PATIENT ADMISSION BOOKLET

Individual Treatment for People with Individual Needs
Corporate Office

HPC Specialty Pharmacy
3100 Cottage Hill Rd, Suite 200
Mobile, AL 36606

Office Hours
Monday - Friday
8:00 a.m. - 5:00 p.m.

Telephone
800.757.9192 • 251.441.1990
(f) 251.441.1986

Patient Services
Monday - Friday
8:00 a.m. - 8:00 p.m.
800.757.9192

After Hours/Emergency Telephone
800.757.9192

This agency, directly, through contractual or other arrangements, admits and treats all persons without regard to race, color, national origin, sexual orientation, disability, or age in admission, treatment, or publication in its programs, services, and activities, or in employment.

October 2019 Edition
POLICIES

This booklet contains general information regarding your rights and responsibilities as a patient. As Standards of Care as well as state and federal regulations change, there may be changes to this booklet. Policies and procedures regarding your care and treatment are available for viewing upon your request at our corporate office located at 3100 Cottage Hill Road, Suite 200 Mobile, Alabama 36606 during regular business hours. We encourage you to call us at 1.800.757.9192 to ask questions, obtain information for medications, request additional consultation, obtain/request information regarding the Clinical Management Program, request of other resources, or to file a complaint.

Mission Statement

HPC Specialty Pharmacy’s mission is to empower patients with independence, knowledge and the ability to achieve the highest quality of life by providing professional and compassionate care with education and community support.

Table of Contents

WELCOME .................................................................................................................. 06
MEDICATION MANAGEMENT PROGRAM ....................................................... 07
DRUG UTILIZATION PROGRAM ........................................................................... 07
CLINICAL MANAGEMENT PROGRAM .............................................................. 08
PATIENT ASSESSMENT & EDUCATION ............................................................ 09
ORDER & REFILLS ............................................................................................... 10
  EMERGENCY ...................................................................................................... 10
  GENERIC ........................................................................................................... 10
  COORDINATION OF CARE & SERVICES ..................................................... 10
  EQUIPMENT ...................................................................................................... 10
DELIVERY OF MEDICATION .............................................................................. 11
  EMERGENCIES AND/OR DELAYED DELIVERIES ....................................... 11
FINANCIAL OBLIGATION & CO-PAYMENTS ..................................................... 12
  CO-PAYMENTS ............................................................................................... 12
  INSURANCE CLAIMS ....................................................................................... 12
PATIENT BILL OF RIGHTS ................................................................................... 13
  NOTICE TO EXERCISE RIGHTS ................................................................... 13
  PATIENT EDUCATION ..................................................................................... 13
  CONTINUITY OF CARE .................................................................................. 13
  TIMELY PROVISION OF CARE ..................................................................... 13
  DESIGNATED REPRESENTATIVE ................................................................... 13
  ACCESS TO EMERGENCY SERVICES .......................................................... 13
  PARTICIPATION IN TREATMENT DECISIONS ............................................. 14
  REFERRAL ......................................................................................................... 14
  REFUSAL OF TREATMENT .............................................................................. 14
  RESPECT AND NONDISCRIMINATION ......................................................... 14
  CONFIDENTIALITY OF HEALTH INFORMATION ........................................ 14
  COMPLAINTS & APPEALS ............................................................................. 14
  BILLING & REIMBURSEMENT ...................................................................... 15
  CONSUMER RESPONSIBILITIES ................................................................... 15
NOTICE OF PRIVACY PRACTICES ................................................................. 17
  PHI DISCLOSER WITHOUT WRITTEN CONSENT ......................................... 17
  OTHER USES & DISCLOSURES OF PHI ....................................................... 20
  YOUR RIGHTS REGARDING YOUR PHI ....................................................... 20
  CHANGES TO THIS NOTICE ........................................................................ 22
  CONTACT INFORMATION ............................................................................. 22
ADVANCE DIRECTIVES ....................................................................................... 23
GRIEVANCE PROCEDURE .................................................................................. 24
INFECTION CONTROL IN THE HOME .............................................................. 25
  HAND WASHING ............................................................................................ 25
  RESPIRATORY HYGIENE .............................................................................. 25
  GLOVES .......................................................................................................... 26
  HANDLING SOILED CLOTHING & BEDDING ............................................. 26
  DISPOSAL OF SOLID ARTICLES ................................................................... 26
  DISPOSAL OF NEEDLES ............................................................................... 26
  SPILLS .............................................................................................................. 26
  CLEANING LARGE SPILLS .......................................................................... 27
SAFETY IN THE HOME ....................................................................................... 27
  DISPOSAL OF DRUGS .................................................................................... 27
  OXYGEN & SMOKING ................................................................................... 28
  STORAGE OF OXYGEN CYLINDERS (TANKS) ............................................. 28
  TRANSPORTING OXYGEN ........................................................................... 28
DISASTER PLANNING .......................................................................................... 29
Welcome

HPC Specialty Pharmacy (HPC) is dedicated to helping you achieve the best possible outcome and managing cost by providing personal services to you. The services and care offered by HPC goes beyond having a prescription filled. HPC has programs in place that will help patients ranging from infancy to geriatrics stage achieve better outcomes from their specialty medication therapies, improve the safety and quality of life, and help effectively manage costs.

HPC is able to achieve the best outcomes by:
• Ensuring appropriate medication utilization
• Monitoring the patient’s medication compliance
• Monitoring for efficiency and effectiveness of drug therapy
• Offering and providing education on medications and target disease process
• Offering a Clinical Management Program
• Development of a patient specific Plan of Care
• Coordination of services, and effective communication between the Care Team

Your HPC Care Team includes:
• Pharmacist
• Pharmacy Technician
• Registered Nurses
• Community Consultants
• Reimbursement Representative
• Patient Advocates
• Social Worker

Our clinical staff is available to you 24 hours a day, 7 days a week by calling 1.800.757.9192. Calls received after normal business hours are forwarded to the clinical on call staff member.

