



Patient Welcome Packet



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Welcome to CHRISTUS Specialty Pharmacy

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

You can expect:

- ✓ **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.
- ✓ **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.
- ✓ **Patient Management Program** When you are willing to follow the treatment plan determined by your health care 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.
- ✓ **In-depth Consultation Services**
- ✓ **Refill Reminder Calls**
- ✓ **Free delivery of your medication upon request**
- ✓ **Prescription Transfer if CHRISTUS Specialty Pharmacy cannot fulfill the prescription**
- ✓ **24/7 Support**

Pharmacy Location	Contact Information	Hours
800 E. Dawson St. Suite 100 Tyler TX 75701	1.800.357.7678	Monday - Friday 8 a.m. - 6 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 us!

– The CHRISTUS Specialty Pharmacy 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

Refills

- You will be contacted by a team member prior to your refill date. If you find you need to fill your medication ahead of the scheduled time, please contact the pharmacy during business hours for assistance.

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 and Storage of your Medication

- We will deliver medication to your home, physician'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.
- If your order is delayed, you will be contacted by one of our pharmacy staff. If you have any questions regarding a delay with your order, please contact us.

Adverse Drug Reactions

- If you are experiencing adverse effects to your medication, please contact your physician or our CHRISTUS Specialty 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 co-pay. You will be informed of any changes to your medication prior to our pharmacy filling your prescription.

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, co-pays, co-insurance, and annual out of pocket limits. We will also provide this information if there is a change in your insurance plan. The cash price of a medication may be provided to you upon request.

Insurance Claims

- CHRISTUS Specialty Pharmacy 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. We will provide the network status of the pharmacy if the pharmacy is found to be out of network.

Co-payments

- You may be required to pay a part of your medication cost, called a co-payment. If you have a co-payment, it must be paid at the time of shipping or pick-up.

Financial Assistance

- We have access to financial assistance programs to help with co-payments to reduce 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, if applicable.

Proper Disposal of Sharps

- Place all needles, syringes and other sharp objects into a sharps container. This will be provided by the CHRISTUS Specialty Pharmacy if you are prescribed an injectable medication.
- Contact local waste pickup services for their policy on sharps container pickup. You can also review the following organizations for additional information:
 - U.S. Food and Drug Administration (FDA)
 - 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 review guidance provided from the U.S. Food and Drug Administration (FDA) on their website.

Drug Recalls

- If your medication is recalled, the specialty pharmacy will contact you with further instructions, as directed by the U.S. Food and Drug Administration (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.

Additional Information on Your Disease

- The National Institutes of Health (NIH) website is an excellent resource for additional information on your disease state.

Questions and Concerns

- Written information about this prescription has been provided for you. Please read this information before you take the medication. If you have any questions concerning this prescription, a pharmacist is available at 1.800.357.7678

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, in writing, or by email.
- The following organizations are available to contact anytime you feel your complaint was not resolved by the pharmacy:

Texas Board of Pharmacy

- **Website:** www.pharmacy.texas.gov/complaint
- **Telephone:** 512.305.8070
- **Address:**
Texas State Board of Pharmacy
1801 Congress Avenue,, Suite 13.100
Austin, TX 78701

Louisiana Board of Pharmacy

- **Website:** <https://www.pharmacy.la.gov/page/how-to-file-a-complaint>
- **Telephone:** 225.925.6496
- **Address:**
Louisiana State Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, LA 70809

New Mexico Board of Pharmacy

- **Website:** <https://www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/pharmacy/pharmacy-file-a-complaint/>
- **Telephone:** (505) 222-9830
- **Address:**
New Mexico State Board of Pharmacy
5500 San Antonio Drive NE, Suite C,
Albuquerque, New Mexico 87109

Oklahoma Board of Pharmacy

- **Website:** <https://oklahoma.gov/pharmacy/resources/complaints.html>
- **Telephone:** 405-521-3815
- **Address:**
Oklahoma State Board of Pharmacy
2920 N Lincoln Blvd, Ste A,
Oklahoma City, OK 73105

URAC Complaint Info

- **Website:** <https://www.urac.org>
- **Email Address:** grievances@urac.org
- **General Phone Number:** 202.216.9010

ACHC Complaint Info

- **Website:** <https://www.achc.org>
- For further information, you may contact ACHC toll-free at (855) 937-2242 or 919-785-1214 and request the Complaints Department

Emergency & Disaster Preparedness Plan

CHRISTUS Specialty Pharmacy 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. When there is a threat of disaster or inclement weather in the local area, CHRISTUS Specialty Pharmacy will contact you prior to any disasters the city may encounter. However, if there may be a threat of disaster or inclement weather in an area you reside, which is outside of the Smith County area, it is your responsibility to contact the pharmacy prior to the occurrence (if permissible). This process will ensure you have enough medication to sustain you.

CHRISTUS Specialty Pharmacy will utilize every resource available to continue to service you. However, there may be circumstances where CHRISTUS Specialty Pharmacy 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.
2. If you are not in the Smith County, Texas area and are aware you will be experiencing inclement weather, you are responsible for calling the pharmacy 3-5 days before the occurrence.
3. The pharmacy will send your medication via courier or national carrier next day delivery during any suspected inclement weather emergencies.
4. 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.
5. 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.
6. 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 any medication that was 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.

