



**BROADWAY FAMILY**  

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**PHARMACY**

## Welcome to Broadway Family Pharmacy

Thank you for choosing us to be your specialty pharmacy provider.

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

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

We look forward to providing you with the best service possible.

Sincerely,

The Broadway Family Pharmacy Team

# CONTACT INFORMATION

## Hours of Operation

Monday – Friday, 9:00am to 5:00pm; Saturday, 9:00am to 2:00pm

Our pharmacy is closed on the following holidays:

- New Year's Day
- Memorial Day
- 4th of July Day
- Labor Day
- Thanksgiving Day
- Christmas Day

## Contact Information

To reach a program representative, call us or visit us in person.

Address: 510 Amsterdam Ave STR1 | New York, New York 10024-4342

Toll Free Phone and Fax Number: 888-609-2064

## 24/7 Support

Clinically trained personnel are available 24 hours a day, 7 days a week.

This includes holidays and weekends.

Our after-hours clinicians can assist you with urgent questions.

## When to Contact Us

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

# IMPORTANT INFORMATION

## Specialty Pharmacy Program

Specialty pharmacy patients are automatically enrolled in our patient management program. Our team of trained clinicians will provide you with:

- Continuous clinical evaluation
- Ongoing health monitoring
- Assessment of educational needs
- Management of your medication use

This program is provided to you at no additional cost. Your participation is voluntary. If you wish to opt out of the program, please call us.

The Specialty Pharmacy program provides benefits such as:

- Managing side effects
- Increasing compliance with drug therapies
- Overall improvement of health

Limitations of the Specialty Pharmacy program include that the program benefits are restricted by patient participation and willingness to share necessary information, as well as that the program is not conveyed as a cure for a disease state.

## Expectations and Outcomes of Therapy

Our services are designed to help you achieve the most from your medication therapy. You will have direct contact with our pharmacists who will create a program tailored to your needs and therapy goals. As part of this program, you will have:

- Access to clinical pharmacists for counseling and education
- Clinical assessments and periodic reviews to evaluate how you are progressing with your therapy
- Financial assistance programs to make sure your medication is accessible to you

The goal of participating in this program is to help you follow your medication regimen and improve your overall health.

## Additional Resources

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

- HIV.gov | HIV Resources: <https://www.hiv.gov>
- Centers for Disease Control and Prevention | HIV Resources: <https://www.cdc.gov/hiv/default.html>

## Financial Information

Before your care begins, a staff member will inform you of:

- Your cash price
- Out-of-pocket costs and deductibles
- Co-pays and coinsurance, as available

We will submit claims to your health insurance carrier. If your claim is denied, we will notify you to resolve the issue. We will notify you if we are an out of network pharmacy. We will provide you with the cash price of the medication upon request. We will assist you with enrollment into financial assistance programs, when available.

## Filling a Prescription, Refills Order Status, Order Delays

Your physician can send us your prescription, or you can provide it to us in person or through the mail. You will be contacted by a team member 5-7 days prior to your refill date. If you would like to contact us for a refill or check your order status, you can call us. If your order will be delayed, we will notify you as soon as possible. If this delay could cause a lapse in your therapy, we will work with you and your physician to transfer your prescription to the pharmacy of your choosing.

## How to Report a Complaint

If you are not happy with our service or if you believe we have violated your privacy rights, please let us know. You have the right to file a complaint and may do so by phone, in person, or in writing. If you wish to seek further review of a concern or complaint, you may contact our accrediting body, URAC.

Website: <https://www.urac.org/file-a-grievance> | Email Address: [grievances@urac.org](mailto:grievances@urac.org)

## Prescription Transfers

If we can no longer fill your medication, we will transfer your prescription to another pharmacy. We will inform you of this transfer of care. Please call us if you would like to transfer your medications to another pharmacy.

## **Drug Substitution**

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

## **Drug Recalls**

We will contact you with instructions if your medication is recalled.

## **Medication Issues and Concerns**

Please contact the pharmacy as soon as possible to report medication issues:

- Side effects or serious adverse effects
- Suspected errors

We want you to be satisfied with the care we provide. If you or your caregiver have concerns, please contact us by phone, email or in writing to discuss your concerns. If you wish to seek further review of concern, you may contact our accrediting body, URAC.

