



Welcome to ICARE RX Pharmacy!

Thank you for choosing us to be your specialty pharmacy provider. Our dedicated pharmacy team is excited to work with you, your physician and your insurance company to ensure that all your needs are met.

As a specialty pharmacy patient, you will have one-on-one direct contact with our pharmacists who will develop a program tailored to you, so you can understand and follow your prescription guidelines.

Our services are designed to help you achieve the most benefit from your therapy including but not limited to:

- Training, Education and Counseling
- Comprehensive Medication Review
- Copay, Patient Assistance, and other Financial Assistance Programs
- Free Medication Delivery
- Refill Reminders
- 24/7 Access to Clinically Trained Personnel

We look forward to providing you with the best service possible. We know you have many options and we thank you for choosing ICARE RX Pharmacy.

Sincerely,
The ICARE RX Team

Contact Information

Hours of Operation:

- Monday – Friday, 9:00am to 5:00pm
- Our pharmacy will be closed on the following holidays:
 - New Year's Day, Memorial Day, 4th of July Day, Labor Day, Thanksgiving Day and Christmas Day

Contact Information:

- **Address:** 14447 Country Walk Dr | Miami, FL 33186-8104
- **Phone Number:** 305-251-7414
- **Fax Number:** 305-251-3878

24/7 Support:

- Clinically trained personnel are available 24 hours a day, 7 days a week including holidays and weekends.
- Our after-hours clinicians are available to assist you with urgent clinical questions.

When to Contact Us:

- You have questions or concerns about your medication
- You suspect a reaction or allergy to your medication
- A change has occurred in your medication use
- Your contact information or delivery address has changed
- Your insurance information or payment source has changed
- To check the status of your order, discuss an order delay or reschedule your delivery
- To receive claims related information

Important Information

- **Specialty Pharmacy Program**

- Specialty pharmacy patients are automatically enrolled in our therapy-specific patient management program. Our team of trained clinicians will provide you with continuous clinical evaluation, ongoing health monitoring, assessment of educational needs and management of your medication use. This program is provided to you at no additional cost, and your participation is completely voluntary. If you wish to opt out of the program, please call and speak to a specialty pharmacy team member.
- The Specialty Pharmacy program provides benefits such as managing side effects, increasing compliance with drug therapies and overall improvement of health when you are willing to follow your treatment plan.

- **Financial Information**

- Before your care begins, a staff member will inform you of your cash price, out-of-pocket costs such as deductibles, copays and coinsurance, as available.
- We will submit claims to your health insurance carrier and, if your claim is denied, a staff member will notify you so that we can work together to resolve the issue.
- We will notify you if we are an out of network pharmacy and will provide you with the cash price of the medication upon request.
- Our team has access to financial assistance programs to address 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, when available.

- **Filling a Prescription**

- Your physician can send us your prescription, or you can provide it to us in person or through the mail.
- You will be contacted by a team member 5-7 days prior to your refill date. If you would like to contact us for a refill, you can call us and speak to a pharmacy team member to process your refill request.

- **Prescription Transfers**

- 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.
- Please call us if you would like to receive your medications from another pharmacy. We will assist you in transferring your prescription to the appropriate pharmacy of your choice.

- **Drug Substitution**

- Our pharmacy strives to find the most cost-efficient option for you. From time to time it may be necessary to substitute brand name drugs with a generic drug option. This could occur due to insurance carrier preference or to reduce your copay. If a substitution needs to be made, a member of the specialty pharmacy staff will contact you prior to shipping the medication to inform you of the substitution. When available, our pharmacy will default to generic to save you money. We will use brand name medication at you or your prescriber's request.

- **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:
 - <http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>
 - <http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>
 - RXdrugdropbox.org

- **Drug Recalls**

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

- **Accessing Medications During an Emergency or Disaster**

- In the event of an emergency or disaster in your area, please contact our pharmacy to instruct us on how to deliver your medication.
- If the pharmacy may be impacted by an emergency or disaster, you will be contacted to discuss possible transfer of your medications to ensure your therapy is not interrupted.

