



PATIENT WELCOME PACKET

Specialty Pharmacy Main Line and Specialty Pharmacist:
360.774.5557 | Toll Free: 888.681.3440

Specialty Pharmacy Technician/Financial Advocate:
360.774.5558

Specialty Pharmacy Fax Number: 360.774.8128

Email: SpecialtyPharmacy@JeffersonHealthcare.org

Website: <https://jeffersonhealthcare.org/location/pharmacy/>

HOW CAN I CONTACT THE PHARMACIST AFTER HOURS?

- You can reach a pharmacist by phone outside of regular business hours at **(360) 774-5557** or **1-888-681-3440**.
- The patient can leave a message to request a call back the following business day or have the after-hours clinical pharmacist paged for a call back within 2 hours.

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Welcome to Jefferson Healthcare's Specialty Pharmacy!

ABOUT US

Jefferson Healthcare Specialty Pharmacy, with its top-rated services, is the trusted choice for people living on or around the Olympic Peninsula in Northwestern Washington State. Our skilled pharmacists and pharmacy technicians are committed to ensuring each patient receives the highest level of care.

LOCATION

- **Address:** 9481 Oak Bay Road, Unit A, Port Ludlow, WA 98365

HOURS

- **Monday – Friday:** 9:00 AM – 5:30 PM PST

HOW TO CONTACT US

- **Specialty Pharmacy:** Call us at **(360) 774-5557** or **1-888-681-3440** for questions about:
 - Your order status
 - Talking to a pharmacist about side effects or missed doses, etc.
 - Making a complaint
 - If there is an emergency
- **Specialty Pharmacy Technician:** Call us at **(360) 774-5558** if you have questions about:
 - Financial assistance, if needed
 - Your insurance, benefit coverage or claims submissions
 - A statement, your copayment or balance
 - A prior authorization for your medication

You can also email us at: SpecialtyPharmacy@jeffersonhealthcare.org

AFTER-HOURS SUPPORT

- A pharmacist is on-call 24/7 after hours by calling **1-888-681-3440**.

HOLIDAYS

- The pharmacy is closed on the following holidays, but on-call services are available every day:
 - New Year's Day (January 1st)
 - Memorial Day (Last Monday in May)
 - Independence Day (July 4th)
 - Labor Day (First Monday in September)
 - Thanksgiving Day (Fourth Thursday in November)
 - Christmas Day (December 25th)

Patient Services

At Jefferson Healthcare Specialty Pharmacy, we provide medications that standard drugstores do not carry. To ensure your safety, extra steps are involved in filling your specialty prescriptions, which may take longer. Here is some important information you need to know when filling your prescription with us:

GETTING STARTED

- We are a specialty pharmacy, so your provider needs to refer you to us. Your prescriber will send us your prescription and insurance information at the Specialty Pharmacy.

COMPLEX CONDITIONS TREATED

- We provide medications for complex conditions, such as cancer, osteoporosis, dermatological conditions such as atopic dermatitis, rheumatological conditions such as rheumatoid arthritis, neurological conditions such as multiple sclerosis, infectious diseases such as HIV and Hepatitis C and many other chronic conditions.

24/7 CLINICAL SUPPORT

- Our pharmacists are available 24 hours a day, seven days a week.

ASSISTANCE WITH INSURANCE

- Once we get your prescription, we will check with your insurance company and manage any approvals needed.
- We will let you know how much your prescription will cost. We understand that sometimes these expenses can be too much.
- We will do our best to find assistance to make your medication easier to afford.
- Our goal is to provide you with your medication and make the entire process as easy as possible, ensuring you receive excellent care every step of the way.

FLEXIBLE MEDICATION PICK UP OR SHIPMENT TO YOUR HOME

- We value your time. You can pick up your medication from our pharmacy or have us deliver it to your doorstep free of charge.
- Please tell us if your address, phone number, or preferred way of getting your medication changes.

Are You Signed Up for *MyChart*?

- We share an online patient portal with Jefferson Healthcare called *MyChart*. It provides easy access to your personal healthcare information.
- Our specialty pharmacy team members can also contact you through MyChart if we have any questions or need additional information from you.
- Learn more about *MyChart* and sign up by visiting the website:
<https://jeffersonhealthcare.org/mychart/>

Frequently Asked Questions

HOW DO I ORDER A NEW PRESCRIPTION?