Multi-Accredited Specialty Pharmacy

HPC has received and maintained the ACHC Accreditation for Specialty Pharmacy, CHAP Accreditation for Specialty Pharmacy, URAC Accreditation for Specialty Pharmacy, and The Joint Commission Accreditation for Home Care + Pharmacy.

Medication Management Program

The Medication Management Program monitors and evaluates patients for taking the correct medication for their specific disease management as prescribed by their physician. HPC’s goal is to reduce the overall cost by reducing risk of under and/or over utilization of the medications, identifying potential problems, or preventing symptoms from progressing that would require emergent care or even hospitalization as a result of poor medication adherence.

The HPC clinical staff assesses the patient’s knowledge of the disease, complications, symptoms, and medications and provides ongoing education based on the patient’s need. A Plan of Care is developed and is updated every three months and as needed.

The HPC Pharmacist assists with medication recommendations to improve therapeutic outcomes and medication adherence. HPC Pharmacists work with HPC Nurses to suggest available education for the patient about their therapy management medications, how to obtain their medications, proper use of medication and the importance of taking their medication.

HPC will use outcome reports to identify those patients who are not adhering to their therapy management, or have other patient specific needs.

Drug Utilization Review

HPC’s Drug Utilization Review will identify potential drug adverse events reducing the likeliness of injury. Please be sure to inform a HPC clinical staff member of all the medications you are taking to help us identify any potential adverse events.

If a patient suspects an adverse reaction or side effect related to a medication, please contact the HPC Care Team at 1.800.757.9192 and your physician.

In the case of medical emergency that involves medications, please call 911 or the local emergency service for immediate assistance.

For adverse reaction or side effect related conditions to a medication, please contact the HPC Care Team at 1.800.757.9192 and your physician.

For medical emergencies that involves medications please call 911 for immediate assistance.
Clinical Management Program

HPC has a trained Care Team to assist the patient with their specialized needs, providing free consultations, and communicating with other members of their healthcare team. The Clinical Management Program is overseen by the HPC Pharmacist.

At the time of the initial referral or physician order the HPC Care Team will conduct an initial assessment and based on the findings, the clinician develops an individualized Plan of Care. The Plan of Care has interventions and measurable goals based upon the identified strengths and needs of the patient. The Care Team conducts ongoing reassessments of the patient to identify changes, need for services, treatment or care. The Plan of Care is updated at updated at least every three months and as warranted.

The patient or physician may choose to opt out of the HPC Clinical Management Program at the time of referral or after treatment has begun by requesting the Clinical Management Program Opt Out form. In the event that the patient or physician changes their mind and would like to be included in the HPC Clinical Management Program the Clinical Management Program Opt In form would be needed. A member of the Care Team will reach out to the Opt-Out patient in instances that the Clinical Management Program would be beneficial to their care.

The Plan of Care is developed on Evidence Based Standards of Care and best practices:

- Personalized case review
- Prior authorizations to determine medical necessity
- Comprehensive nursing assessment(s) and ongoing reassessments
- Consultations based on the patient's needs and request
- Assess for “At Risk” population
- Maintain current patient medication profiles
- Quantity dose review
- Dose optimization
- Drug Utilization Review (DUR)
- Protocol Management based on Best Practices and current Standards of Care
- Co-pay assistance program referrals
- Case Review
- Patient specific Plan of Care

The health benefits of participating in our Clinical Management Program include – reduction in complication of therapy, customized services designed to meet each individual patient's needs including counseling, follow-up and monitoring, increased compliance with therapy, decreased likelihood of ER visits or hospitalizations, and a focus on patient independence. The limitation of the program is the patient's adherence to the program, which will directly impact the outcomes – the more involved you are in your healthcare, the more successful you will be in your journey towards health.

Patient Assessment and Education

HPC provides therapy management education and counseling to patients based on the identified needs or by the patient's request.

Consulting is conducted at the time the patient comes onto service to assist in identifying the needs and the level of literacy of the written education materials.

For patients who are new to self-injectable medications, the HPC Nurse will discuss and give visual education by using teaching aids, demonstrating the proper technique for self-administering, and referring the patient to manufacturer’s website for instruction.

HPC educates patients on safety and quality of care.

The organization will provide the patient and family/caregiver with the information or education, as needed, for the patient to reach and maintain an optimum level of self-care management and to improve outcomes of care by having available clinical and educational resources related to their medications.

The clinical staff assesses the educational needs of the patient and family/caregiver at the time of admission. An individual Plan of Care is developed to include training and education based on patient/family/caregiver needs and what is necessary for the patient to be self-sufficient. The ability and willingness to learn as well as any barriers or limitations will be taken into considerations.

Teaching and instruction is ongoing throughout the treatment plan or is revised as needed to reach expected outcomes.

When communication barriers exist, HPC will facilitate communication by using special devices, interpreters, literacy appropriate materials, visual aids, or other communication aids.

Other ways that HPC provides ongoing education to the patients and their families include but not limited to, not newsletters, accumulated research information, the HPC Patient Portal, information located on the HPC website, www.HPCSpecialtyPharmacy.com.

The organization uses a coordinated, multidisciplinary approach in providing education to patients at home. Team conferences, consultations, or in-home visits may be made to ensure that educational objectives are met.

HPC is aware that a patient's communication may be affected by language, cultural, religious, socioeconomic, education, and cognitive and/or physical impairment. The HPC Care Team is trained to be sensitive to diversity and incorporating the diversity into the patient Plan of Care. All patients are entitled to communications tailored to the age, primary language and ability to understand the treatment, teaching and concerns related to their health care.