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.

Slips and/or Falls

Slips 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 water spills, oil or grease immediately.
- Pick up and keep surprises out from under your feet, including electrical cords & rugs.
- Keep drawers and cabinets closed.
- Install good lighting.

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

- Take immediate action per plan – Escape is your top priority.
- Get help on the way – with no delay. CALL 9-1-1.
- 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 and Responsibilities

CHRISTUS Specialty Pharmacy 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 CHRISTUS Specialty Pharmacy 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.
- 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
- 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 CHRISTUS Specialty Pharmacy by telephone when medication supply is running low so refill may be shipped to you promptly
- Maintain any equipment provided, if applicable

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 disenroll 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

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).

Select those who provide you with Pharmacy services

- A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
- 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.
- A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
- 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.
- 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.
- 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.
- 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.
- A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
- 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.
- 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.
- A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR§ 424.57 (c) (11).

- 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.
- A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
- 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.
- 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.
- A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
- A supplier must disclose any person having ownership, financial, or control interest in the supplier.
- 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.
- 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.
- 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.
- A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
- 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).
- All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
- All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
- All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
- A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
- A supplier must obtain oxygen from a state-licensed oxygen supplier.
- A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
- A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.

- 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 CHRISTUS Specialty Pharmacy 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.

Medicare Prescription Drug Coverage and Your Rights

Enrollee's Name (Optional)

Drug and Prescription Number (Optional)

Your Medicare Rights

You have the right to request a coverage determination from your Medicare drug plan if you disagree with information provided by the pharmacy. You also have the right to request a special type of coverage determination called an "exception" if you believe:

- You need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a "formulary;"
- A coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- You need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price.

What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan's toll-free phone number on the back of your plan membership card, or by going to your plan's website. You or your prescriber can request 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 that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Medicare Prescription Drug Coverage and Your Rights

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan's notice will explain why coverage was denied and how to request an appeal if you disagree with the plan's decision.

Refer to your plan materials or call 1.800.MEDICARE for more information.

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 collection is 0938-0975. 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, and gather the data needed, and complete and review the information collection. If you have any 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, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1.800.MEDICARE.

Form CMS -10147
(Expires: 02/28/2025)

OMB Approval No. 0938-0975

Notice of Privacy Practices

Effective July 1, 2016

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.

Who We Are

This Notice describes the privacy practices of CHRISTUS Health, including all of our employees with access to your medical records, billing records or other information about your health care. As used in this Notice, the term "health information" means information that identifies you. Examples include your name, date of birth, Social Security number, health care you received and details regarding the payment for your health care.

Our Privacy Obligations

We understand that your health information is personal and we are committed to protecting your privacy. In addition, we are required by law to maintain the privacy of your health information, to provide you with this Notice of our legal duties and privacy practices with respect to your health information, and to notify you in the event of a breach of your unsecured health information. We may disclose your information electronically or in any other medium. However, whenever we use or disclose your health information, we are required to abide by the terms of the Notice that is in effect at the time of the use or disclosure.

Uses and Disclosures of Your Health Information Without Your Written Authorization

In certain situations (which are described in the next section below) we must obtain your authorization in order to use and/or disclose your health information. However, we may use and disclose your health information without your authorization for the following purposes:

- a. **For Treatment** We may use or disclose your health information to help with your health care. For example, we may use your health information to tell you about services that are available to you or to remind you about appointments. Information may be shared with pharmacies, laboratories or radiology for the coordination of different treatments.
- b. **For Payment** We may use and disclose your health information so claims for health care treatment, services, and supplies you receive from health care providers may be paid. For example, we may receive and maintain information about surgery you received to enable us to process a hospital's claim for reimbursement of surgical expenses incurred on your behalf.

- c. Health Care Operations** We may use and disclose your health information for our health care operations, which help us do our job and operate our business. Medical residents, trainees, students and volunteers may have access to your health information for training, education and service purposes as they participate in educational programs, training, internships, resident programs, or CHRISTUS Health's volunteer program.
- d. Facility Directory** Unless you object, your name, location in the facility, general condition and religious affiliation will be used for patient directories, in those entities where such directories are maintained. This information, except for religious affiliation, may be provided to people who ask for you by name. Religious affiliation may be provided to members of the clergy.
- e. Health Information Exchange** Your health information is kept in an electronic format and may be electronically shared with certain CHRISTUS entities and partners. The electronic format is designed to link participating facilities so that those facilities may have access to your health information to coordinate care more easily and quickly. Participation is voluntary, unless required by law, and you may opt out of participation at any time. If you opt out, your health information will not be shared electronically with other health care partners. You can change your mind or withdraw consent at any time, unless disclosure is required by law; however, CHRISTUS cannot take back information that has already been shared.
- f. Quality Improvement** We may use and disclose your health information for internal administration and planning and various activities that improve the quality and cost effectiveness of the benefits that we deliver to you. We may use your health information for case management or to perform population-based studies designed to reduce health care costs. In addition, we may use or disclose your health information to conduct compliance reviews, audits, and/or for fraud and abuse detection. We are prohibited from using or disclosing your genetic information for underwriting purposes.
- g. To a Business Associate** Certain services are provided to us through contracts with third party entities known as "business associates" that might require access to your health information in order to provide such services. Examples include transcription agencies and copying services. CHRISTUS requires these business associates to appropriately protect your health information in compliance with all laws.
- h. Family and Friends** We may disclose your health information to a close friend, family member or any other person identified by you who is involved in, or who helps pay for, your health care if you are present and do not object to the disclosure (or if it can be reasonably inferred from the circumstances, based on exercise of professional judgment, that you would not object to the disclosure).
- i. Continuity of Care** Once you have been discharged, your information may be shared with other health care providers such as home health agencies and community services agencies in order to obtain their services on your behalf. Also, we may use your health information to contact you with information about disease prevention and health management.