- There are a few ways we may receive your new prescription:
 - The most common method is for your prescriber to send the prescription to the pharmacy electronically (e-scribe).
 - Your prescriber may fax or mail a paper prescription to the pharmacy.
 - You may bring a paper prescription for your medication to the pharmacy.
 - Your prescriber may call the prescription into the pharmacy.
 - Please note: Certain controlled substance medications cannot be faxed. The paper copy of these prescriptions must be brought in or sent to the pharmacy.
- When we receive the prescription from your provider, our financial advocate will work with your insurance company to obtain any necessary prior authorizations or financial assistance.
- We will review your prescription, arrange payment, and fill your medication.
- Once it is ready, we will contact you to schedule the delivery. You may also pick up your medication from the pharmacy at your convenience.

HOW CAN I OBTAIN A MEDICATION NOT AVAILABLE AT YOUR PHARMACY?

- Sometimes, your insurance company may not allow you to fill your specialty medication at our pharmacy.
- Also, some drug manufacturers may require your specialty medication to be filled at a certain pharmacy.
- A pharmacy staff member will contact you if our pharmacy cannot fill your medication.
- We will provide the pharmacy your insurance company or the drug manufacturer selects with all the information needed to fill your prescription for a smooth transition.

WHEN WILL THE SPECIALTY PHARMACY CONTACT ME?

- Kindly save our pharmacy's phone number, **(360) 774-5557**, into your mobile phone contacts. This will help you recognize our calls when we need to provide you with important information or if we have any questions for you.
- The specialty pharmacy may call you to:
 - Verify your prescription insurance information.
 - Discuss your prescription and copay amount.
 - Get documentation of your income to enroll you in financial assistance, if needed.
 - Schedule the delivery or pick-up time of your medication.
 - Let you know about any potential delays in your prescription.
 - Tell you if we must transfer your prescription to another specialty pharmacy.
 - Review how to store your medication with you.
 - Provide counseling and answer any questions about your medicine.
 - Notify you of any FDA (Food & Drug Administration) recalls of your medicine.

HOW DO I GET A REFILL?

- A pharmacy technician will contact you before your medication runs out.
- When we contact you about your next refill, we will also:
 - Check on your progress.
 - Ask about any side effects.
 - Verify your dose.
 - Determine the shipment or pick-up time of your next refill.
- If you call us after business hours, you may leave a message requesting your prescription refill. Please include the following information in your message:
 - **Your first and last name**
 - **Your address**
 - **Your date of birth**
 - **The best contact phone number**
 - **Medication name**
 - **Any additional requested information you hear on the voicemail recording**

HOW CAN I HAVE MY MEDICATION TRANSFERRED TO ANOTHER PHARMACY?

- Call us at (360) 774-5557 or 1-888-681-3440 to request your prescription be sent to the pharmacy where you would like your medication filled.
- You may also email us at specialtypharmacy@jeffersonhealthcare.org
- In your request, please provide:
 - The name of the medication
 - The name of your pharmacy of choice
 - The address of your pharmacy of choice
 - The phone number of the pharmacy of your choice

HOW MUCH WILL MY MEDICATION COST?

- Your medication cost will vary depending on your insurance.
- We will do our best to provide you with the most accurate estimate of your out-of-pocket costs before we fill your medication.
- We will provide you with the **out-of-network price** if:
 - You are **out-of-network** with our pharmacy.
 - You prefer to pay in cash.
 - You do not have insurance.

HOW CAN I PAY FOR MY MEDICATION?

- Our pharmacy is contracted with most insurance companies. Our team will work with your insurance company and provider to cover your medication.
 - We will let you know the exact amount you need to pay.
 - You will be responsible for paying your copayment or coinsurance when you order your medication.
 - Payment is required before your medication can be shipped or picked up from the pharmacy.
- For payment, we accept:
 - Credit cards
 - Cash
 - Personal checks
- If you still owe a balance for any reason, you will need to pay the balance before your next refill.

WHAT IF I DON'T HAVE INSURANCE OR CAN'T AFFORD MY MEDICATION?

- Some drug companies offer a free drug program. If you qualify, we will help you enroll in the program.
- If you cannot afford your medication, our Specialty Pharmacy Technician will work to identify co-pay card assistance, free drug programs, or support from other disease state foundations.
- For financial assistance for your medication, please get in touch with the Specialty Pharmacy Technician directly at **(360) 774-5558** or via email at specialtypharmacy@jeffersonhealthcare.org

HOW LONG DOES IT TAKE TO RECEIVE MY MEDICATION?

