



Specialty Pharmacy Welcome Packet

Welcome, Pharmacy Services & Clinical Management Program

Address:

531 E 7th St Brooklyn, NY 11218

(718) 921-8777 toll-free phone

(718) 921-9777 toll-free fax

Website

<http://www.michaelspharmacynyc.com/>

Pharmacy Hours of Operation

Eastern Standard Time

Monday-Friday

9:00 am to 7:00 pm

Closed

Saturday

Sunday

9:00 am to 5:00 pm

Pharmacy staff is available 24/7/365 days a year by calling the toll-free phone number.



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Welcome

Dear Patient:

Welcome to Michael's Pharmacy; we are pleased to have been selected as your specialty pharmacy provider.

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

As a specialty pharmacy patient, you will have access to our experienced clinicians. Here are few things you should know about Michael's Pharmacy:

- Michael's Pharmacy is a specialty pharmacy offering you 24/7/365 support.
- We treat you as an individual and work with your care providers to create a program tailored to your specific condition.
- Our dedicated team of patient care coordinators will ensure the delivery of your monthly refills. Because we want to be sure you understand and follow your prescription guidelines, you will be provided with educational materials on your medications.
- We will handle the details for shipping and delivering your specialty medications.
- We're experts in care with years of experience, and we can help you get the treatment you need.
- If you require information in a different language, please contact us at (718) 921-8777 and we will work to accommodate your specific language needs.

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

- Carefully read the content of the welcome packet.
- Sign and date forms as indicated.
- Return the forms in the pre-paid envelope to Michael's Pharmacy.

If you have any questions, please call us at (718) 921-8777 or visit us online at www.michaelspharmacynyc.com. Thank you!

Sincerely,

Michael's Pharmacy Team



What to Expect

We recognize that managing a chronic disease or serious illness can feel overwhelming at times. We are here for you. At Michael's Pharmacy, our staff is dedicated to working with you, your doctors and nurses, and family and friends to achieve a fully integrated health care team. You are our primary purpose.

You can expect:

- Personalized patient care

Our specialty trained staff members will work with you to discuss your treatment plan, and we will address any questions or concerns you may have. We are available for you 24/7/365.

- Collaboration with your Doctor

We will always keep the lines of communication open between you and your doctors and caregivers. We are here to make sure any difficulties you may be having with your treatment are addressed immediately with your physicians.

- Regular follow-up

Getting your medications and medical supplies quickly and efficiently is paramount. We will be in close contact with you during your treatment, and will be your healthcare advocate.

- Benefits

Treatment can be costly, and we will help you navigate through the complexities of the healthcare system to explore every option available to you. Our relationships with insurers will help provide you with information and explanations of your drug and medical benefits. Your quality of care is our highest mission.

- Delivery

We offer fast and convenient delivery to your home, workplace, or the location you prefer. A staff member will contact you five to seven days prior to your refill due date to coordinate the medications you need, update your medical and insurance records, and to set up and confirm a delivery date and address.

- In Store Pickup

We offer convenient in store pickup of your medications.

- 24/7/365 Support

Our Specialty Pharmacy staff is available 24 hours a day, 7 days a week. We are always here to answer any questions or address any concerns you may have.



Mission Statement

Michael's Pharmacy is dedicated to providing an exceptional customer experience with optimal outcomes while empowering the customer in self-management of their health. Michael's Pharmacy will provide care, treatment, and services in a caring, empathic, supportive and safe manner.

Value Statement

Teamwork – We work together as a team; with customers, providers, prescribers and staff in building excellent relationships to achieve the best customer outcomes.

Passion: We strive to exhibit an excellent level of passion for our customers, prescribers, and providers in all we do.

Inspiration Michael's Pharmacy encourages an atmosphere that inspires the team to individually meet their fullest professional and personal potential.

Diversity: We understand and appreciate the value of having diversity within the organization. Each individual's unique background and life experiences enhance and is an asset to the organization.

Accountability for our Actions and Results – We consistently guide and demonstrate being accountable for our course of actions and decisions to achieve excellent outcomes in being a successful organization.

Community - We are compassionate about our communities, we encourage and promote staff participation in providing services and supporting the community by being involved in positive community activities.

Empowering: We educate the customer and family/caregiver to empower the customer/caregiver to make the best decisions in their individual care, treatment, and services.

Outcomes: We strive to stay educated and competent in the standards of practice and the guidelines that provide the best customer outcomes.

Continuous Improvement: The organization strives to identify opportunities for improvement in providing care, treatment or services to the customers, providers, and prescriber.

Vision Statement

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



Non-Discrimination Statement

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

Website

Please visit Michael's Pharmacy for additional information such patient education. Please visit us at: <http://www.michaelspharmacynyc.com/>.

Practice Standards and Policies and Procedures

Michael's Pharmacy has developed and implemented policies and procedures based on nationally recognized evidence-based standards of practices.

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

You may request a written copy of our policies and procedures relevant to your care and Michael's Pharmacy will provide information as requested.

