Welcome to ICARE RX Pharmacy!

Thank you for choosing us as your pharmacy provider and allowing us the opportunity to provide you quality personal care! Our highly experienced and dedicated pharmacy team is excited to work with you and are ready to make sure all of your needs are met.

This package includes:

- New Patient and Pharmacy Information
- Enrollment Form
- Notice of Privacy Practices
- Patient's Rights and Responsibilities
- Patient FAQ
- Satisfaction Survey

Patient Services:

- Assist with enrollment into Patient Assistance programs
- Free Sync of Meds
- Adherence and compliance support
- Assistance with prior authorizations and appeals
- Blister packaging to increase compliance
- Free HIV/HEP C Testing through our trusted partners
- Dedicated Care Representative
- 24/7 access to specialty trained pharmacists
- Client Outreach Program
- Free Medication delivery customized to meet your needs and preferences
- Counseling for new medication, existing medication and medication interactions
- MTM available

Pharmacy Information:

ICARE RX Pharmacy
14447 Country Walk Dr
Miami FL 33186-8104

Phone Number: 305-251-7414
Fax Number: 305-251-3878

Hours of Operation: M-F 9am to 5pm
Our pharmacy is closed on: New Year's Day, Memorial Day, 4th of July Day, Labor Day, Thanksgiving Day and Christmas Day

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

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

☐ 340B Regular ☐ PREP ☐ T&T

Clinic Name: _____

340B Eligible: ☐ Yes ☐ No

Today's Date: _____

PCP: _____

PATIENT INFORMATION (REQUIRED INFORMATION)

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

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

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

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

Any known allergies: _____

***Please attach copy of drivers license or photo ID**
☐ **Check to Indicate Copy Attached**

CURRENT PHARMACY INFORMATION

Pharmacy Name: _____ Phone: _____ Fax: _____

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

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

☐ **Check to Indicate Front/Back of Insurance Card is Attached**

Policy Insurance: _____ PCN: _____ BIN: _____

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

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

DELIVERY INFORMATION *(CHECK ONE)*

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

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

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

ACKNOWLEDGMENT FORM *(PLEASE SIGN)*

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

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

_____ _____

Patient/Guardian Signature *Date*

**Licensed in FL*

We Care About Your Privacy

Notice of Privacy Practices and Patient's Rights

To Our Patients:

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

Questions & Complaints

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

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Notice of Privacy Practices

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

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

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

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

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

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

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

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

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

Child Abuse or Neglect. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.
Judicial and Administrative Proceedings. We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Patient Bill of Rights

ICARE RX Patients have the right to expect their pharmacist to:

- Be professionally competent and adhere to acceptable standards of pharmacy practice.
- Treat them with dignity, consistent with professional standards for all patients, regardless of manner of payment, race, sex, age, nationality, religion, disability, or other discriminatory factors.
- Patients have the right to determine whether personal health information will be shared with the Patient Management Program. If patients choose to opt in to the program then pharmacists shall act in their best interest when making medication and/or treatment care decisions giving the patient the right to decline participation, revoke consent or dis-enrolled at any point in time.
- Coordinate therapies with the patient and family.
- Serve as their advocate for accurate and appropriate drug therapy and make reasonable efforts to recommend alternative choices in coordination with the patientõs other health care providers.
- Maintain their medical records, keeping them confidential, using them routinely to maximize their care and making them available to the patient for review upon request.
- Provide counseling using methods appropriate to the patientõs physical, psychological, and intellectual status.
- Have their prescriptions dispensed and pharmacy services provided at the pharmacy of their choice in an atmosphere that allows for confidential communication and in an environment that is private, properly lighted, well ventilated, and clean.
- Monitor drug therapy within their medical regimen for safety and efficacy and make reasonable efforts to detect and prevent drug allergies, adverse reactions, contraindications, or inappropriate dosage.
- Monitor their compliance and proper drug use and institute remedial interventions when necessary.
- The Pharmacist shall prominently post the Pharmacy Patientõs Bill of Rights.

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ICARE RX Patients' rights and responsibilities:

- Be informed in advance about the service being provided, including modifications to the plan of care
- Be informed of the charges of care, orally and in writing.
- Receive information about the scope of services that organization will provide and specific limitations of those services
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of patient rights under state law to formulate an Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration and recognition of patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriate of client/ patient property
- Voice grievances/complaints regarding treatment of care, lack of respect of property or recommend changes in policy, personnel or care/service without restraint, interference, coercion, discrimination or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack or respect of property investigated
- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information
- Be advised on agency's policies and procedures regarding the disclosure of clinical records
- Choose a health care provider, including choosing an attending physician, if applicable
- Receive appropriate care without discrimination in accordance with physician orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities

Patient FAQ

Why ICARE RX Pharmacy ("ICARE RX")?

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

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

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

What support will ICARE RX Pharmacy offer me?

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

How do I place an order?

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

How can I obtain a refill?

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

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

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

How can I check on prescription status?

Call your servicing pharmacy location

Where can I find information on prescription substitutions?

Call your servicing pharmacy location

How do I transfer a prescription to another pharmacy?

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

continued on next page

How can I obtain medications not available at the pharmacy?

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

How should I handle medication recalls?

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

How should I dispose of medications?

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

How should I handle adverse reactions?

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

How should I handle a missed treatment or delivery?

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

How do I report any concerns or errors?

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

Maryland State Board of Pharmacy (410) 764-4755

Florida State Board of Pharmacy (850) 245-4474

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

California State Board of Pharmacy (916) 574-7900

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

Satisfaction Survey - Patients

* Required

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

   - ◯ Yes
   - ◯ No

2. Name - (Optional)

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

   - ◯ Yes
   - ◯ No
   - ◯ I Don't Know or Decline to Answer

4. Pharmacy is located in: *

- ◯ Florida
- ◯ New York
- ◯ Maryland
- ◯ California

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

Strongly Disagree ☆ ☆ ☆ ☆ ☆ Strongly Agree

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

Strongly Disagree ☆ ☆ ☆ ☆ ☆ Strongly Agree

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

Strongly Disagree ☆ ☆ ☆ ☆ ☆ Strongly Agree

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

Strongly Disagree ☆ ☆ ☆ ☆ ☆ Strongly Agree

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

Strongly Disagree ☆ ☆ ☆ ☆ ☆ Strongly Agree

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

Strongly Disagree ☆ ☆ ☆ ☆ ☆ Strongly Agree

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

Strongly Disagree ☆ ☆ ☆ ☆ ☆ Strongly Agree

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

Strongly Disagree ☆ ☆ ☆ ☆ ☆ Strongly Agree

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

Strongly Disagree ☆ ☆ ☆ ☆ ☆ Strongly Agree

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

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

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

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

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