



UConn
HEALTH

**Specialty Pharmacy
Patient Welcome Packet**

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Welcome to UConn Health Pharmacy Services Inc.

UConn Health Pharmacy Services Inc. (UConn Health Specialty Pharmacy) understands that your medical needs may be difficult to manage. Our staff is dedicated to working with you, your doctors and nurses, and your family and friends to achieve a fully integrated health care team. Our primary goal is to provide you with quality care.

You Can Expect

- 1 Personalized Care & Regular Follow-Ups:** Our specialty trained staff members will work with you to discuss your treatment plan, and address your questions or concerns. We will be in close contact with you throughout the course of your treatment.
- 2 Benefits:** There may be instances where you are prescribed a medication that your insurance plan may not cover. We will work diligently to lower your drug costs by getting the medication covered, switching to a medication that is covered, or applying valid manufacturer discounts.
- 3 Patient Management Program:** When you are willing to follow the treatment plan determined by your healthcare team, the program is designed to provide benefits such as managing side effects, increasing adherence to drug therapies, and overall improvement of your health. If you no longer wish to participate in our Patient Management Program, you may contact our team by phone to opt-out.
- 4 In-depth Consultation Services**
- 5 Refill Reminder Calls**
- 6 Free FedEx/UPS/Courier Delivery** of your medication upon request
- 7 Prescription Transfer** if UConn Health Pharmacy Services Inc. cannot fulfill the prescription
- 8 24/7 Support**

Pharmacy Location	Contact Information	Hours of Operation
270 Farmington Avenue Farmington, CT	833-777-4276 860-679-4036	Monday-Friday: 8 a.m. - 4:30 p.m.

We look forward to providing you with the best service possible. We know that you have many options and we sincerely thank you for choosing UConn Health Pharmacy Services Inc.

-The UConn Health Pharmacy Services Inc. Team

Important Information

Contact Us When/If...

- You have any questions or concerns about your medication.
- You suspect a reaction or allergy to your medication.
- A change has occurred in your medication use.
- You would like to start taking a vitamin/supplement or any over the counter medication.
- Your contact information or delivery address has changed.
- Your insurance information or payment source has changed.
- You need to check the status of your delivery.
- You need to reschedule or change your delivery.
- You have any questions or concerns about our specialty pharmacy service.

Prescription Transfers

- If you feel that our pharmacy is unable to meet your needs, we can transfer your prescription to the appropriate pharmacy of your choice. All we request, is a phone call from you to inform us where you would like your prescription transferred to.
- If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care prior to transferring your prescription.

Delivery & Storage of Your Medication

- We will deliver medication to your home, doctor's office, or to an alternative location at no cost to you. *Please note, we require a signature for delivery of all controlled substances, refrigerated medications, and high dollar medications.*
- If your medication requires refrigeration, we will ship it in special packaging that will maintain the appropriate temperature throughout the shipping process. Once you receive the package, take the medication out of the box and place it in the refrigerator.
- If the package looks damaged or is not in the correct temperature range, please give the pharmacy a call.

Adverse Drug Reactions

- If you are experiencing adverse effects to your medication, please contact your doctor or our Pharmacy as soon as possible.

Drug Substitution Protocols

- From time to time it is necessary to substitute generic drugs for brand name drugs. This may occur if your insurance company prefers the generic to be dispensed or to reduce your copay.

Payment Policy

- Before your care begins, a staff member will inform you of your financial obligations that are not covered by your insurance or other third-party sources. These obligations include but are not limited to: out-of-pocket costs such as deductibles, copays, co-insurance, and annual out of pocket limits. We will also provide this information if there is a change in your insurance plan.

Insurance Claims

- UConn Health Pharmacy Services Inc. will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you, as necessary, so that we can work together to resolve the issue.

Copayments

- You may be required to pay a part of your medication cost, called a copayment. If you have a copayment, it must be paid at the time of shipping or pick-up unless you would like to be billed by UConn Health Pharmacy Services Inc. We accept checks, Visa®, MasterCard®, American Express®, and Discover®. We can maintain your credit card information on file in a secured environment, if you wish.

