can request current guidelines, prescribing and manufacturer information. If you have any questions or concerns, please do not hesitate to call any pharmacy staff.

## 23. HOW TO DISPOSE OF MEDICATIONS

- Follow any specific disposal instructions on the drug label or patient information that accompanies the medication.
- Do not flush prescription drugs down the toilet unless this information specifically instructs you to do so.
- Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government's household trash and recycling service (see blue pages in phone book) to see if a take-back program is available in your community.
- The Drug Enforcement Administration, working with state and local law enforcement agencies, is sponsoring National Prescription Drug Take Back Days throughout the United States.
- If no instructions are given on the drug label and no take-back program is available in your area, throw the drugs in the household trash, but first:
  - Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.
  - Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.
- Additional tips:
  - Before throwing out a medicine container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information.
  - Do not give medications to friends. Doctors prescribe drugs based on a person's specific symptoms and medical history. A drug that works for you could be dangerous for someone else.
  - When in doubt about proper disposal, talk to your pharmacist.
  - The same disposal methods for prescription drugs could apply to over-the-counter drugs as well.

## 24. HOW TO ACCESS MEDICATIONS IN CASE OF AN EMERGENCY OR DISASTER

- Town Drug Pharmacy has an emergency plan to provide prescriptions to our customers in case of emergency or disaster. In case of an emergency/disaster the pharmacy staff will call you to give instructions on how to get your medication supplies or equipment depending on the situation. The pharmacist will help facilitate an emergency delivery or transfer the prescription to another local pharmacy that is able to assist and assist in coordination of a new prescription to be sent from the doctor if needed.
- Town Drug Pharmacy will make reasonable attempts to contact each patient prior to or following a disaster to access their needs.
- Town Drug Pharmacy will prioritize patients based upon the urgency of the need for service. The following local services may be contacted by the patient if needed:
  - Local pharmacies near the patient's address
  - The local hospital(s) near the patient's address
  - The local EMS office (911 Services)
  - FEMA
  - Call our toll free after hours and emergency line: 1-800-630-0043
- The following information is to help you plan your actions in case there is a natural disaster where you live. Many areas of the United States are prone to natural disasters like hurricanes, tornadoes, floods, and earthquakes. Every patient receiving care or services in the home should think about what they would do in the event of an emergency. Our goal is to help you plan so that we can try to provide you with the best, most consistent service we can during the emergency.
  - Know What to Expect and Know Where to Go
    - If you have recently moved to this area, take the time to find out what types of natural emergencies have occurred in the past, and what types might be expected.
    - Find out what, if any, time of year these emergencies are more prevalent.
    - Find out when you should evacuate, and when you shouldn't.
    - Your local Red Cross, local law enforcement agencies, local news and radio stations usually provide excellent information and tips for planning.
    - One of the most important pieces of information you should know is the location of the closest emergency shelter.
    - These shelters are open to the public during voluntary and mandatory evaluation times. They are usually the safest place for you to go, other than a friend or relative's home in an unaffected area.
  - Know What to Take with You
    - If you are going to a shelter, there will be restrictions on what items you can bring with you. Not all shelters have adequate storage facilities for medications that need refrigeration.
    - We recommend that you call ahead and find out which shelter in your area will let you bring your medications and medical supplies, in addition, let them know if you will be using medical equipment that requires an electrical outlet.
    - During our planning for a natural emergency, we will contact you and deliver, if possible, at least one week's worth of medication and supplies. Bring all your medications and supplies with you to the shelter.
  - Reaching Us if There Are No Phones
    - How do you reach us during a natural emergency if the phone lines don't work? How would you contact us?