- We usually process orders within 48 hours. This does not include delivery time.
- One of our pharmacy staff members will immediately inform you if any issues, such as prior authorizations or financial assistance, might delay your prescription.
- Our team will work with you and your prescriber to complete any prior authorizations as quickly as possible.
- We will notify you if the processing time exceeds 48 hours, so you do not run out of medication.

CAN MY MEDICATION BE SHIPPED TO ME?

- Medication delivery is a complimentary service at no additional charge to you. However, you can also pick up your medication at the pharmacy.
- Medications are shipped via FedEx Monday through Thursday for next-business-day delivery.
- A pharmacy staff member will coordinate with you if a Saturday delivery is required for your medication.
- A pharmacy staff member will coordinate with you the best time for your medication to be delivered to ensure you are home to receive it.
- Your medication delivery will require a signature. We cannot leave your package at the door without your signature.
- If you do not receive your medication on time, please call **(360) 774-5557** or toll-free at **1-888-681-3440** to speak with a pharmacy staff member.
- Please let a pharmacy staff member know if your address or phone number has changed or if you prefer to pick up your medications at the pharmacy.

WHAT SHOULD I DO IF I HAVE QUESTIONS ABOUT THE STATUS OF MY ORDER?

- If you have questions about the status of your medication, please call the specialty pharmacy during normal business hours at **(360) 774-5557** or **1-888-681-3440**.
- If you call us after business hours with questions about the status of your prescription, you may leave a message.
- Please include the following information in your message:
 - **Your first and last name**
 - **Your address**
 - **Your date of birth**
 - **Your daytime phone number**
 - **Medication name**
 - **Any additional requested information you hear on the voicemail recording**

WILL YOU EVER SUBSTITUTE MY MEDICATION FOR A DIFFERENT ONE?

- Your prescription may be filled with a generic equivalent substitution based on state law.
- You can either accept the generic substitution or request the brand-name product.
- You may have a higher copay if you request the brand name product.
- Please ask a pharmacist if you have any questions or concerns.

WILL THE SPECIALTY PHARMACY BE ABLE TO FILL ALL OF MY MEDICATIONS?

- A pharmacy staff member will contact you if we cannot fill your medication request.
- We will transfer your prescription to a pharmacy covered by your insurance or required by the drug manufacturer.
- Our team will work with you to ensure you receive all your medications.

WHAT SHOULD I DO IF MY MEDICATION IS RECALLED?

- If there is a recall on any of your medications, we will call you with important information and provide any replacement dose(s) as needed.

WHAT SHOULD I DO IF I MAY BE HAVING AN ADVERSE (BAD) REACTION TO MY MEDICATION?

- If you experience an adverse drug reaction, please call us at **(360) 774-5557** or **1-888-681-3440**.
- Our pharmacist will conduct a complete review with you and make an appropriate recommendation.
- But if you think you are having a severe reaction or need immediate help, go to the emergency room or call 911.
- **Symptoms that may require immediate attention include but are not limited to:**
 - Shortness of breath
 - Wheezing
 - Swelling
 - Fever
 - Skin rash
 - Hives

WHAT SHOULD I DO IF I SUSPECT A MEDICATION ERROR?

- Mistakes with medications are serious and need to be corrected as soon as they are found.
- If you think there has been a mistake with your medication, please contact us immediately at **(360) 774-5557** or **1-888-681-3440**.
- Ask to talk to the pharmacist or the specialty pharmacy manager.

Language and Cultural Services

- We celebrate diversity and follow rules for language and cultural services.
- We offer free, trained medical interpreters for our patients and their families.
- These interpreters can help with clear communication for people who are:
 - Limited English Proficient (LEP)
 - Deaf or Hard of Hearing (HOH)
 - Facing other communication challenges
- We also have resources to support culturally competent care for diverse patient populations.
- We are here to help everyone feel understood and respected.
- If you need any of the following, just ask one of our pharmacy team members:
 - An interpreter to help translate
 - To use a language other than English or a different way to communicate
 - Any other communication or cultural support

Other Useful Information

PLANNING FOR AN EMERGENCY

- We will work with you to ensure a continuous supply of your medication in an emergency or natural disaster, such as a storm, fire, flood, earthquake, etc.
- However, we would much rather prepare you for an emergency ahead of time than wait until it has happened.
- Know where the nearest temporary shelter you will go to if an emergency occurs, which may be a shelter, home of a friend or relative, or a hospital.
- We will also ask you for the name and phone number of a close family member, friend, or neighbor to use as an emergency contact.
- If there is an emergency or natural disaster, please call us at **(360) 774-5557** or **1-888-681-3440** to speak with a pharmacy employee.

