



St. Matthews Specialty Pharmacy

Local and Personal

p 844-690-4462 | f 844-524-HOPE(4673)

PATIENT AUTHORIZATION - PLAN OF CARE / SERVICE

Patient Name: _____ Date of Birth: _____

Insurance payment authorization: I request that Medicare and/or any other insurance plan that I have to make payments of authorized benefits on my behalf directly to St. Matthews Specialty Pharmacy for pharmaceuticals/equipment/supplies 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 company, any and all information which will assist in processing my claims for pharmaceuticals, equipment and/or medical supplies that I am receiving from the above named company 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 company 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 pharmaceuticals, equipment and/or medical supplies that I have received, rather than directly to the above named company, I agree to endorse those checks and send them immediately to the above named company.

I also understand that I am responsible for the payment of any deductible, co-insurance or other portion of my charges not paid by my insurance plan(s). I also understand that I may be eligible for a partial or complete waiver of any unpaid co-insurance charges only, under St. Matthews Specialty Pharmacy financial hardship program.

_____**(Initials)** I acknowledge that I have been advised of my financial obligations to St. Matthews Specialty Pharmacy including co-pays, deductibles and any anticipated denials for products furnished by St. Matthews Specialty Pharmacy.

I hereby agree that St. Matthews Specialty Pharmacy or any of its affiliates may contact me at my place of residence or cellular telephone, my authorized caregiver and/or emergency contact by telephone. I agree to enter into the patient management program at St. Matthews Specialty Pharmacy.

I have reviewed and understand the information above. I have been instructed on and understand the use of the products provided. I have received a copy of a patient handout that contains a welcome letter, patient rights and responsibilities, information on access to pharmacy services, HIPAA privacy notice, emergency planning, making decisions about your health care, grievance/complaint information and drug safety and disposal techniques. I have received the medication monograph/drug education information and, if applicable, equipment and medical supply instructions, warranty information. I have received instructions on how to contact St. Matthews Specialty Pharmacy.

I understand that prescribed medications cannot be re-dispensed. By law, these items cannot be returned for credit.

I understand that I may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service.

Identified needs/problems: I understand I may be unfamiliar with use of the medications, equipment and/or medical supplies provided. Expected outcomes: The patient will be provided the pharmaceuticals, equipment and/or medical supplies to comply with the prescriber's prescription. I will use the medication(s), equipment and/or medical supplies as prescribed. I will know how to obtain follow-up services as needed.

PATIENT OR RESPONSIBLE PARTY SIGNATURE:

X _____ **DATE:** ____/____/____

PATIENT OR RESPONSIBLE PARTY

PRINT NAME: _____

Please return in the envelope provided. Thank you for choosing St. Matthews Specialty Pharmacy!



St. Matthews Specialty Pharmacy

Local and Personal

p 844-690-4462 | *f* 844-524-HOPE (4673)

www.StMatthewsRx.com

Dear Patient and/or Care Giver:

Saint Matthews Specialty Pharmacy is pleased to provide advanced pharmacy services to help people in our community. We are your reliable pharmacy for medications and vaccines for you and your family. St. Matthews Specialty Pharmacy strives to provide patients and providers superior pharmaceutical care, focusing on the individual needs of those we serve. It is our mission to help you prevent and control chronic health conditions and improve community wellness by working collaboratively with healthcare providers to achieve the highest quality of care. Through our use of innovative services and high touch patient interaction, we work to provide you with an exceptional pharmacy experience.

Specialty Care Services!

We supply specialty medications needed for people receiving treatment for conditions such as hepatitis, inflammatory bowel disease, multiple sclerosis, osteoporosis, rheumatoid arthritis, cancer, hemophilia, among others.

We provide personalized education on your condition and treatment, provide proper medication administration training, determine insurance coverage and if available apply co-pay cards to lower your out-of-pocket costs.

You will have the convenience of filling all your medications with the local pharmacist you know and trust at St. Matthews Specialty Pharmacy! We will continue to work with your local providers and specialist physicians in order to make this process as smooth as possible.

Our entire staff is dedicated to making your experience with Saint Matthews Specialty Pharmacy an exceptional one. We share your concern for your health, and we encourage you to call or stop in anytime if you have a question about this new program.

Please sign and return in the enclosed envelope, PATIENT AUTHORIZATION and PATIENT SATISFACTION SURVEY, so we may best serve your needs.