Financial Assistance

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

Proper Disposal of Sharps

- Place all needles, syringes, and other sharp objects into a sharps container. This will be provided by the Pharmacy if you are prescribed an injectable medication.
- Contact local waste pickup services for their policy on sharps container pickup. You can also check the following websites for additional information:
www.fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/sharps-disposal-containers
www.fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/best-way-get-rid-used-needles-and-other-sharps
www.safeneedledisposal.org

Proper Disposal of Unused Medications

- For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also check the following websites for additional information:
www.fda.gov/consumers/consumer-updates
www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines

Drug Recalls

- If your medication is recalled, the specialty pharmacy will contact you with further instructions, as directed by the FDA or drug manufacturer.

Emergency Disaster Information

- In the event of a disaster in your area, please contact our pharmacy to instruct us on how to deliver your medication. This will ensure your therapy is not interrupted.

Concerns or Suspected Errors

- Patients and caregivers have the right to voice complaints and/or recommendations on services to the pharmacy. Patients and caregivers can do so by phone, fax, in writing, or by email.
- The following organizations are available to contact anytime you feel your complaint was not resolved by the pharmacy:
 - **Connecticut Board of Pharmacy**
Website: portal.ct.gov/DCEP/Drug-Control-Division/Commission-of-Pharmacy/The-Commission-of-Pharmacy
Phone Number: 860-713-6070
 - **URAC Complaint Info**
Website: urac.org/file-a-grievance
Email Address: grievances@urac.org
General Phone Number: 202-216-9010
 - **ACHC Complaint Info**
Website: achc.org/contact/
For further information, you may contact ACHC toll-free at 855-937-2242 or 919-785-1214 and request the Complaints Department

For Additional Information Regarding Your Condition or Diagnosis, You Can Visit the Following Websites:

Condition	Foundation	Website
Cystic Fibrosis	Cystic Fibrosis Foundation	cff.org
Dermatology	National Psoriasis Foundation	psoriasis.org
Gastroenterology	Crohn's and Colitis Foundation	crohnscolitisfoundation.org
Growth Hormone	Endocrine Web	endocrineweb.com
Hepatitis C	American Association for the Study of Liver	hcvguidelines.org
HIV	National Institutes of Health	aidsinfo.nih.gov
Hyperlipidemia	Familial Hypercholesterolemia Foundation	thefhfoundation.org
Multiple Sclerosis	National Multiple Sclerosis Society	nationalmssociety.org
Oncology	American Cancer Society Chemocare	cancer.org/cancer.html chemocare.com
Pulmonology	American Lung Association	lung.org
Rheumatology	American College of Rheumatology	rheumatology.org
Transplant	UNOS National Kidney Foundation	transplantliving.org kidney.org

Emergency & Disaster Preparedness Plan

UConn Health Pharmacy Services Inc. has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include, but are not limited to; fire to our facility, chemical spills in the community, earthquakes, hurricanes, tornadoes and community evacuations. Our primary goal is to continue to service your prescription care needs. UConn Health Pharmacy Services Inc. will contact you prior to any inclement weather or a threat of disaster the city may encounter. However, it is your responsibility to contact the pharmacy prior to any occurrences that may be a threat of disaster or inclement weather in an area you reside, which may be outside of the UConn Health Pharmacy Services Inc. pharmacy area (if permissible). This process will ensure you have enough medication to sustain you.

UConn Health Pharmacy Services Inc. will utilize every resource available to continue to service you. However, there may be circumstances where UConn Health Pharmacy Services Inc. cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local rescue or medical facility. Please read the guide below to aide you in the case of an emergency or disaster:

- 1 The pharmacy will call you 3-5 days before any predicted inclement weather emergency such as a severe snowstorm or hurricane utilizing the weather updates as point of reference.
 - a. If you are not in the Hartford County area and are aware you will be experiencing inclement weather you are responsible for calling the pharmacy 3-5 days before the occurrence.
- 2 The pharmacy will send your medication via courier or FedEx/UPS next day delivery during any suspected inclement weather emergencies.
- 3 If the pharmacy cannot get your medication to you before an inclement weather emergency occurrence the pharmacy will transfer your medication to a local specialty pharmacy, so you do not go without medication.
- 4 If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication. Visit your local hospital immediately if you will miss a dose.
- 5 The pharmacy recommends all patients leave a secondary emergency number. If you have an emergency that is not environmental but personal and you need your medication, please contact the pharmacy at your convenience and we will aide you.

