



# Patient Welcome Packet

RxONE | LAKE

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# Welcome to RxONE Lake Pharmacy

Welcome to RxONE Lake Pharmacy. We help patients in the Greater Baton Rouge area. As a patient in our Patient Management Program you will get a full medicine review by our pharmacy team. This program will help you deal with side effects. It will help you stay on track with your medicine. It may help you to manage side effects. It will also help improve how you take your medication. Your doctor and pharmacist have made a treatment plan. If you are willing to follow this treatment plan it may help to make you feel better. You will get important information about your medicine. You will get tips on how to take your medicine to make it work best. You will also get refill reminders. You will be able to talk to a pharmacist 24 hours a day. You will also get help working with your insurance company. We will talk about your prescription at your pharmacy consultation. We will discuss over the counter and herbal medications. We will talk about your illness and allergies. We will check for any would-be drug interactions or other issues. You will have a chance to ask a pharmacist questions. The pharmacy staff can group your medication so that they can be filled on the same day. There is no need for you to call the pharmacy for refills. We will let you know when your medicines are ready. We will give you the price of the medicine. This can save you time. It can also make getting your medicine easier.

We thank you for your business. We will work to give you with the best care possible. We value your opinion. Please be sure to take the patient survey. You can also take it during your call with our team member. If you would like to talk about a problem that you do not think can be solved by our staff, please e-mail [Grievances@FMOLHS.org](mailto:Grievances@FMOLHS.org). For more information about your medical condition or if you have other questions, you can call the pharmacy at (225) 374-0260. We are open Monday through Friday from 8:00 am to 5:00 pm. You can also call for questions about price or if your medicine is ready. For after-hour emergencies call **1-877-765-5253** and identify yourself as a patient of RxONE Lake Pharmacy.

Thank you for taking part in the Patient Management Program. We look forward to working with you to reach your health goals.

Sincerely,  
**RxONE Lake Pharmacy Team**

5000 Hennessy Blvd.  
Chapel Hallway RM 101  
Baton Rouge, LA 70808

**What to expect** We know that your medical needs may be complex and can feel overwhelming at times. Our staff is here to work with you, your doctors and nurses, to give you a fully integrated health care team. Our number one goal is to give you quality care.

### **You can expect:**

- ✓ **Personalized patient care** Our specialty trained staff members will work with you to discuss your treatment plan, and we will address any questions you may have.
- ✓ **Prescription Deliveries** Free same day courier delivery of your medication upon request.
- ✓ **Collaboration with your Doctor** We work directly with your doctors and caregivers and are here to make sure any difficulties you may be having with your treatment are addressed immediately with your doctors.
- ✓ **Regular follow-up** Getting your medications quickly and efficiently is important. We will be in close contact with you during your treatment, and will be your healthcare advocate.
- ✓ **Benefits** Treatment can be costly, and we will help you navigate through the complexities of the healthcare system to explore every option available to you. Our relationships with insurers will help provide you with information and explanations of your prescription and medical insurance benefits.
- ✓ **24/7 Support** A clinician is available 24 hours a day, 7 days a week. We are always here to answer any questions or address any concerns you may have.

### **When to Contact Us:**

- ✓ You have any questions or concerns about your medication
- ✓ When you suspect a reaction or allergy to your medication
- ✓ A change has occurred in your medication use
- ✓ Your contact information has changed
- ✓ Your insurance information or payment source has changed
- ✓ You need to check the status of your refill
- ✓ You need to reschedule or change your refill
- ✓ You have any questions or concerns about our specialty pharmacy service
- ✓ You have a question regarding delays to your order

**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.

**Insurance Claims** We 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.

**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 pick-up. We accept cash as well as Visa®, MasterCard®, American Express®, and Discover®.

**Financial Assistance** We have access to financial assistance programs to help insured and uninsured patients with medication costs and co-payments, and ensure no financial barriers to starting your medication. These programs include, but are not limited to, discount programs from drug manufacturers and assistance from various disease management foundations. We will assist you in enrollment into such programs.

# Important Information

**Delivery and Storage of Your Medication** We will deliver your medication to your home, doctor's office, or to an alternative location at no cost to you. Please note, we require a signature for delivery of all controlled substances.

- 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.