HOW TO DISPOSE OF MEDICATIONS:

- You may bring your unused or expired medications to our pharmacy and place them in our “Drug Take Back Bin”.
- You can find the nearest drop-off site by calling **1-844-482-5322** or by visiting the website: <https://medtakebackwashington.org/>
- You may mail it to the Washington State MED-Project take-back program. You may order free, prepaid, pre-addressed mail-back supplies by calling **1-844-482-5322** or by visiting the website: <https://safemedicinedrop.com/mail-back-request-washington-ext/>
- You may visit the website below for information on how to dispose of your unwanted or expired medications properly: <https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know>

PREVENTING INFECTIONS

- Use hand sanitizer and/or wash your hands before and after handling medications.
- Focus on good nutrition and fluid intake.
- Stay current with immunizations.
- Keep your home sanitary.
- Avoid crowds, visitors, or family members with a contagious or potentially contagious condition.
- Ask your provider or one of our pharmacists if you have any questions.

Patient Rights and Responsibilities

We believe that all patients receiving services from Jefferson Healthcare's Specialty Pharmacy should be informed of their rights. If you feel any of these rights have not been provided, please contact the Community and Specialty Pharmacy Operations Manager at **(360) 385-2200 Extension 2346**.

PATIENT RIGHTS

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
- Be informed in advance, both orally and in writing, of the charges associated with care/service, including payment expected from third parties and any charges the patient will owe.
- Receive information about the scope of services the organization will provide and specific limitations on those services.
- Participate in the development and periodic revision of the plan of care.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Be informed of 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 misappropriation of patient property.
- Voice grievances/complaints regarding treatment, care, or lack of respect for property and 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 and have lack of respect of property investigated.
- Have all Protected Health Information (PHI) and other information contained in the patient record kept private and confidential.
- Be advised on the pharmacy's policies and procedures regarding the disclosure of clinical records.
- Choose a healthcare provider, including an attending physician, if applicable.
- Receive appropriate care without discrimination and in accordance with physician's orders, if applicable.
- Be informed of any financial benefits when referred to an organization.
- Be fully informed of one's responsibilities.

PATIENT RESPONSIBILITIES

- Submit forms that are necessary to receive services.
- Provide accurate medical and contact information and provide notice of any changes.
- Notify the treating provider of participation in the services provided by the pharmacy.
- Notify the pharmacy of any concerns about the care or services provided.

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 IT CAREFULLY.

Our Pledge Regarding Your Medical Information

Your privacy is important to us. The law requires us to maintain the privacy of your medical information and to tell you our duties and practices regarding your medical information. The law requires us to follow the terms of our current Notice. We reserve the right to make changes to this Notice, which may include new privacy provisions about the medical information we already have about you and any information we receive in the future. If we make any changes, we will give you a copy of the new Notice the next time you visit us. The latest version of this Notice can always be found on our website at jeffersonhealthcare.org In addition, you may request a copy of the Notice currently in effect.

We are providing this Notice so that you understand:

- Who will follow this Notice.
- How we may use and share your medical information.
- Your rights concerning your medical information.
- How to file a complaint about your privacy.

Who Will Follow This Notice:

- This Notice applies to all health care professionals, employees, medical staff, trainees, students, and volunteers of Jefferson Healthcare subsidiaries who are acting as part of our organized health care operation. Independent providers not employed by a subsidiary of Jefferson Healthcare may give you a separate notice explaining how they will collect, use, and disclose your medical information.

How We May Use and Share Your Medical Information:

- **Treatment Purposes:** We may share your information with those who care for you. For example, if you come in with a broken arm, we will give your x-rays to your doctor. If you need medication, the doctor may share your information with your pharmacist.
- **Payment Purposes:** We may share your medical information with the person or company paying for your care. For example, if you come to us with a broken arm, we will tell your insurance company why you came in and what we did for you. If you wish to restrict this information from going to your insurance company and pay the full amount of the visit out of pocket, please let us know.
- **Health Care Operations:** We may use your medical information to improve the way we provide care to you and others. For example, we may share your medical information to teach others.
- **Primary Care and Post-Acute Care Providers:** We may notify your primary care and post-acute care providers of your admission, transfer or discharge from the hospital as required by law. Please tell us if you wish to opt out of these notifications.
- **Health Information Exchange (HIE):** We may share your medical information with other health care providers for treatment, payment and health care operations as permitted by law through an approved HIE. Exchange of medical information can provide faster access, better coordination of care and assist providers and public health officials in making more informed treatment decisions.