- **Medication Issues and Concerns**

- Please contact the pharmacy as soon as possible to report medication issues such as adverse effects to your medication or suspected errors.
- We want you to be completely satisfied with the care we provide. If you or your caregiver have concerns, please contact us by phone, email or in writing to discuss your concerns. If you wish to seek further review of concern, you may contact:
 - **URAC**
 - **Website:** <https://www.urac.org/file-a-grievance>
 - **Email Address:** grievances@urac.org

Patient Rights and Responsibilities

As our patient, you have the **RIGHT** to:

- Have personal health information shared with the patient management program only in accordance with state and federal law
- Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
- Speak to a health professional
- Receive information about the patient management program
- Decline participation, or dis-enroll, at any point in time

As our patient, you have the **RESPONSIBILITY** to:

- Give accurate clinical and contact information and to notify the patient management program of changes in this information
- Notify the treating prescriber of their participation in the services provided by the pharmacy, such as the patient management program

Additional information regarding your medication, condition/diagnosis, community and financial resources can be found on the following websites:

- **HIV**
 - <https://www.hiv.gov>
 - <https://www.cdc.gov/hiv/basics/livingwithhiv/resources>

Specialty Pharmacy Program

Our Mission

Our complete healthcare solution allows us the opportunity to provide quality personal care to Specialty patients while ensuring adherence. Our Specialty pharmacists provide clinical services and drug education to patients and other qualified health professionals. The goal is to achieve the best possible health outcomes.

Services Offered to Patients (FREE)

- Clinical Medication Management and Support with Comprehensive Medication and Lab Value Reviews
- Disease State and Medication Education & Consultation
- Dedicated Specialty Team available 24/7
- Medication Adherence Support with Resources
- Multiple Languages Available
- Accessibility Support such as TTY, Large Print Materials
- Automatic Refills and Requests for Renewal
- Collaborative Teamwork with Prescribers
- Free Customized Medication Refill Reminders
- Financial Patient Assistance Program
- Automatic Enrollment in Copay Assistance
- Insurance and Health Benefits Plan Coordination
- Prior Authorization and Appeal Processing
- Free HIV/HEP C Testing through Referral
- Free Overnight Delivery



Specialty Pharmacy Program

Our Specialty Pharmacy Program provides personalized service and care, and aims to increase the effectiveness of Specialty medications. Our experienced Specialty Team will work with you, your provider, and your insurance. All patients receiving a specialty medication are automatically enrolled. To opt-out, please call the pharmacy and speak to the Specialty Team.

Patient Rights and Responsibilities

You have the right to:

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- Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
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You have the responsibility to:

- Give accurate clinical and contact information and to notify the patient management program of changes in this information
- Notify the treating prescriber of their participation in the services provided by the pharmacy, such as the patient management program

14447 Country Walk Dr
Miami FL 33186-8104
Open M-F 9am to 5pm
Phone: 305-251-7414 | Fax: 305-251-3878
www.icarerxpharmacy.com

Our pharmacy is closed on: New Year's Day, Memorial Day, 4th of July Day, Labor Day, Thanksgiving Day and Christmas Day

FAX OR ESCRIPT ALL PRESCRIPTIONS TO
iCARE RX, LLC
14447 Country Walk Dr | Miami, FL 33186



iCARE Rx
PHARMACY

Telephone: 305-251-7414 | Fax: 305-251-3878

340B Regular PREP T&T

Clinic Name: _____

340B Eligible: Yes No

Today's Date: _____

PCP: _____

PATIENT INFORMATION (REQUIRED INFORMATION)

Patient's Last Name: _____ First: _____ Middle: _____ Preferred: _____ Birth Date: __/__/____

Sex (Check One): Male Gender Identity: Male Female Pronouns: _____
 Female Transgender Other: _____

Street Address: _____ P.O. Box: _____ City, State, Zip: _____

Home Phone: _____ Emergency Contact: _____ Emergency Contact Phone: _____

Any known allergies: _____ ***Please attach copy of drivers license or photo ID**
 Check to Indicate Copy Attached

CURRENT PHARMACY INFORMATION

Pharmacy Name: _____ Phone: _____ Fax: _____

Street Address: _____ City: _____ State: _____ Zip: _____

PRESCRIPTION INSURANCE INFORMATION (ATTACH FRONT & BACK OF INSURANCE CARD)

Check to Indicate Front/Back of Insurance Card is Attached

Policy Insurance: _____ PCN: _____ BIN: _____

Subscriber's Name: _____ Rx Group Number: _____ Patient ID: _____

Patient Relationship to Subscriber (Check One): Self Spouse Child Other: _____

DELIVERY INFORMATION (CHECK ONE)