Specialty Pharmacy Overview

Michael's Pharmacy is more than just a pharmacy; it offers hands-on and personalized patient care, treatment, and services. Michael's Pharmacy has an entire healthcare team of highly skilled and trained professionals consisting of pharmacists, technicians and a nurse. The team is available 24/7/365 days a year to answer questions. Michael's Pharmacy coordinates your care as prescribed to optimize the best outcomes that will enhance your quality of life while reducing the risk of complications and noncompliance. Michael's Pharmacy has trained clinicians to assist clients with their specialized needs, providing free consultations and communicating with other members of their healthcare team.

The specialty disease areas Michael's Pharmacy focuses on but is not limited to:

1. Crohn's Disease
2. Hepatitis B
3. Hepatitis C
4. Gastrointestinal Disorder
5. Dermatological Disorders
6. Psoriasis
7. Rheumatoid Arthritis
8. Osteoporosis
9. Ophthalmology



Clinical Management Program

What is a Clinical Management Program?

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

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

Michael's Pharmacy's healthcare team is composed of highly trained, skilled and professional clinicians including:

- Pharmacists
- Technicians
- A Nurse

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

What are the components of a successful Clinical Management Program?

The clinical management program includes complex integrated components:

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

At the time of the initial referral or initial physician order, a member of Michael's Pharmacy's staff initiates an initial assessment and based on the findings, an individualized disease-specific Plan of Care is developed in collaboration with the patient, prescriber and at times the insurer. The Plan of Care has interventions and measurable goals. The patient's strengths and weakness are regularly assessed to best meet the individual patient needs.

The staff conducts ongoing reassessments of the client to identify changes in the client or needs for service, treatment or care and the plan of care is updated as warranted by the disease state or at least every six months. Clinical staff reviews the data collected during the assessment/reassessment process. An evidence-based plan of care is developed to optimize the patient outcome and quality of life.



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

Is compliance to medication therapy important?

Michael's Pharmacy understands how crucial a patient's compliance to their prescribed therapy is to the outcome of the client therapy program for their specific disease state. Noncompliance or poor compliance to the patient medication treatment plan significantly increases the risk of poor outcomes, adverse events, and on the person's quality of life.

- Michael's Pharmacy's Clinical Management Program is designed to support the goals of:
- Maintaining a consistent high medication compliance
- Educating patients in regards to their medication treatment plan and disease state(s)
- Increasing patient ability and confidence of self-management of their medications
- Medication therapy supported by evidence based clinical guidelines for the best outcomes
- Reduce the risk of adverse events such as missing hours from work or school, ER visit related to your primary disease state, unplanned doctor visits. moderate to significant side effects, or reaction

The Clinical Management Program is designed to quickly identify a patient that is not compliant with the prescribed medication treatment plan through various means such as the assessment and reassessment progress, evaluating the medication on hand when scheduling a delivery. The staff of Michael's Pharmacy works with the client, healthcare team and available resources to implement appropriate interventions that will improve a client's medication adherence.

Coordination of Care

Effective and efficient communication is the key to the success of coordination of care when utilizing a multidisciplinary team that includes but is not limited to the pharmacy, the pharmacist, technicians, nurse, physician, providers, the patient/caregiver and other exterior sources to optimize the best patient outcome based on evidence-based practice standards.

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

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

These communication mechanisms include, but are not limited to:

- Multidisciplinary team meetings
- Written documentation of communication
- Fax
- Electronic mail
- In person meetings
- Telephone communications and voicemail
- Reporting from and to on-call staff, practitioners, and the client.



- Ad hoc/Patient Advocate case conferences when needed
- Family meetings as appropriate

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

How is the information collected and utilized to promote optimal patient outcomes?

Michael's Pharmacy trends and analyzes the data that is collected to assess the ratio of compliance/adherence by one of two calculation methods: Medication Possession Ratio or Proportion Days Covered.

The results are reviewed at least quarterly by Michael's Pharmacy's Clinical Team and the Performance Improvement Committee and more frequently when appropriate.

Drug Utilization Review (DUR) : For Your Safety

Michael's Pharmacy has a Drug Utilization Review program. The goal of the program is to improve client care, optimize outcome, identify and prevent the risk of an adverse event and assess for overall drug cost to the patient and the insurance provider.

DUR is a continuous defined systematic process. It involves a comprehensive review of a patient's medication and health history prior, during and after dispensing of prescribed medication(s) . The pharmacist conducting a DUR does directly affect the quality of care for patients and outcomes.

Michael's Pharmacy fosters your safety by:

- Assessing for potential drug interaction
 - Drug to Drug
 - Drug to food
- Assessing for Allergies/sensitivities
- Assessing for side effects
 - Common
 - Moderate
 - Severe

Conducts Prospective, Concurrent and Retrospective reviews to monitor for:

- Pharmacy-dispensing activities (cost-effective drug selection)
 - Appropriateness of drug therapy
 - Effectiveness of drug therapy
 - Prevention of potential dangers or adverse events
 - Under or over use of drug
 - Off-label use
 - Box warning
-



Drug Selection

Michael's Pharmacy's criteria for the selection of drugs dispensed by the organization assures that all products and supplies dispensed by the organization are of high quality, cost effective, and timely processing, obtaining, dispensing and delivery of the medication to meet the needs of each individual client. The organization only purchases medications from manufactures that meet the Food & Drug Administration's (FDA) standards and requirements.