HOW CAN I CONTACT THE PHARMACIST AFTER HOURS?

- You can reach a pharmacist by phone outside of regular business hours at **(360) 774-5557** or **1-888-681-3440**.
- The patient can leave a message to request a call back the following business day or have the after-hours clinical pharmacist paged for a call back within 2 hours.

WE VALUE YOUR FEEDBACK

- Patient satisfaction is important to us, and your opinion matters! We want to know how we can better serve you.
- Please complete the short survey in your Welcome Packet and return it to us in the self-addressed, prepaid envelope provided.
- Feedback is important for us to improve, so you can also call us anytime.

HOW TO FILE A GRIEVANCE/COMPLAINT

- You can file a complaint without worrying about being retaliated against, treated unfairly, or having your pharmacy services interrupted.
- If you would like to file a complaint, please call **(360) 774-5557** or **1-888-681-3440** or fill out the Grievance form included in your Welcome Packet. You may also send us an email at specialtypharmacy@jeffersonhealthcare.org
- The manager will immediately review your complaint and contact you within 5 days of receiving it. If we cannot resolve your complaint promptly or if it requires additional research, we will conduct an investigation and contact you in writing with the results within 14 days.
- If the pharmacy staff is unable to resolve your complaint to your expectation, you may contact the Community and Specialty Pharmacy Operations Manager at **(360) 385-2200 Ext 2346** or by email at specialtypharmacy@jeffersonhealthcare.org
- If you are still not satisfied, you may contact any of the following:
 - **Washington State Department of Health**
Phone: (360) 236-4700
Email: HSQAComplaintIntake@doh.wa.gov
Website: <https://doh.wa.gov/licenses-permits-and-certificates/file-complaint-about-provider-or-facility>
 - **Accreditation Commission for Health Care (ACHC)**
Phone: 1-855-937-2242
Website: <https://www.achc.org>
 - **Medicare**
Phone: 1-800-MEDICARE or 1-800-633-4227

YOUR HEALTHIER FUTURE STARTS HERE

- At Jefferson Healthcare Specialty Pharmacy, your health and well-being are our top priorities. We are more than just a pharmacy – we are your partner in health.
- Please do not hesitate to contact us with any questions or concerns. We look forward to working with you to achieve the best health outcomes possible.
- Welcome to the Jefferson Healthcare Specialty Pharmacy family!

GRIEVANCE (COMPLAINT) FORM

Complaint: Please use this form if you would like to submit a written complaint.

Date _____ Time _____

Complainant Name: _____

Patient Name: _____

Relation to Patient: _____

Cell Phone Number: _____

Address, City, State: _____

Date Services Began: _____ Date Problem Occurred: _____

Please provide a brief and factual summary of your issue(s) with any information you feel may assist in our investigation. Please include as many details as possible, including dates and times of events that relate to your complaint, the names of persons who have information about the complaint or of any persons with whom you have discussed the events relating to the complaint, and your best recollection of the dates and times of any of these discussions.

Have you contacted the provider/accredited organization directly regarding your complaint? YES: NO:

We strive to provide the highest standards of our services to meet your needs. If you have any concerns about the services received by Jefferson Healthcare Specialty Pharmacy, please call **(360) 774-5557** or **1-888-681-3440**. We will notify you within five (5) business days after receiving your complaint. We will provide you with a written notification of the results of the investigation of the complaint within 14 days. If you are dissatisfied with the results we provide to you or feel your complaint remains unresolved, you may file a complaint with the Washington State Department of Health at **(360) 236-4700** or by email at HSQAComplaintIntake@doh.wa.gov or our Accreditor, the Accreditation Commission for Health Care (ACHC), via their website (www.achc.org) or phone at **1-855-937-2242**, Medicare at **1-800-MEDICARE** or **1-800-633-4227**.

Thank you for your assistance in ensuring quality pharmacy services at Jefferson Healthcare Specialty Pharmacy.