**Patient Management Program** As a patient of our specialty pharmacy program, we monitor your medications and progress through a disease specific patient management program. This program is designed to provide benefits such as managing side effects, increasing adherence to drug therapies, and overall improvement of your health when you are willing to follow the treatment plan determined by you, your doctor and pharmacist. This service is provided to you at no cost, and your participation is voluntary. If you no longer wish to participate in our Patient Management Program, you may contact our team by phone to opt-out.

**Refills** You will be contacted by a team member 3-7 days prior to your refill date. There is no need for you to call in your refills. If you find need to fill your medication ahead of the scheduled time, please contact the pharmacy during business hours (225) 374-0260 for assistance. Prescriptions are ready next business day pending any required prior authorizations. Additionally, if you would like to contact us you can call us and speak to a technician or pharmacist at any time.

## 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. Please call us.
- 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.

**Adverse Drug Reactions** If you are experiencing adverse effects to the medication please contact your doctor or the pharmacy as soon as possible.

**Drug Substitution Protocols** From time to time it is necessary to substitute generic drugs for brand name drugs. This could occur due to your insurance company preferring the generic be dispensed or to reduce your copay. If a substitution needs to be made, a team member will contact you prior to filling the medication to inform you of the substitution.

**Proper Disposal of Sharps** If applicable, place all needles, syringes, and other sharp objects into a sharps container. This will be provided by the Pharmacy if you are prescribed an injectable medication.

**Proper Disposal of Unused Medications** For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also check the following websites for additional information:

- [www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines](http://www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines)
- [www.fda.gov/consumers/consumer-updates](http://www.fda.gov/consumers/consumer-updates)

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

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

For additional information regarding your condition or diagnosis, including advocacy support resources in your area, you can visit the following websites:

<b>Cancer</b>	<ul style="list-style-type: none"><li>• <a href="http://www.cancer.org/support-programs-and-services.html">www.cancer.org/support-programs-and-services.html</a></li><li>• <a href="http://www.cancersupportcommunity.org">www.cancersupportcommunity.org</a></li><li>• <a href="http://www.cancer.net/coping-with-cancer/finding-social-support-and-information/support-groups">www.cancer.net/coping-with-cancer/finding-social-support-and-information/support-groups</a></li></ul>
<b>Hepatitis</b>	<ul style="list-style-type: none"><li>• <a href="http://www.mayoclinic.org/diseases-conditions/hepatitis-c/symptoms-causes/syc-20354278">www.mayoclinic.org/diseases-conditions/hepatitis-c/symptoms-causes/syc-20354278</a></li><li>• <a href="http://www.cdc.gov/hepatitis/HCV/index.htm">www.cdc.gov/hepatitis/HCV/index.htm</a></li><li>• <a href="http://www.hepchope.com">www.hepchope.com</a></li></ul>
<b>HIV</b>	<ul style="list-style-type: none"><li>• <a href="http://www.helpstopthevirus.com/hivanswers">www.helpstopthevirus.com/hivanswers</a></li><li>• <a href="http://www.hab.hrsa.gov/get-care/get-hiv-care">www.hab.hrsa.gov/get-care/get-hiv-care</a></li><li>• <a href="http://www.benefits.gov">www.benefits.gov</a></li><li>• <a href="http://www.hivcare.org">www.hivcare.org</a></li><li>• <a href="http://www.hiv.gov">www.hiv.gov</a></li></ul>
<b>Psoriasis</b>	<ul style="list-style-type: none"><li>• <a href="http://www.mayoclinic.org/diseases-conditions/psoriasis/symptoms-causes/syc-20355840">www.mayoclinic.org/diseases-conditions/psoriasis/symptoms-causes/syc-20355840</a></li></ul>
<b>Arthritis</b>	<ul style="list-style-type: none"><li>• <a href="http://www.mayoclinic.org/diseases-conditions/arthritis/symptoms-causes/syc-20350772">www.mayoclinic.org/diseases-conditions/arthritis/symptoms-causes/syc-20350772</a></li></ul>

# Emergency & Disaster Preparedness

This pharmacy has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility, chemical spills in the community, hurricanes, snow storms, 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 remote of weather in the local area we will contact you prior to any atrocities the city may encounter. However, if there will be a threat of disaster or inclement of weather in an area you reside, which is outside of the Greater Baton Rouge 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.