Your Specialty Pharmacist,
Kim Caudill

Director, Specialty Care Services
3922B Willis Ave, Louisville, KY 40207
Specialty Care Phone: 844-690-4462
Specialty Care Fax: 844-524-HOPE (4673)

Rev. 5/11/2019

www.StMatthewsRx.com



St. Matthews Specialty Pharmacy

Local and Personal

p 844-690-4462 | f 844-524-HOPE(4673)

EMERGENCY PLANNING FOR THE HOME CARE PATIENT

This pamphlet has been provided by St. Matthews Specialty Pharmacy to help you plan your actions in case there is a natural disaster where you live. Many areas of the United States are prone to natural disasters like hurricanes, tornadoes, floods, and earthquakes.

Every patient receiving care or services in the home should think about what they would do in the event of an emergency. Our goal is to help you plan so that we can try to provide you with the best, most consistent service we can during the emergency.

Know What to Expect

If you have recently moved to this area, take the time to find out what types of natural emergencies have occurred in the past, and what types might be expected. Find out what, if any, time of year these emergencies are more prevalent. Find out when you should evacuate, and when you shouldn't.

For patients in the immediate local area The Jefferson County Emergency Management Agency (EMA) has a complete emergency operations plan outlining what to expect (https://louisvilleky.gov/sites/default/files/emametrosafe/emergency_operations_plan_0.pdf). Your local Red Cross, local law enforcement agencies, local news and radio stations will also provide information and tips for planning.

Know Where to Go

One of the most important pieces of information you should know is the location of the closest emergency shelter. These shelters are opened to the public during voluntary and mandatory evaluation times. They are usually the safest place for you to go, other than a friend or relative's home in an unaffected area.

Know What to Take with You

If you are going to a shelter, there will be restrictions on what items you can bring with you. Bring all your medications and supplies with you to the shelter if at all possible. Not all shelters have adequate storage facilities for medications that need refrigeration. *We recommend that you call ahead and find out which shelter in your area will let you bring your medications and medical supplies, in addition, let them know if you will be using medical equipment that requires an electrical outlet.*

Reaching Us if There Are No Phones

How do you reach us during a natural emergency if the phone lines don't work? How would you contact us? You may contact us using a cellular phone service. The emergency cellular number to contact us will be provided on the website and social media contact page or by social media messenger. If you have no way to call our cellular phone, you can try to reach us by having someone you know call us from his or her cellular phone. (Many times cellular phone

companies set up communication centers during natural disasters. If one is set up in your area, you can ask them to contact us.) If the emergency was unforeseen and we cannot get in touch with you, we will try to contact you through local law enforcement agencies.

An Ounce of Prevention...

We would much rather prepare you for an emergency ahead of time than wait until it has happened and then send you the supplies you need. To do this, we need for you to give us as much information as possible before the emergency. We may ask you for the name and phone number of a close family member, or a close friend or neighbor. We may ask you where you will go if an emergency occurs. Will you go to a shelter, or a relative's home? If your doctor has instructed you to go to a hospital, which one is it? Having the address of your evacuation site, if it is in another city, may allow us to service your therapy needs through another company.

Helpful Tips

- Get a cooler and ice or freezer gel-packs to transport your medication.
- Get all of your medication information and take them with you if you evacuate.
- Pack one week's worth of supplies in a plastic-lined box or waterproof tote bag or tote box. Make sure the seal is watertight.
- Make sure to put antibacterial soap and paper towels into your supply kit.
- If possible, get waterless hand disinfectant from St. Matthews Specialty Pharmacy or from a local store. It comes in very handy if you don't have running water.
- If you are going to a friend or relative's home during evacuation, leave their phone number and address with St. Matthews Specialty Pharmacy and your home nursing agency.
- When you return to your home, contact your home nursing agency and St. Matthews Specialty Pharmacy so we can visit and see what supplies you need.

For More information

There is much more to know about planning for and surviving during a natural emergency or disaster. Review the information form FEMA

http://www.fema.gov/areyouready/emergency_planning.shtm. The information includes:

- Get informed about hazards and emergencies that may affect you and your family.
- Develop an emergency plan.
- Collect and assemble disaster supplies kit, which should include:
 - Three-day supply of non-perishable food.
 - Three-day supply of water - one gallon of water per person, per day.
 - Portable, battery-powered radio or television and extra batteries.
 - Flashlight and extra batteries.
 - First aid kit and manual.
 - Sanitation and hygiene items (moist towelettes and toilet paper).
 - Matches and waterproof container.
 - Whistle.
 - Extra clothing.
 - Kitchen accessories and cooking utensils, including a can opener.
 - Photocopies of credit and identification cards.