- If there is warning of the emergency, such as a hurricane watch, we will make every attempt to contact you and provide you with the number of our cellular phone. (Cellular phones frequently work even when the regular land phone lines do not.)
- If you have no way to call our cellular phone, you can try to reach us by having someone you know call us from his or her cellular phone. (Many times cellular phone companies set up communication centers during natural disasters. If one is set up in your area, you can ask them to contact us.)
- If the emergency was unforeseen, we will try to locate you by visiting your home, or by contacting your home nursing agency. If travel is restricted due to damage from the emergency, we will try to contact you through local law enforcement agencies.
- An Ounce of Prevention...
  - We would much rather prepare you for an emergency ahead of time than wait until it has happened and then send you the supplies you need.
  - To do this, we need for you to give us as much information as possible before the emergency. We may ask you for the name and phone number of a close family member, or a close friend or neighbor. We may ask you where you will go if an emergency occurs. Will you go to a shelter, or a relative's home? If your doctor has instructed you to go to a hospital, which one is it?
  - Having the address of your evacuation site, if it is in another city, may allow us to service your therapy needs through another pharmacy.
- Helpful Tips
  - Get a cooler and ice or freezer gel-packs to transport your medication.
  - Get all of your medication information and teaching modules together and take them with you if you evacuate.
  - Pack one week's worth of supplies in a plastic-lined box or waterproof tote bag or tote box. Make sure the seal is watertight.
  - Make sure to put antibacterial soap and paper towels into your supply kit.
  - If possible, get waterless hand disinfectant from Town Drug Pharmacy or from a local store. It comes in very handy if you don't have running water.
  - If you are going to a friend or relative's home during evacuation, leave their phone number and address with Town Drug Pharmacy and your home nursing agency.
  - When you return to your home, contact your home nursing agency and Town Drug Pharmacy so we can visit and see what supplies you need.
- For More information
  - There is much more to know about planning for and surviving during a natural emergency or disaster. Review the information form FEMA
  - [http://www.fema.gov/areyouready/emergency\\_planning.shtm](http://www.fema.gov/areyouready/emergency_planning.shtm).
  - The information includes:
    - Get informed about hazards and emergencies that may affect you and your family.
    - Develop an emergency plan.
    - Collect and assemble disaster supplies kit, which should include:
      - Three-day supply of non-perishable food.
      - Three-day supply of water - one gallon of water per person, per day.
      - Portable, battery-powered radio or television and extra batteries.

- Flashlight and extra batteries.
  - First aid kit and manual.
  - Sanitation and hygiene items (moist towelettes and toilet paper).
  - Matches and waterproof container.
  - Whistle.
  - Extra clothing.
  - Kitchen accessories and cooking utensils, including a can opener.
  - Photocopies of credit and identification cards.
  - Cash and coins.
  - Special needs items, such as prescription medications, eye glasses, contact lens solutions, and hearing aid batteries.
  - Items for infants, such as formula, diapers, bottles, and pacifiers.
  - Other items to meet your unique family needs.
  - Learn where to seek shelter from all types of hazards.
  - Identify the community warning systems and evacuation routes.
  - Include in your plan required information from community and school plans.
  - Learn what to do for specific hazards. • Practice and maintain your plan.
- An Important Reminder!!
    - During any emergency situation, if you are unable to contact our pharmacy and you are in need of your prescribed medication, equipment or supplies, you must go to the nearest emergency room or other treatment facility for treatment.

## Infection Control Practices

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- Patients and caregivers should observe appropriate infection control protocols to ensure optimal health outcomes.
- Items that touch only intact skin (e.g., blood pressure cuff, stethoscopes, thermometers, and other medical accessories) rarely, if ever, transmit disease. These items will be cleaned with alcohol after each use. Should any piece of item become contaminated with blood or other potentially infectious material, the item should be cleaned with a chemical germicide.
- All excretions, secretions, blood, and drainage should be discarded in the toilet.
  
- To minimize transmission of communicable diseases:
  - Wash hands, making sure to use good hand washing technique.
  - Handle and store products in a manner consistent with preservation of cleanliness.
  - Use gloves when handling hazardous drugs
  - Clean non-disposable items that come in contact with infectious materials with a chemical germicide.
  - Limit contact and wear a mask if infected with a transmissible disease.
  - Social distancing as appropriate and recommended by our state and country laws.
  - During pandemic and outbreaks: Taking temperatures, oxygen saturation stats, and sending sick employees home.
  - Wearing masks during pandemic outbreaks and to reduce spread of infection.
  