Michael's Pharmacy is compliant with the Prescription Drug Marketing Act (PDMA) , FDA, and Federal, State and local laws and regulation. Also, the organization selects drugs that are listed on the FDA National Drug Code. 2Michael's Pharmacy maintains an adequate supply of drugs to fill prescription orders at a rate sufficient to meet the client's needs. In the event a substitution is required, Michael's Pharmacy will contact you and your doctor prior to dispensing the drug.

Client Education

Patients of Michael's Pharmacy are provided with ongoing education regarding their disease state, comorbidities, wellness, nutrition, medications, common side effects and when to report moderate to severe side effects, infection control techniques, medication storage, handling and disposal, self-administration of medications, local and national resources.

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

For patients that are non-English speaking, special needs or have other limitations, Michael's Pharmacy aims to facilitate effective communication with use of special devices, interpreters, literacy appropriate materials, visual aids, or other appropriate means.

One of the goals of Michael's Pharmacy is for a patient to be knowledgeable and have an understanding of their disease state. Michael's Pharmacy believes that a knowledgeable patient is an empowered patient and able to contribute effectively to their care, treatment, and services and with the ability to self-manage their care.

Additional services can be found on our website at:

www.michaelspharmacynyc.com

In-Home Support Services

If required, Michael's Pharmacy coordinates services for medication, supplies, training and equipment for use in the patient's home, to prevent a gap in therapy.

Michael's Pharmacy may contract with a competent and skilled nursing service to meet the patients' needs. Michael's Pharmacy staff or contracted staff are extremely skilled, experienced and highly competent. The



staff receive orientation for disease states, medication therapy, comorbidities, nutrition, and are educated on the well-being of the patients serviced by Michael's Pharmacy.

Your Initial Contact with Michael's Pharmacy

You will receive a welcome call from Michael's Pharmacy within 4 business hours if your prescription is received by 6pm. A staff member will contact you to introduce you to Michael's Pharmacy's services and review the benefits of the Clinical Management Program. The staff will confirm your identity by asking for your First and Last name and your date of birth as well as your address to prevent the release of any protected health information to an unauthorized person. For your safety, a staff member will ask various questions to ensure that the information that we have received is correct. Such as:

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

Michael's Pharmacy's staff is dedicated to providing services of the highest quality and in the safest manner.

We are here to answer your questions or discuss any concerns.

Refills and Scheduling of Medications

You will be contacted by one of our staff approximately 5 days before your scheduled refill date. When contacted, the staff will perform a short assessment. The assessment has a series of questions specific to your disease state to assess your current status, monitor for compliance, identifying potential or actual adverse events, or needs.

The questions are also to assess for your compliance to your medication therapy, side effects of your medication, and to measure for improvement in your overall medical condition related to your primary disease process. However, you may elect to call the pharmacy prior to your scheduled refill date to schedule your delivery or to obtain the status of the dispensing or delivery of your medication(s).

During this time the staff will coordinate the safe delivery of your medication to your preferred location. The staff will also confirm your delivery address.



Delivery

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

Inspect your medications when delivered, for damage, evidence of potential tampering, confirm medication is within the correct temperature range. The temperature range for medications that are to be refrigerated is normally 36 to 46 degree and non-refrigerated is normally between 66-77 degrees.

Immediately contact Michael's Pharmacy with any concerns. **DO NOT TAKE** the medication until you have discussed your concerns with a Michael's Pharmacy pharmacist.

Emergency Medication/Delay in Delivery of Medications

In the event of a medical emergency, Michael's Pharmacy will make accommodations for same-day delivery.

It is possible that natural disaster or an emergency event may disrupt the delivery of your medication, it is for this reason that Michael's Pharmacy has developed relationships throughout the country to prevent an interruption of services even if a distribution from Michael's Pharmacy is not possible.

When there is a natural disaster or emergency in your area that would prevent the delivery of the medication, please contact Michael's Pharmacy and your physician.

If you are unable to receive your medications go to the local emergency room to receive your medication. However, we will make every effort to deliver your medications to prevent a gap in therapy.

Michael's Pharmacy implements their emergency preparedness procedures based on the event to prevent a gap in therapy as prescribed.

Performance / Quality Improvement Program

Michael's Pharmacy has an ongoing Performance/Quality Improvement Program to collect data on specific indicators; the data is analyzed to identify trends, patterns and performance levels and opportunities for improvement these include, but are not limited to:

- Drug Utilization Review (DUR)
- Medication Compliance reporting
- Medication Drug Therapy reporting



- Co-Pay assistance program referrals
- Satisfaction Surveys from referral source, patients, and staff
- Grievances
- Pharmacy Incident Reporting
- Risk Management Review
- Patient Safety Ethics, Rights, and Responsibilities
- Provision of Care, Treatment, and Services
- Billing and Coding Errors
- Surveillance, Prevention, and Control of Infection
- Client Safety
- Deliveries Reporting
- Cold Chain Distribution Management program
- Management of Human Resources
- Management of Information Technology
- Emergency Preparedness

Financial Obligation and Assistance

Before dispensing of medication, you will be informed either in writing or verbally, of any financial obligations not covered by insurance, Medicare, Medicaid or other third-provider sources. The financial obligation includes but is not limited to; out of network liabilities, potential out-of-pocket costs, such as; deductibles, copays, coinsurance, annual and lifetime co-insurance limits and changes that could occur with your insurance provider.