- Cash and coins.
- Special needs items, such as prescription medications, eyeglasses, contact lens solutions, and hearing aid batteries.
- Items for infants, such as formula, diapers, bottles, and pacifiers.
- Other items to meet your unique family needs.
- Learn where to seek shelter from all types of hazards.
- Identify the community warning systems and evacuation routes.
- Include in your plan-required information from community and school plans.
- Learn what to do for specific hazards. · Practice and maintain your plan.

An Important Reminder!

*During any emergency situation, if you are unable to contact our company and you are in need of your prescribed medication, equipment or supplies, **you must go to the nearest emergency room or other treatment facility for treatment.***

HOW TO MAKE YOUR HOME SAFE FOR MEDICAL CARE

At St. Matthews Specialty Pharmacy, we want to make sure that your home medical treatment is done conveniently and safely. Many of our patients are limited in strength, or unsteady on their feet. Some are wheelchair - or bed-bound. These pages are written to give our patients some easy and helpful tips on how to make the home safe for home care.

Infection Control Education for Patient

- Select a clean, well-lit flat surface, such as a table.
- Assemble the additional supplies you will need for your injection.
- Wash your hands with soap and warm water.
- Wipe injection site with an alcohol swab.
- If needed, you may cover the injection site with a bandage.

Patients receiving specialty medications that are injected by the patient at home or are immunosuppressive agents are asked a question regarding infection status at each refill and documented.

Fire Safety and Prevention

- Smoke detectors should be installed in your home. Make sure you check the batteries at least once a year.
- If appropriate, you may consider carbon monoxide detectors as well. Ask your local fire department if you should have one in your home.
- Have a fire extinguisher in your home, and have it tested regularly to make sure it is still charged and in working order.
- Have a plan for escape in the event of a fire. Discuss this plan with your family.
- If you use oxygen in your home, make sure you understand the hazards of smoking near oxygen. Review the precautions. If you aren't sure, ask your oxygen provider what they are.
- If you are using electrical medical equipment, make sure to review the instruction sheets for that equipment. Read the section on electrical safety.

Electrical Safety

- Make sure that all medical equipment is plugged into a properly grounded electrical outlet.
- If you have to use a three-prong adapter, make sure it is properly installed by attaching the ground wire to the plug outlet screw.
- Use only good quality outlet “extenders” or “power strips” with internal Circuit breakers. Don’t use cheap extension cords.

Safety in the Bathroom

- Because of the smooth surfaces, the bathroom can be a very dangerous place, especially for persons who are unsteady.
- Use non-slip rugs on the floor to prevent slipping.
- Install a grab-bar on the shower wall, and non-slip footing strips inside the tub or shower.
- Ask your medical equipment provider about a shower bench you can sit on in the shower.
- If you have difficulty sitting and getting up, ask about a raised toilet seat with arm supports to make it easier to get on and off the commode.
- If you have problems sensing hot and cold, you should consider lowering the temperature setting of your water heater so you don’t accidentally scald yourself without realizing it.

Safety in the Bedroom

- It’s important to arrange a safe, well-planned and comfortable bedroom since a lot of your recuperation and home therapy may occur there.
- Ask your home medical provider about a hospital bed. These beds raise and lower so you can sit up, recline, and adjust your knees. A variety of tables and supports are also available so you can eat, exercise, and read in bed.
- Bed rails may be a good idea, especially if you have a tendency to roll in bed at night.
- If you have difficulty walking, inquire about a bedside commode so you don’t have to walk to the bathroom to use the toilet.
- Make sure you can easily reach the light switches, and other important things you might need through the day or night.
- Install night-lights to help you find your way in the dark at night.
- If you are using an IV pole for your IV or enteral therapy, make sure that all furniture, loose carpets, and electrical cords are out of the way so you do not trip and fall while walking with the pole.

Safety in the Kitchen

- Your kitchen should be organized so you can easily reach and use the common items, especially during your recuperation while you are still a bit weak:
- Have a friend or health care worker remove all common small appliances and utensils from cabinets, and place them on your counters where you can easily use them.
- Have a chair brought into the kitchen to the counter work area if you have difficulty standing.
- Make sure you are careful lifting pots and pans. Not only might they be hot, but they can be heavy as well. Use padded mitts to firmly grasp pans and pots on both sides.
- Ask your kitchen or hardware store about utensils for manually impaired or arthritic persons, including:
 - Basic electric can openers
 - Bottle and jar openers
 - Large-handled utensils
- When working at your stove, be very careful that intravenous, tube feeding tubing, or oxygen tubing do not hang over the heat. They can be flammable.