Questions about the Clinical Management Program please call 1.800.757.9192
**Orders and Refills**

HPC is here to make your prescription fills easy. Your HPC Care Team will coordinate the fill/refills with your physician and will ship the medication to you at the appropriate time.

HPC does not wish to have any lapse in your drug therapy. Our goal is to prevent hospital admissions. This is why the HPC clinical staff will be contacting you and/or visiting you at least 5 days prior, to assess for any current needs, compliance to the prescribed treatment, side effects, changes in your medical condition and any other issues that your Care Team may be able to assist you with.

For questions about your order/refill status or if you need a refill prior to the refill time please contact your Care Team for assistance by calling 1.800.757.9192.

**EMERGENCY**

If an emergency or delay occurs, the patient should alert their nurse immediately or call 1.800.757.9192. The nurse will notify the Pharmacy which will provide replacement drug from stock or start the emergency drug procurement process. Medications will be delivered to the patient by the fastest method of delivery or same day if possible.

**GENERIC**

HPC Pharmacy will dispense the least expensive generic equivalent in stock if the prescriber has not noted a brand medically necessary on a prescription. Patients are notified of generic substitution on the prescription label.

**COORDINATION OF CARE AND SERVICES**

HPC will begin coordinating office-administrative prescriptions at least five days prior the refill due date. The physician’s office will be contacted by the pharmacy requesting any changes in the prescription order prior to shipment. If there are no changes to prescription order, no action is required and HPC will ship the refill. HPC will also fax the physician’s office for prescription renewal when there are no remaining refills.

HPC will consult with the payer and/or the physician about a patient’s therapy when necessary.

**EQUIPMENT**

Your HPC Care Team will coordinate the dispensation of medical equipment as ordered by your physician and will ship the equipment to you at the appropriate time.

For Medicare beneficiaries, please use the following link to view the Medicare DMEPOS Supplier Standards: [http://www.palmettogba.com/Palmetto/Providers.Nsf/files/abbreviatedstandards020816.pdf/$File/abbreviatedstandards020816.pdf](http://www.palmettogba.com/Palmetto/Providers.Nsf/files/abbreviatedstandards020816.pdf)

For questions or concerns about your equipment please contact your Care Team for assistance by calling 1.800.757.9192.

**Delivery of Medication**

HPC utilizes FedEx shipping for all deliveries to ensure that the patient’s medication is delivered within 24 hours of the medication being filled and it is tracked from the time it is picked up from the pharmacy to the time it is delivered. All packages require an adult signature for receipt unless the patient has requested otherwise and a signature waiver is on file with HPC.

In accordance with our accrediting bodies, our packaging is periodically tested for temperature integrity in multiple climates and seasons.

HPC encourages our patients to promptly open all deliveries when received to verify the order was received undamaged and in the appropriate temperature range. All orders are shipped in accordance with manufacturer guidelines to maintain the stability and integrity of the medication. We further encourage to store all medications, once received, per these guidelines. HPC will insure that medications will be labeled with appropriate storage recommendations.

If an order is received damaged or outside of the appropriate temperature, please notify HPC immediately at 1.800.757.9192.

**EMERGENCIES AND/OR DELAYED DELIVERIES**

In the event of a patient emergency, the patient should alert their nurse and/or the pharmacy immediately by calling 1.800.757.9192.

The nurse and pharmacy will work together to provide replacement drug(s) from the pharmacy's stock or the Director of Pharmacy will begin the emergency drug locating process.

Medication will be delivered to the patient in the quickest way and will make adjustments for same day delivery when needed.

If there is an emergency in the patient’s area that would prevent the delivery of the medication, please contact the HPC Care Team, your physician or go to the local emergency room to receive your medication.

In the event of a natural disaster or emergency in the HPC area that may disrupt the delivery of your medication, HPC has arrangements with facilities throughout the country to insure uninterrupted service even if distribution from our main facility is not possible.

**MEDICATION OR SUPPLY RECALLS**

HPC closely monitors medication and supply recall notifications from manufacturers and the FDA. Should a recall notification be issued for a medication that you are taking, HPC will contact you and your physician to make you aware of the issue and to discuss next steps.
Financial Obligation & Co-Payments

Before care and service are initiated to the patient, the Care Team will inform the patient verbally and in writing of the financial obligation he/she will incur that are not covered by insurance, Medicare, Medicaid or other third payer sources.

The patient is informed of the payer source agreed upon obligation and the financial obligation based upon the patient payer source. Financial notification of obligation includes but not limited to: potential out-of-pocket costs, such as deductibles, co-pays, co-insurance, annual and lifetime co-insurance limits and changes that could occur during the enrollment period.

The patient will be notified verbally and in writing as soon as possible, but no later than 30 calendar days from the date the HPC becomes aware of a change in billing.

CO-PAYMENTS

In most cases, HPC is required to collect all insurance Co-payments prior to the shipment of the patient medication(s). Co-payments may be paid by Visa, MasterCard, American Express, Discover, electronic checking account, debit over the phone, or by check or money order through the mail.

INSURANCE CLAIMS

HPC will automatically submit claims to the patient’s health insurance carrier based on the date the prescription is filled. You will receive a monthly statement if you are financially responsible for any portion of the prescribed medication.

Please notify HPC of any changes in your billing address or insurance information.

If the claim is rejected the Care Team will notify the patient to begin working together to resolve the issue. If the Care Team is unable to resolve the issue the team will provide the patient the information needed on how to file a claim themselves.

HPC has a co-pay assistance referral program to ensure continuity of service, preventing avoidable emergency-room visits or hospitalizations due to an interruption in drug therapy.

Patient Bill of Rights

NOTICE TO EXERCISE RIGHTS

Consumers have the right to exercise his or her rights at any time, and to receive notice of rights in advance of receiving pre-planned care.