- Hand Washing Protocols
  - Washing your hands to remove bacteria is the most important step that you can take to prevent infection. Dirty hands are the most common way to spread infection. Always wash your hands before handling equipment or doing any procedures. Also, repeat hand washing if your hands become contaminated at any time during a procedure.
    1. Remove all pieces of jewelry before washing. Bacteria can hide in those items.
    2. Turn on the water and adjust the temperature. Keep water running while washing.
    3. Apply antibacterial soap to your hands and lower forearms and scrub aggressively for at least two minutes.
    4. Start at the fingernails and scrub under all fingernails. Scrub each finger and in-between fingers.
    5. Scrub inner palms and wash back of hands.
    6. Rinse your hands under running water. Hold hands up as you are rinsing so the dirty water does not run back down your fingers.
    7. Thoroughly dry hands with a paper towel.
    8. Use a paper towel to turn off water. Discard the paper towel in the trash.

## Handling Hazardous Drugs Safely at Home

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Reference: National Institutes of Health Clinical Center

Website: <http://www.cc.nih.gov/comments.shtml>

This information provides tips on handling oral hazardous drugs safely at home. By working safely with these drugs, you can lessen the chance of exposing yourself, your family and friends as well as the environment to these chemicals.

### Supplies:

- Disposable nitrile (not latex) gloves for handling hazardous drugs
- Disposable plastic medication cups or oral syringes

### Handling hazardous drugs:

- Wash your hands before and after handling hazardous drugs.
- Wear disposable nitrile gloves when handling any type of hazardous drugs (liquid, tablets, or capsules). Do not use torn or punctured gloves.
- Use disposable plastic medicine cups to transfer pill from medicine bottle.
- Discard any used gloves, medicine cups, and oral syringes in a plastic bag.
- Tie or seal the plastic bag and place in your household trash bag for disposal.

### Storing hazardous drugs:

- Your pharmacist or prescriber will tell you if there are special storage instructions.
- Keep all drugs out of the reach of children and pets.
- Keep your drug separate from other family members' medications.
- If the drug needs refrigeration
  - Do not place it in or near the freezer
  - Do separate it from other foods (use a crisper bin or place the medication in a container).
- Keep drug in its original container. Do not put oral hazardous drugs in a pill box with other daily medications.
- Keep drug away from moisture (for example, do not store in the bathroom).

### Taking your hazardous drug:

- Your pharmacist or prescriber will advise you of your administration schedule and routine.
- Pregnant women should not assist you to handle hazardous drugs.
- It is important for you to follow the instructions for how to take the drug. Do not skip a dose without discussing it with your medical team.
- If you forget to take a dose, do not take double the dose next time. Contact your pharmacist or prescriber to discuss what to do if you miss a dose.
- Do not crush or break pills. If you are unable to swallow them, contact your pharmacist or prescriber

## Home Safety

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At Town Drug Pharmacy, we want to make sure that your home medical treatment is done conveniently and safely. Many of our patients are limited in strength or unsteady on their feet. Some are wheelchair - or bed-bound. These pages are written to give our patients some easy and helpful tips on how to make the home safe for home care.

### Fire Safety and Prevention

- Smoke detectors should be installed in your home. Make sure you check the batteries at least once a year.
- If appropriate, you may consider carbon monoxide detectors as well. Ask your local fire department if you should have one in your home.
- Have a fire extinguisher in your home, and have it tested regularly to make sure it is still charged and in working order.
- Have a plan for escape in the event of a fire. Discuss this plan with your family.
- If you use oxygen in your home, make sure you understand the hazards of smoking near oxygen. Review the precautions. If you aren't sure, ask your oxygen provider what they are.
- If you are using electrical medical equipment, make sure to review the instruction sheets for that equipment. Read the section on electrical safety.

### Electrical Safety

- Make sure that all medical equipment is plugged into a properly grounded electrical outlet.
- If you have to use a three-prong adapter, make sure it is properly installed by attaching the ground wire to the plug outlet screw.
- Use only good quality outlet "extenders" or "power strips" with internal Circuit breakers. Don't use cheap extension cords.