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

Insurance Claims

Michael's Pharmacy automatically processes claims to your health insurance provider at the time a medication is dispensed. A monthly statement will be provided to you if you have any financial obligations that are not covered by your insurance provider.

If you have any changes of insurance providers, please notify Michael's Pharmacy as soon as possible, to prevent a possible gap in therapy.

In the event a claim is rejected, (not paid by your insurance provider) you will be notified. Michael's Pharmacy will work with you for a resolution of the issue.

If we are unable to resolve the issue, our staff will provide you information on how to file a claim.



Co-Payments Requirements

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

Co-Pay Assistance Referral Program

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



CLIENT/PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

Michael's Pharmacy shall honor patient rights and responsibilities and inform the patients of their rights and responsibilities in the care process. Patients will receive a written copy of Patient's Rights and Responsibilities at the time of the initial order shipment. Michael's Pharmacy staff will be trained in reviewing Patient Rights and Responsibilities with the Patient/Caregiver and will ensure understanding of these rights and responsibilities. If the patient/caregiver cannot read the statement of rights and responsibilities, an offer will be made to read it the patient/caregiver or offer a translator to provide this service in a language the patient/caregiver understands.

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

Client / Patient Rights and Responsibilities:

Client / Patient Rights

- To be informed of your right in advance of care being provided in your primary language and in a manner that you understand.
- You have a right to exercise your right without fear of restraint, interference, coercion, discrimination, or reprisal.
- Be fully informed in advance about care/service to be provided to you, including the disciplines that furnish care and the frequency of visits, as well as any modifications to your plan of care.
- Participate in the development and periodic revision of your plan of care.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Be informed, both verbally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client will be responsible.
- Have one's property and person treated with respect, consideration, and recognition of client dignity and personal individuality values, beliefs, and preferences.
- The client's family or guardian may exercise the client's rights when the client has been judged incompetent.
- Be able to identify staff using proper identification.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of your property.
- Voice your grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- Have your grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- Choose a health care provider, including choosing an attending physician.
- Confidentiality and privacy of all information contained in the client record and of Protected Health Information
- Be advised on the pharmacy's policies and procedures regarding the disclosure of clinical records
- Receive appropriate care without discrimination in accordance with physician orders.
- Be informed of any financial benefits when referred to the pharmacy.
- Be fully informed of one's responsibilities
- Receive information about the scope of services that the Pharmacy will provide and specific limitations on those services.
- Receive information about the care/services covered under the Medicare benefit.
- Be informed of anticipated outcomes of care/services and any barriers to outcome achievement.



Client / Patient Responsibilities

- To provide accurate and complete information regarding your past and present medical history
 - To agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments
 - To participate in the development and updating of a plan of care
 - To communicate whether you clearly comprehend the course of treatment and plan of care
 - To comply with the plan of care and clinical instructions
 - To accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services
 - To respect the rights of Pharmacy personnel
 - To notify your Physician and the Pharmacy with any potential side effects and/or complications
-

Clinical Management Program Client / Patient Rights

Clients/Patients Enrolled in Clinical Management Program Have the Following Additional Rights:

- The right to know about philosophy and characteristics of the Clinical Management program.
- The right to have personal health information shared with the Clinical Management Program only in accordance with Federal and State law
- The right to identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested
- The right to speak to a health professional
- The right to receive information about the Clinical Management program
- The right to receive administrative information regarding changes in or termination of the Clinical Management program
- The right to decline participation, revoke consent or dis-enroll at any point in time
- The responsibility to submit any forms that are necessary to participate in the program, to the extent required by law
- The responsibility to give accurate clinical and contact information and to notify the Clinical Management program of changes in this information
- The responsibility to notify their treating provider of their participation in the Clinical Management program, if applicable.

Clients/Patients Enrolled in Clinical Management Program Have the Following Additional Responsibilities

- To submit forms that are necessary to receive services
- To provide accurate and complete information regarding your past and present medical history or any changes
- To agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments
- To participate in the development and updating of a plan of care
- To communicate whether you clearly comprehend the course of treatment and plan of care
- To comply with the plan of care and clinical instructions
- To accept responsibility for your actions, if refusing treatment or not complying with the prescribed treatment and services
- To respect the rights of Pharmacy personnel



- To notify your Physician and the Pharmacy with any potential side effects and/or complications
- To notify your Physician of participation in services provided by Michael's Pharmacy
- To maintain any equipment provided
- To notify the organization of any concerns about services, treatment, and/or care being provided by Michael's Pharmacy.

Medicare DMEPOS Supplier Standards

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).

- A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
- 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.
- A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
- A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
- 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.
- 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.
- A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be 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.
- A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
- 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.
- 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.
- A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
- A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
- A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
- A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
- 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.
- A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
- A supplier must disclose any person having ownership, financial, or control interest in the supplier.