PATIENT EDUCATION AND PATIENT MANAGEMENT PROGRAM

Consumers have the right to receive accurate, easily understood information about the Clinical Management Program and it's characteristics. It is your right to request assistance in making informed health care decisions, health plans, professionals, and facilities in both written and verbal format. Consumers also have the right to receive education about the products and services to be provided in written and verbal format.

CHOICE OF PROVIDERS AND PLANS

Consumers have the right to a choice of health care providers that is sufficient to ensure access to appropriate high-quality health care.

CONTINUITY OF CARE

Consumers have the right to continuity of products and services and programs. It is also your right to receive information regarding changes in or termination of the Clinical Management Program.

TIMELY PROVISION OF CARE

Consumers have the right to receive products and services in a timely manner and in accordance with company policy.

DESIGNATED REPRESENTATIVE

The patient/patient's designated representative is authorized to exercise their rights at any time.

IDENTIFY STAFF

Consumers have 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 consumer has the right to speak to a health professional at any time, if desired.

ACCESS TO EMERGENCY SERVICES

Consumers have the right to access emergency health care services when and where the need arises. Health plans should provide payment when a consumer presents to an emergency department with acute symptoms of sufficient severity – including severe pain – such that a "prudent layperson" could reasonably expect the absence of medical attention to result in placing that consumer's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.
PARTICIPATION IN TREATMENT DECISIONS
Consumers have the right and responsibility to fully participate in all decisions related to their health care. Consumers who are unable to fully participate in treatment decisions have the right to be represented by parents, guardians, family members, or other conservators to include refusal of care, treatment and service.

REFERRAL
Consumers have the right to be referred to another organization.

PARTICIPATION IN PROGRAM
Consumers have the right to decline participation, revoke consent or disenroll at any point in time from the program.

REFUSAL OF TREATMENT
Consumers have the right to refuse all or part of the products and services and/or medical treatment provided even if it is recommended by their physician(s).

RESPECT AND NONDISCRIMINATION
Consumers have the right to be treated with dignity, respect, and to receive considerate, respectful care from all members of the health care system at all times and under all circumstances. Additionally, Consumers have the right to be free from abuse or exploitation of any kind. An environment of mutual respect is essential to maintain a quality health care system.

CONFIDENTIALITY OF HEALTH INFORMATION.
Consumers have the right to communicate with health care providers in confidence and to have the confidentiality of their individually identifiable health care information record and data protected and maintained. Consumers also have the right to review and copy their own medical records and request amendments to their records. It is also your right to have Personal Health information shared with the Clinical Management Program only in accordance with state and federal law.

COMPLAINTS AND APPEALS
All consumers have the right to a fair and efficient process for resolving differences with their health plans, health care providers, and the institutions that serve them, including a rigorous system of internal review and an independent system of external review. Consumers have the right to voice complaints/grievances to the company regarding treatment/care/service without fear of discrimination or reprisal for doing so.

BILLING AND REIMBURSEMENT
Consumers have the right to be informed verbally and in writing of billing and reimbursement methodologies prior to start of care and as changes occur, including fees for services/products provided, direct pay responsibilities, and notification of insurance coverage.

CONSUMER RESPONSIBILITIES
In a health care system that protects consumers’ rights, it is reasonable to expect and encourage consumers to assume reasonable responsibilities. Greater individual involvement by consumers in their care increases the likelihood of achieving the best outcomes and helps support a quality improvement, cost-conscious environment.

Disclosure of Public Information: Upon request public information will be provided by HPC to the patient.

Responsibility of the Patient
As a patient, you have the responsibility to:
• Remain under a physician's care while receiving services
• Notify physician if you participating in the Clinical Management Program
• Give accurate clinical and contact information and notify the Clinical Management Program of changes in this information
• Provide your health care providers with a complete & accurate health history
• Accept the consequences for any refusal of treatment or choice of non-compliance
• Participate in your plan of care and report any changes in your health status
• Sign the required consent form and release for insurance billing and submit any other forms that are necessary to participate in the program to the extent required by law, and ask questions about any documents that you do not understand
• Treat your health care provider personnel with respect and consideration
• Notify the health care provider of any problems with our care, without being subject to discrimination or reprisal

All patients should be guaranteed the following freedoms:
• To seek consultation with the physician(s) of their choice;
• To contract with their physician(s) on mutually agreeable terms;
• To use their own resources to purchase the care of their choice
• To be informed about their medical condition, the risks and benefits of treatment and appropriate alternatives;
• To refuse third-party interference in their medical care, and to be confident that their actions in seeking or declining medical care will not result in third-party-imposed penalties for patients or physicians.
To receive full disclosure of their insurance plan in plain language, including:

- **CONTRACTS:** A copy of the contract between the physician and health care plan, and between the patient or employer and the plan;
- **COST:** The full cost of the plan, including co-payments, coinsurance, and deductibles;
- **COVERAGE:** Benefits covered and excluded, including availability and location of 24-hour emergency care;
- **QUALIFICATIONS:** A roster and qualifications of participating health care providers;
- **APPROVAL PROCEDURES:** Authorization procedures for services, whether physician need approval of a committee or any other individual, and who decides what is medically necessary;
- **REFERRALS:** Procedures for consulting a specialist, and who must authorize the referral;
- **APPEALS:** Grievance procedures for claim or treatment denials.

---

**Notice of Privacy Practices**

**IMPORTANT:**

**THIS NOTICE IS EFFECTIVE FROM THE PATIENT’S START OF CARE.**

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

HPC Specialty Pharmacy (HPC) and all associates at all locations are required by law to maintain the privacy of patients’ Protected Health Information (PHI) and to provide individuals with the following Notice of the legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and these new terms will affect all PHI that we maintain at that time.