Washing Your Hands

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- Before, during, and after preparing food.
- Before eating food.
- Before and after caring for someone at home who is sick with vomiting or diarrhea.
- Before and after treating a cut or wound.
- After using the toilet.
- After changing diapers or cleaning up a child who has used the toilet.
- After blowing your nose, coughing, or sneezing.
- After touching an animal, animal feed, or animal waste.
- After handling pet food or pet treats.
- After touching garbage.

Follow Five Steps to Wash Your Hands the Right Way

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

Follow these five steps every time:

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

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

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

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

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

How to use hand sanitizer:

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry.
This should take around 20 seconds.

Home Safety Information

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

Medication

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

Slips and/or Falls

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

- Arrange furniture to avoid an obstacle course.
- Install handrails on all stairs, showers, bathtubs, and toilets.
- Keep stairs clear and well lit.
- Place rubber mats or grids in showers and bathtubs.
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath or dizziness.
- Wipe up all spilled water, oil or grease immediately.
- Pick up and keep surprises out from under your feet, including electrical cords and rugs.
- Keep drawers and cabinets closed.
- Install good lighting.

Mobility Items

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

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

Lifting

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

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

Electrical Accidents

Watch for early warning signs; overheating, a burning smell or sparks. Unplug the appliance and get it checked right away. Here are some things you can do to prevent electrical accidents:

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

Smell Gas?

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

Fire

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

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

If you have a fire or suspect fire:

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

Patient Bill of Rights & Responsibilities

UConn Health Pharmacy Services Inc. recognizes that patients have inherent rights. Patients who feel their rights have not been respected, or who have questions or concerns, should talk to the pharmacist on duty.

Patients and their families also have responsibilities while under the care of UConn Health Pharmacy Services Inc. to facilitate the provision of safe, high-quality health care for themselves and others. The following patient rights and responsibilities shall be provided to, and expected from, patients or legally authorized individuals.

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.

As our patient, you have the right to:

- Select those who provide you with pharmacy services.
- Receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference, or physical or mental handicap.
- Be treated with friendliness, courtesy and respect by each and every individual representing our Pharmacy, who provided treatment or services for you and be free from neglect or abuse, be it physical or mental.
- Assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs, including management of pain.
- Be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services.
- Express concerns, grievances, or recommend modifications to your Pharmacy regarding services or care, without fear of discrimination or reprisal.
- Request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans.
- Receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our Pharmacy's policies, procedures and charges.
- Request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality.

As our patient, you have the right to (continued):

- Be given information as it relates to the uses and disclosure of your plan of care.
- Have your plan of care remain private and confidential, except as required and permitted by law
- Receive instructions on handling drug recall.
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information; PHI will only be shared with the Medication Management Program in accordance with state and federal law.
- Receive information on how to access support from consumer advocates groups.
- Receive pharmacy health and safety information to include consumers rights and responsibilities.
- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
- Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible.
- Receive information about the scope of services that the organization will provide and specific limitations on those services.
- Participate in the development and periodic revision of the plan of care.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable.
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.
- Can identify visiting personnel members through proper identification.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
- Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information.
- Be advised on agency's policies and procedures regarding the disclosure of clinical records.
- Choose a health care provider, including choosing an attending physician, if applicable.
- Receive appropriate care without discrimination in accordance with physician orders, if applicable.
- Be informed of any financial benefits when referred to an organization.
- Be fully informed of one's responsibilities.

As a patient, you have the responsibility to:

- Provide accurate and complete information regarding your past and present medical history and contact information and any changes.
- Agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments.
- Participate in the development and updating of a plan of care.
- Communicate whether you clearly comprehend the course of treatment and plan of care.
- Comply with the plan of care and clinical instructions.
- Accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services.
- Respect the rights of Pharmacy personnel.
- Notify your physician and the Pharmacy with any potential side effects and/or complications.
- Notify UConn Health Pharmacy Services Inc. by telephone when medication supply is running low so refill maybe shipped to you promptly.
- Maintain any equipment provided.