- 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.
- 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.
- 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.
- A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
- 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 for those specific products and services (except for certain exempt pharmaceuticals).
- All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
- All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
- All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
- A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
- A supplier must obtain oxygen from a state-licensed oxygen supplier.
- A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
- A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
- A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

Notice of Privacy Practices

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

Introduction

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

This "Notice of Privacy Practices" (Notice) has been created to help you understand our legal duties to protect your PHI and how we may use and disclose your PHI about your past, present, and future physical or mental health condition or illness and its treatment. We will mainly use and disclose your PHI about the health care products and services that we provide you, such as dispensing your prescriptions. Specifically, we will use and disclose your PHI as necessary to provide treatment to you, obtaining payment for health care products and services provided to you, and other health care operations and activities as described later in this Notice. This Notice also describes the legal rights that you have related



to your PHI that is in our possession. We take the matters described in this Notice very seriously because of our relationship with you and the requirement that we comply with this Notice.

Your PHI will only be used and disclosed as described in this Notice. Should a need for use and disclosure of your PHI occur that is not described in this Notice, we will obtain your written authorization before the use and disclosure of your PHI. At some future time, it may be necessary for us to revise this Notice. If such becomes necessary, we will post the revised Notice in the pharmacy and, if you request, provide a written Notice to you.

Your Rights with Respect To Your PHI

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

1. You have the right to receive the written Notice of Privacy Practices describing how we will protect your PHI and your rights related to PHI. You are entitled to request this written Notice at any time
2. You have the right to request a limitation on our use and disclosure of your PHI. However, please be aware that we may not be able to agree to your requested limitation if it results in our not being able to provide health care products and services to you or if we are required to use and disclose the PHI under federal or state law. All requests for a limitation on the use and disclosure of your PHI must be submitted to our Pharmacy Privacy Officer in writing using a form that we will provide to you.
3. You have the right to review or receive photocopies of our records that contain your PHI, to the extent that these records are part of a designated record set as defined by HIPAA. The most common such records are your prescriptions on file with us, our patient profile for you, and our billing records for health care products and services that have been provided to you. We will be pleased to allow you to review such records at no charge during normal business hours. However, we may charge you a reasonable, cost-based fee for photocopies of the records, together with any expenses for mailing, special courier, faxing and supplies necessary to fulfilling your request for records.

If we are unable to provide our records to you, we will provide you a written explanation of why we are not able to provide the records. Depending on the reason, you may submit a written request for us to reconsider. All requests to review or receive photocopies of our records that contain your PHI must be submitted to our Pharmacy Privacy Officer in writing using a form that we will provide to you.

4. You have the right to request changes in the content of your PHI contained in our records where you believe the content is incomplete, inaccurate, or for some other reason needs to be changed. We may not be able to agree to your requested change if we no longer have the records or if the requested change would cause your PHI to become inaccurate. If we are not able to agree to your requested change, we will notify you in writing as to why we are not able to agree. You will then have the right to submit to us a written statement of disagreement, to which we may elect to respond further in writing to you. All requests for changes to your PHI in our records must be submitted to our Pharmacy Privacy Officer in writing, using a form that we will provide to you.

5. You have the right to request that we communicate with you about your PHI in a confidential manner and only to locations (such as a post office box) or by means (such as a personal cellular telephone) specified by you. All requests for confidential communications must be submitted to our Pharmacy Privacy Officer in writing, using a form that we will provide to you.



6. You have the right to obtain an accounting of some of our disclosures of your PHI made after April 14, 2003. By an accounting, we mean a written record of these disclosures. Some of our disclosures of your PHI are not required by HIPAA to be included in the accounting. Most notable among these are disclosures for purposes of treatment, obtaining payment, and carrying out health care operations. Other disclosures of your PHI that are not required to be included in the accounting are disclosures made directly to you or that you have authorized, made to family, friends, and others who assist you with your care (caregivers) and made for other purposes allowed by HIPAA. Please consult with our Pharmacy Privacy Officer for more information on the disclosures not required to be included in the accounting.

The period for which we are required to provide the accounting is the six-year period immediately before the date of your request for the accounting but no earlier than April 14, 2003; however, your request for an accounting can be for a shorter period of time. You may obtain from us, without charge, one accounting during a 12-month period. However, if you request additional accountings during the same 12-month period, we may charge you a reasonable, cost-based fee for printing or photocopying of the accounting, together with any expenses for mailing, special courier, faxing and supplies necessary to fulfilling your request for the accounting. If it becomes necessary for us to charge you for the accounting, we will notify you in advance and allow you to withdraw or modify your request for the accounting. All requests for an accounting of our disclosures of your PHI must be submitted to our Pharmacy Privacy Officer in writing, using a form that we will provide to you.

7. You have the right to file a complaint if you believe that we have violated your rights as described above, and to not fear retaliation or adverse action by us against you for exercising your right. You can file the complaint with us directly or with the United States Department of Health and Human Services (HHS). Please be assured that we will work with you to resolve any complaint, including providing you with the address for filing a complaint with HHS.

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

Ways That We May Use and Disclose Your PHI

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

1. Treatment. HIPAA defines treatment as “the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.” We will maintain records that contain your PHI, and we will use and disclose your PHI as necessary to provide health care products and services to carry out and support your treatment. As a pharmacy, we may use and disclose your PHI as necessary to maintain a patient profile on you, which may include information about you, your medical condition, medications, and prescription devices that you use; any allergies that you may have; and other information, such as any health insurance that you may have. We may use and disclose your PHI in dispensing prescription medicines and related products and services, including counseling you and your caregivers about proper use of your medications. We may discuss such problems with your other health care professionals, such as your physician or dentist, and through such discussions, we may use and disclose your PHI. Finally, we may use and disclose your PHI to you and your caregivers in our discussions with you and your caregivers about your treatment.