**In certain circumstances we may use and disclose PHI about you without your written consent:**

**For Treatment:** We will use health information about you to provide you with medical treatment or services. We will disclose PHI about you to physician(s), nurses, technicians, students in health care training programs, or other personnel who are involved in taking care of you. For example, a physician treating you for a broken leg may need to know if you have diabetes because diabetes might slow the healing process. In addition, the physician may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of HPC may share health information about you in order to coordinate the services you need, such as prescriptions, lab work and x-rays. We may disclose health information about you to people outside HPC who provide your medical care like nursing homes or other physician(s).

**For Payment:** We will use and disclose information to other health care providers to assist in the payment of your bills. We will use it to send bills and collect payment from you, your insurance company, or other payers, such as Medicare, for the care, treatment, and other related services you receive. We may tell your health insurer about a treatment your physician has recommended to obtain prior approval to determine whether your plan will cover the cost of the treatment.

**For Health Care Operations:** We may use and disclose PHI about you for the purpose of our business operations. These business uses and disclosures are necessary to make sure that our patients receive quality care and cost effective services. For example, we may use PHI to review the quality of our treatment and services, and to evaluate the performance of our staff, contracted employees and students in caring for you.

**Business Associates:** We may use or disclose your PHI to an outside company that assists us in operating our health system. They perform various services for us. This includes, but is not limited to, auditing, accreditation, legal services, and consulting services. These outside companies are called “business associates” and they contract with us to keep any PHI received from us confidential in the same way we do. These companies may create or receive PHI on our behalf.
Family Members and Friends: If you agree, do not object, or we reasonably infer that there is no objection, we may disclose PHI about you to a family member, relative, or another person identified by you who is involved in your health care or payment for your health care. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing limited PHI is in your best interest under the circumstances. We may disclose PHI to a family member, relative, or another person who was involved in the health care or payment for health care of a deceased individual if not inconsistent with the prior expressed preferences of the individual that are known to HPC. But you also have the right to request a restriction on our disclosure of your PHI to someone who is involved in your care.

Appointments: We may use and disclose PHI to contact you for appointment reminders and to communicate necessary information about your appointment.

Contacting You: We may contact you about treatment alternatives or other health benefits or services that might be of interest to you.

Fundraising Activities: We may use PHI, such as your name, address, phone number, the dates you received services, the department from which you received service, your treating physician, outcome information, and health insurance status to contact you to raise money for HPC interests. We may share this information with a foundation associated with HPC to work on our behalf. If you do not want HPC or its affiliates to contact you for our fundraising and you wish to opt out these contacts, or if you wish to opt back in to these contacts, you must call or email HPC at 1.800.757.9192, compliance@hpcspecialtyrx.com.

Required or Permitted by Law: We may use or disclose your PHI when required or permitted to do so by federal, state, or local law, in keeping with the most stringent regulation as applicable.

Public Health Activities: We may use or disclose your PHI for public health activities that are permitted or required by law. For example, we may disclose your PHI in certain circumstances to control or prevent a communicable disease, injury or disability; to report births and deaths; and for public health oversight activities or interventions. We may disclose your PHI to the Food and Drug Administration (FDA) to report adverse events or product defects, to track products, to enable product recalls, or to conduct post-market surveillance as required by law or to a state or federal government agency to facilitate their functions. We also may disclose protected health information, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

Health Oversight Activities: We may disclose your PHI to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and government agencies that ensure compliance with civil rights laws.

Lawsuits and Other Legal Proceedings: We may disclose your PHI in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized). If certain conditions are met, we may also disclose your protected health information in response to a subpoena, a discovery request, or other lawful process.

Abuse or Neglect: We may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, if we believe you have been a victim of abuse, neglect, or domestic violence, we may disclose your protected health information to a governmental entity authorized to receive such information.

Law Enforcement: Under certain conditions, we also may disclose your PHI to law enforcement officials for law enforcement purposes. These law enforcement purposes include, by way of example, (1) responding to a court order or similar process; (2) as necessary to locate or identify a suspect, fugitive, material witness, or missing person; (3) reporting suspicious wounds, burns or other physical injuries; or (4) as relating to the victim of a crime.

To Prevent a Serious Threat to Health or Safety: Consistent with applicable laws, we may disclose your PHI if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We also may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Coroners, Medical Examiners and Funeral Directors: We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release your PHI to a funeral director, as necessary, to carry out his/her duties.

Organ, Eye and Tissue Donation: We will disclose PHI to organizations that obtain, bank or transplant organs or tissues.

Research: HPC may use and share your health information for certain kinds of research. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. In some instances, the law allows us to do some research using your PHI without your approval.

Workers’ Compensation: We will disclose your health information that is reasonably related to a worker’s compensation illness or injury following written request by your employer, worker’s compensation insurer, or their representative.

Employer Sponsored Health and Wellness Services: We maintain PHI about employer sponsored health and wellness services we provide our patients, including services provided at their employment site. We will use the PHI to provide you medical treatment or services and will disclose the information about you to others who provide you medical care.
**Shared Medical Record/Health Information Exchanges:** We maintain PHI about our patients in shared electronic medical records that allow the HPC associates to share PHI. We may also participate in various electronic health information exchanges that facilitate access to PHI by other health care providers who provide you care. For example, if you are admitted on an emergency basis to another hospital that participates in the health information exchange, the exchange will allow us to make your PHI available electronically to those who need it to treat you.

**OTHER USES AND DISCLOSURES OF PHI**

Most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes and disclosures that constitute the sale of PHI require your written authorization.

Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. If you provide HPC with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that we have used or disclosed in reliance on the authorization.