Patient's Address (Street Address: _____ City, State, Zip: _____)

Prescriber's Address (Street Address: _____ City, State, Zip: _____)

Other (Street Address: _____ City, State, Zip: _____)

ACKNOWLEDGMENT FORM (PLEASE SIGN)

BY SIGNING BELOW, I AUTHORIZE ICARE RX PHARMACY TO CONTACT MY PRESENT PHARMACY AND TRANSFER ALL PRESCRIPTIONS TO BE FILLED.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED THE NEW PATIENT INFORMATION, NOTICE OF PRIVACY PRACTICES, AND PATIENT BILL OF RIGHTS, AND I HAVE BEEN PROVIDED THE OPPORTUNITY TO REVIEW THEM.

Patient/Guardian Signature

Date

*Licensed in FL



To fill this survey out online, scan the QR code.

Satisfaction Survey - Patients

* Required

1. I am a Patient (or a patient representative) that is prescribed medications filled at the Pharmacy. *

Yes

No

2. Name - (Optional)

3. The medication prescribed is a Specialty Medication for HIV, HIV Prevention, Hepatitis-C. *

Yes

No

I Don't Know or Decline to Answer

4. Pharmacy is located in: *

- Florida
- New York
- Maryland
- California

5. Pharmacy staff is helpful and courteous. *
(15 Points)

Strongly Disagree  Strongly Agree

6. I would recommend the pharmacy to other patients. *
(15 Points)

Strongly Disagree  Strongly Agree

7. Pharmacy provides written medication information with my new prescription and offers consultations at any time that meet my needs and expectations. *
(15 Points)

Strongly Disagree  Strongly Agree

8. Pharmacy helps me understand the requirements of my prescription and therapy. *
(15 Points)

Strongly Disagree  Strongly Agree

9. Pharmacy keeps my patient and prescription information confidential. *
(15 Points)

Strongly Disagree  Strongly Agree

10. Pharmacy meets my needs and expectations. *
(15 Points)

Strongly Disagree  Strongly Agree

11. Pharmacy answered my billing/financial questions and concerns. *
(15 Points)

Strongly Disagree  Strongly Agree

12. Pharmacy helped me reduce or eliminate my out-of-pocket cost. *
(15 Points)

Strongly Disagree  Strongly Agree

13. Pharmacy delivery meets my needs and expectations. *
(15 Points)

Strongly Disagree  Strongly Agree

14. Comments - (Optional) - Please leave contact information (email, phone number), if you would like to be contacted.

15. Would you like to be contacted by Pharmacy staff? *

- No Thank You
- Yes - Pharmacy staff should contact me or my representative.
- Yes - But I would like to speak to the Pharmacy Compliance Officer.

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms

ICARE RX LLC
14447 Country Walk Dr
Miami FL 33186-8104
Phone Number: 305-251-7414
Fax Number: 305-251-3878
Hours of Operation: M-F 9am to 5pm

This survey can be found online at www.icarerxpharmacy.com/patient-survey *
Our website is compliant with the ADA and Section 508 requirements for website accessibility based on WCAG 2.1 AA

We Care About Your Privacy

Notice of Privacy Practices and Patient's Rights

To Our Patients:

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at your organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties regarding this use and disclosure of medical information.

Questions & Complaints

If you have any questions about this notice, please ask the receptionist to speak to our Privacy Officer. If you think that we may have violated your privacy rights, you may speak with our Privacy Officer and submit a written complaint. To take either action, please inform the receptionist that you wish to contact the Privacy Officer or request a complaint form. You may submit a written complaint to the U.S. Department and Health and Human Services; we will provide you with the address to file your complaint. We will not retaliate in any way if you choose to file a complaint.



Notice of Privacy Practices

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

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law. Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

Child Abuse or Neglect. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

Judicial and Administrative Proceedings. We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

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Deceased Patients. We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

Medical Emergencies. We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Family Involvement in Care. We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Health Oversight. If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payers based on your prior consent) and peer review organizations performing utilization and quality control.

Law Enforcement. We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Specialized Government Functions. We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health. If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety. We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Research. PHI may only be disclosed after a special approval process or with your authorization.

Verbal Permission. We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

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Right of Access to Inspect and Copy. You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set". A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.

Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.

Right to Request Confidential Communication. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.

Breach Notification. If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Right to a Copy of this Notice. You have the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer. We will not retaliate against you for filing a complaint.