Sincerely,

Jefferson Healthcare Specialty Pharmacy

Attention: Please complete this form and return it in the prepaid envelope provided after you receive your shipment. Thank you for choosing Jefferson Healthcare Specialty Pharmacy.

Jefferson Healthcare Specialty Pharmacy PATIENT AUTHORIZATION AND PLAN OF SERVICE

Patient Name: _____ **Date of Birth:** ___/___/_____

Insurance payment authorization: I request that Medicare and/or any other insurance plan I have makes payments of authorized benefits on my behalf directly to Jefferson Healthcare Specialty Pharmacy for medications that were furnished to me for which they bill Medicare and/or any other insurance plan on my behalf.

Release of insurance information: I request my medical insurance plan(s) to release to the above-named pharmacy, any and all information which will assist in processing my claims for medications that I am receiving from the above-named pharmacy even after service to me is discontinued. I also authorized any holder of hospital or medical information about me to release to the health care financing administration, its agents, my insurance company, or the above-named pharmacy any information needed to determine the benefits that are payable for related services.

I understand if my insurance plan(s) makes payment(s) to me for medications that I have received, rather than directly to the above-named pharmacy, I agree to endorse those checks and send them immediately to the above-named pharmacy.

I also understand that I am responsible for the payment of any deductible, co-insurance or any other portion of my charges not paid by my insurance plan(s). I also understand that I may be eligible for various types of financial assistance for my medications under the Jefferson Healthcare Specialty Pharmacy Financial Assistance Program (FAP).

_____ **(Initials)** I acknowledge that I have been advised of my financial responsibility to Jefferson Healthcare Specialty Pharmacy.

I hereby agree that Jefferson Healthcare Specialty Pharmacy or any of its affiliates may contact me, or my authorized caregiver, by telephone at my place of residence or on my mobile phone.

I have reviewed and understand the information above. I have been instructed on and understand the use of the medications and products provided. I have received the medications and products ordered. I have received a copy of a patient handout that contains:

- Patient Bill of Rights and Responsibilities
- HIPAA Privacy Notice
- Emergency Planning
- Infection Control
- How to Place a Prescription Order
- How to Obtain a Refill
- How to Access Medications in Case of an Emergency or Disaster
- How to Check on a Prescription Order
- Information on Prescription Drug Substitutions,
- How to Transfer a Prescription to another Pharmacy
- How to Obtain Medications Not Available at the Pharmacy
- How to Handle Medication Recalls
- How to Dispose of Medications
- How to Handle Adverse Reactions
- Grievance / Complaint Reporting.

I have received monograph/instructions for medications received. I have received pharmacy marketing material and information on the services the pharmacy provides. I have received instructions on how to follow up with Jefferson Healthcare Specialty Pharmacy.

I understand that prescribed medications cannot be re-dispensed. Therefore, these medications and/or products cannot be returned for credit.

I understand that I may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. To place a grievance, please call **(360) 774-5557** or **1-888-681-3440** and speak to a pharmacy team member. 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 Community and Specialty Operations Manager by emailing it to SpecialtyPharmacy@jeffersonhealthcare.org or by mailing it to 9481 Oak Bay Road, Unit A, Port Ludlow, WA, 98365. You can expect a written response within 14 working days of our receipt of the complaint.

You may also make inquiries or complaints about this pharmacy by:

- Contacting the Washington State Department of Health at **(360) 236-4700**, by email at HSQAComplaintIntake@doh.wa.gov, or via their website at: <https://doh.wa.gov/licenses-permits-and-certificates/file-complaint-about-provider-or-facility>
- Contacting the Accreditation Commission for Health Care (ACHC) at **1-855-937-2242** or via their website (www.achc.org)
- Contacting Medicare at **1-800-MEDICARE** or **1-800-633-4227**
- Contacting your insurance company, if applicable.

PATIENT OR RESPONSIBLE PARTY

PATIENT OR RESPONSIBLE PARTY SIGNATURE: X _____

PRINT NAME: _____ DATE: ____ / ____ / ____

IF PATIENT OR RESPONSIBLE PARTY IS UNABLE TO SIGN, A WITNESS MAY SIGN ON THEIR BEHALF.

WITNESS SIGNATURE: _____

PRINT NAME: _____

RELATIONSHIP: _____

REASON PATIENT OR RESPONSIBLE PARTY IS UNABLE TO SIGN:

