



Patient Welcome Handbook

MedicoRx Specialty and
Home Infusion

Dear Patient:

Welcome - **MedicoRx** is an accredited Specialty and Home Infusion Pharmacy. We are delighted to have been chosen as your home pharmacy provider. We will work closely to coordinate your care with your physician and one of our affiliated home health nursing agencies.

Our Patient Welcome Handbook will help guide you in preventing problems, how to respond to emergency situations when necessary, provide you with support, resources and contact information.

Mission and Values

Our mission includes providing compassionate, high quality and cost effective health care services to our patients. To help us in that mission we will work with you, your physician, caregiver and other health care providers to make your therapy go as smoothly as possible. We make every effort to respect your rights and choices as a patient, and welcome the uniqueness and honor the dignity of every person involved in your care.

How to Contact Us

Please call (818) 390-9696

Our regular office hours are 9am to 5pm Monday through Friday, 8:30am to 4:00pm on Saturdays, and 9:30 to 2:00pm Sundays. We are available after hours 24/7/365 for on-call questions you may have or concerns that may have come up. Our answering service will be able to contact the clinician on-call who will return your call in a timely manner.

Here at **MedicoRx**, we greatly encourage you to call our team below if:

- You have questions about medication procedures
- Need to order supplies or medication refill
- You are having problems with equipment, dressings, or experience a change in your condition
- You are hospitalized, your condition worsens, or your therapy is interrupted for any reason
- There is a change in the prescription and supply needs
- The therapy ends
- Anything that causes you concern for safety
- You have a billing question or need to provide a new health plan information

The name and phone number of your Home Health Agency is provided below if you need to get in contact with your assigned nurse regarding your nursing care or visits.

Your MedicoRX Specialty and Home Infusion Team:

Pharmacist: _____ Tel .No. (818)390-9696
Pt. Services Rep: _____ Tel .No. (818) 390-9696
Name of Home Health Agency: _____
Telephone No: () _____ - _____

Deliveries

- Depending on the stability of your medication, we may schedule a shipment to you at regular intervals. This is usually once or twice per week.
- We encourage you to keep track of your supplies and contact our pharmacy when your supplies are low. Make sure that you have enough time for supplies to be shipped.
- When you are not home for a delivery, please provide an alternate delivery address where the supplies can be delivered.
- Be sure that you have received your complete shipment and that all supplies and equipment are in good condition.
- Please inform our delivery representative at the time of the delivery if the supplies are damaged, incorrect or incomplete. The delivery representative can return the damaged supplies and arrange for replacements.
- If you receive your delivery from one of our contracted carrier delivery service and the supplies are damaged or missing, please contact our office immediately.
- Sign and date the delivery receipt after making sure order is correct.
- Our delivery people are not CPR certified and if an emergency arises they are instructed to call 911. If the patient has a specific request regarding resuscitation, they should be prepared to present that information to emergency rescue workers.

You will find information on Patient Rights and Responsibilities, Infection Control/Aseptic Technique and Safety, Sharps Disposal included in this Welcome Packet. Please look through this information and if you need any clarification, we will be happy to assist you.

As a new patient to our service, you are being asked to sign the Record of Acknowledgment form. This is our receipt of your having received your copy of our Notice of Privacy Practices. As of April 14, 2003, this has become required practice for health care workers as part of the new standards commonly known as the HIPPA 'Privacy Rule'. We ask that you read it carefully.

Disposal Tips for Home Health Care

You can prevent injury, illness, and pollution by following some simple steps when you dispose of the sharp objects and contaminated materials you use in administering health care in your home.

You should place the following objects in a hard-plastic or metal container with a screw-on or tightly secured lid.

- Needles
- Syringes
- Lancets
- Other sharp objects

We can furnish you disposable sharps, or you may purchase containers specifically designed for the disposal of medical waste sharps. Before discarding a container, be sure to reinforce the lid with heavy-

duty tape. Do not put sharp objects in any container you plan to recycle or return to a store, and do not use glass or clear plastic containers (see additional information below). Finally, make sure that you keep all containers with sharp objects out of the reach of children and pets.

We also recommend that the following items be placed in securely fastened plastic bags before you put them in the garbage can with your other trash.