Specialty Pharmacy patients have the below additional rights and responsibilities:

- The right to have personal health information shared with the patient management program only in accordance with state and federal law.
- The right to identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested.
- The right to speak to a health care professional.
- The right to receive information about the patient management program.
- The right to decline participation, revoke consent or dis-enroll at any point in time.
- The responsibility to give accurate clinical and contact information and to notify the patient management program of changes in this information.
- The responsibility to notify their treating prescriber of their participation in the medication management program.

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).

- 1 A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
- 2 A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
- 3 A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
- 4 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.
- 5 A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
- 6 A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
- 7 A supplier must maintain a physical facility on an appropriate site 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.
- 8 A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
- 9 A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.

Medicare DMEPOS Supplier Standards (continued)

- 10 A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
- 11 A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR§ 424.57 (c) (11).
- 12 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.
- 13 A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
- 14 A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
- 15 A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
- 16 A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
- 17 A supplier must disclose any person having ownership, financial, or control interest in the supplier.
- 18 A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
- 19 A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
- 20 Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
- 21 A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
- 22 All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).

Medicare DMEPOS Supplier Standards (continued)

- 23 All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
- 24 All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
- 25 All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
- 26 A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
- 27 A supplier must obtain oxygen from a state-licensed oxygen supplier.
- 28 A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
- 29 A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
- 30 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.

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by UConn Health Pharmacy Services Inc are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g, honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gov>. Upon request we will furnish you a written copy of the standards.

Enrollee's Name (optional): _____

Drug and Prescription Number (optional): _____

Medicare Drug Coverage and Your Rights

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

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

How to ask for coverage determination

To ask for a coverage determination, you or your prescriber can call your Medicare drug plan's toll-free phone number on the back of your plan membership card, or go to your plan's website. You can ask for an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision.

Be ready to tell your Medicare drug plan:

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

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

Get help and more information

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

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

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0975. This information collection is used to provide notice to enrollees about how to contact their Part D plan to request a coverage determination. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is required under § 423.562(a)(3) and an associated regulatory provision at § 423.128(b)(7)(iii). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Form CMS -10147

OMB Approval No. 0938-0975

(Expires: 12/31/2027)



ACCREDITED

Specialty Pharmacy
Expires 05/01/2027

NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about you may be used and disclosed by UConn Health, comprised of the following entities (collectively "UConn Health" in this Notice), and how you can get access to this information. This Notice applies to employees, physicians, dentists, volunteers, trainees, and other persons whose conduct is under the direct control of UConn Health, whether or not the person is paid by UConn Health. Please review it carefully.

- John Dempsey Hospital, including all outpatient locations on and off campus
- University of Connecticut School of Medicine
- University of Connecticut Medical Group (UMG) locations on and off campus
- School of Dental Medicine locations on and off campus and University Dentists
- UConn Health Pharmacy Services, Inc. (UHPSI)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) establishes standards to protect individuals' medical records and other personal health information, granting patients some control over certain parts of their health information and requiring organizations such as UConn Health to implement certain safeguards and practices to keep each patient's protected health information (PHI) safe. PHI includes any information created or received by UConn Health that relates to the health or condition of an individual, the provision of healthcare to an individual, or payment for the provision of healthcare to an individual, and either identifies the individual or is reasonably believed to provide information that can be used to identify the individual.

UConn Health's Pledge Regarding PHI:

UConn Health, in alignment with applicable laws, stands committed to the privacy of each patient's PHI, and UConn Health understands and respects the personal and confidential nature of this information.

UConn Health creates and maintains a record of the care and services provided by UConn Health, as well as those records received in support of UConn Health care and services, to deliver quality care and to comply with certain legal requirements. This Notice applies to all PHI created, received, or maintained by UConn Health, including these records.

Laws Require that UConn Health:

- Safeguard the privacy and security of PHI;
- Explain how, when, and why UConn Health uses or discloses PHI;
- Notify affected patients or their representatives in the event of a breach of unsecured PHI; and
- Follow the terms of this Notice, including not using or disclosing PHI without written permission other than as described in this Notice.

How UConn Health Uses and Discloses Your PHI

The following categories describe different ways UConn Health uses and discloses your PHI as permitted or required by federal and state law. Though not an exhaustive list of examples, all the ways UConn Health is permitted to use and disclose your PHI fall within one of the categories below.