2. Payment. HIPAA defines payment, in relation to health care providers such as us, as activities to obtain reimbursement for the health care products and services that we provide to you. These activities include primarily billing you directly or someone who pays for your health care, such as a family member or health insurance company, for health care products and services that we provide to you. Activities related to billing may include claims management,



collections, and related health care data processing. Depending on who pays for the health care products and services that we provide you, other activities may include determination of eligibility or coverage; medical necessity; review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; utilization review activities, including pre-certification and preauthorization of services; concurrent and retrospective review of services; and disclosure to consumer reporting agencies of some or all of the following PHI necessary for collection of payment: name and address; date of birth; social security number; payment history; account number or numbers; and name and address of the health care provider and/or health plan. We will use and disclose your PHI to carry out the above activities as necessary or required to obtain payment for the health care products and services that we provide to you. In relation to this, public and private health care insurance programs that may provide or pay for your health care can conduct audits, inspections, and investigations of us in relation to our activities and your activities. We may be required to disclose your PHI to these programs for purposes of audits, inspections, and investigations.

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

A. Conducting quality assessment and improvement activities, case management and care coordination, and contacting of health care providers and patients with information about treatment alternatives and related functions that do not include treatment.

B. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs.

C. Our pharmacy management and general administrative activities, including, but not limited to, activities relating to the implementation of and compliance with the requirements of HIPAA.

We will use and disclose your PHI to carry out the above activities as necessary or required, and especially to monitor and improve the quality of the health care products and services that are provided to you by us and other health care professionals.

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

4. Business associates. The nature of the health care system is such that we may not be able to provide health care products and services to you without the involvement of other businesses or persons. Depending on what these other businesses or persons do for us, they may become “business associates” as defined by HIPAA. In many situations, it will be necessary for us to provide your PHI to these business associates so that they can carry out the activities that we need to have performed in order to provide your health care products and services. One of our most common business associates is a health insurance company. Contracts exist with these associates who require our business associates to give us their assurance that they, like us, will protect the privacy of your PHI.

5. Disclosures of your PHI not involving treatment, payment, and health care operations. In providing health care products and services to you, we may find it necessary to communicate with businesses and individuals not already described above. Most of these disclosures will be related to providing treatment to you, and to carrying out payment and health care operations as discussed above. In addition to communicating with these businesses and individuals, we may also communicate with you directly, as well as others who assist you with your health care commonly referred to as caregivers. We will disclose your PHI to these caregivers, or appropriate others, as we believe necessary and appropriate for your health care.

6. Communications with you concerning your health and treatment. We want to do whatever we can to assist you with maintaining your health and obtaining the most benefit from your treatment. We routinely monitor your prescription



medications for appropriateness and take other steps to help you use your medication properly. For example, if our records show that a refill of your medication is due, we may contact you to remind you to obtain the refill. We may also call you or send you materials regarding products and services that we believe may be of benefit to you. As a final example, in the event of a medication recall, we may contact you, if you are taking the medication subject to the recall.

7. Federal and state government agencies. We may disclose your PHI to federal and state government agencies for a variety of purposes, most of which are directed at monitoring health care quality and safety, and government programs related to health care and our compliance with laws applicable to health care. For example, the United States Drug Enforcement Administration (DEA) monitors the distribution and usage of controlled substances, while the United States Food and Drug Administration (FDA) monitors adverse drug events. We may disclose your PHI to such agencies where required by the agency so that the agency can carry out its required activities. Related to this, some private businesses, such as the manufacturers of medications and medical devices, are legally required to conduct post-marketing surveillance to ensure the safety of their products. Disclosing your PHI for such surveillance may be necessary.

8. Federal and state government health care insurance programs. If you apply for and receive benefits from federal and state health care programs, such as Medicare or Medicaid, your PHI may be disclosed to the agency granting these benefits. If you are employed by a business that is required to carry workers' compensation insurance, and you are injured in such a way that the workers' compensation plan covers your health care, it may be necessary to disclose your PHI to the workers' compensation plan. Such plans have a right to conduct audits, inspections, and investigations of our activities and your activities, and where required, we will disclose your PHI for these activities.

9. Matters of public health and safety. There are a number of federal and state laws that require health care providers to report to various government agencies matters related to public health. If your physical or mental health condition or illness are of a nature that Federal or State law requires that it be reported, then we will disclose your PHI to the appropriate government agency to comply with these laws.

10. Law enforcement activities. A number of federal, state, and local government agencies are charged with enforcing the health care and drug laws, and other laws in relation to the health care products and services that we may provide to you. In addition, as a state licensed pharmacy, a variety of federal, state, and local health care agencies, such as the state board of pharmacy, regulate our activities. These agencies may engage in a number of activities designed to monitor and improve federal and state health care programs and systems, including conducting inspections and investigations of our activities and the health care products and services that we provide to our patients. At any time, we are required by federal or state laws, or by court order, subpoena or another legal mandate, to disclose your PHI, we will do so as necessary.