This pharmacy will utilize every resource available to continue to service you. However, there may be circumstances where we 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 an inclement weather emergency utilizing the weather updates as point of reference.
  - a. If you are not in the Greater Baton Rouge area and are aware you will be experiencing inclement weather, you are responsible for calling the pharmacy 3-5 days before the occurrence.
2. 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.
3. 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.
4. The pharmacy recommends all patients leave a secondary emergency number.
5. 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.
6. The pharmacy will send your medication via courier next day delivery during any suspected inclement weather emergencies.

# Power Outage Checklist

Sudden power outages can be frustrating and troublesome, especially when they last a long time. If a power outage is 2 hours or less, you need not be concerned about losing your perishable foods.

For prolonged power outages, though, there are steps you can take to minimize food loss and to keep all members of your household as comfortable as possible.

**If your community experiences a disaster**, register on the American Red Cross Safe and Well Web site available through [www.RedCross.org](http://www.RedCross.org) to let your family and friends know about your welfare. If you don't have Internet access, call 1-866-GET-INFO to register yourself and your family.

## How Do I Prepare for a Power Outage?

To help preserve your food, keep the following supplies in your home:

- **One or more coolers:** Inexpensive Styrofoam coolers work well.
- **Ice:** Surrounding your food with ice in a cooler or in the refrigerator will keep food colder for a longer period of time during a prolonged power outage.
- **A digital quick-response thermometer:** With these thermometers you can quickly check the internal temperatures of food to ensure they are cold enough to use safely.

## In the event of a prolonged or widespread power outage:

Put together an emergency preparedness kit with the supplies on the following page. If someone in your home is dependent on electric-powered, life-sustaining equipment, remember to include backup power in your evacuation plan.

### Energy Conservation Recommendations

- ✓ **Turn off** lights and computers when not in use.
- ✓ **Wash clothes in cold water if possible;** wash only full loads and clean the dryer's lint trap after each use.
- ✓ **When using a dishwasher,** wash full loads and use the light cycle. If possible, use the rinse only cycle and turn off the high temperature rinse option. When the regular wash cycle is done, just open the dishwasher door to allow the dishes to air dry.
- ✓ **Replace incandescent light bulbs with** energy-efficient compact fluorescent lights.

## Emergency Preparedness Kit

<b>Water:</b> one gallon per person, per day (3-day supply for evacuation, 2-week supply for home)
<b>Food:</b> non-perishable, easy-to-prepare items (3-day supply for evacuation, 2-week supply for home)
Flashlight (NOTE: Do not use candles during a power outage due to the extreme risk of fire)
Battery-powered or hand-crank radio (NOAA Weather Radio, if possible) + extra batteries
First Aid Kit
Medications (7-day supply) and medical items
Multi-purpose tool
Sanitation and personal hygiene items
Copies of personal documents (medication list and pertinent medical information, deed/lease to home, birth certificates, insurance policies)
Cell phone with chargers
Family and emergency contact information
Extra cash
Keep a non-cordless telephone in your home. It is likely to work even when the power is out
Keep your car's gas tank full

## What should I do during a power outage?

**Food**—Keep food as safe as possible:

- Keep refrigerator and freezer doors closed as much as possible. First use perishable food from the refrigerator. An unopened refrigerator will keep foods cold for about 4 hours.
- Then use food from the freezer. A full freezer will keep the temperature for about 48 hours (24 hours if it is half full) if the door remains closed.
- Use your non-perishable foods and staples after using food from the refrigerator and freezer.
- If it looks like the power outage will continue beyond a day, prepare a cooler with ice for your freezer items.
- Keep food in a dry, cool spot and keep it covered at all times.

## Electrical Equipment

- Turn off and unplug all unnecessary electrical equipment, including sensitive electronics.
- Turn off or disconnect any appliances (like stoves), equipment or electronics you were using when the power went out. When power comes back on, surges or spikes can damage equipment.
- Leave one light turned on so you'll know when the power comes back on.
- Eliminate unnecessary travel, especially by car. Traffic lights will be out and roads will be congested.