## **Proper Use, Timely Administration, and Duration of Therapy**

Medication should be used according to the instructions provided from the pharmacist and your physician. Instructions are provided in writing with your medication. Taking your medication at the right time is an important part of your therapy. Create a set schedule of when you should take your medication. Some medications should be taken at certain times of the day or with food. The length of your therapy depends on your condition and medication. This should be discussed with your physician. If you have any questions about your medication, administration, or would like additional education, please call the pharmacy to speak with a pharmacist.

## **Side Effect Management**

If you experience a serious drug reaction requiring immediate attention, call 911. If you experience side effects, that make you uncomfortable or taking your medication difficult, contact the pharmacy to speak with a pharmacist. There may be actions you can take to minimize side effects. The pharmacist may be able to suggest some common tips that could help with these issues. The pharmacist will work with you and your physician to decide the best course of action.

## Missed Dose Management

If you have missed a dose of your medication:

- Do not take 2 doses at the same time or extra doses (or double up).
- If it is close to the time for your next dose, skip the missed dose and go back to your normal scheduled time of taking your medication.
- If your missed dose was missed recently (not close in time to your next dose), take the missed dose making sure to follow the instructions on your medication bottle.

## Vaccinations

Some vaccines could impact your therapy. If you have received a vaccine within 30 days or plan to receive a vaccine, notify the pharmacist.

## Safety Precautions, Contraindications, and Updates to Your Medication Profile

It is important to:

- Take your medication as prescribed
- Store your medication appropriately
- Notify the pharmacist of any changes to your health or medication regimen

If you are having trouble taking your medication as prescribed, please notify the pharmacist.

It is important that the pharmacist is aware of all the medications that you take, this includes:

- Prescription medications
- Over the counter medications
- Supplements

Some medications do not interact well together and could potentially cause negative outcomes.

If there has been a change:

- Starting a new medication
- Stopping a medication
- Change in medication strength
- Change in medication frequency

Notify the pharmacist. The pharmacist will review the changes and let you know if there is a potential interaction. If so, the pharmacist will work with you and your physician for the best course of action.

## Safe Medication Storage and Handling

Medications should be stored away from heat, air, light, and moisture. Some medications have specific storage requirements, like refrigeration. Review the information provided with your medication for specific storage instructions.

Some medications require special handling. Review the information provided with your medication for specific handling instructions. As a general rule:

- Wash your hands before and after handling your medication
- If gloves or supplies are used, discard any used gloves, medicine cups, and oral syringes in a plastic bag
- Tie or seal the plastic bag and place in your household trash bag for disposal

## Accessing Medications During an Emergency or Disaster

In the event of an emergency or disaster in your area it is important to be prepared. Should an emergency event or disaster occur in your area, please contact us. If the pharmacy is impacted by an emergency or disaster, we will contact you. We will contact you with detailed information on how to obtain your medication.

The following are helpful tips to prepare for an emergency/disaster:

- Have a plan – discuss with your provider and pharmacist
- Maintain an emergency health care kit
- Keep your gel/freezer packs (as needed for medication that requires refrigeration)
- Know how to reach us for access to medication
- Notify us if you must relocate to a safer area
- Keep at least 5 days of medication on hand

## Safe Medication Disposal

Follow the instructions provided with your medication for disposal. There are programs that allow the public to bring in unused medications for disposal. Some suggested programs are listed below. Speak with a pharmacist if you are unsure of how to dispose of your medication.

- US Food and Drug Administration (FDA) Where and How to Dispose of Unused Medicines. <https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines>
- US Food and Drug Administration (FDA) Disposal of Unused Medicines: What You Should Know. <https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know>
- Drug Enforcement Administration (DEA) Public Disposal Locations Website. Search for a take back program near you. <https://apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1>
- RxDrugDropBox.org Find a Prescription Disposal Box Near You. <https://www.rxdrugdropbox.org/>

# PATIENT RIGHTS & RESPONSIBILITIES

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

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

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

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



# NOTICE OF PRIVACY PRACTICES

## **To Our Patients:**

The privacy of your medical information is important to us.

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

## **Questions & Complaints**

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

## Notice of Privacy Practices

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

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the NASW Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

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

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

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

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**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.

**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.

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**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.

**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.

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**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](mailto:cwakefield@340bpharm.com)