Treatment: UConn Health may use your PHI to treat you and may share your PHI with other healthcare providers, including those outside of UConn Health, to coordinate and manage your treatment (this includes psychiatric, HIV-related, certain records that may refer to substance abuse, and most other types of PHI, excluding psychotherapy notes, if necessary for your diagnosis and treatment). For example, a doctor treating you may need to know about a chronic condition or former treatment in order to provide the best treatment for your current condition.

Payment: UConn Health may use and disclose your PHI to bill and collect payment from you, an insurance company, a third party, or a state or federal healthcare program, including disclosure of PHI for the purpose of obtaining a prior authorization. UConn Health may disclose PHI to billing and collection agencies to collect payment and to consumer reporting agencies (e.g., credit bureaus).

Healthcare Operations: UConn Health may use and disclose your PHI for UConn Health's own healthcare operations, including for the purpose of improving the quality, safety, and cost of care, evaluating the skills and performance of people providing care, and providing training programs for students, trainees, and other personnel.

Business Associates: Certain services may be provided on UConn Health's behalf by another person or entity (a "business associate") for the purposes of treatment, payment, or healthcare operations, and UConn Health may disclose PHI to these business associates for these purposes. UConn Health makes such disclosures according to written contracts that outline uses and disclosures of PHI and require business associates to appropriately safeguard information.

Fundraising Activities: UConn Health may contact you or disclose limited PHI to The University of Connecticut Foundation, Inc. (the "Foundation") so the Foundation may contact you, in an effort to raise money for UConn Health, provided you have not opted out of receiving fundraising solicitations and communications. The Foundation has been delegated the primary responsibility for all fundraising for the benefit of the University of Connecticut, including UConn Health. If you wish to opt out of receiving these communications and you wish to direct UConn Health to not use or disclose your PHI for fundraising efforts, contact the University of Connecticut Foundation, Inc., at 1-800-269-9965 or visit www.foundation.uconn.edu.

Hospital Directory: While a patient at John Dempsey Hospital, UConn Health may include your name, location in the hospital, and religious affiliation, if any, in the hospital directory,

provided you have not opted out of inclusion in the directory. UConn Health may disclose your location in the hospital to anyone asking for you by name; religious affiliation and other directory information, including your name, may be provided to clergy members. Notify a unit or department manager if you wish to opt out of the hospital directory; if you opt out of the directory, your information will not be disclosed to any callers or visitors asking about you. Please note, patients in the psychiatric units and patients in the custody of the Department of Correction are not included in the hospital directory.

Individuals Involved in Your Care: UConn Health may disclose to a family member, relative, friend, or other person involved in your care or payment for your care, PHI directly relevant to that person's involvement in your care or payment for your care. UConn Health may use or disclose PHI to notify a family member, personal representative, or other person responsible for your care of your location, general condition, or death unless you object or otherwise instruct UConn Health. If you are incapacitated or otherwise unable to describe your wishes, UConn Health may make such disclosures if UConn Health determines such disclosures to be in your best interest. UConn Health complies with additional state law confidentiality protections for minors receiving treatment for HIV/AIDS, pregnancy, abortion, venereal disease, substance abuse, or mental health. UConn Health discloses PHI to correctional institution or law enforcement officials with custody of an inmate as required for the correctional institution to provide healthcare to the inmate, to protect the health or safety of the public or a person, or for the health and security of the correctional institution.

Disaster Relief: UConn Health may disclose your PHI to an entity assisting in a disaster relief effort to aid in location of you, your friends, or your family members or to provide information about your general condition or death.

Research: UConn Health may contact you about research in which you may be interested, provided you have not opted out of receiving research recruitment communications, and UConn Health may disclose your PHI for research purposes only in accordance with your written authorization except under certain circumstances as allowed by federal and state law, such as disclosures to UConn Health researchers for the purposes of preparing to conduct a research project (in which case the PHI stays with UConn Health) or disclosures to improve public health and develop new knowledge. For example, a research project may compare the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects receive approval through a specific, specialized process, which evaluates the proposed research and privacy needs before any use or disclosure occurs.