Getting Around Safely

- If you are now using assistive devices for ambulating (walking), here are some key points:
- Install permanent or temporary guardrails on stairs to give you additional support if you are using a cane or are unsteady.
- If you are using a walker, make sure that furniture and walkways are arranged to give you enough room.
- If you are using a walker or wheelchair, you may need a ramp for getting into or out of the house. Ramps can be purchased ready-made, or may be constructed for you. Talk to your home medical equipment provider about available options.

MAKING DECISIONS ABOUT YOUR HEALTH CARE

Advance Directives are forms that say, in advance, what kind of treatment you want or don't want under serious medical conditions. Some conditions, if severe, may make you unable to tell the doctor how you want to be treated at that time. Your Advance Directives will help the doctor to provide the care you would wish to have.

Most hospitals and home health organizations are required to provide you with information on Advance Directives. Many are required to ask you if you already have Advance Directives prepared. This pamphlet has been designed to give you information and may help you with important decisions. Laws regarding Advance Directives vary from state to state. We recommend that you consult with your family, close friends, your physician, and perhaps even a social worker or lawyer regarding your individual needs and what may benefit you the most.

What Kinds Of Advance Directives Are There?

There are two basic types of Advance Directives available. One is called a LivingWill. The other is called a DurablePowerofAttorney.

A LivingWill gives information on the kind of medical care you want (or do not want) become terminally ill and unable to make your own decision.

It is called a "Living" Will because it takes effect while you are living. Many states have specific forms that must be used for a Living Will to be considered legally binding. These forms may be available from a social services office, law office, or possibly a library. In some states, you are allowed to simply write a letter describing what treatments you want or don't want. In all cases, your Living Will must be signed, witnessed, and dated. Some states require verification.

A DurablePowerofAttorney is a legal agreement that names another person (frequently a spouse, family member, or close friend) as an *agent* or *proxy*. This person would then be make medical decisions for you if you should become unable to make them for yourself. A Durable Power of Attorney can also include instructions regarding specific treatments that want or do not want in the event of serious illness.

What Type of Advance Directive is Best for Me?

- This is not a simple question to answer. Each individual's situation and preferences are unique.
- For many persons, the answer depends on their specific situation, or personal desires for their health care.
- Sometimes the answer depends on the state in which you live. In some states, it is better to have one versus the other.
- Many times you can have both, either as separate forms or as a single combined form.

What Do I Do If I Want An Advance Directive?

- First, consult with your physician's office or home care agency about where to get information specific for your state.
- Once you have discussed the options available, consult with any family members or friends who may be involved in your medical care. This is extremely important if you have chosen a friend or family member as your "agent" in the Durable Power of Attorney.
- Be sure to follow all requirements in your state for your signature, witness signature, notarization (if required), and filing.
- You should provide copies of your Advance Directive(s) to people you trust, such as close family members, friends and/or caregiver(s). The original document should be filed in a secure location known to those to whom you give copies.
- Keep another copy in a secure location; if you have a lawyer, he or she will keep a copy as well.

How Does My Health Care Team Know I Have an Advance Directive?

You must tell them. Many organizations and hospitals are required to ask you if you have one. Even so, it is a good idea to tell your physicians and nurses that you have an Advance Directive, and where the document can be found.

Many patients keep a small card in their wallet that states the type of Advance Directive they have, where a copy of the document(s) is located, and a contact person, such as your Durable Power of Attorney "agent," and how to contact them.

What If I Change My Mind?

You can change your mind about any part of your Advance Directive, or even about having an Advance Directive, at any time.

If you would like to cancel or make changes to the document(s), it is very important that you follow the same signature, dating, and witness procedure as the first time, and that you make sure all original versions are deleted or discarded, and that all health care providers, your caregiver(s), your family and friends have a revised copy.

What If I Don't Want An Advance Directive?

You are not required by law to have one. Many home care companies are required to provide you with this basic information, but what you choose to do with it is entirely up to you.

For More Information...

This pamphlet has been designed to provide you with basic information. It is not a substitute for consultation with an experienced lawyer or knowledgeable social worker. These persons, or your home care agency, can best answer more detailed questions, and help guide you towards the best Advance Directive for you.

Drug Disposal Techniques for Patients

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.

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.

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.

Additional tips:

- 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.
- 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.
- 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.

Grievance / Complaint Reporting:

You may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. To place a grievance, please call 844-690-4462 and speak to customer services. Our complaint should be resolved within 5 working days.

You may also make inquiries or complaints about this company by calling the state Board of Pharmacy at 502-564-7910 or pharmacy.board@ky.gov, and/or Medicare at 1-800-MEDICARE and/or the Accreditation Commission for Health Care (ACHC) at 919-785-1214.



