



Dear Patient:

Welcome to Premier Pharmacy Services. We would like to welcome you to our pharmacy. We will work closely to coordinate your care with your physician. Our organization is proud that you have chosen us to handle your health care needs. Our most important asset is you, our customer. Premier Pharmacy Services was founded in 1979, with the tradition of providing exceptional materials and services to every patient, doctor, professional and other health care providers in the community. Premier Pharmacy Services is a specialty and home infusion pharmacy. We are dedicated to providing the highest quality prescription services throughout the United States. All of our personnel are trained with an emphasis on caring for your personalized needs.

You will have the benefits of our in depth patient management program that aims to improve your overall health and quality of life. We can assist you in managing side effects and increasing compliance to your therapeutic regimen through education and consultation. This requires your commitment and responsibility to adhere to the advice of your healthcare professionals and your willingness to follow directions and participate in your plan of care. If you do not clearly understand the course of your medication treatment and what is expected of you, it is your responsibly and willingness to notify your healthcare professional. At any time, you may choose to opt out of our patient management program.

Premier Pharmacy Services embraces the principle that consumers have the right to raise concerns regarding services without fear of retribution. Premier Pharmacy Services is committed to ensuring that all consumers are encouraged to use an advocate and have access to an advocate of their choice who can play a critical role in ensuring their rights and interests are respected and realized. You have the right to decide to self-advocate or change your advocate at will.

Should you need to order medication, you may do so by calling 800-540-4700. We are available 24 hours Monday thru Sunday. We have deliveries Monday thru Sunday. We do offer after hour delivery in the event of emergencies. Our phone number during business and after hours is 800-540-4700. If you should have any questions regarding billing you can reach our billing office between the hours of 8AM to 8PM Monday through Friday at 800-540-4700. Every effort will be made to provide delivery of medication at your convenience.

MISSION AND VALUES

Our mission is providing our community with quality and diverse pharmaceutical services through innovative solutions based on individual needs.

We strive to excel in quality client care, honesty, and to utilize the highest quality business practices possible. We uphold the strictest guidelines of patient confidentiality. We respect the property and rights of others. We are responsive to the needs of patients, physicians, suppliers, and co-workers.

ETHICS

Premier Pharmacy Services has a code of ethics that all employees are required to follow. The reason for this is to set, maintain and continually improve standards within the specialized pharmacy industry. We commit to serve all patients regardless of race, creed, national origin, or reason of illness. We will endeavor to provide service appropriate to your needs, and make available the highest level of care. It is our goal to provide care in a prompt, capable manner, taking into account the health and safety of our patients. We are available to instruct our patients, family members, or caregivers on the use of each medication ordered. We at Premier Pharmacy Services, pledge to continue to expand and improve our professional knowledge and skills thereby improving the care and services we provide to our patients.

ACCEPT OR REFUSAL OF MEDICAL CARE

We realize that all of our patients have the right to make decisions regarding their own medical care. These rights would include the right to accept service/care, or refusal of service/care. We at Premier Pharmacy Services will provide upon request, information regarding the patient's right to prepare an Advance Directive/Living Will. This is a document that states the wishes of a person if he/she is unable to speak due to a sudden medical condition. We shall honor any patient's Advance Directive. It is up to the patient to see that we receive a copy of this form.

YOUR RIGHTS AND RESPONSIBILITIES

You and Premier Pharmacy Services are partners in your health care plan. To insure the finest care possible, you must understand your role in your patient management program.