## Generators—Use generators safely:

- When using a portable generator, connect the equipment you want to power directly to the outlets on the generator. Do not connect a portable generator to a home's electrical system.
- If you are considering getting a generator, get advice from a professional, such as an electrician. Make sure that the generator you purchase is rated for the power that you think you will need.

## What should I do when the power comes back on?

**Do not touch any electrical power lines and keep your family away from them. Report downed power lines to the appropriate officials in your area.**

## Throw out unsafe food:

- Throw away any food that has been exposed to temperatures higher than 40° F (4° C) for 2 hours or more or that has an unusual odor, color or texture. When in doubt, throw it out!
- Never taste food or rely on appearance or odor to determine its safety. Some foods may look and smell fine, but if they have been at room temperature too long, bacteria causing food-borne illnesses can start growing quickly. Some types of bacteria produce toxins that cannot be destroyed by cooking.
- If food in the freezer is colder than 40° F and has ice crystals on it, you can refreeze it.
- If you are not sure food is cold enough, take its temperature with the food thermometer. Throw out any foods (meat, poultry, fish, eggs and leftovers) that have been exposed to temperatures higher than 40° F (4° C) for 2 hours or more, and any food that has an unusual odor, color or texture, or feels warm to touch.

## Caution: Carbon Monoxide Kills

- Never use a generator, grill, camp stove or other gasoline, propane, natural gas or charcoal-burning devices inside a home, garage, basement, crawlspace or any partially enclosed area. Locate unit away from doors, windows and vents that could allow carbon monoxide to come indoors.
- The primary hazards to avoid when using alternate sources for electricity, heating or cooking are carbon monoxide poisoning, electric shock and fire.
- Install carbon monoxide alarms in central locations on every level of your home and outside sleeping areas to provide early warning of accumulating carbon monoxide.
- If the carbon monoxide alarm sounds, move quickly to a fresh air location outdoors or by an open window or door.
- Call for help from the fresh air location and remain there until emergency personnel arrive to assist you.

# Hurricane Safety Checklist

Hurricanes are strong storms that cause life- and property-threatening hazards such as flooding, storm surge, high winds and tornadoes. Preparation is the best protection against the dangers of a hurricane.

**If your community has experienced a hurricane, or any disaster,** register on the American Red Cross Safe and Well Web site available through [www.RedCross.org/SafeandWell](http://www.RedCross.org/SafeandWell) to let your family and friends know about your welfare. If you don't have Internet access, call 1-866-GET-INFO to register yourself and your family.

## Know the Difference

**Hurricane Watch:** Hurricane conditions are a threat within 48 hours. Review your hurricane plans, keep informed and be ready to act if a warning is issued.

**Hurricane Warning:** Hurricane conditions are expected within 36 hours. Complete your storm preparations and leave the area if directed to do so by authorities.

## What should I do?

- Listen to a NOAA Weather Radio for critical information from the National Weather Service (NWS).
- Check your disaster supplies and replace or restock as needed.
- Bring in anything that can be picked up by the wind (bicycles, lawn furniture).
- Close windows, doors and hurricane shutters. If you do not have hurricane shutters, close and board up all windows and doors with plywood.
- Turn the refrigerator and freezer to the coldest setting and keep them closed as much as possible so that food will last longer if the power goes out.
- Turn off propane tanks and unplug small appliances.
- Fill your car's gas tank.
- Talk with members of your household and create an evacuation plan. Planning and practicing your evacuation plan minimizes confusion and fear during the event.
- Learn about your community's hurricane response plan. Plan routes to local shelters, register family members with special medical needs as required and make plans for your pets to be cared for.
- Evacuate if advised by authorities. Be careful to avoid flooded roads and washed out bridges.
- Because standard homeowners insurance doesn't cover flooding, it's important to have protection from the floods associated with hurricanes, tropical storms, heavy rains and other conditions that impact the U.S. For more information on flood insurance, please visit the National Flood Insurance Program Web site at [www.FloodSmart.gov](http://www.FloodSmart.gov).