### Safety in the Bathroom

- Because of the smooth surfaces, the bathroom can be a very dangerous place, especially for persons who are unsteady.
- Use non-slip rugs on the floor to prevent slipping.
- Install a grab-bar on the shower wall, and non-slip footing strips inside the tub or shower.
- Ask your medical equipment provider about a shower bench you can sit on in the shower.
- If you have difficulty sitting and getting up, ask about a raised toilet seat with arm supports to make it easier to get on and off the commode.
- If you have problems sensing hot and cold, you should consider lowering the temperature setting of your water heater so you don't accidentally scald yourself without realizing it.

### Safety in the Bedroom

- It's important to arrange a safe, well-planned and comfortable bedroom since a lot of your recuperation and home therapy may occur there.
- Ask your home medical provider about a hospital bed. These beds raise and lower so you can sit up, recline, and adjust your knees. A variety of tables and supports are also available so you can eat, exercise, and read in bed.
- Bed rails may be a good idea, especially if you have a tendency to roll in bed at night.
- If you have difficulty walking, inquire about a bedside commode so you don't have to walk to the bathroom to use the toilet.
- Make sure you can easily reach the light switches, and other important things you might need through the day or night.
- Install night-lights to help you find your way in the dark at night.

- If you are using an IV pole for your IV or enteral therapy, make sure that all furniture, loose carpets, and electrical cords are out of the way so you do not trip and fall while walking with the pole.

#### Safety in the Kitchen

- Your kitchen should be organized so you can easily reach and use the common items, especially during your recuperation while you are still a bit weak:
- Have a friend or health care worker remove all common small appliances and utensils from cabinets, and place them on your counters where you can easily use them.
- Have a chair brought into the kitchen to the counter work area if you have difficulty standing.
- Make sure you are careful lifting pots and pans. Not only might they be hot, but they can be heavy as well. Use padded mitts to firmly grasp pans and pots on both sides.
- Ask your kitchen or hardware store about utensils for manually impaired or arthritic persons, including:
  - Basic electric can openers
  - Bottle and jar openers
  - Large-handled utensils
- When working at your stove, be very careful that intravenous, tube feeding tubing, or oxygen tubing do not hang over the heat. They can be flammable.

#### Getting Around Safely

- If you are now using assistant devices for ambulation (walking), here are some key points:
- Install permanent or temporary guardrails on stairs to give you additional support if you are using a cane or are unsteady.
- If you are using a walker, make sure that furniture and walkways are arranged to give you enough room.
- If you are using a walker or wheelchair, you may need a ramp for getting into or out of the house. Ramps can be purchased ready-made, or may be constructed for you. Talk to your home medical equipment provider about available options.

If you have any questions about safety that aren't in this booklet, please call us and we will be happy to give you recommendations for your individual needs.



## Making Decisions About Your Health Care

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*Advance Directives* are forms that say, in advance, what kind of treatment you want or don't want under serious medical conditions. Some conditions, if severe, may make you unable to tell the doctor how you want to be treated at that time. Your Advance Directives will help the doctor to provide the care you would wish to have.

Most hospitals and home health organizations are required to provide you with information on Advance Directives. Many are required to ask you if you already have Advance Directives prepared.

This pamphlet has been designed to give you information and may help you with important decisions. Laws regarding Advance Directives vary from state to state. We recommend that you consult with your family, close friends, your physician, and perhaps even a social worker or lawyer regarding your individual needs and what may benefit you the most.

### What Kinds Of Advance Directives Are There?

There are two basic types of Advance Directives available. One is called a Living Will. The other is called a Durable Power of Attorney.

A Living Will gives information on the kind of medical care you want (or do not want) become terminally ill and unable to make your own decision.

It is called a "Living" Will because it takes effect while you are living.

- Many states have specific forms that must be used for a Living Will to be considered legally binding. These forms may be available from a social services office, law office, or possibly a library.
- In some states, you are allowed to simply write a letter describing what treatments you want or don't want.
- In all cases, your Living Will must be signed, witnessed, and dated. Some states require verification.

A Durable Power of Attorney is a legal agreement that names another person (frequently a spouse, family member, or close friend) as an *agent* or *proxy*. This person would then be make medical decisions for you if you should become unable to make them for yourself. A Durable Power of Attorney can also include instructions regarding specific treatments that want or do not want in the event of serious illness.