Chris Wakefield, Privacy Officer
1145 Broadway Street, 2nd Floor
East McKeesport, PA 15035
cwakefield@340bpharm.com

Patient Bill of Rights

ICARE RX DUHjYbhg\Uj Y hY f][\hlc YI dYWhY Yf d\Ufa UWjgihc.

- 6Y d fcZY ggjcbU`mWc a dYHY bhUbx UX\Yfy hc UWWW dHUV Y ghUbxUfXgicZ d\Ufa UWmidfUWhjWY"
- HfYUhihYa k jh X][b]mz'Wc bgjghY bhik jh d fcZY ggjcbU`ghUbxUfXgicZ fU`dUhY bhgz fy [UfX`YggicZa UbbYfcZdUma Ybhz'fUWY žgYI žU[YžbUhc]cbU`]mž'fy][]cbžX]gUV]]mž' c f'c hY f'X]gWf]a]bUhc fmiZUWc fg'
- DUHjYbhg\Uj Y hY f][\hlc XYHYfa]bY k \YhY f'dYfgc bU`YU'h]bZcfa Uh]cb'k]` VY'g\UfYX'k]h hY DUHjYbhA UbU[Ya YbhDfc [fUa "ZdUhYbhgW\ccgY hc'cdh]b' hc hY d fc [fUa hY b'd\Ufa UWjgihg\U`UWh]b hY YfVYgh]bhY fy ghk \Yb'a U_]b[' a YX]WUh]cb'UbX#c f'fYUha YbhWUfy XYW]gicbg[]j]b[hY dUhYbh'hY f][\hlc XYW]bY dUfh]WdUh]cbž'fyj c_Y'Wc bgy'bhic f'dis-enrolled'Uh'Ubm]c]bh]b'h]a Y"
- 7ccfX]bUHy hY fUd]Ygk jh hY dUhYbhUbx ZJa]m'
- Gyfj Y Ug'hY YfUXj cWUHy Zc fUWW fUHy UbX Udd fcd f]UHy Xfi [hY fUdm]UbX'a U_Y' fyUgc bUV`Y`Y Zc fng'hc fYWc a a YbX U'hY fnUhj Y W\c]WYg]b Wc c fX]bUh]cb'k jh hY dUhYbh'gh]c hY f'YU'h WUfy d fcj]XYfg'
- AU]bHU]b hY Yf'a YX]WU`fyWc fXgž`YYd]b[hYa Wc bZ]XYbh]U ži g]b[hYa fci h]bY`mi hc'a UI]a]ny hY Yf'WUfy UbX'a U_]b[hYa Uj U]UV`Y hc hY dUhYbh'Zc f'fyj]Yk' i dcb'fyei Ygh'
- Dfcj]XY Wc i bgy]b['i g]b['a Yhlc XgUdd fcd f]UHy hc hY dUhYbh'gd\ng]WUž d gW\c`c []WUžUbX]bhY`YWhi U`ghUhi g'
- <Uj Y hY Yf'd fy gW]d h]c bg'X]gd YbgYX UbX d\Ufa UWmgYfj]WYg'd fcj]YX X'Uh hY d\Ufa UWmic ZhY Yf'W\c]WY]b'Ub'Uha cgd\Yfy h'UhU`ck g'Zc f'Wc bZ]XYbh]U` Wc a a i b]WUh]cb'UbX]b'Ub'Ybj]fcb a Ybh h'Uh]gd f] UHy žd fcd Yfm`][\hY Xžk Y` j Ybh]UHy XžUbX WYUb"
- Ac b]hc f'Xfi [hY fUdmik]h]b hY Yf'a YX]WU`fy []a Yb Zc f'gUZY hmiUbX YZ]WUWhiUbX'a U_Y' fyUgc bUV`Y`Y Zc fng'hc XYHY WhUbx d'fyj YbhXfi ['U`Yf[]YgžUXj YfgY' fyUWh]cbgž'Wc bhfU]bX]WUh]cbgž'c f]bUdd fcd f]UHy Xc gU[Y"
- Ac b]hc f'hY Yf'Wc a d]UbWY UbX d'fcd Yf'Xfi ['i gy'UbX]bgh]i hY fYa YX]U`]bhY fj Ybh]cbgk \Yb'bYWW ggUfm'
- HY d\Ufa UWjgihg\U`d fca]bYbhmidc gh hY d\Ufa UWmiDUHjYbh'g]6`c ZF][\hg'

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ICARE RX Patients' rights and responsibilities:

- Be informed in advance about the service being provided, including modifications to the plan of care
- Be informed of the charges of care, orally and in writing.
- Receive information about the scope of services that organization will provide and specific limitations of 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 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 patient dignity and individuality
- Be able to 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 of 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 or respect of property investigated
- Confidentiality and privacy of all information contained in the 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



Patient FAQ

Why ICARE RX Pharmacy (“ICARE RX”)?