## Hurricane Supplies Checklist

<b>Water:</b> one gallon per person, per day (3-day supply for evacuation, 2-week supply for home)
<b>Food:</b> non-perishable, easy-to-prepare items (3-day supply for evacuation, 2-week supply for home)
Flashlight (NOTE: Do not use candles during a power outage due to the extreme risk of fire)
Battery-powered or hand-crank radio (NOAA Weather Radio, if possible) + extra batteries
First Aid Kit
Medications (7-day supply) and medical items (hearing aids with extra batteries, glasses, contact lenses, syringes, cane)
Multi-purpose tool
Sanitation and personal hygiene items
Copies of personal documents (medication list and pertinent medical information, deed/lease to home, birth certificates, insurance policies)
Cell phone with chargers
Family and emergency contact information
Extra cash
Emergency blanket
Map(s) of the area
Baby supplies (bottles, formula, baby food, diapers)
Pet supplies (collar, leash, ID, food, carrier, bowl)
Tools/supplies for securing your home
Extra set of car keys and house keys
Extra clothing, hat and sturdy shoes
Rain gear
Insect repellent and sunscreen
Camera for photos of damage

## What do I do after a hurricane?

- Continue listening to a NOAA Weather Radio or the local news for the latest updates.
- Stay alert for extended rainfall and subsequent flooding even after the hurricane or storm has ended.
- If you evacuated, return home only when officials say it is safe.
- Drive only if necessary and avoid flooded roads and washed-out bridges.
- Keep away from loose or dangling power lines and report them immediately to the power company.
- Stay out of any building that has water around it.
- Inspect your home for damage. Take pictures of damage, both of the building and its contents, for insurance purposes.
- Use flashlights in the dark. Do NOT use candles.
- Avoid drinking or preparing food with tap water until you are sure it's not contaminated.
- Check refrigerated food for spoilage. If in doubt, throw it out.
- Wear protective clothing and be cautious when cleaning up to avoid injury.
- Watch animals closely and keep them under your direct control.
- Use the telephone only for emergency calls.

# Flood Safety Checklist

Floods are among the most frequent and costly natural disasters. Conditions that cause floods include heavy or steady rain for several hours or days that saturates the ground. Flash floods occur suddenly due to rapidly rising water along a stream or low-lying area.

**If your community a flood, or any disaster,** register on the American Red Cross Safe and Well Web site available through [www.RedCross.org/SafeandWell](http://www.RedCross.org/SafeandWell) to let your family and friends know about your welfare. If you don't have Internet access, call 1-866-GET-INFO to register yourself and your family.

## Know the Difference

### **Flood/Flash Flood Watch:**

Flooding or flash flooding is possible in your area.

### **Flood/Flash Flood Warning:**

Flooding or flash flooding is already occurring or will occur soon in your area.

## What should I do?

- Listen to area radio and television stations and a NOAA Weather Radio for possible flood warnings and reports of flooding in progress or other critical information from the National Weather Service (NWS).
- Be prepared to evacuate at a moment's notice.
- When a flood or flash flood warning is issued for your area, head for higher ground and stay there.
- Stay away from floodwaters. If you come upon a flowing stream where water is above your ankles, stop, turn around and go another way. Six inches of swiftly moving water can sweep you off of your feet.
- If you come upon a flooded road while driving, turn around and go another way. If you are caught on a flooded road and waters are rising rapidly around you, get out of the car quickly and move to higher ground. Most cars can be swept away by less than two feet of moving water.
- Keep children out of the water. They are curious and often lack judgment about running water or contaminated water.
- Be especially cautious at night when it is harder to recognize flood danger.
- Because standard homeowners insurance doesn't cover flooding, it's important to have protection from the floods associated with hurricanes, tropical storms, heavy rains and other conditions that impact the U.S. For more information on flood insurance, please visit the National Flood Insurance Program Web site at [www.FloodSmart.gov](http://www.FloodSmart.gov).

