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CALHOUN COMPOUNDING PHARMACY

PATIENT BOOKLET

The following documents are intended to inform you of your rights as a patient. Listed below are the handouts provided in each packet:

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Thank you for choosing Calhoun Compounding Pharmacy.



Calhoun Compounding Pharmacy

WELCOME LETTER

Benefits of our program services:

Calhoun Compounding Pharmacy's program benefits include managing side effects, increasing compliance and overall improvement of health. Limitations include the patient must be willing to follow directions and be compliant to therapy.

Calhoun Compounding Pharmacy understands that recovery is our patient's priority. Following a prescribed course of treatment is not always easy, especially for those with chronic conditions. We appreciate the opportunity to build a relationship of trust, commitment and quality to assist each patient during this time. By collaborating with the prescribing physician, **Calhoun Compounding Pharmacy** pharmacists can more effectively manage the patient's medication and condition; while improving patient outcomes.

Calhoun Compounding Pharmacy prides itself in supplying patients with a high level of personalized patient care from insurance verification to prompt accurate free delivery of their medications. Our highly skilled staff of professionals is dedicated to providing patients with the highest quality of care when they most need it. You will not reach an "automation tree" when you place a call to us.

Calhoun Compounding Pharmacy patients receive prompt professional service.

Calhoun Compounding Pharmacy is dedicated to return the patient to the highest possible quality of life through medication, counseling/education and monitoring of drug therapy and interactions. We work with the patient and their physician to ensure proper drug usage, and help manage side effects and potential interactions between medications through our integrated patient care process.

Our Calhoun Compounding Pharmacy pharmacists are specially trained in the treatment of health conditions that require customized care. They use state-of-the-art teaching materials that are detailed and therapy specific.

Due to the diverse population of patients that we service, our staff members have experience with various cultural aspects of care. Services will be provided without discrimination based upon race, cultural background, age, nationality, gender, or insurance coverage, while protecting confidentiality as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Patients have the right to choose their health care provider and may opt in or opt out of patient management services at any time.

Limitations: Our services are limited to the products and services we provide.

Calhoun Compounding Pharmacy
1525 Greenbrier Dear Road
Anniston, AL 36207
p: 256-237-8139
f: 256-831-1480

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



Calhoun Compounding Pharmacy

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

We believe that all patients receiving services from Calhoun Compounding Pharmacy should be informed of their rights. Therefore, you are entitled to:

1. 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.
2. 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 patient will be responsible.
3. Receive information about the scope of services that the organization will provide and specific limitations on those services.
4. Participate in the development and periodic revision of the plan of care.
5. Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
6. Be informed of patient rights under state law to formulate an Advanced Directive, if applicable.
7. Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality.
8. Be able to identify visiting personnel members through proper identification.
9. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property.
10. 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.
11. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
12. Confidentiality and privacy of all information contained in the patient record and of Protected Health Information.
13. Be advised on agency's policies and procedures regarding the disclosure of clinical records.
14. Choose a health care provider, including choosing an attending physician, if applicable.
15. Receive appropriate care without discrimination in accordance with physician orders, if applicable.
16. Be informed of any financial benefits when referred to an organization.
17. Be fully informed of one's responsibilities.

PATIENT RESPONSIBILITIES

1. Patient agrees to notify Calhoun Compounding Pharmacy of any hospitalization, change in customer insurance, address, telephone number, physician, or when the medical need for the medications no longer exists.
2. Patient agrees to request payment of authorized Medicare, Medicaid, or other private insurance benefits are paid directly to Calhoun Compounding Pharmacy for any services furnished by Calhoun Compounding Pharmacy.
3. Patient agrees to accept all financial responsibility for products furnished by Calhoun Compounding Pharmacy
4. Patient understands that Calhoun Compounding Pharmacy retains the right to refuse delivery of service to any patient at any time.
5. Patient agrees that any legal fees resulting from a disagreement between the parties shall be borne by the unsuccessful party in any legal action taken.

When the patient is unable to make medical or other decisions, the family should be consulted for direction.

HIPAA Notice of Privacy Practices

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

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information: Your protected health information may be used and disclosed by our organization, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the organization, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for equipment or supplies coverage may require that your relevant protected health information be disclosed to the health plan to obtain approval for coverage.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of our organization. These activities include, but are not limited to, quality assessment activities, employee review activities, accreditation activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to accrediting agencies as part of an accreditation survey. We may also call you by name while you are at our facility. We may use or disclose your protected health information, as necessary, to contact you to check the status of your equipment.

We may use or disclose your protected health information in the following situations without your authorization: as Required By Law, Public Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Criminal Activity, Inmates, Military Activity, National Security, and Workers' Compensation. Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures Will Be Made Only with Your Consent, Authorization or Opportunity to Object, unless



required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or this organization has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights: Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Our organization is not required to agree to a restriction that you may request. If our organization believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, e.g., electronically.

You may have the right to have our organization amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filing a complaint.**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information, if you have any questions concerning or objections to this form, please ask to speak with our President in person or by phone at 256-237-8139.

Associated companies with whom we may do business, such as an answering service or delivery service, are given only enough information to provide the necessary service to you. No medical information is provided.

We welcome your comments: Please feel free to call us if you have any questions about how we protect your privacy. Our goal is always to provide you with the highest quality services. A copy of the Notice of Privacy Practices may also be viewed at www.calhouncompounding.com

EMERGENCY PLANNING FOR THE HOME CARE PATIENT

This pamphlet has been provided by Calhoun Compounding Pharmacy to help you plan your actions in case there is a natural disaster where you live. Many areas of the United States are prone to natural disasters like hurricanes, tornadoes, floods, and earthquakes.