**YOUR RIGHTS REGARDING YOUR PHI**

**The Right to Access to Your Own Health Information:** You have the right to inspect and copy most of your protected health information for as long as we maintain it as required by law. All requests for access must be made in writing. We may charge you a nominal fee for each page copied and postage if applicable. You also have the right to ask for a summary of this information. If you request a summary, we may charge you a nominal fee. Please contact the HPC Health Information/Medical Records Department with any questions or requests.

**Right to Request Restrictions:** You have the right to request certain restrictions of our use or disclosure of your PHI. We are not required to agree to your request in most cases. But if HPC agrees to the restriction, we will comply with your request unless the information is needed to provide you emergency treatment. HPC will agree to restrict disclosure of PHI about an individual to a health plan if the purpose of the disclosure is to carry out payment or health care operations and the PHI pertains solely to a service for which the individual, or a person other than the health plan, has paid HPC for in full. For example, if a patient pays for a service completely out of pocket and asks HPC not to tell his/her insurance company about it, we will abide by this request. A request for restriction should be made in writing. To request a restriction you must contact Health Information/Medical Records Department. We reserve the right to terminate any previously agreed-to restrictions (other than a restriction we are required to agree to by law). We will inform you of the termination of the agreed-to restriction and such termination will only be effective with respect to PHI created after we inform you of the termination.

**Right to Request Confidential Communications:** You may request in writing that we communicate with you in an alternate manner or at an alternate location. For example, you may ask that all communications be sent to your work address. Your request must specify the alternative means or location for communication with you.

**Right to be Notified of a Breach:** You have the right to be notified in the event that we (or one of our Business Associates) discovers a breach of unsecured protected health information involving your medical information.

**Right to Inspect and Copy:** You have the right to inspect and receive a copy of PHI about you that may be used to make decisions about your health. A request to inspect your records may be made to your nurse or physician while you are an inpatient or to the Health Information/Medical Records Department while an outpatient. For copies of your PHI, requests must go to the Health Information/Medical Records Department. For PHI in a designated record set that is maintained in an electronic format, you can request an electronic copy of such information. There may be a charge for these copies.

**Right to Amend:** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information, for as long as HPC maintains the information. Requests for amending your PHI should be made to the Health Information/Medical Records Department. The HPC personnel who maintain the information will respond to your request within 60 days after you submit the written amendment request form. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

**Right to an Accounting:** With some exceptions, you have the right to receive an accounting of certain disclosures of your PHI. A nominal fee will be charged for the record search.

**Complaints:** You may submit any complaints with respect to violations of your privacy rights to the HPC Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services if you feel that your rights have been violated. There will be no retaliation from HPC for making a complaint.
Changes to this Notice

If we make a material change to this Notice, we will provide a revised Notice available at hpcspecialtypharmacy.com.

Contact Information

Unless otherwise specified, to exercise any of the rights described in this Notice, for more information, or to file a complaint, please contact the Compliance Officer at 1.800.757.9192, email compliance@hpcspecialtyrx.com or by mail HPC Specialty Pharmacy Attn: Compliance Officer 3100 Cottage Hill Road, Suite 200 Mobile, Alabama 36606.

Advance Directives

It is the patient’s right to decide about the medical care he/she receive. The patient has the right to be informed of treatment options available before giving consent for medical treatment. The patient also has the right to accept, refuse, or discontinue any treatment. HPC is responsible for following your wishes.

However, there may be times when the patient may not be able to decide, or make your wishes known. Many people want to decide ahead of time what kinds of treatment they want to keep them alive. Advance Directives let the patient make their wishes for treatment known in advance.

An Advance Directive is a document written before a disabling illness. It states the choice about treatment and may name someone to make treatment choices if the patient cannot.

There are generally two types of Advance Directives:

- Living Will
- Durable Power of Attorney for Health Care (DPAHC)

HPC complies with the Patient Self-Determination Act of 1990 and laws of the patient’s state governing advance directives. The patient will be provided a booklet describing in detail these laws.

If you don’t have an Advance Directive and wish to complete one, you may use the one we have provided for you.

State law requires that HPC:

- Provide written information describing the rights to make decisions about medical care.
- Document Advance Directives prominently in medical record and the staff is informed of the directives.
- Comply with requirements of state law and court decisions with respect to Advance Directives.
- Provide care regardless of whether or not you have executed an Advance Directive.

We will abide by the patients Advance Directive. It is our policy to honor Advance Directives to the extent permitted by law and to support a patient’s right to actively participate in making health care decisions. An Ethics Committee is available to serve in an advisory capacity when ethical issues, such as the withdrawal or withholding of life sustaining treatments arise during the care of the patient without an Advance Directive. Discussion shall involve the patient and/or designated representatives, the Care Team involved in the patient’s care and the physician. For those patients without an Advance Directive addressing or written physician’s order specifically “Do Not Resuscitate”, it is our policy that every patient will receive cardiopulmonary resuscitation (CPR). The patient or family/caregiver, holding the Durable Power of Attorney for Health Care must request “Do Not Resuscitate” (DNR) order from the patient’s physician. These orders are documented in the patient medical record. The consent to such an order may be revoked at any time.
Grievance Procedure

If you have a complaint or concern about the care you are receiving from your HPC Care Team, please contact us by one of the following methods:

**Telephone:** 1.800.757.9192

**Writing:** HPC Specialty Pharmacy
Attn: Compliance Department
3100 Cottage Hill Rd, Ste 200
Mobile, AL 36606

**Email:** compliance@hpspecialtyrx.com

**Link:** www.hpspecialtypharmacy.com/compliance-hotline

Our office hours are 8:00 am to 5:00 pm, Monday thru Friday. Phone calls that are placed after 5:00 pm during the normal work week, weekends, and legal holidays will be received by the answering service and will be forward to the on call clinical staff.