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

12. Disclosures for the benefit of you and others. A variety of events could occur where we would use and disclose your PHI for your benefit and to prevent or reduce the risk of harm to you. For example, if you are in a car accident and are unconscious in a hospital emergency room and the emergency room medical staff calls us with a request for your PHI, we may disclose it for the purpose of assisting in your prompt medical treatment. Finally, we may disclose your PHI where necessary to protect the health and safety of others.

13. Disclosures for national security and intelligence. We are legally required to disclose your PHI where necessary to national security activities and intelligence and counterintelligence activities. Disclosures related to this may also include those where required in relation to the protection of the President of the United States. Any disclosure for these purposes would be made only to authorized government officials.



14. Disclosures if you are in the military or a veteran. We may disclose your PHI if you are a member of any branch of the armed services, whether on active or reserve status as required by the U.S. Military. If you are a veteran, we may release your PHI, particularly if you are receiving health care products and services from the Veterans Services. Any disclosure for these purposes would be made only to authorized government officials.

15. Disclosures of a miscellaneous nature. This last category of disclosures includes a variety of disclosures that we may make in accordance with HIPAA. We may be required to disclose your PHI if you are placed into the custody of a federal or state correctional system, if necessary to protect the health and safety of you and others. Health care is an area where much research is being conducted, and we may disclose your PHI for purposes of a research project. Finally, given the national need for organ donations, we may disclose your PHI to organizations that manage organ transplantation programs.

Uses and Disclosures Not Contained in this Notice

If a use and disclosure of your PHI are not contained in this Notice, then we will obtain your written authorization before the use and disclosure. You may have the right to refuse to authorize the use and disclosure, or if you grant the authorization, to revoke the authorization at any time. If such authorization is requested, we will provide you with a form that describes the proposed use and disclosure and your rights related to the requested authorization.

Your Rights as a Patient Regarding PHI

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

- You have the right to request restrictions or limitations on how we use and/or disclose your PHI, however, we do not have to agree to your requested restriction or limitation (except for transactions you paid for in full out-of-pocket). Your written request must specify: (1) if you would like to restrict or limit our use and/or disclosure; (2) what information you want restricted or limited and (3) to whom the restriction or limitation applies (e.g., spouse) If we agree to your request, it will not prevent us from disclosing your PHI as follows: (1) to you if you request access or an accounting of disclosures; (2) for purposes required or permitted by law; or (3) in case of an emergency.
- You have the right to receive confidential communications concerning your PHI by alternative means or via alternative locations. For example, you may want to receive communications related to your prescriptions at a different address other than your home address. If you wish to receive confidential communications via alternative means or locations, please submit your request in writing to the Privacy Officer and set forth the alternative means by which you wish to receive communications or the alternative location at which you wish to receive such communications. We will accommodate all reasonable requests.
- You have the right to access, inspect and obtain a copy of your PHI, including any electronic PHI; provided, however, you are not entitled to access certain PHI exempted under HIPAA. To the extent we maintain electronic PHI upon request we will provide you with a copy of your PHI in the format requested If we do not have your PHI in our possession we will provide you with the appropriate contact information when your request is received If you request a copy of your PHI you will receive a response to your request in a timely fashion but may be charged a reasonable, cost-based fee to cover copy costs and postage. In some limited circumstances, we may deny your request for access to PHI in which case you may request for the denial to be reviewed. If access is ultimately denied, you are entitled to a written explanation of the reason(s) for the denial.
- You have the right to receive an accounting of disclosures of your PHI made by us, including disclosures to or by our business associate(s) for a period of six (6) years prior to the date on which you request an accounting of



disclosures or a lesser period as you indicate. You will receive one request annually free of charge and, thereafter, we may charge you a reasonable cost-based fee for each subsequent request for an accounting of disclosures within the same twelve-month period. We will notify you of the cost for an accounting of disclosures, and you may choose to withdraw or modify your request before we charge you.

- If you believe we have PHI about you that is incorrect or incomplete, you may make a written request to us stating the reasons to support any requested amendment. You have the right to request an amendment to your PHI for so long as we maintain your PHI. If we do not have your PHI in our possession we will provide you with the appropriate contact information when we receive your request. We will respond to your request for an amendment after we receive your request. However, we may deny your request for amendment if, for example, we determine that the PHI you requested was not created by us or is already accurate and complete. You may respond to our denial by filing a written statement of disagreement, but we have the right to rebut your disagreement. If this occurs you have the right to request that your original request, our denial, your statement of disagreement and our rebuttal be included in future disclosures of your PHI.
- You have the right at any time to obtain a paper copy of this Notice, even if you receive this Notice electronically. If you have received an electronic copy of this Notice, but wish to obtain a paper copy of this Notice, please send your request in writing to the Privacy Officer at the address listed below.
- You have the right to opt-out of fundraising, and your PHI will not be used for fundraising purposes or sold without your prior authorization.