- Soiled bandages
- Disposable sheets
- Medical gloves

Containers with Sharps are Not Recyclable

EPA promotes all recycling activities and therefore encourages you to discard medical waste sharps in a sturdy non-recyclable container when possible. If a recyclable container is used to dispose of medical waste sharps, make sure that you don't mix the container with other materials to be recycled. Since sharps impair the containers recyclability, a container holding your medical waste sharps properly belongs with the regular household trash. You may even want to label the container, "NOT FOR RECYCLING". In addition, make sure your sharps container is made of non-breakable material and has a lid that can be securely closed. These steps go a long way toward protecting workers and others from possible injury (Although disposing of recyclable containers removes them from the recycling stream, the expected impact is minimal.)

PATIENT INFORMATION

Always read your medication labels carefully to verify:

- correct name
- correct medication
- correct dose
- correct frequency

STORAGE OF MEDICATION

Most of your I.V. medications need to be stored in the refrigerator as stated on the label. Always check the label for instruction, name and medication. Some medications need to be stored in the freezer and this will be indicated on the label if necessary. Everything else is stored at room temperature. If you have any questions, please call MedicoRx Specialty Pharmacy Home Care.

INFECTION CONTROL

EQUIPMENT:

1. Gloves (non-sterile)
2. Sharps-like container
3. Heavy plastic bags

PROCEDURE:

1. To help minimize the spreading of germs, hands should be washed thoroughly, including brushing under and around fingernails. Scrub hands and forearms up to the elbow. Dry with a clean paper or cloth towel.
2. You should ALWAYS wash your hands:
 - a. Before and after touching any medications, supplies, dressings, or open wounds

- b. Before performing any procedure
 - c. After you use the bathroom
3. Caregivers and/or visitors should also wash their hands and be careful if they have a cough to protect you from getting sick if your medical condition causes you to have a lower immune system.
 4. Contact with all relatives and visitors should be minimized if they have any colds or infections.
 5. Gloves should be worn when you are touching any infected skin, wounds, or materials with blood.
 6. Gloves also may be required to be worn when performing certain aseptic technique procedures (you will be instructed by your nurse when to wear gloves).
 7. Gloves should be used once only.
 8. NEVER RECAP NEEDLES.
 9. NEVER BREAK NEEDLES.
 10. Place all used needles, IV catheters, and syringes in the Sharps- like container.
 11. Contaminated dressings, tissues, and used gloves must be placed in heavy plastic bags before disposal.
 12. Always wash clothing, bedding, or towels separately that have been soiled with blood or body fluids (i.e. vomit). Use hot water and bleach.
 13. Dishes and utensils should be washed with hot water and dish washing soap.
 14. Use a clean cloth to dry dishes.
 15. Never use the same cloth to dry dishes that was used for something else.
 16. Bathrooms should be kept clean at all times.
 17. All relatives and visitors should also follow these guidelines.
 18. Always utilize "universal precautions"

ASEPTIC TECHNIQUE

Aseptic technique refers to the method used to perform a procedure that will keep the sterile materials free from bacteria. There are bacteria on the skin which is not harmful as long as it remains on the skin. Most areas inside the body are free from bacteria that is, sterile.

Bacteria can enter into these areas through contaminated solutions or supplies. Touching sterile parts of supplies can cause contamination and lead to an infection. Using aseptic technique when working with your supplies, solutions and equipment can prevent infection: Aseptic technique is the most important procedure you will learn. It cannot be stressed enough. Again, this is the most important thing you can do to prevent infection.

The following are basics of aseptic technique:

- I. Hand washing
- II. Handling sterile equipment and supplies

I. HAND WASHING

Hands that are not visibly dirty need to be washed just as thoroughly as visibly dirty hands. Bacteria normally found on the skin of the hands and those bacteria otherwise collected during daily activity on the hands can cause infection.

REMEMBER: Always wash your hands before handling equipment before doing any procedures.

You will need the following supplies for hand washings:

- Antibacterial soap

- Running water
- Paper towel

1. Hand Washing Procedure
 - a. Remove jewelry as this is a hiding place for bacteria.
 - b. Wet hands and apply soap, Scrub at least two minutes.
 - c. Rinse hands well in running water.
 - d. Dry hands thoroughly with a paper towel.
 - e. Turn off the faucet with the paper towel.

