

6 Medicare Prescription Drug Coverage and Your Rights

OMB Approval No. 0938-0975

Enrollee's Name: _____ (Optional)
Drug and Prescription Number: _____ (Optional)

Medicare Prescription Drug Coverage and Your Rights

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 the 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:

- The name of the prescription drug that was not filled. Include the dose and strength, if known.
- The name of the pharmacy that attempted to fill your prescription.
- The date you attempted to fill your prescription.

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 material or call 1-800-Medicare for more information.

Form CMS-10147

7 Notice of Privacy Practices for Protected Health Information

Legends Pharmacy

Notice of Privacy Practices for Protected Health Information

Effective Date: August 12, 2013

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!

Legends Pharmacy is permitted by federal privacy laws to make uses and disclosures of your Protected Health Information for purposes of treatment, payment and health care operations. Protected Health Information ("PHI") is the information we create and obtain in providing our services to you. Such information may include basic information that may identify you and may document your symptoms, , diagnoses, treatment and the prescription medication we may dispense to you.. It also includes billing documents for those services.

Examples of Uses of Your Health Information for Treatment Purposes are:

Our Pharmacist reviews your prescription order and other information provided by your physician to fill your prescription.

Our office contacts you to remind you that you are eligible for a prescription refill.

Example of Use of Your Health Information for Payment Purposes:

We submit requests for payment to your health insurance company. The health

insurance company (or other business associate helping us obtain payment) requests information from us regarding medical care given. We will provide information to them about you and the care given.

Example of Use of Your Information for Health Care Operations:

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

Your Health Information Rights

The health and billing records we maintain are the physical property of Legends Pharmacy. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request to our office-- we are not required to grant the request, but we will comply with any request granted;
- Request a restriction on disclosures of medical information to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment) and the PHI pertains solely to a health care service for which the provider has been paid out of pocket in full—we must comply with this request;
- Obtain a paper copy of the current Notice

of Privacy Practices for Protected Health Information (“Notice”) by making a request at our office;

- Request that you be allowed to inspect and copy your health record and billing record – you may exercise this right by delivering the request to our office;
- Appeal a denial of access to your protected health information, except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our office. We may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the health information kept by or for the office;
 - Is not part of the information that you would be permitted to inspect and copy; or,
 - Is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records;

- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to our office. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in a facility directory or to family members or friends relevant to that person’s involvement in your care or in payment for such care; or,

uses or disclosures to notify family or others responsible for your care of your location, condition, or your death.

- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our office, except to the extent information or action has already been taken.
- Elect to opt out of receiving further fundraising communications from the office.

If you want to exercise any of the above rights, please call Angela DiPaolo, Director of Operations at 844-849-2323 or write to her at Legends Pharmacy, 6601 Blanco Rd. #125, San Antonio, TX 78216. She will inform you of the steps that need to be taken to exercise your rights.

Our Responsibilities

The Pharmacy is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our “Notice” or by visiting our office and picking up a copy.

To Request Information or File a

Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Angela DiPaolo, Director of Operations 844-849-2323.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Angela DiPaolo. You may also file a complaint by mailing it or e-mailing it to the Department of Health and Human Services. Office addresses for regional offices and an email address for the Department of Health and Human Services are at the end of this notice.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the pharmacy.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Other Disclosures and Uses

Communication with Family

Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person’s involvement in your care or in payment for such care if you do not object or in an emergency.

Notification

Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, per-

sonal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

Research

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Disaster Relief

We may use and disclose your protected health information to assist in disaster relief efforts.

Organ Procurement Organizations

Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Food and Drug Administration (FDA)

We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

Workers Compensation

If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Public Health

As authorized by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

Abuse & Neglect

We may disclose your protected health

information to public authorities as allowed by law to report abuse or neglect.

Employers

We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

Correctional Institutions

If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement

We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement.

Health Oversight

Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings

We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

Serious Threat

To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the

public.

For Specialized Governmental Functions

We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Coroners, Medical Examiners, and Funeral Directors

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients of Covered Entities to funeral directors as necessary for them to carry out their duties.