De-identified Information or Limited Data Sets: UConn Health may use and disclose health information about you after removing any information that potentially identifies you (de-identifying the health information). UConn Health may also use and disclose health information about you that constitutes a "Limited Data Set" (as defined by HIPAA), for purposes of research, public health, or healthcare operations, if the recipient of the information signs an agreement to protect the privacy of the information as required by federal and state law. Limited Data Sets do not contain any information that directly identifies you (such as your name, street address, Social Security number, phone number, email address, and other direct identifiers described in the HIPAA definition of a "Limited Data Set").

As Required by Law: UConn Health discloses PHI as required by federal or state statute, regulation, or court opinion, including mandatory reporting obligations. Such reporting may include information about suspected abuse, abandonment, neglect, exploitation, domestic violence, workers' compensation program services, and health oversight activities.

Public Safety: UConn Health may use and disclose your PHI when believed in good faith to be necessary to prevent a serious and imminent threat to the health or safety of a person or the public.

Organ and Tissue Donation: UConn Health may use and disclose PHI as necessary for organ, eye, or tissue donation, procurement, processing, distributing, or using a human body or body parts for use in medical education, therapy, or transplantation.

Public Health Activities: UConn Health may disclose your PHI to appropriate government agencies for public health activities for the purpose of preventing or controlling disease, injury, or disability. Such reporting may include births, deaths, suspected communicable disease, suspected overdose events, medication and medical product adverse events, and product recall information.

Lawsuits and Legal Disputes: In the context of any judicial or administrative proceeding, UConn Health may disclose your PHI in accordance with applicable law to comply with a court or administrative order, subpoena, discovery request, or other lawful process provided the court has appropriate jurisdiction over UConn Health. Notwithstanding the above, in the event UConn Health receives and maintains substance use disorder records about you subject to the confidentiality protections of 42 CFR Part 2 ("Part 2 records"), UConn Health may not use or disclose such Part 2 records for purposes of civil, criminal, administrative, or legislative proceedings against you without your written consent or an appropriate court order.

Law Enforcement: UConn Health may disclose a limited amount of PHI to law enforcement for specific purposes related to identifying or locating a suspect, fugitive, material witness, or missing person, related to a crime, or as required by law.

Coroners, Medical Examiners and Funeral Directors: UConn Health may disclose PHI concerning deceased patients to a coroner, medical examiner, or funeral director as necessary to carry out their duties.

Specialized Government Functions: UConn Health may disclose PHI as it relates to military and veterans' activities, national security and intelligence activities, protective services

for the President, and medical suitability determinations for the United States Armed Forces or Department of State.

Electronic Disclosures & Health Information Exchanges: UConn Health makes certain disclosures described within this Notice via electronic transmission, interface, or direct access to our electronic health records system. In addition, UConn Health may participate in certain health information exchanges involving disclosure of PHI as permitted by law to other healthcare providers or entities for permitted purposes. As mandated by the State of Connecticut, UConn Health participates in Connie, the statewide health information exchange. You may opt-out of Connie by contacting Connie directly as described on their website at www.connieconnect.org.

OTHER USES AND DISCLOSURES OF PHI:

UConn Health will obtain your authorization to use or disclose your PHI for any reasons not covered by this Notice or applicable law, including certain uses and disclosures related to marketing and the sharing of psychotherapy notes.

If you provide authorization to UConn Health for a certain use or disclosure of your PHI, you may revoke that authorization, in writing, at any time unless UConn Health has already relied on that authorization for a use or disclosure. If you revoke your authorization, UConn Health will no longer use or disclose your PHI for the reasons covered by the revoked authorization.

YOUR RIGHTS REGARDING PHI:

Right to Access PHI: You have the right to access the PHI about you that UConn Health maintains, including the right to inspect or obtain a copy, or both, of the PHI, as well as the right to direct UConn Health to transmit a copy to a designated person or entity of your choice. You may be charged a reasonable, cost-based fee for copies of PHI. UConn Health may deny a request to access PHI in certain limited circumstances, in which case UConn Health will provide the reason for the denial and how to request a review of the denial.

Right to Correct or Update: You have the right to request an amendment or correction of your PHI maintained by UConn Health if you feel the information is incomplete or inaccurate. You also have the right to have this request and any decision related to this request included in your record, if you so choose. UConn Health requires submission of amendment requests in writing. UConn Health reviews all requests and responds in writing within 60 days. If you disagree with UConn Health's decision, you have the right to appeal the decision.