St. Matthews Specialty Pharmacy

Local and Personal

p 844-690-4462 | f 844-524-HOPE(4673)

HIPAA PRIVACY NOTICE

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 COMMITMENT TO YOUR PRIVACY

It is our duty to maintain the privacy and confidentiality of your protected health information (PHI). We will create records regarding your and the treatment and service we provide to you. We are required by law to maintain the privacy of your PHI, which includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care. We will share protected health information with one another, as necessary, to carry out treatment, payment or health care operations relating to the services to be rendered at the company.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of PHI. This notice also discusses the uses and disclosures we will make of your PHI. We must comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI we maintain. You can always request a written copy of our most current privacy notice from our Privacy Officer.

PERMITTED USES AND DISCLOSURES

We can use or disclose your PHI for purposes of treatment, payment and health care operations. For each of these categories of uses and disclosures, we have provided a description and an example below. However, not every particular use or disclosure in every category will be listed.

Treatment means providing services as ordered by your prescriber. Treatment also includes coordination and consultations with other health care providers relating to your care and referrals for health care from one health care provider to another. We may also disclose PHI to outside entities performing other services related to your treatment such as hospital, diagnostic laboratories, home health or hospice agencies, etc.

Payment means the activities we undertake to obtain reimbursement for the health care provided to you, including billing, collections, claims management, prior approval, determinations of eligibility and coverage and other utilization review activities. Federal or state law may require us to obtain a written release from you

prior to disclosing certain specially protected PHI for payment purposes, and we will ask you to sign a release when necessary under applicable law.

Health care operations means the support functions of the company, related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient comments and complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. We may use your PHI to evaluate the performance of our staff when caring for you. We may also combine PHI about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose PHI for review and learning purposes. In addition, we may remove information that identifies you so that others can use the de-identified information to study health care and health care delivery without learning who you are.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We may also use your PHI in the following ways:

- To provide appointment reminders for treatment or medical care.
- To tell you about or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you.
- To disclose to your family or friends or any other individual identified by you to the extent directly related to such person's involvement in your care or the payment for your care. We may use or disclose your PHI to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care, of your location, general condition or death.
- When permitted by law, we may coordinate our uses and disclosures of PHI with public or private entities authorized by law or by charter to assist in disaster relief efforts.

We will allow your family and friends to act on your behalf to pick up filled prescriptions, medical supplies, and similar forms of PHI, when we determine, in our professional judgment that it is in your best interest to make such disclosures.

We may contact you as part of our fundraising and marketing efforts as permitted by applicable law. You have the right to opt out of receiving such fundraising communications.

We may use or disclose your PHI for research purposes, subject to the requirements of applicable law. For example, a research project may involve comparisons of the health and recovery of all patients who received a particular medication. All research projects are subject to a special approval process which balances research needs with a patient's need for privacy. When required, we will obtain a written authorization from you prior to using your health information for research.

We will use or disclose PHI about you when required to do so by applicable law.

In accordance with applicable law, we may disclose your PHI to your employer if we are retained to conduct an evaluation relating to medical surveillance of your workplace or to evaluate whether you have a work-related illness or injury. You will be notified of these disclosures by your employer or the company as required by applicable law.

Note: incidental uses and disclosures of PHI sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

SPECIALSITUATIONS

Subject to the requirements of applicable law, we will make the following uses and disclosures of your PHI:

Organ and Tissue Donation. If you are an organ donor, we may release PHI to organizations that handle organ procurement or transplantation as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the Armed Forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Worker's Compensation. We may release PHI about you for programs that provide benefits for work-related injuries or illnesses.

PublicHealthActivities. We may disclose PHI about you for public health activities, including disclosures:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to persons subject to the jurisdiction of the Food and Drug Administration (FDA) for activities related to the quality, safety, or effectiveness of FDA-regulated products or services and to report reactions to medications or problems with products;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that an adult patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if the patient agrees or when required or authorized by law.

Health Oversight Activities. We may disclose PHI to federal or state agencies that oversee our activities (e.g., providing health care, seeking payment, and civil rights).

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI subject to certain limitations.

LawEnforcement. We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime under certain limited circumstances;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct on our premises; or
- In emergency circumstances, to report a crime, the location of the crime or the victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release PHI to a coroner or medical examiner. We may also release PHI about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release PHI about you to authorized federal officials for intelligence, counterintelligence, other national security activities authorized by law or to authorized federal officials so they may provide protection to the President or foreign heads of state.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be

necessary (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Serious Threats. As permitted by applicable law and standards of ethical conduct, we may use and disclose PHI if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or is necessary for law enforcement authorities to identify or apprehend an individual.