Within 48 hours of receiving the compliant, the agency will begin an investigation; the investigation should be completed within 14-30 days depending on the circumstances. The patient/family will be notified verbally and in writing of the resolution.

Other opportunities to share your concerns:

**ACHC**
139 Weston Oaks Ct., Cary, NC 27513
(P) 855.937.2242 • (F) 919.785.3011
(E) customerservice@achc.org • (W) www.achc.org

**CHAP**
1275 K Street, NW, Washington, DC 20005
(P) 1.800.656.9656 • (F) 202.862.3419
(E) info@chapinc.org • (W) www.chapinc.org

**JCAHO**
One Renaissance Boulevard, Oakbrook Terrace, IL 60181 (Office of Quality and Patient Safety)
(P) 630.792.5800 • (F) 630.792.5636
(E) patientsafetyreport@jointcommission.org • (W) www.jointcommission.org

**URAC**
1220 L Street, NW, Suite 400, Washington, DC 20005
(P) 202.216.9010 • (W) www.urac.org

Infection Control in the Home

Avoiding infection is important for the patient and the caregiver. To protect the patient, family, visitors and HPC staff from infection, HPC is using the Body Substance Isolation (BSI) system to prevent the spread of infectious diseases. All body substances (blood, urine, saliva, tears, wound, or other drainage,) are considered potentially infectious. The BSI system is designed to prevent the spread of germs from:

- Persons with an infectious disease
- Anyone with an infectious disease, but does not have symptoms
- A disease “carrier”

When contact with body substances or areas of broken skin is possible, the HPC staff will wear gloves. When needed, they may also wear other personal protective equipment such as a gown, mask, apron, or eye protection. The HPC nurse will teach family caregivers when and how to use personal protective equipment in the home. The following is information for the patient and the caregiver to prevent spreading of infection.

**HAND WASHING**

Hand washing is the most important means of preventing infection. Hands should be washed before and after contact with the patient, such as when feeding, turning, changing, bathing, etc. Hands should be washed before and after contact with any of the patient’s personal items such as bedding, dishes, bedpan, catheter, etc. The most effective way to wash your hands is:

- Wet your hands with warm to hot water
- Lather with an anti-bacterial soap, rubbing hands for at least 20 seconds
- Rinse your hands thoroughly, holding your hands down
- Dry your hands on clean towel or paper towel

**RESPIRATORY HYGIENE**

La influenza (gripe) y otras enfermedades respiratorias graves, como el virus sincicial respiratorio (VSR), la tos ferina y el síndrome respiratorio agudo severo (SRAS), se transmiten por la tos, los estornudos o las manos sucias. Para ayudar a detener la propagación de gérmenes:

- Cubra su boca y nariz con un pañuelo cuando tosa o estornude
- Coloque su pañuelo usado en un cesto de basura.
- Si no tiene un pañuelo de papel, tosa o estornude en la parte superior de su manga, no en sus manos
- Lávese las manos con frecuencia con jabón y agua tibia durante 20 segundos. Si no hay agua y jabón disponibles, use un desinfectante para manos a base de alcohol.
- Evita tocar tus ojos, nariz o boca
- Evitar el contacto cercano con personas que están enfermas
- Quédete en casa cuando estés enfermo
- Limpie y desinfecte las superficies que se tocan con frecuencia en el hogar, el trabajo o la escuela; especialmente cuando alguien está enfermo
- Recibir la vacuna contra la gripe cada año puede ayudar a prevenir enfermedades graves
GLOVES
Always use disposable gloves when coming into contact with all body substances (blood, urine, stool, etc.), then remove gloves and discard in trash. Wash hands when finished. Disposable gloves may be provided by HPC or can be purchased at any Pharmacy or discount store.

HANDLING SOILED CLOTHING & BEDDING
Use disposable gloves. Avoid shaking linens in the air. Place soiled clothing or bedding in a separate container or trash bag until ready to wash. Wash as soon as possible after soiling. Machine wash with detergent, hot water and one cup of bleach if material is colorfast. Drying items in a warm dryer and ironing also decreases germs. If a washing machine is not available, soak items for 15 to 20 minutes in cold water containing bleach (use 1 cup of bleach for every 10 cups of water) to lift stains. Work out any stains, wearing gloves. Re-wash in hot soapy water and rinse well. If a dryer is not available, air drying in the sun is preferred.

DISPOSAL OF SOILED ARTICLES
Dressings, pads, disposable sheets and medical gloves with blood or other body substances should be put in a leak proof plastic bag and closed securely. This bag should be sealed in a second plastic bag and disposed of in the trash.

DISPOSAL OF NEEDLES
Needles, syringes, lancets, and other sharp objects should be placed in a hard plastic or metal container with a tightly secured lid. Some household containers may be good for this purpose. You may buy containers for the disposal of sharps. Sharps containers provided by HPC will utilize a mail-back program, where the patient will receive their sharps container within a box designed to ship the container, once full, to a designated disposal facility. Before discarding a container containing sharps, reinforce the lid with heavy-duty tape. Do not put sharp objects in any container you plan to recycle, or in glass or clear plastic containers. A container with medical waste sharps is discarded in the household trash. Finally, all containers with sharp objects should be out of the reach of children and pets.

SPILLS
Use 1 cup of bleach for 10 cups of water. This is called a 1:10 bleach to water dilution.

Proper Storage and Handling of Bleach in the Home
Note: Serious damage can occur to people from consistent exposure, or by inhaling the fumes or accidental spilling of bleach onto the skin, splashing in the eyes, or ingestion.