j. Additional Uses and Disclosures We may also use and disclose your health information without your authorization for the following purposes:

- As Required by Law
- Public Health Activities
- To Avoid a Serious Threat to Health or Safety
- Abuse, Neglect, or Domestic Violence Reporting
- Health Oversight Agencies
- Notification/Disaster Relief Purposes
- Military, National Security, or Incarceration/Law Enforcement Custody
- Organ, Eye or Tissue Donation
- Activities related to Death
- Workers' Compensation
- Some Research Studies

k. Marketing We may only use your health information for limited marketing purposes as follows: face-to-face communications, promotional gifts of nominal value, refill reminders, or to otherwise tell you about a drug related to your treatment or our health care operations as described in this Notice. Examples of these communications include: case management, care coordination, or treatment alternatives that may be available.

l. Fundraising Communications We may contact you to request a tax-deductible contribution to support our charitable activities. In connection with any fundraising, we may disclose to our fundraising staff, without your written authorization, your demographic information (such as your name, address and phone number), dates on which we provided health care to you, the department that treated you, the names of your treating physicians, information regarding the outcome of your treatment, and your health insurance status. You have the right to opt-out of receiving future communications with each solicitation. Information on how to opt-out will be contained in each communication.

State law may further limit the permissible ways we use or disclose your health information. If an applicable state law imposes stricter restrictions, we will comply with that state law.

Uses and Disclosures that Require Your Written Authorization

For any purpose other than the ones described above, we only use or disclose your health information when you give us your written authorization.

- a. **Sale of Health Information** We will not make any disclosure of health information that is a sale of health information without your written authorization.
- b. **Psychotherapy Notes** We will not use or disclose psychotherapy notes about you without your authorization except for use by the mental health professional who created the notes to provide treatment to you, for our mental health training programs or to defend ourselves in a legal action or other proceeding brought by you.
- c. **Revocation of Your Authorization** You may revoke your authorization at any time by delivering a written revocation form to our Privacy Office. If you revoke your authorization, we will no longer use or disclose your health information except as described above (or as permitted by any other authorizations that have not been revoked). However, your revocation will not be effective with respect to any health information previously disclosed to a third party in reliance on your prior authorization.

Your Individual Rights

- a. **Right to receive this Notice of Privacy Practices** You have the right to receive a copy of this Notice at any time. You may obtain a paper copy of the current notice in all clinical areas or an electronic copy by visiting our website.
- b. **Right to Request Restrictions** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- c. **Right to Receive Communications by Alternative Means or at Alternative Locations** You may request, and we will accommodate, any reasonable written request for you to receive your health information by alternative means of communication (e.g., by email) or at alternative locations.
- d. **Right to Review and Copy Your Health Information** You may request access to your medical record file and billing records maintained by us in order to review and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from Health Information Management and submit the completed form to Health Information Management. If you request copies, we may charge you a reasonable copy fee.

- e. **Right to Amend Your Records** You have the right to request that we amend your health information maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from Health Information Management and submit the completed form to Health Information Management. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.
- f. **Right to Receive An Accounting of Disclosures** Upon request, you may obtain an accounting of certain disclosures of your health information made by us during any period of time prior to the date of your request provided such period does not exceed six years. If you request an accounting more than once during a twelve (12) month period, we may charge you a reasonable fee for the accounting statement.
- g. **Personal Representatives** You may exercise your rights through a personal representative, as permitted under our health information privacy policy, and as determined under applicable state law. Your personal representative must complete a Personal Representative Form. We reserve the right to deny access to your personal representative.
- h. **For Further Information; Complaints** If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your health information, you may contact our Privacy Office. You may also file written complaints with the Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the correct address for the Office for Civil Rights. We will not retaliate against you if you file a complaint with us or with the Office for Civil Rights

Privacy Office Contact Information

If you have a question, concern, or complaint regarding how your health information is protected, used, and/or disclosed, you may contact the Privacy Office by any of the following means:

Email: privacy@CHRISTUShealth.org

Phone (toll free): 1.844.444.8440

Mail: Privacy Officer c/o CHRISTUS Health Compliance Department 919 Hidden Ridge, Irving, TX 75038

Right to Change Terms of this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our web site at CHRISTUShealth.org.