Note: HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information may enjoy certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.

OTHER USES OF YOUR HEALTH INFORMATION

Certain uses and disclosures of PHI will be made only with your written authorization, including uses and/or disclosures: (a) of psychotherapy notes (where appropriate); (b) for marketing purposes; and (c) that constitute a sale of PHI under the Privacy Rule. Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization.

YOUR RIGHTS

You have the right to request restrictions on our uses and disclosures of PHI for treatment, payment and health care operations. However, we are not required to agree to your request unless the disclosure is to a health plan in order to receive payment, the PHI pertains solely to your health care items or services for which you have paid the bill in full, and the disclosure is not otherwise required by law. To request a restriction, you may make your request in writing to the Privacy Officer.

You have the right to reasonably request to receive confidential communications of your PHI by alternative means or at alternative locations. To make such a request, you may submit your request in writing.

You have the right to inspect and copy the PHI contained in our company records, except:

- for psychotherapy notes, (i.e., notes that have been recorded by a mental health professional documenting counseling sessions and have been separated from the rest of your medical record);
- for information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
- for PHI involving laboratory tests when your access is restricted by law;
- if you are a prison inmate, and access would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, any officer, employee, or other person at the correctional institution or person responsible for transporting you;
- if we obtained or created PHI as part of a research study, your access to the PHI may be restricted for as long as the research is in progress, provided that you agreed to the temporary denial of access when consenting to participate in the research;
- for PHI contained in records kept by a federal agency or contractor when your access is restricted by law; and
- for PHI obtained from someone other than us under a promise of confidentiality when the access requested would be reasonably likely to reveal the source of the information.

In order to inspect or obtain a copy your PHI, you may submit your request in writing to the Medical Records Custodian. If you request a copy, we may charge you a fee for the costs of copying and mailing your records, as well as other costs associated with your request.

We may also deny a request for access to PHI under certain circumstances if there is a potential for harm to yourself or others. If we deny a request for access for this purpose, you have the right to have our denial reviewed in accordance with the requirements of applicable law.

4. You have the right to request an amendment to your PHI but we may deny your request for amendment, if we determine that the PHI or record that is the subject of the request:

- was not created by us, unless you provide a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment;
- is not part of your medical or billing records or other records used to make decisions about you;
- is not available for inspection as set forth above; or
- is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records. In order to request an amendment to your PHI, you must submit your request in writing to Medical Record Custodian at our company, along with a description of the reason for your request.

5. You have the right to receive an accounting of disclosures of PHI made by us to individuals or entities other than to you for the six years prior to your request, except for disclosures:

- (i) to carry out treatment, payment and health care operations as provided above;
- (ii) incidental to a use or disclosure otherwise permitted or required by applicable law;
- (iii) pursuant to your written authorization;
 - to persons involved in your care or for other notification purposes as provided by law;
 - for national security or intelligence purposes as provided by law;
 - to correctional institutions or law enforcement officials as provided by law;
 - as part of a limited data set as provided by law.

To request an accounting of disclosures of your PHI, you must submit your request in writing to the Privacy Officer at our company. Your request must state a specific time period for the accounting (e.g., the past three months). The first accounting you request within a twelve (12) month period will be free. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

6. You have the right to receive a notification, in the event that there is a breach of your unsecured PHI, which requires notification under the Privacy Rule.

COMPLAINTS/CONCERNS

If you believe that your privacy rights have been violated, you should immediately contact the company. We will not take action against you for filing a complaint. You may file a complaint with the Secretary of the U. S. Department of Health and Human Services, 200 Independence Ave. S.W., Washington DC, 20201.



St. Matthews Specialty Pharmacy

Local and Personal

p 844-690-4462 | *f* 844-524-HOPE(4673)

PATIENT BILL OF RIGHTS

The Patient has the Right To:

- Be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and care of personal needs without discrimination.
- Have health information protected according to Privacy standards and Law.
- Be fully informed of the patient management program, current care and any changes made, including termination, regarding the care.
and treatment to be provided by St. Matthews Specialty Pharmacy.
- Receive care appropriate to his/her needs and speak to a health care professional in a timely manner.
- Receive prompt response to all reasonable inquiries or grievances.
- Be advised, before care is initiated, of the extent to which payment for the organization's services may be expected from Medicare / Medicaid, insurance, or the client's liability for payment, billing cycles, changes in payment.
- Be informed of any financial benefits when referred to an organization.
- Be informed of any provider limitations affecting treatment of care.
- Receive prompt response to all reasonable interruption of services.
- Be informed of any rights and responsibilities he/she may have in the care process.
- Receive the information necessary to make decisions regarding his/her care.
- Accept or refuse any treatment, or services, and revoke consent or disenroll at any point in time.
- A referral if the patient is denied services solely on his or her inability to pay.
- Voice grievance and recommend a change in policy, service or staff without fear, reprisal, discrimination or unreasonable interruption of service.
- Appeal decisions made by St. Matthews Specialty Pharmacy concerning your health care. These appeals should be made in writing addressed to the Pharmacist In Charge.