Safe Storage Recommendations for Bleach:
• Store it in a clean, cool, dry area
• Keep it in its original container or label it if you need to place it in another cleaning bottle
• Keep out of the reach of children and/or pets
• Consider higher storage or locked storage options

When using bleach:
• Use the recommended mixture of bleach and water
• NEVER mix bleach with ammonia or other cleaners
• Wear rubber gloves, boots, and eye protection
• If using indoors, open windows and doors to allow fresh air to get in

If bleach exposure occurs:
• Call Poison Control immediately (1-800-222-1222)
• Do NOT make someone throw up if they have ingested bleach – it will burn them as it comes back up
• If bleach is on the skin or in the eyes, flush for at least 15 minutes with water
• Remove any contaminated clothing and wash before reuse

CLEANING LARGE SPILLS
Large spills of body fluids, or spills containing broken glass or sharp objects, should be covered with disposable towels saturated with bleach solution. Let towels stand for 10 minutes. Wearing gloves, use disposable paper towels to wipe up spills. Exercise caution with glass. Use a small whisk broom to sweep glass pieces into a plastic bag and discard in household trash. Dispose of gloves and wash hands.

Safety in the Home
The following suggestions are offered to make the home environment safe for the patient.

DISPOSAL OF DRUGS
Discontinued, outdated, defective or deteriorated materials may be returned to the pharmacy for proper disposal. Patients should give unwanted materials to their nurse for transfer to the pharmacy or contact the pharmacy for instructions on how to ship them back.

PATIENT SAFETY
Clear all pathways to accommodate the patient and whatever equipment he or she might need (such as a cane, walker, or wheelchair.)

Remove throw rugs and tape down any electrical cords near pathways.

Footwear should have non-skid soles.

Staircases should have sturdy handrails.

Use night-lights as appropriate.

Check with your nurse about the need for special equipment in the bathroom, such as a raised toilet seat, grab bars in the bathing area, or a shower bench.
For the patient who is home alone, you can increase safety by renting a Lifeline system. The system, which is worn around the neck by the patient, can be activated to automatically contact specified people in case of an emergency. Your social worker has information on the Lifeline system.

Room monitors, such as those used in a nursery, allow caregivers to “keep an ear” on the patient while in other parts of the house or yard.

Less active patients may be safer and more comfortable in a hospital bed with side rails. A bedside commode can lessen risky trips to the bathroom. Your nurse will help you evaluate which pieces of equipment might add to safety and comfort.

Use electricity safely. Do not overload electrical outlets. Cover unused outlets. Get in the habit of unplugging appliances not in use. Check electrical cords for cracked or frayed areas and replace damaged cords.

Keep electric appliances away from tub and shower area.

Areas around stoves, hot plates, and space heaters should be free of flammable materials.

Keeps hot water temperature set below 120 degrees to avoid being burned by hot tap water.

Install a fire extinguisher and check routinely.

**OXYGEN AND SMOKING**

Instructions about smoking or having open flames around oxygen equipment should be taken seriously. Concentrators and oxygen tanks and tubing should be at least 5 feet from an open flame. “NO Smoking — Oxygen in Use” signs are provided by the medical equipment company at the time of delivery. Please display the sign in a prominent place by the front door in your home or near oxygen.

- Do not smoke or light a flame in a room where oxygen is being used.
- Do not use oxygen near a gas stove.
- Never smoke while using oxygen.
- Never smoke in bed or when drowsy.
- Use large, deep ashtrays made of noncombustible material and heavy enough so they are not easily knocked over.

**STORAGE OF OXYGEN CYLINDERS (TANKS)**

Tanks should be stored flat on the floor, but not under furniture or in an enclosed area such as a closet. If tanks are stored upright, they must be secured to a stationary object.

**TRANSPORTING OXYGEN**

Oxygen should not be transported in the trunk of the car. Tanks may be stored in the passenger area of the car, on the floor. The concentrator should be placed on the back seat and seat-belted in. During hot summer days park in the shade and leave a window open to prevent release of oxygen from the tank.

DO NOT use any petroleum products when wearing oxygen.

**Disaster Planning**

**DEVELOP A PLAN OF ACTION**

In case of a fire create an escape plan and pass that information on to all the members of the household. Choose a room with two exits for the patient and plan for everyone to meet at one place outside the house.

**LOCATE RAMPS OR OTHER SPECIAL EXITS FOR THE TIME OF NEED**

If a patient is bedfast, you may notify the local fire department about which room the patient is in. Bedrooms should be on the ground floor if possible for easy exit in case of fire.

**SMOKE DETECTORS**

There should be at least one detector in working order on each floor. A smoke detector should be placed near the kitchen and living room since most fires start in those rooms. If you do not have a smoke detector please talk to your HPC nurse or social worker. There are community resources which install smoke detectors at no charge and HPC can contact them for you.

**FIRE EXTINGUISHER**

In case of fire, call the fire department. Fight a fire only if the fire is small and everyone has been evacuated.

**ESCAPE ROUTE**

If children are in the home, performing a fire drill can educate them about safety in case of a fire. Remind everyone to stay low since smoke rises. Don't open any door unless the door feels cool to the back of your hand. If clothing catches fire, STOP DROP and ROLL.

Develop a tornado-warning plan. If possible, move into an interior room without windows, if the patient is bedfast, cover the window with heavy blankets to prevent breaking glass from entering the room.

**BATTERY-OPERATED FLASHLIGHT AND RADIO**

During a power outage, the patient's oxygen concentrator should be turned off. The patient should use a portable oxygen tank. Contact the company which supplies oxygen for refills if needed. If you choose to go to a friend or family-member who has electricity in their home, please notify HPC of your new location.

During ice/snow storm, the Care Team will make the necessary arrangements to insure adequate medicines and supplies are available. Daily phone calls will be made to assess for issues.
If you experience **any** of the following please call **800-757-9192** to speak to a clinician:

- Errors with your order
- Order delays
- Dosage questions
- Side effects

We are here to help you 24/7 with any needs, concerns, or questions you may have!