Other Uses and Disclosures of PHI

For purposes not described above, including uses and disclosures of PHI for marketing purposes and disclosures that would constitute a sale of PHI, Legends Pharmacy will ask for patient authorization before using or disclosing PHI. You may revoke the authorization as previously provided in this Notice under "Your Health Information Rights."

Information Breach Notification

Legends Pharmacy is required to provide patient notification if it discovers a breach of unsecured PHI unless there is a demonstration, based on a risk assessment, that there is a low probability that the PHI has been compromised. You will be notified without unreasonable delay and no later than 60 days after discovery of the breach. This notification will include information about what happened and what can be done to mitigate any harm.

Website

If we maintain a website that provides information about our entity, this Notice will be on the website.

Addresses for sending complaints to the Department of Human Services are:

Email address: OCRCompliance@hhs.gov

Region I - CT, ME, MA, NH, RI, VT

Office for Civil Rights
DHHS JFK Federal Building - Room 1875
Boston, MA 02203
(617) 565-1340
(617) 565-1343 (TDD)
(617) 565-3809 FAX

Region II - NJ, NY, PR, VI

Office for Civil Rights
DHHS 26 Federal Plaza - Suite 3312
New York, NY 10278
(212) 264-3313
(212) 264-2355 (TDD)
(212) 264-3039 FAX

Region III - DE, DC, MD, PA, VA, WV

Office for Civil Rights
DHHS 150 S. Independence Mall West
Suite 372
Philadelphia, PA 19106-3499
(215) 861-4441
(215) 861-4440 (TDD)
(215) 861-4431 FAX

Region IV - AL, FL, GA, KY, MS, NC, SC, TN

Office for Civil Rights
DHHS 61 Forsyth Street, SW. - Suite 16T70
Atlanta, GA 30303-8909
(404) 562-7886
(404) 562-7884 (TDD)
(404) 562-7881 FAX

Region V - IL, IN, MI, MN, OH, WI

Office for Civil Rights
DHHS 233 N. Michigan Ave. - Suite 240
Chicago, IL 60601
(312) 886-2359
(312) 353-5693 (TDD)

(312) 886-1807 FAX

Region VI - AR, LA, NM, OK, TX

Office for Civil Rights
DHHS 1301 Young Street - Suite 1169
Dallas, TX 75202
(214) 767-4056
(214) 767-8940 (TDD)
(214) 767-0432 FAX

Region VII - IA, KS, MO, NE

Office for Civil Rights
DHHS 601 East 12th Street - Room 248
Kansas City, MO 64106
(816) 426-7277
(816) 426-7065 (TDD)
(816) 426-3686 FAX

Region VIII - CO, MT, ND, SD, UT, WY

Office for Civil Rights
DHHS 999 18th Street, Suite 417
Denver, CO 80202
(303) 844-2024
(303) 844-3439 (TDD)
(303) 844-2025 FAX

Region IX - AZ, CA, HI, NV, AS, GU, The U.S. Affiliated Pacific Island Jurisdictions

Office for Civil Rights
DHHS 90 7th Street, Suite 4-100
San Francisco, CA 94103
(415) 437-8310
(415) 437-8311 (TDD)
(415) 437-8329 FAX

Region X - AK, ID, OR, WA

Office for Civil Rights
DHHS 2201 Sixth Avenue - Mail Stop RX-11
Seattle, WA 98121
(206) 615-2290
(206) 615-2296 (TDD)
(206) 615-2297 FAX

8 Grievance & Compliance Reporting

You may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. To place a grievance, please call **844-849-2323** and speak to the Customer Services. If your complaint is not resolved to your satisfaction within 5 working days, you may initiate a formal grievance, in writing and forward it to the Governing Body.

You may also make inquiries or complaints about this company by calling:

**Office of Inspector General, Department
of Health and Human Services**

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

Texas Board of Pharmacy

Phone – (512) 305-8000
Open Records Fax – (512) 305-6778
Website: www.pharmacy.texas.gov

9 Drug Disposal Techniques for Patients

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

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

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

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