## What do I do after a flood?

- Return home only when officials have declared the area safe.
- Before entering your home, look outside for loose power lines, damaged gas lines, foundation cracks or other damage.
- Parts of your home may be collapsed or damaged. Approach entrances carefully. See if porch roofs and overhangs have all their supports.
- Watch out for wild animals, especially poisonous snakes that may have come into your home with the floodwater.
- If you smell natural or propane gas or hear a hissing noise, leave immediately and call the fire department.
- If power lines are down outside your home, do not step in puddles or standing water.
- Keep children and pets away from hazardous sites and floodwater.
- Materials such as cleaning products, paint, batteries, contaminated fuel and damaged fuel containers are hazardous. Check with local authorities for assistance with disposal to avoid risk.
- During cleanup, wear protective clothing, including rubber gloves and rubber boots.
- Make sure your food and water are safe. Discard items that have come in contact with floodwater, including canned goods, water bottles, plastic utensils and baby bottle nipples. When in doubt, throw it out!
- Do not use water that could be contaminated to wash dishes, brush teeth, prepare food, wash hands, make ice or make baby formula.
- Contact your local or state public health department for specific recommendations for boiling or treating water in your area after a disaster as water may be contaminated.

# Emergency Phone Numbers

Poison Control	1-800-222-1222
Urgent Care	(225) 819-8857
Fire Department	(225) 389-8600 or 911
Police	(225) 389-2000 or 911
Battered Women's Shelter	(225) 389-3001
Animal Control	(225) 774-7700
AA/Gamblers Anonymous	(888) 502-5610
St. Vincent de Paul	(225) 925-5255
Salvation Army	(225) 355-4483

# Patient Bill of Rights and Responsibilities

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.

## Patient Rights

### Personal Privacy and Visitation

- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.
- Have your personal health information in your clinical records kept confidential and shared with the patient management program only in accordance with state and federal law.
- Have your personal privacy honored.
- Have a family member, friend or other person with you to give emotional support unless doing so is disruptive.
- Say yes or no to the making of recordings, films or other images of you for purposes other than for your care.
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information.

### Security and Safety

- Be free from mistreatment, neglect, exploitation, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of property while getting care, treatment and services.
- Get protective, supportive and advocacy services.
- Get care in a safe setting that preserves dignity.

### Cultural and Spiritual Values

- Have your customs and personal values, beliefs and preferences respected as long as they do not interfere with treatment.

## Receive Care

- To receive the appropriate or prescribed services in a professional manner without discrimination, excluded or treated differently, because of your age, sex, race, color, religion, culture, ethnic origin, language, socioeconomic status, sexual orientation, gender identity or expression, or physical or mental disability.
- To receive treatment and services within the scope of your plan of care, promptly and professionally, while being advised on pharmacy policies and procedures regarding the disclosure of records.

## Get Information

- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable.
- Know the names and roles of the people in charge of as well as those giving your care, treatment and services.
- Be able to identify personnel and visiting personnel members through proper identification.
- Be able to identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested.
- Make informed choices about your care; request and receive complete and up-to-date information about your health status/condition, results of care, treatment and services as well as alternative treatments and risk of treatment or care plans so you may participate in the development and periodic revision of the current and future plan of care, including the right to say no to care, treatment and services, after the consequences of refusing care or treatment are fully presented.
- To receive information about the patient management program, including administrative information regarding changes in or termination of the program.
- To decline participation, revoke consent or dis-enroll at any point in time.
- Be informed in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which you will be responsible.
- 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.
- Receive information about the scope of services that the organization will provide and specific limitations on those services.
- Have your family or representative involved in care, treatment and service choices when you are not able to make these choices, as allowed by law.
- The right to speak to a health professional.
- Be informed of any financial benefits when referred to an organization.
- To know about philosophy and characteristics of the patient management program.
- Be fully informed of pharmacy health and safety information and of one's responsibilities for your care, treatment, and services.

- Choose a health care provider, including choosing an attending physician, if applicable.
- To receive instructions on handling drug recall.
- Get information from your clinical records.
- Get information that is tailored to your age, language and ability to understand including:
- Access to free aids and services for people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services for those whose primary language is not English, such as qualified interpreters and information written in other languages.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (225)765-8828.
- ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelezle (225) 765-8828.

## **Pain Management**

- Be asked about your pain and know staff will work with you to handle your pain appropriately.

## **Health Information**

- Have access to, ask for change to and get information on disclosures of personal health information, under law/regulations.