### What Type of Advance Directive is Best for Me?

- This is not a simple question to answer. Each individual's situation and preferences are unique.
- For many persons, the answer depends on their specific situation, or personal desires for their health care.
- Sometimes the answer depends on the state in which you live. In some states, it is better to have one versus the other.
- Many times you can have both, either as separate forms or as a single combined form.

### What Do I Do If I Want An Advance Directive?

- First, consult with your physician's office or home care agency about where to get information specific for your state.

- Once you have discussed the options available, consult with any family members or friends who may be involved in your medical care. This is extremely important if you have chosen a friend or family member as your “agent” in the Durable Power of Attorney.
- Be sure to follow all requirements in your state for your signature, witness signature, notarization (if required), and filing.
- You should provide copies of your Advance Directive(s) to people you trust, such as close family members, friends and/or caregiver(s). The original document should be filed in a secure location known to those to whom you give copies.
- Keep another copy in a secure location; if you have a lawyer, he or she will keep a copy as well.

#### How Does My Health Care Team Know I Have an Advance Directive?

- You must tell them. Many organizations and hospitals are required to ask you if you have one. Even so, it is a good idea to tell your physicians and nurses that you have an Advance Directive, and where the document can be found.
- Many patients keep a small card in their wallet that states the type of Advance Directive they have, where a copy of the document(s) is located, and a contact person, such as your Durable Power of Attorney “agent,” and how to contact them.

#### What If I Change My Mind?

- You can change your mind about any part of your Advance Directive, or even about having an Advance Directive, at any time.
- If you would like to cancel or make changes to the document(s), it is very important that you follow the same signature, dating, and witness procedure as the first time, and that you make sure all original versions are deleted or discarded, and that all healthcare providers, your caregiver(s), your family and friends have a revised copy.

#### What If I Don't Want An Advance Directive?

You are not required by law to have one. Many home care companies are required to provide you with this basic information, but what you choose to do with it is entirely up to you.

#### **For More Information...**

This pamphlet has been designed to provide you with basic information. It is not a substitute for consultation with an experienced lawyer or knowledgeable social worker. These persons, or your home care agency, can best answer more detailed questions, and help guide you towards the best Advance Directive for you.

## Medicare DMEPOS Supplier Standards

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Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State healthcare programs or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law and repair or replace free of charge Medicare-covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll-free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare-covered items and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.

15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals). Implementation Date: October 1, 2009.
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). Implementation date: May 4, 2009.
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

## Town Drug Pharmacy Satisfaction Survey

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

Dear Patient,

It is our desire to provide you with the best quality services available. In order to help us maintain our high standards, please take a few moments to tell us how we are doing. Please complete this form and mail it back to us. Thank you.

Was your medications delivered on time?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the medications dispensed and delivered accurately?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the pharmacy training provided effective in educating you on your therapy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the educational materials and instructions provided to you adequate to educate you on the medications dispensed to you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the pharmacy staff courteous and helpful?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was your financial responsibilities explained to you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you receive advice or help from the pharmacy when needed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the services provided make a positive impact on the outcome of your care and/or therapy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Would you recommend our pharmacy to your friends and family?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the services provided meet your needs and expectations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
COMMENTS (Optional)		

Signature (optional) \_\_\_\_\_

**For Completed Forms:** Email: town\_drug@yahoo.com, OR mail/ drop off to Towndrug 501 W 113th St New York, NY 10025  
Form Revised: 05/27/2019

### Town Drug Pharmacy Complaint Form

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**Patient:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Date/Time Received:** \_\_\_\_\_

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

**Patient's Medicare/Medicaid or Health Insurance Claim Number:** \_\_\_\_\_

**Describe Grievance, Complaint or Concern:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOWN DRUG STAFF USE ONLY**

**Date Complaint Received:** \_\_\_\_\_

**Employee Receiving Complaint:** \_\_\_\_\_

**Documented in Complaint Log:** \_\_\_\_\_

**Action Taken / Resolution Process:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date/Time of Response to Patient:** \_\_\_\_\_

**Date of Written Notification to Patient:** \_\_\_\_\_

**Resolved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_