As a patient of Premier Pharmacy Services you have the RIGHT to:

1. Be fully informed in writing, in advance of receiving services, of your rights and responsibilities.
2. Be treated with dignity as an individual, with compassion and respect. Your care will include consideration of the psycho-social spiritual cultural and economic variables that influence your perception of illness.
3. Receive communication regarding our care in a language or form that is readily understood by you, either by interpreter or in writing.
4. Have personal health information shared with the program offered by Premier Pharmacy Services only in accordance with state and federal law.
5. Have your family (including significant other) and/or surrogate decision maker participate in the facilitation of your care and to exercise your rights if you are unable to do so.
6. Receive prompt and appropriate treatment for which you are eligible.
7. Express your concerns regarding the timeliness of services and devices rendered.
8. Discuss your eligibility and entitlement for programs and services with a staff member.
9. Be given the opportunity to address issues with a staff member.
10. Identify pharmacy personnel and their job title, and to speak with a supervisor of the pharmacy personnel if requested.
11. Receive a response to a written complaint concerning services rendered upon request and in a timely manner.
12. Make decisions to accept, refuse or withdraw medical care.
13. Be informed if prescription care or services are not within our scope of service, and assist with any transfer of appropriate care or service organization.
14. Be informed of any financial benefit to Premier Pharmacy Services if services are transferred to another party.
15. Select those who provide your services.
16. Be involved, in discussions and resolutions of any conflicts or ethical issues related to your care.
17. To receive administrative information regarding changes in or termination of the patient management program.
18. Be informed of any experimental or investigational studies which involve your care, and maintain the right to refuse any participation in these activities.
19. Be assisted with the best medical capabilities available to date in order to assist with any pain which you might experience.
20. Request and receive any records with Premier Pharmacy for me to examine.
21. Be informed and supplied all documented consent forms, if you agree to participate in any educational classes which are filmed or recorded within our organization.

PATIENT RESPONSIBILITIES

As a patient of Premier Pharmacy Services you have the RESPONSIBILITY:

1. To treat the staff with the same respect and courtesy, you wish to be treated with.
2. To submit any forms that are necessary to participate in the patient management program.
3. Of your actions if you refuse treatment or do not follow prescriber or pharmacist's instructions.
4. To notify your physician when you are feeling ill or encounter any unusual physical, mental stress, or sensations.
5. To notify Premier Pharmacy Services if you will not be home for a scheduled delivery or pick up.
6. To notify Premier Pharmacy Services prior to changing your place of residence or your telephone number.
7. To notify Premier Pharmacy Services if you become hospitalized.
8. To inform one of our staff members of your health history, including past hospitalizations, illnesses, injuries, etc.
9. To provide accurate information concerning your present health, medication, allergies.

10. To help assist in developing and maintaining a safe environment as well as participating in the developed/update of home care plan of service/treatment.
11. To notify Premier Pharmacy for any additional information concerning issues which you do not understand.
12. To notify Premier Pharmacy immediately if you acquire any infectious disease during the time you are receiving services and/or care from us. (Except where exempted by law)
13. To remove refrigerated items and let stand at room temperature one hour prior to use or as instructed by Nurse or Pharmacist.
14. To inspect medication for leaks, change in color or presence of particles prior to each administration.
15. To call our pharmacy if:
 - You accidentally waste or miss a dose of your medication
 - You find any damaged supplies
16. Administration of the first lifetime dose of a new medication should be discussed with our pharmacist and/or nurse.

TRAVEL ARRANGEMENTS

We want to ensure that there is not a disruption in your service when you are outside of our home care location's general service area.

If you are planning to leave our general service area for an extended period:

- Please notify our office within seven (7) business working days before the extended period
- We will be glad to assist you in any necessary arrangements
- If you do not notify our office, we will not be responsible for any service or cost which may be incurred while outside of our general service area.

COMMUNICATION

At Premier Pharmacy Services we genuinely strive to provide quality health care services to our clients. That is why your concerns are our concerns. To insure that our service meets your total satisfaction, we ask you to call us with any problem or concerns you may have. Please call our manager at 800-540-4700 who will promptly review this concern and will make a verbal and written communication with you within 14 business days to assure you the problem has or is being corrected. All complaints are logged, investigated, and acted upon.

We appreciate your candid comments as well as your assistance in helping us to continually improve our services to our many and valued customers.