II. HANDLING STERILE EQUIPMENT AND SUPPLIES

Most of the supplies you will use for your therapy have been sterilized, packaged and sealed.

All solutions you will use are prepared and sealed using sterile technique.

To keep solutions equipment and supplies sterile carefully follow these instructions:

1. Always wash your hands when handling supplies and before all procedures.
2. Utilize a quiet place to do your procedure to decrease traffic flow through the area and the amount of distractions.
3. DO NOT USE any solution if:
 - a. The expiration date has passed; OR
 - b. the solution is cloudy discolored or if particles are floating in the solution OR
 - c. The solution container has cracks, chips, tears, leaks, or damaged caps.
4. Make sure all packages are sealed. Discard anything with a broken seal. If there is moisture inside packages which are supposed to be dry, discard the item.
5. Do not touch a sterile item with your fingers. Do not let the item touch any non-sterile surface including the outside of its package.
6. After removing protective caps do not touch the exposed area with your fingers or allow them to touch any non-sterile surface.
7. Do not touch the shaft of the syringe plunger with your fingers.
8. When in doubt throw it out! Do not use anything you think may be contaminated. It is much more expensive to be hospitalized for an infection than to obtain extra supplies.
9. Work with solutions and supplies in front of you and at waist level. This enables you to get better view and prevent contamination.
10. DO NOT take "short-cuts" with your procedure.

RIGHTS, RESPONSIBILITIES AND IMPORTANT INFORMATION

As a patient/caregiver/family, you have the RIGHT to:

1. To be fully informed in writing, in advance of receiving services, of your rights and of your responsibilities;
2. To be served regardless of race, color, marital status, national origin, religion, sex, sexual preference, age, or disability;
3. To be treated with respect and dignity and to have your property treated with respect ;
4. To receive communication regarding our care in a language or form that is readily understood by you; either by interpreter or in writing;
5. To be fully informed of and to participate in the planning of care to be provided, including types of caregivers and proposed frequency of visits, and to be informed of and to participate in any changes to that care;
6. To have your family (including significant other) and/or surrogate decision maker participate in the facilitation of your care and to exercise your rights if you are unable to do so;
7. To receive information about your condition including the nature and purpose of any technical procedure to be performed;
8. To receive information about the MedicoRx's policies on Adverse Directives upon admission.
9. To formulate advance directives and to receive care that is not based on whether or not you have executed such a directive, and to use the state's home health hotline to lodge complaints or to raise questions concerning the implementation of the Advanced Directives requirements.
10. To be transferred to another appropriate organization if at any time the MedicoRx is unable to honor an Advanced Directive elected by me;
11. To be informed in advance of the cost of your care and the extent to which you may be expected to be liable, as well as the extent to which a third party payer may contribute;
12. To be informed of impending discharge from services, transfer to another organization, or the need for alternate services, and to participate in the process;
13. To be informed of the relationship between MedicoRx and any other organization or service to which you are referred by MedicoRx. You have the right to choose an alternative organization or service if you desire;
14. To have all information concerning your care treated confidentially and to have information released to third parties only with your written consent;
15. Receive appropriate service/care without discrimination in accordance with physician's orders;
16. Be informed of provider service/care limitations;
17. Be informed of anticipated outcomes of service/care and of any barriers in outcome achievements;
18. To make decisions regarding your care including participation in investigational studies and/or clinical trials;
19. To refuse all or part of your care and to be informed of the expected consequences of your actions;
20. The patient has the right to appropriate assessment and management of pain.
 - a. Your reports of pain will be believed
 - b. Information about pain and pain relief measures
 - c. A concerned staff committed to pain prevention and management
 - d. Health Professionals who respond quickly to reports of pain and

- e. Effective pain management

RIGHTS, RESPONSIBILITIES AND IMPORTANT INFORMATION

Your rights as our patient include being informed in writing of your responsibilities in the provision of your care.

You have the RESPONSIBILITY:

1. To provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and visits to the physician and/or hospital stays while an active home health patient;
2. To report unexpected changes in your condition to the responsible practitioner, and to follow the treatment plan recommended by that practitioner;
3. To make it known whether you clearly comprehend a contemplated course of action and what is expected of you.
4. For your actions if you refuse treatment or do not follow the practitioner's instructions;
5. For being respectful and for providing a safe environment for MedicoRx personnel and their property while they are providing services in your home. Non-compliance in these responsibilities could result in termination of your care;
6. For providing to MedicoRx any information necessary for processing third-party payment of charges for the items and services provided by MedicoRx and/or making arrangements for payments of your bill;
7. For providing to MedicoRx any information & a copy pertaining to the initiation/revocation of any advance directive documents concerning your medical care (e.g. Living Will, etc.); we will need a copy.
8. To notify MedicoRx if you will not be at home when a visit has been scheduled.
9. To immediately notify MedicoRx Specialty Pharmacy of any financial or insurance coverage changes including any additional insurance (i.e., supplemental plans, Medicare to HMO, Medi-Cal non-eligibility). In any event that MedicoRx Specialty Pharmacy is not notified; the patient and/or responsible party will be liable for any charges incurred.
10. As a patient of this home care MedicoRx, we expect that you will:
 - a. Ask your nurse what to expect regarding to pain and pain management
 - b. Discuss pain relief options with your nurse
 - c. Work with your nurse to develop a pain management plan
 - d. Ask for pain relief when pain first begins
 - e. Help your nurse assess your pain
 - f. Tell your nurse if your pain is not relieved, and
 - g. Tell your nurse about any worries you have about taking pain medication.

RIGHTS, RESPONSIBILITIES AND IMPORTANT INFORMATION

Outcome and Assessment Information Set (OASIS) Statement of Patient Privacy Rights As a home patient, you have the privacy rights listed below:

1. You have the right to know why we need to ask you questions.
2. We are required by law to collect health information to make sure:
 - a. You get quality health care, and
 - b. Payment for Medicare and Medicaid patients is correct.
3. You have the right to have your personal health care information kept confidential.
4. You may be asked to tell us information about yourself so that we will know which home health services will be best for you.
5. We keep anything we learn about you confidential.
6. This means, only those who are legally authorized to know, or who have medical need to know, will see our personal health information.
7. You have the right to refuse to answer questions.
8. We may need your help in collecting our health information.
9. If you choose not to answer, we will fill in the information as best we can.
10. You do not have to answer every question to get services.
11. You have the right to look at our personal health information.
12. We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.
13. If you are not satisfied with our response, you can ask the Health Care Financing Administration, the federal Medicare and Medicaid MedicoRx, to correct your information.

Notice about Privacy

For Patients Who Do Not Have Medicare or Medicaid Coverage

As a home health patient, there are a few things that you need to know about our collection of your personal health information:

1. Federal and State government oversee home health care to be sure that we furnish quality home health services, and that you, in particular, get quality home health care services.
2. We need to ask you questions because we are required by law to collect health information to make sure that you get quality health services.
3. We will make your information anonymous. That way, the Health care Financing Administration, the federal MedicoRx that oversees this home health MedicoRx, cannot know that the information is about you.
4. We keep anything we learn about you confidential.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAYBE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

I. **Our Duty to Safeguard Your Protected Health Information**

We are committed to preserving the privacy and confidentiality of your health information. We are required by certain state and federal regulations to implement policies and procedures to safeguard your health information. Copies of our privacy policies and procedures are maintained in our business office. We are required by state and federal regulations to abide by the privacy practices described in this notice, including any future revisions that we may make to the notice as may become necessary or as authorized by law.

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care treatment or services you receive is considered protected health information (PHI). Accordingly, we are required to provide you with this Privacy Notice that contains information regarding our privacy practices to explain how, when and why we may use or disclose your PHI and your rights and our obligations regarding any such uses or disclosures. Except in specified circumstances, we must use or disclose only the minimum amount of PHI necessary to accomplish the intended purpose of the use or disclosure of such information.