All Patients have the Responsibility to:

- Give accurate and complete contact information, health information and other pertinent items, and to notify St. Matthews Specialty Pharmacy of any changes in this information.
- Assist in developing and maintaining a safe environment for patient care.
- Participate in the development and update of their therapy care plan and adhere to the care plan.
- Request further information concerning anything they do not understand.
- Give information regarding concerns and problems they have to a St. Matthews Specialty Pharmacy staff member.
- Inform St. Matthews Specialty Pharmacy if they are in the hospital, or have utilized emergency services.
- Notify their treating provider of their participation with St. Matthews Specialty Pharmacy.
- Submit any forms that are necessary to participate with St. Matthews Specialty Pharmacy, to the extent required by law.

Rev. 5/11/2019



St. Matthews Specialty Pharmacy

Local and Personal

p 844-690-4462 | f 844-524-HOPE(4673)

PATIENT SATISFACTION SURVEY

Dear Patient,

Date: _____

It is our desire to provide you with the best quality services available. In order to help us maintain our high standards, take a few moments to tell us how we are doing. Please complete and mail it back to us. Thank you.

The medications (and supplies if applicable) were delivered on time	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The medications (and supplies if applicable) were dispensed correctly	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Training and consultations were effective in educating me or my caregiver on my service / care and /or therapy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Educational materials and instructions were adequate to educate me or my caregiver on the product(s)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The staff was courteous and helpful	<input type="checkbox"/> YES	<input type="checkbox"/> NO
My financial responsibilities were explained to me	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I receive advice or help when needed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The services provided made a positive impact on the outcome of my care and/or therapy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I would recommend your service to my friends and family	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The services provided met my needs and expectations	<input type="checkbox"/> YES	<input type="checkbox"/> NO

How likely is it that you would use our specialty services to fill your future prescription needs? (please circle)

Not at all likely Extremely Likely
0 1 2 3 4 5 6 7 8 9 10

How likely is it that you would recommend St. Matthews Specialty Pharmacy services to a friend or colleague?

Not at all likely Extremely Likely
0 1 2 3 4 5 6 7 8 9 10

COMMENTS (OPTIONAL):

Signature (optional): _____

Rev. 5/10/2019



St. Matthews Specialty Pharmacy

Local and Personal

p 844-690-4462 | *f* 844-524-HOPE (4673)

Monday – Friday 9am to 5pm EST

Common Questions & Answers

Who is St. Matthews Specialty Pharmacy?

St. Matthews Specialty Pharmacy is locally owned and independently operated pharmacy. Our team of highly trained pharmacists are experts in an expansive range of in-demand services and are among the most highly qualified pharmacists in the profession. Our team holds certifications in cancer and blood disorders, specialty medications, geriatrics, pharmacotherapy, addiction and medication therapy management. The pharmacy was founded on providing direct patient care to their customers using highly trained pharmacists in the community pharmacy setting. St. Matthews Specialty Pharmacy strives to provide patients and providers superior pharmaceutical care, focusing on the individual needs of those we serve. It is our mission to help prevent and control chronic health conditions and improve community wellness by working collaboratively with healthcare providers to achieve the highest quality of care. Through our use of innovative services and high touch patient interaction, we work to provide an exceptional pharmacy experience.

What types of Services does St. Matthews Specialty Pharmacy Provide?

We pride ourselves in our clinical knowledge, our commitment to providing superior care to our patients and the wide variety of services we offer. We provide pharmacy services to adult and pediatric patients and providers in Kentucky, Ohio and Indiana. We supply specialty medications needed for people receiving treatment for conditions such as cancer, blood disorders, liver disease, inflammatory bowel disease, multiple sclerosis, osteoporosis, skin disorders, rheumatoid arthritis, addiction among others.

What is a Specialty Patient Management Program?

St. Matthews Specialty Pharmacy provides individualized, high-touch care by enrolling all patients in a unique patient management program who receive a prescription from our pharmacy. You were enrolled in this program because your health condition and / or medication requires special attention and monitoring. Our pharmacy team conducts a thorough review of your new prescription, your health conditions, current medications and overall health care needs. Our goal is your goal: To HELP YOU reach your BEST HEALTH. We will work closely with you and your provider to observe your response to the medication to assure you get the best benefit.