HOW TO DISPOSE OF UNUSED AND/OR EXPIRED MEDICINES

Many community based drug "take back" programs offer the best solution to disposing unused and/or expired medicines. Otherwise, almost all medicines can be thrown in the household trash with the precautions described below:

Step 1: Remove medicine from the original container and mix them with an undesirable substance, such as used coffee grounds, dirt, or kitty litter.

Step 2: Place the mixture in a sealable bag, empty can or other container that prevents the drug from leaking or breaking out of the garbage bag.

Step 3: Scratch out identifying information on the prescription label to make it unidentifiable. This will help protect your identity and the privacy of your personal health information.

For additional information about proper medication disposal, please visit our website.

SHARPS DISPOSAL

The U.S. Food and Drug Administration recommend a two-step process for properly disposing of used needles and other sharps. Do not reuse sharps disposal containers.

Step 1: Place all needles and other sharps in a sharps disposal container immediately after they have been used.

Step 2: Dispose of used sharps disposal containers according to community guidelines. Sharps container disposal vary depending on where you live. Check with your local trash removal services or health department to find out the proper disposal method in your area:

- Drop box or supervised collection sites
- Household hazardous waste collection sites
- Mail back programs
- Residential special waste pick-up services

Note: Overfilling a sharps disposal container increases the risk of accidental needle-stick injury. When your sharps container is about three quarters (3/4) full, follow community guidelines for proper disposal of sharps disposal container.

Be prepared when leaving home. Always carry a small, travel-sized sharps disposal container in case other options are not available.

HAND WASHING TECHNIQUE

Hand washing is the most important method to prevent the spread of infection.

Hands should be washed with soap and water:

1. After bathroom use.
2. When visibly soiled.
3. Before eating, drinking and smoking.
4. Having any patient contact, such as body fluids, wounds, dressings, skin or mucous membranes.

Please follow the following steps when washing your hands:

1. Turn on water and adjust to comfortable warm temperature.
2. Wet hands and soap generously.
3. Work up lather and wash from front to back as well as between the fingers. Don't forget under the finger nails and under any rings. Scrub both hands with soap for about 20 seconds.
4. Rinse hands with warm running water.
5. Dry hands with paper towels.
6. Always use paper towel to turn off faucet.

Alcohol Based Hand Rubs may be used:

1. When having any contact with infectious material and there is no visible soil present.
2. When the facility have no soap and water for hand washing.

To decontaminate hands with Alcohol Based Hand Rubs:

1. Apply to palm of one hand, using amount recommended by manufacturer.
2. Rub both hands together make sure that you cover all hands and fingers, until both hands are dry.

EMERGENCY PREPAREDNESS

Emergencies and disasters can occur anytime anywhere. Planning ahead and making provisions for you and your family's needs can make a big difference with you and your family being able to cope with emergencies. In case of any emergency or disaster, our company will attempt to prevent any disruption in your service. If you have any emergency and we are unable to get in touch with you we advise you to go to the nearest hospital. Here are some questions to ask yourself:

1. Where can you find a recommendations and information for preparing for an emergency?
2. Where can you find a list of people, companies and organizations that can assist you if there is an emergency?
3. What kind of supplies or things should I have set aside?

Below you will find the answers to these questions and more.

1. You should develop a realistic preparedness plan in advance of any emergency or disaster. You should have at least a 72-hour emergency supply of food, water, medications and necessary medical supplies. If you have pets you should have supplies for them. A portable radio, flashlight and batteries.
2. Select a family member or friend who lives out of the immediate area to act as a contact person for you and your family. More often than not it is easier to make a call outside the area following a disaster. Make sure you give this person's name and phone number to Premier Pharmacy. We may need to call this person to try and locate you after the emergency so that the necessary services may be provided to you.

It would be best to try and stay calm after an emergency to reassure others. Turn your radio or TV to the assigned EBS (Emergency Broadcast Station) in your area. EBS may advise you of an emergency evacuation, the local office of Emergency Services and Red Cross, uniformed agents of the law and fire service, by mobile sirens or PA systems. You should quickly gather the following items to take with you.