Right to an Accounting of Disclosures: You have the right to receive an accounting of certain disclosures of your PHI by UConn Health and its business associates. This accounting will not include disclosures for treatment, payment, and healthcare operations, and certain other exceptions. UConn Health requires submission of accounting of disclosure requests in writing and requires that the request state a time period no longer than six years prior to the date of the request. UConn Health will provide one accounting of disclosures to you each year at no charge but may charge for additional accountings. When you request an accounting of disclosures from UConn Health, UConn Health may provide you with the accounting of disclosures or the names and contact information of our business associates so that you may contact them directly for an accounting of disclosures made by them.

Right to Request Restriction of Use and Disclosure of PHI: You have the right to request that UConn Health restrict the use and disclosure of your PHI maintained by UConn Health. UConn Health requires submission of restriction requests in writing. While UConn Health will try to accommodate such requests, granting of such restrictions is not always possible. However, upon request, UConn Health will restrict the information disclosed to your health plan if you have already paid for the service in full prior to the time of service (unless UConn Health is legally required to submit the information to the health plan). UConn Health may terminate any restriction not legally required by notifying you in writing of the termination; likewise, you may terminate any restriction by notifying UConn Health in writing.

Right to Receive Confidential Communications by Alternative Means: You have the right to designate a specific means by which UConn Health must communicate with you about confidential matters. For example, you can require that UConn Health only contact you at a single address or phone number. UConn Health accommodates reasonable requests.

Right to a Copy of This Notice: You may download a copy of the current UConn Health Notice of Privacy Practices from UConn Health's website at www.uhc.edu or you may obtain a paper copy of the current UConn Health Notice of Privacy Practices at any UConn Health facility.

To submit any written requests related to your rights regarding PHI, please contact the Health Information Management Department:

UConn Health – Health Information Management
263 Farmington Avenue, Mail Code: 2925 Farmington, CT 06030
Telephone: 860-679-3380
Fax: 860-679-1035

CHANGES TO THIS NOTICE:

UConn Health reserves the right to change this Notice, to change the practices informing this Notice, and to make the revised or changed Notice effective for all PHI maintained as well as any PHI received in the future.

AVAILABILITY OF THIS NOTICE:

UConn Health conspicuously publishes the current Notice on the UConn Health website at www.uhc.edu, posts copies of the current Notice in all UConn Health locations where people receive care, and makes available copies of the current Notice throughout UConn Health. The effective date of the Notice is indicated at the end of the last page. UConn Health requires acknowledgement that you were offered a copy of this Notice as a condition of treatment. Any revisions of this Notice by patients or their representatives, including but not

limited to strikeouts, insertions, and deletions, shall not be permitted, and UConn Health may refuse to provide treatment under such circumstances.

QUESTIONS AND COMPLAINTS:

If you have questions about this Notice, please direct them to your healthcare providers or the UConn Health Chief Healthcare Compliance & Privacy Officer in the Office of Healthcare Compliance & Privacy (contact information below).

Additionally, if you believe your privacy rights have been violated or you wish to file a complaint about UConn Health's privacy practices, please contact the UConn Health Chief Healthcare Compliance & Privacy Officer in the Office of Healthcare Compliance & Privacy:

UConn Health – Office of Healthcare Compliance & Privacy
263 Farmington Avenue Farmington, CT 06030
(860) 679-6060
OHCP@uhc.edu

UConn Health acknowledges a patient's right to file a complaint regarding UConn Health's privacy practices. Patients or their representatives may file a complaint directly with UConn Health and/or with other agencies, including but not limited to the United States Department of Health and Human Services (DHHS) Office for Civil Rights (OCR), Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C., 20201, email: OCRComplaint@hhs.gov, online: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> and <https://www.hhs.gov/hipaa/filing-a-complaint/index.html> or, for hospital-related complaints only, The Office of Quality and Patient Safety, The Joint Commission, One Renaissance Blvd, Oak Terrace, IL, 60181, fax: 630-792-5636, online: www.jointcommission.org.

UConn Health shall not retaliate against you or your representatives for filing a complaint or grievance with UConn Health or any other agency. Additionally, your care will not be affected by the filing of a complaint or grievance with UConn Health or any other agency.

EFFECTIVE DATE OF ORIGINAL NOTICE: April 14, 2003

REVISION DATE: May 1, 2023