ICARE RX Pharmacy (“ICARE RX”) fills prescriptions for complex, higher-cost drugs as well as offers retail pharmacy services. ICARE RX works with your doctor and your health insurance company to ensure that you have access to the right drug and that it is covered by your insurance if possible. We can even find out if financial assistance is available that can reduce your costs for the medications.

How will I know if my drugs are covered by insurance?

ICARE RX Pharmacy (“ICARE RX”) will coordinate with your provider and your insurance company. Many specialty drugs require prior authorization which means that the insurance company needs documentation before they will cover a higher cost drug. ICARE RX will notify you as soon as possible about the results of this process.

What support will ICARE RX Pharmacy offer me?

- Monthly wellness check with a review of any questions or concerns you may have about your medication
- Refill Reminders
- Available pharmacists to speak with you

How do I place an order?

- Your medical provider sends us, by fax or e-scribe, your prescription order along with your contact information
- If your medical provider issues you a paper prescription order, you can bring it directly to us

How can I obtain a refill?

- We will call you before your medication runs out to set up a new delivery
- If your medication refills run out, we will contact your provider to request more refills.
- If we cannot reach your provider, we will call you

How do I access medications in case of an emergency or disaster?

- For a medical emergency, please dial 911 immediately
- In case of a disaster, call your servicing pharmacy location.
- Our sister pharmacies located in different states will be on hand to help in any way
- If our out of state Pharmacy cannot help, we will make every attempt to help you find a local pharmacy that can

How can I check on prescription status?

Call your servicing pharmacy location

Where can I find information on prescription substitutions?

Call your servicing pharmacy location

How do I transfer a prescription to another pharmacy?

Call us at your servicing pharmacy location or have the new pharmacy contact us

continued on next page

How can I obtain medications not available at the pharmacy?

- Your medication will be ordered for next day pick up or shipment
- If the medication is urgently needed, the pharmacy staff will attempt to locate it at another local pharmacy

How should I handle medication recalls?

- Don't panic – most drug recalls are for minor issues
- Get Educated – visit the FDA website. You can sign up to receive alerts on product recalls and market withdraws
- We will contact your prescriber, your clinic and you directly if the recall is classified as a Class I Recall (has serious health consequences)
- Play it Safe – If you notice anything unusual with a medication such as tampering, odd smelling or contamination, notify us at your servicing pharmacy location immediately
- Safely discard recalled drugs – follow our how to dispose medication instructions below
- Call your doctor

How should I dispose of medications?

- Follow the disposal instructions found on the drug label or patient information sheet
- Never flush prescription drugs down the toilet unless specifically instructed
- Take advantage of local community sponsored drug take back programs
- If no disposal instructions or take back programs available:
- Take medication out of its original container
- Mix it with an undesirable substance (used coffee grounds, kitty litter, dirt)
- Place in a sealable bag, empty can or leak-proof container
- Throw away

How should I handle adverse reactions?

- If you suspect an adverse reaction to your medication, review the medication's packaging and contact your doctor, clinic, or our pharmacy at your servicing pharmacy location
- Do not suddenly stop your medication unless you suffer an acute serious problem For a medical emergency, please dial 911 immediately

How should I handle a missed treatment or delivery?

- If you do not receive your order on schedule, please call us immediately at your servicing pharmacy location
- If you missed a dose and it is close to your next dose time, skip the missed dose and go back to your normal time. Do not take two doses at the same time.

How do I report any concerns or errors?

Patients seeking to contact the pharmacy to file a grievance or complaint may do so by calling our corporate offices **(855) 566-3710** or your servicing pharmacy's State Board of Pharmacy:

Maryland State Board of Pharmacy (410) 764-4755

Florida State Board of Pharmacy (850) 245-4474

New York State Board of Pharmacy (518) 474-3817

California State Board of Pharmacy (916) 574-7900