NATURAL DISASTERS

Always be ready for natural disasters which occur in many parts of the country:

Gather three day emergency supply:

- 1 gallon of Water per person per day
- Canned food or food that won't spoil
- Flashlights and extra batteries
- Medical supplies and medications
- First-aid kit
- Blankets
- Cooler

Be ready to evacuate:

- Pack a bag of necessities
- Label medical equipment, supplies and medications.
- Take a list of your current medications with you in the event of an evacuation.
(Include the name of the drug, dose, frequency as well as the name and number of the doctor prescribing the medication)
- Pick a meeting place or a friend to call in case family is not available.
- Arrange for transportation.

Plan ways you will get help

- Have a list of emergency phone numbers with your phone next by your bed
- Contact the police or fire department if in need of transportation assistance to shelters
- If you can not call out, an alternative is a personal emergency response system which allows you to call out for help
- Always inform your neighbors that you might need help in an emergency.

Listen for local alerts and instructions:

- Turn on portable radio and locate station which is providing emergency information.
- Use phone only for emergencies
- Stay indoors and away from windows
- Best place to be in is the middle of a small room (bathroom or closet)
- For flash flood warning move to higher ground as soon as possible.
- Always have extra blankets on hand in case of no heat.

ADVANCE DIRECTIVES**As your specialty pharmacy, we will:**

- Provide you with the Bill of Rights at the time of delivery and honor as it related to Advance Directives
- Honor the Advance Directives which have been directed by us to the best of our abilities
- If there is a conflict with your personal desires, we will assist you in locating an alternative source of care

We are unable to:

- Remove life support equipment without your doctor's permission
- Assist you with writing your advance directives

We recommend that you contact:

- Your doctor, lawyer, and/or clergy to assist you in writing your advance directives
- For your specific state of residence you may call the Choice in Dying at 1-800-989-9455 for any information
- Or the Attorney General's office in your state

BILLING AND PAYMENT INFORMATION

Each month an itemized bill for non-covered services will be sent to you along with a stamped self-addressed envelope (SASE) for your mailing convenience. This bill is to be paid upon receipt directly to Premier Pharmacy Services identified on your bill. Non-payment will result in increased collection activity and possible transfer of your account to an outside collections agency after 90 days. To ensure proper credit, please include your account number on your check. For your convenience, we also accept payment via major credit card (VISA/MC) or money orders.

HOW TO FILE A COMPLAINT

If you have reason to believe that we have violated your privacy rights, or disagree with a decision regarding your protected health information, you have the right to file a complaint with us, URAC, The Accreditation Commission for Health Care (ACHC), or the Board of Pharmacy.

- Premier Pharmacy Services: 800-540-4700
- URAC: www.urac.org
- ACHC: www.achc.org
- Board of Pharmacy: www.pharmacy.ca.gov

CALLER ID CALLER BLOCK**Caller ID:**

It is imperative that you not reach the pharmacy via Caller ID due to the fact that the pharmacy may have called you from a location other than the main office. The acceptable way to reach the pharmacy is to call 800-540-4700. Please do not use the number that is shown on your Caller ID. Failure to comply may result in delayed resolution of your concern.

Caller Block:

If you are using Caller Block, we may not be able to return your call. If you have any questions or concerns with which we can assist you, please call 800-540-4700.

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used, disclosed, and how you can get access to this information. Please read it carefully.

Our Duty to Safeguard Your Protected Health Information (PHI)

We are committed to preserving the privacy and confidentiality of your health information. We are required by certain state and federal regulations to implement policies and procedures to safeguard your health information. We are required by state and federal regulations to abide by the privacy practices described in this notice, including any future revision that we may make to notice as they become necessary or as authorized by law.

Individually identifiable information about your past, present or future of your health condition, the provision of health care to you or payment for the health care services you received is considered protected health information (PHI). Accordingly, we are required to provide you with this notice that contains information regarding our privacy practices to explain how, when and why we may use or disclose your PHI and your rights and our obligations regarding any such uses or disclosures, except in specified circumstances. In specified circumstances we must use or disclose only the minimum amount of PHI necessary to accomplish the intended purpose of such information.