## **Express Concerns, Complaints or Grievances**

- Express concerns about any aspect of your care, treatment and services. To express concerns, complaints and/or a grievance as a patient with RxONE Pharmacy.
- To receive information on how to access support from consumer advocates groups.
- To express grievances/complaints regarding treatment, pharmacy services or care, lack of respect of property or recommend changes/modifications in policy, personnel, or care/service without restraint, interference, coercion, or fear of discrimination or reprisal and to have these grievances/complaints investigated you may e-mail [Grievances@FMOLHS.org](mailto:Grievances@FMOLHS.org).
- You may call pharmacy administration at (225) 765-8450 to voice a complaint.
- If you failed to receive services or were discriminated on the basis of race, color, national origin, age, disability or sex you can file a grievance with the Civil Rights Coordinator by e-mailing [CivilRights@FMOLHS.org](mailto:CivilRights@FMOLHS.org) or by calling (225) 526-5464.

- You can also file a civil rights complaint with the U.S. Department of Health and Human Services (HHS), Office for Civil Rights, electronically through the office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at HHS, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, (800) 368-1019, (800) 537-7697 (TDD).

## **The following organizations are available to contact anytime you feel your complaint was not resolved by the pharmacy:**

### **Louisiana Board of Pharmacy**

- Website: [www.pharmacy.la.gov/](http://www.pharmacy.la.gov/)
- Telephone: (225) 925-6496

### **URAC Complaint Info**

- Website: [www.urac.org/contact/file-a-grievance/](http://www.urac.org/contact/file-a-grievance/)
- Email Address: [grievances@urac.org](mailto:grievances@urac.org)
- General Phone Number: (202) 216-9010

### **ACHC Complaint Info:**

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

## **Patient Responsibilities**

### **Give Pertinent Information**

- To provide accurate and complete clinical information regarding your past and present medical history, changes in your health problem or symptoms, including pain. Give us complete and accurate personal contact information including name, address, phone number, date of birth, social security number and health insurance coverage and notify the patient management program of changes.
- To notify your Physician and the Pharmacy with any potential side effects and/or complications.
- To notify RxONE Pharmacy via telephone when medication supply is running low so refill may be shipped to you promptly.
- To submit any forms that are necessary to participate in the program to the extent required by law.
- To notify their treating provider of their participation in the patient management program, if applicable.
- To maintain any equipment provided, if applicable.
- Give us a copy of any legal document related to decision making.
- Tell us if you need a translator or translation services.

## **Ask Questions and Follow Instructions**

- Let us know if you do not understand the information we give you about your condition or treatment.
- Work with your doctor, nurse and other healthcare providers to make choices about your care.
- Speak up. Ask questions until you understand your treatments, procedures and drugs.
- Tell your concerns to any team member as soon as possible.
- Follow our instructions and your plan of care.

## **Be Responsible**

- Pay your bills or make arrangements to meet financial responsibilities.

## **Show Respect and Consideration**

- Keep your scheduled appointments and call us if you are not able to keep your appointments.
- Be thoughtful and helpful; treat all patients, visitors, providers and team members with courtesy and respect. Any abusive or rude behavior could result in your dismissal from care.
- Not smoke or use tobacco products, including e-cigarettes on our property.
- Not leave your care area without talking with staff.
- Respect the rights and property of others and the building.
- Not bring illegal drugs, alcohol, guns or other weapons onto our property.
- Not take photos or video of other patients or people.

If you have questions, concerns or issues that require assistance, please call (225) 765-8450 complaints will be forwarded to management and you will receive a response within 7 business days.

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

- Arrange furniture to avoid an obstacle course.
- Install handrails on all stairs, showers, bathtubs and toilets.
- Keep stairs clear and well lit.
- Place rubber mats or grids in showers and bathtubs.
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath or dizziness.
- Wipe up all 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.

# Medicare Prescription Drug Coverage and Your Rights

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Enrollee's Name (Optional)

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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.

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.

# Medicare Prescription Drug Coverage and Your Rights

## 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 RxONE Lake Pharmacy, 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 RxONE Lake 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 RxONE Lake 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, RxONE Lake 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. RxONE Lake 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).
- 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

- 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:
- 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:

**Phone:** (225) 765-4321

**Mail:** Privacy Officer, 5000 Hennessy Blvd. Ste. 2003 Baton Rouge, LA 70808

## 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:

<https://ololrhc.com/patients-and-visitors/for-patients/specialty-pharmacy-program>