How to Obtain a Prescription Order or a Refill?

For your convenience, our specialty patient care coordinator will work with you to get your medication on time. The coordinator will remind you 7 – 10 days before each refill so you can choose a good time for your medication delivery. We will call you about a week before it's time to refill your medicine. You may also request a new prescription or initiate a refill by calling the pharmacy 7-10 days before your refill is due and requesting your medication be refilled by providing your name, date of birth and refill prescription number and/or the name of the medication.

How to Check Status of Your Claim/Prescription?

Patients can call St. Matthews Specialty Pharmacy Services at 1-844-690-4462 and speak with a pharmacist or pharmacy technician directly.

How will I receive my medication?

Convenience and getting your medication on time is key. You may receive your medication by delivery to the address you designate for delivery, whether it be home or office, in unmarked and tamper-resistant packing for your privacy and safety. Medications requiring refrigeration arrives in a cold package and should be removed and stored in the refrigerator upon arrival. Additionally, we truly appreciate seeing our patients face to face. You are always welcome to pick up your prescription in person at the pharmacy.

Where is the pharmacy and what are the hours of operation?

The pharmacy is located at 3922B Willis Avenue in Louisville, Kentucky. The pharmacy normal hours of operation are Monday – Friday from 9:00 A.M. to 5:00 P.M. EST. Access to pharmacy services is available outside of normal business hours, including holidays and weekend, to individuals who have an urgent need or a clinical question.

What is an Adverse Event?

An adverse reaction is defined as any unpredictable, unintended, undesirable, and unexpected biological response that a patient may have to medications. Based on published literature such as "The Physician's Desk Reference", St. Matthews Specialty Pharmacy considers the following to be adverse drug reactions:

- Headache, tremors, dizziness, muscle spasms, confusion
- Nausea, vomiting, diarrhea
- Skin rash or flushing
- Hypotension, Hypertension, arrhythmia, tachycardia, or bradycardia
- Shortness of breath, dyspnea, or respiratory depression

What to do if I experience an Adverse Event?

Contact St. Matthews Specialty Pharmacy or your prescribing physician to report the reaction. If reported to St. Matthews Specialty Pharmacy the pharmacist will immediately contact the patient's physician, report the adverse reaction(s), and obtain instructions from the physician who may involve discontinuing the medication, or modifying the dose.

How do I transfer my other prescription medications to St. Matthews Specialty Pharmacy?

We are happy to take care of all your prescription health care needs. To transfer prescriptions to our pharmacy, simply call our pharmacy and request that we transfer your other prescriptions. Provide us with the name and contact number of the pharmacy the prescription is being retained and the name of the prescription medicine(s). We will complete the transfer process from there. It is that simple! If you are re-locating and need to transfer your prescription from our pharmacy, the pharmacy may contact us to transfer the prescription using the same process.

What happens if there is a delay in my prescription order from St. Matthews Specialty Pharmacy?

In the event a prescription is delayed from being ready on the original delivery or pick-up date, the specialty patient care coordinator will call you. Alternatively, if you do not receive a package that you were expecting, call the pharmacy to report a missing delivery. We will work to ensure you have a continuous supply of medication(s) and are provided with the medication you need in a timely manner.

Are there any advocacy support tools available for me?

We know that many specialty medications and unique health problems can be expensive. We might be able to help locate patient assistance programs (PAPs) that can provide financial assistance. Additionally, we may also be able to provide educational information about your health condition and refer you to appropriate advocacy / support groups.

How to Determine if the Pharmacy is in or out of Insurance/PBM Network?

Our Pharmacy is contracted with all the main insurers and benefits vary from patient to patient according to their chosen prescription benefit plan. You can call your insurer to verify eligibility or call our specialty care to determine your network status at 1-844-690-4462.

Will the pharmacy perform any substitutions of my prescription?

Drug substitutions will not be performed without prescriber and patient authorization.

How do I obtain a medication that is not available through St. Matthews Specialty Pharmacy?

We are your advocate for patient access to needed medications. If your insurance requires the medication be filled at a specific pharmacy or the medication is not available through our pharmacy, we will complete all necessary information and transfer the prescription to the designated pharmacy. We will contact the provider and patient to let them know where the prescription was transferred.

May I Choose not to be in the Specialty Patient Management Program?

Participation is strongly encouraged and designed to help you meet your goals. However, individuals wishing to “opt-out” of the program may make a verbal request at any point in time.