How We May Use and Disclose Your Protected Health Information

We have a limited right to use and/or disclose your protected health information (PHI) for purposes of treatment, payment, or other health related services. For other uses and disclosures, you must give Premier Pharmacy Services your written authorization to release your PHI unless the law permits or requires us to make the use or disclosure without your authorization.

Should it become necessary to give access to your PHI to an outside party performing services on our behalf, we will require the party to have a signed agreement with us to ensure the same degree of privacy protection to your information is extended by the other party as we do. The privacy law permits us to make some uses or disclosures of your PHI without your consent or authorization. The following describes each of the different ways that way may use or disclose your PHI:

1. **Uses and Disclosures to Treatment:** We may disclose your PHI to those who are involved in providing medical and/or nursing care services and treatments to you. We may also disclose your PHI to outside entities performing other services relating to your treatment.
2. **Use and Disclosures Related to Payment:** We may use or disclose your PHI to bill and collect payment for items or services we provide to you.
3. **Use and Disclosures Related to Health Care Services:** We may use or disclose your PHI to perform certain functions in monitoring and improving the quality of care and services that you and others receive. We may also disclose your PHI for auditing, care planning, quality improvement, and learning purposes.
4. **Use and Disclosures Related to Treatment Alternatives, Health Related Benefits and Services:** We may disclose your PHI to contact you to inform you of treatment alternatives or health related benefits and services that may be of interest to you, such as newly released medication that has a direct relationship to your treatment or medical condition.

For uses and disclosures of your PHI beyond the above expected purposes, we are required to have your written authorization, except otherwise required or permitted by law. You have the right to revoke an authorization at any time to stop future uses or disclosures of your information except to the extent that we have already undertaken an action in reliance upon your authorization. Your revocation request must be provided to us in writing.

We may disclose a limited amount of your PHI if we provide you with an advance verbal or written notice and you do not object to such release or such release is not otherwise prohibited by law. However, in an emergency situation and you're unable to object, disclosure may be made if it is consistent with all prior expressed wishes and disclosure determined to be in your best interest. When disclosure is made based upon an emergency situation, we will only disclose PHI relevant to the person's involvement to your care. You will be informed and given an opportunity to object to further disclosures of such information as soon as you able to do so.

State and federal laws and regulations in some instances either require or permit us to use or disclose your PHI without your consent or authorization. These uses or disclosures that we may make without your consent include the following:

- When required by law
- Abuse, neglect, or domestic violence
- Communicable disease
- Disaster relief
- Food and Drug Administration (FDA)
- For public health activities
- For health oversight activities
- To coroners, medical examiners, funeral directors, organ procurement organizations or tissue banks
- For research purposes
- To avert a serious threat to health or safety
- For judicial or administrative proceedings
- To law enforcement
- To personal representatives
- For specific government functions
- For workers compensation

Your Rights Regarding your Protected Health Information

You have the following rights concerning the use or disclosure of your protected health information:

1. **The Right to Request Restrictions on Uses and Disclosures of Your Protected Health Information:** You have the right to request that we limit how we use or disclose your PHI for treatment, payment, or health care services. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment of your services. Should you place a restriction on the use or disclosure of your PHI, you must submit such request in writing.
2. **The Right to Inspect and Copy Your Health and Billing Records:** You have the right to inspect and copy your PHI. To inspect and/or copy your PHI, you must submit a written request to Premier Pharmacy Services.
3. **The Right to Amend or Correct Your Protected Health Information:** You have the right to request that your PHI be amended or corrected if you have reason to believe that certain information is incomplete or incorrect. You have the right to make such request of us for as long as we maintain your protected health information. Your request must be submitted to us in writing.
4. **The Right to Request Confidential Communications:** You have the right to request that we communicate with you about your health matters in a certain way. We will agree with your request as long as it is reasonable for us to do so.