Additional Information/Questions or Complaints

If you believe your privacy rights have been violated, you may file a complaint without retaliation with the Privacy Officer of the pharmacy or the Secretary of Health and Human Services. If you need any additional information about this Notice or wish to exercise any of your rights outlined in this Notice, please contact the Compliance/Privacy Officer at:

Compliance Officer

531 E 7th St Brooklyn, NY 11218
(718) 921-8777

Or

Secretary of the US Department of Health and Human Services

200 Independence Avenue S.W.
Washington D.C. 20201
202-619-0257
Toll-Free: 1-877-696-6775
<http://www.hhs.gov/contacts> for further information about the complaint process.

Conclusion

HIPAA requires that we offer you this “Notice of Privacy Practices” and make a good faith effort to obtain your written acknowledgment that you were given this Notice. Upon giving you this Notice, you will be asked to sign a document acknowledging that you have been offered this Notice. We appreciate your cooperation in reviewing this Notice and in giving us your written acknowledgment.



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

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



Client / Patient Complaint and Resolution Process

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

The staff at Michael's Pharmacy would like to encourage you to discuss any of your concerns or issues with us. Please allow us the opportunity to resolve any problems. All customer complaints, regardless of seriousness, will be documented and acted on. **Please use the complaint form on the preceding page in order to submit any formal complaints about the pharmacy.**

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

531 E 7th St Brooklyn, NY 11218
(718) 921-8777

Or

You may also file complaints with:

Joint Commission Accreditation Consumer Complaints/Grievances: 800 994 6610

URAC Accreditation Consumer Complaints 1-202 216 9010 <http://webapps.urac.org/complaint>

ACHC Specialty Pharmacy Consumer Complaints/Grievances: 1-855-937-2242.

You may also file a complaint with the New York Board of Pharmacy.

NY State Education Department
Office of the Professions Division of Professional Licensing Services
Pharmacy Unit
89 Washington Avenue
Albany, New York 12234-1000
(518) 474-3817 ext. 250
Main Site: www.op.nysed.gov/pharm.htm
Online Complaint Address: <http://www.op.nysed.gov/opd/complain.htm>

The complaint investigation shall begin within 24 hours of receipt of the complaint. Within two (2) calendar days of receiving a complaint, the organization will notify you using oral, telephone, e-mail, fax, or letter format, which it has received the complaint and is investigating. Within five calendar days, Michael's Pharmacy will provide you written notification to the results of its investigation. You will be notified verbally and in writing of any the delay.





531 E 7th St Brooklyn,
NY 11218
(718) 921-8777 toll-free phone
(718) 921-9777 toll-free fax

Client / Patient Complaint Form

Name: (Optional) _____ Date of Birth: (optional) _____ Date: _____

Name of Pharmacy Staff, (if known): _____

Complaint:

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

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

Pharmacy Staff Receiving Complaint: _____ Date _____

RESOLUTION ACTION(s): Response to client required within 14 business days

Investigator Name: _____ Date Investigated Initiated: _____

Findings: _____

Resolved, explain _____

Unresolved, explain and next steps: _____

Signature of Investigator: _____ Date _____

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

Date client provided investigation results: _____ Written _____ Telephone _____ In-person _____





531 E 7th St
 Brooklyn, NY 11218
 (718) 921-8777 toll-free phone
 (718) 921-9777 toll-free fax

Client / Patient Satisfaction Survey

Thank you for being a valued client of Michael's Pharmacy. We request that you complete the following survey to assist us in the improvement of treatment, care, and services. Thank you.

Name: (Optional) _____ **Date of Birth:** (optional) _____ **Date:** _____

Name of Pharmacy Staff, (if known) : _____

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

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

Comment/Suggestions:

Please return your completed survey in the postage paid envelope provided and/or mail your completed survey to: Michael's Pharmacy, 531 E 7th St Brooklyn, NY 11218.

Thank you for your feedback to help Michael's Pharmacy's efforts for continuous improvement in it's strive for excellence!





Acknowledgement of Welcome Packet Information

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

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

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

Thank you!

I have received the Michael's Pharmacy Welcome Package/Handbook and Release of Information.

Client Signature _____ Date _____

Print Name: _____

Address _____ City _____ State _____ Zip Code _____



RELEASE OF INFORMATION

Please complete and return the attached "AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA" form. Thank you!

Financial Responsibility and Assignment of Benefits

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

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

Payment Authorization: I request that payment of authorized Medicare benefits be made on my behalf to Michael's Pharmacy for any services furnished me by Michael's Pharmacy Corp. I authorize any holder of medical information to release information about me to the Health Care Financing Administration and its agents and information needed to determine these benefits.

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

Client/Representative Signature _____ Date: _____

Print Client/Representative Name _____ Relationship _____



Clinical Management Program Options

Michael's Pharmacy has trained clinicians to assist the client his/her specialized needs, providing free consultations and communicating with other members of their healthcare team. During initial contact the staff will conduct a disease-specific initial assessment and based on the finding the clinician develops an individualized disease-specific Plan of Care based on evidence-based standards. The Plan of Care has interventions and measurable goals concerning the identified strengths and needs of the clients.

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

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

I choose the following option:

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

I do not wish participate in the Clinical Management Program at this time, but am aware I have the choice to enroll at any time

I wish to unregister from the Clinical Management Program

Client Signature _____ Date _____

Verbal Consent Given

Written Consent Given

Staff Signature _____ Date _____