We reserve the right to change this notice at any time and to make the revised or changed notice effective for PHI that we already have about you as well as any information we receive in the future about you. Should we revise/change this Privacy Notice, we will promptly post the revision on our website@:[www.MedicoRxSpecialty Pharmacyhomecare.com](http://www.MedicoRxSpecialtyPharmacyhomecare.com). Please contact our office if you have any concerns or questions concerning our Privacy Notice.

II. **How We May Use and Disclose Your Protected Health Information**

We use and disclose protected health information for a variety of reasons. We have a limited right to use and/or disclose your protected health information for purposes of treatment, payment, or for health care operations. For other uses and disclosures, you must give us your written authorization to release your protected health information unless the law permits or requires us to make the use or disclosure without your authorization.

Should it become necessary to release or give access to your protected health information to an outside party performing services on our behalf, we will require the party to have a signed agreement with us to ensure the same degree of privacy protection to your information is extended by the other party as we do. The privacy law permits us to make some uses or disclosures of your protected health information without your consent or authorization. The following describes each of the different ways that we may use or disclose your protected health information. Where appropriate, we have included examples of the different types of uses or disclosures. These include:

1. **Use and Disclosures Related to Treatment**

We may disclose your protected health information to those who are involved in providing medical and nursing care services and treatments to you. For example we may release protected health information about you to nurses, nursing assistants, medication aides/technicians, medical and nursing students, therapists, other pharmacists, medical records personnel, other consultants, physicians, etc. We may also disclose your protected health information to outside entities performing other services

relating to your treatment; such as long term care facilities, hospitals, diagnostic laboratories, home health/hospice agencies, family members, etc.

2. Use and Disclosures Related to Payment

We may use or disclose your protected health information to bill and collect payment for items or services we provided to you. For example, we may contact your insurance company, health plan, or another third party to obtain payment for services we provided to you.

3. Use and Disclosures Related to Health Care Operations

We may use or disclose your protected health information for the performance of certain functions in monitoring and improving the quality of care and services that you and others receive. For example, we may use your protected health information to evaluate the effectiveness of the care and services you are receiving. We may also disclose your protected health information for auditing, care planning, quality improvement, and learning purposes.

4. Use and Disclosures Related to Treatment Alternatives, Health-Related Benefits and Services

We may use or disclose your protected health information for purposes of contacting you to inform you of treatment alternatives or health-related benefits and services that may be of interest to you, such as a newly released medication or treatment that has a direct relationship to a treatment or medical condition.

Uses and Disclosures Requiring Your Written Authorization

For uses and disclosures of your protected health information beyond the above excepted purposes, we are required to have your written authorization, except as otherwise required or permitted by law. You have the right to revoke an authorization at any time to stop future uses or disclosures of your information except to the extent that we have already undertaken an action in reliance upon your authorization. Your revocation request must be provided to us in writing. Our contact information for purposes of revoking your authorization is listed at the end of this document. You may use our ***Authorization for Use or Disclosure of Protected Health Information Form*** and/or our Revocation of an Authorization form to submit your request to us. Copies of these forms are available upon request.

Examples of uses or disclosures that would require your written authorization include, but are not limited to, the following:

1. A request to provide your protected health information to an attorney for use in a civil litigation claim.
2. A request to provide certain information to an insurance or pharmaceutical company for the purposes of providing you with information relative to insurance benefits or new medications that may be of interest to you.
3. A request to provide PHI to another individual or facility, where no exception from the written authorization requirement applies.

Uses or Disclosures of Information Based Upon Your Verbal Agreement

In the following situations, we may disclose a limited amount of your protected health information if we provide you with an advance oral or written notice and you do not object to such release or such release is not otherwise prohibited by law. However, if there is an emergency situation and you are unable to object (e.g., because you were not present or you were incapacitated), disclosure may be made if it is consistent with all prior expressed wishes and disclosure is determined to be in your best interest. When a disclosure is made based on these or emergency situations, we will only disclose protected health information relevant to the person's involvement in your care. For example, if you are having

an adverse reaction to a medication, and are not able to communicate with us effectively, we may inform a family member involved in your care of your drug regimen and possible side effects. You will be informed and given an opportunity to object to further disclosures of such information as soon as you are able to do so.