Every patient receiving care or services in the home should think about what they would do in the event of an emergency. Our goal is to help you plan so that we can try to provide you with the best, most consistent service we can during the emergency.

Know What to Expect

If you have recently moved to this area, take the time to find out what types of natural emergencies have occurred in the past, and what types might be expected.

Find out what, if any, time of year these emergencies are more prevalent.

Find out when you should evacuate, and when you shouldn't.

Your local Red Cross, local law enforcement agencies, local news and radio stations usually provide excellent information and tips for planning.

Know Where to Go

One of the most important pieces of information you should know is the location of the closest emergency shelter.

These shelters are opened to the public during voluntary and mandatory evaluation times. They are usually the safest place for you to go, other than a friend or relative's home in an unaffected area.

Know What to Take with You

If you are going to a shelter, there will be restrictions on what items you can bring with you. Not all shelters have adequate storage facilities for medications that need refrigeration.

We recommend that you call ahead and find out which shelter in your area will let you bring your medications and medical supplies, in addition, let them



know if you will be using medical equipment that requires an electrical outlet.

During our planning for a natural emergency, we will contact you and deliver, if possible, at least one week's worth of medication and supplies. Bring all your medications and supplies with you to the shelter.

Reaching Us if There Are No Phones

How do you reach us during a natural emergency if the phone lines don't work? How would you contact us? If there is warning of the emergency, such as a hurricane watch, we will make every attempt to contact you and provide you with the number of our cellular phone. (Cellular phones frequently work even when the regular land phone lines do not.)

If you have no way to call our cellular phone, you can try to reach us by having someone you know call us from his or her cellular phone. (Many times cellular phone companies set up communication centers during natural disasters. If one is set up in your area, you can ask them to contact us.)

If the emergency was unforeseen, we will try to locate you by visiting your home, or by contacting your home nursing agency. If travel is restricted due to damage from the emergency, we will try to contact you through local law enforcement agencies.

An Ounce of Prevention...

We would much rather prepare you for an emergency ahead of time than wait until it has happened and then send you the supplies you need.

To do this, we need for you to give us as much information as possible before the emergency. We may ask you for the name and phone number of a close family member, or a close friend or neighbor. We may ask you where you will go if an emergency occurs. Will you go to a shelter, or a relative's home? If your doctor has instructed you to go to a hospital, which one is it?

Having the address of your evacuation site, if it is in another city, may allow us to service your therapy needs through another company.

Helpful Tips

- Get a cooler and ice or freezer gel-packs to transport your medication.
- Get all of your medication information and teaching modules together and take them with you if you evacuate.
- Pack one week's worth of supplies in a plastic-lined box or waterproof tote bag or tote box. Make sure the seal is watertight.
- Make sure to put antibacterial soap and paper towels into your supply kit.
- If possible, get waterless hand disinfectant from Calhoun Compounding Pharmacy or from a local store. It comes in very handy if you don't have running water.
- If you are going to a friend or relative's home during evacuation, leave their phone number and address with Calhoun Compounding Pharmacy and your home nursing agency.
- When you return to your home, contact your home nursing agency and Calhoun Compounding Pharmacy so we can visit and see what supplies you need.

For More information

There is much more to know about planning for and surviving during a natural emergency or disaster.

To be ready for an emergency, contact your local American Red Cross or Emergency Management Services agency.

An Important Reminder!!

*During any emergency situation, if you are unable to contact our company and you are in need of your prescribed medication, equipment or supplies, **you must go to the nearest emergency room or other treatment facility for treatment.***



GRIEVANCE / COMPLAINT REPORTING

You may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. To place a grievance, please call 256-237-8139 and speak to the Customer Services. If your complaint is not resolved to your satisfaction within 5 working days, you may initiate a formal grievance, in writing and forward it to the Governing Body. You may also make inquiries or complaints about this company by calling:

ACHC

Accreditation Commission for Health Care, Inc.
139 Weston Oaks Ct.
Cary, NC 27513
Phone 855-YES-ACHC (937-2242)
Local 919-785-1214
Fax 919-785-3011
E-mail: customerservice@achc.org
www.achc.org/contact/complaint-policy-process

Office of Inspector General, Department of Health and Human Services

HHS-Tips Hotline
P.O. Box 23489
Washington, D.C. 20026
Phone: (800) HHS-TIPS
Phone: (800) 447-8477

Alabama State Board of Pharmacy

111 Village St
Hoover, AL 35242
Phone: 205-981-2280
Fax: 205-981-2330
Website: <http://www.albop.com/>

DRUG DISPOSAL TECHNIQUES FOR PATIENTS

1. Follow any specific disposal instructions on the drug label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet unless this information specifically instructs you to do so.
2. Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government's household trash and recycling service (see blue pages in phone book) to see if a take-back program is available in your community. The Drug Enforcement Administration, working with state and local law enforcement agencies, is sponsoring National Prescription Drug Take Back Days throughout the United States.
3. If no instructions are given on the drug label and no take-back program is available in your area, throw the drugs in the household trash, but first:
 - a. Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.
 - b. Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.

FDA's Deputy Director of the Office of Compliance Ilisa Bernstein, Pharm.D., J.D., offers some additional tips:

1. Before throwing out a medicine container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information.
2. Do not give medications to friends. Doctors prescribe drugs based on a person's specific symptoms and medical history. A drug that works for you could be dangerous for someone else.
3. When in doubt about proper disposal, talk to your pharmacist.

The same disposal methods for prescription drugs could apply to over-the-counter drugs as well.