We may disclose your protected health information to your family members and friends who are involved in your care or who help pay for your care. We may also disclose your protected health information to a disaster relief organization for the purposes of notifying your family and/or friends about your general condition, location, and/or status (i.e., whether you are alive or dead). You may object to the release of this information. You may use our Request to Restrict the Use or Disclosure of Protected Health Information form to notify us of your objection or your objection may be made orally.

Uses and Disclosures of Information That Do Not Require Your Consent or Authorization

State and federal laws and regulations in some instances either require or permit us to use or disclose your protected health information without your consent or authorization. The uses or disclosures that we may make without your consent or authorization include the following:

1. When Required by Law:

We may disclose your protected health information when required by federal, state or local law.

2. Abuse, Neglect, or Domestic Violence:

As required or permitted by law, we may disclose protected health information about you to a state or federal Agency to report suspected abuse, neglect, or domestic violence. If such a report is optional, we will use our professional judgment in deciding whether or not to make such a report. If feasible, we will inform you promptly that we have made such a disclosure.

3. Communicable Diseases:

To the extent authorized by law, we may disclose information to a person who may have been exposed to a communicable disease or who is otherwise at risk of spreading a disease or condition.

4. Disaster Relief:

We may disclose protected health information about you to government entities or private organizations (such as the Red Cross) to assist in disaster relief efforts.

5. Food and Drug Administration (FDA):

We may disclose protected health information about you to the FDA, or to an entity regulated by the FDA, in order, for example, to report an adverse event or a defect related to a drug or medical device.

6. For Public Health Activities:

As required or permitted by law, we may disclose protected health information about you to a public health authority, for example, to report disease, injury, or vital events such as death.

7. For Health Oversight Activities:

We may disclose your protected health information to a health oversight Agency -such as a protection and advocacy Agency, or to other agencies responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents or to ensure that we are in compliance with applicable state and - federal laws and regulations, including civil rights laws.

8. To Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations or Tissue Banks:

We may disclose your protected health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We may also disclose your protected health information to a funeral director for the purposes of carrying out your wishes and/or for the funeral director to perform his/her necessary duties.

If you are an organ donor, we may disclose your protected health information to the organization that will handle your organ, eye or tissue donation for the purposes of facilitating your organ or tissue donation or transplantation.

9. For Research Purposes:

We may disclose your protected health information for research purposes without your authorization only when a privacy board has approved the research project. We may use or disclose your protected health information to individuals preparing to conduct an approved research project in order to assist such individuals in identifying persons to be included in the research project. Researchers identifying persons to be included in the research project will not be permitted to remove protected health information from our control. If it becomes necessary to use or disclose information about you that could be used to identify you by name, we will obtain your written authorization before permitting the researcher to use your information. Researchers will be required to sign a Confidentiality and Non-Disclosure Agreement form before being permitted access to protected health information for research purposes. A sample copy of this agreement may be obtained from our business office.

10. To Avert a Serious Threat to Health or Safety:

We may disclose your protected health information to avoid a serious threat to your health or safety or to the health or safety of others. When such disclosure is necessary, information will only be released to those law enforcement agencies or individuals who have the ability or authority to prevent or lessen the threat of harm.

11. For Judicial or Administrative Proceedings:

We may disclose protected health information about you in the course of a judicial or administrative proceeding, in accordance with our legal obligations.

12. To Law Enforcement:

We may disclose protected health information about you to a law enforcement official for certain law enforcement purposes. For example, we may report certain types of injuries as required by law, assist law enforcement to locate someone such as a fugitive or material witness, or make a report concerning a crime or suspected criminal conduct.

13. Minors:

If you are an un-emancipated minor as defined under state law, there may be circumstances in which we disclose protected health information about you to a parent, guardian, or other person acting *in loco parentis*, in accordance with our legal and ethical responsibilities.

14. Parents:

If you are a parent of an un-emancipated minor, and are acting as the minor's personal representative, we may disclose protected health information about your child to you under certain circumstances. For example, if we are legally required to obtain your consent as your child's personal representative in order for your child to receive care or services from us, we may disclose protected health information about your child to you.

In some circumstances, we may not disclose protected health information about an emancipated minor to you. For example, if your child is legally authorized to obtain services (without separate consent from you), and does not request that you be treated as his or her personal representative, we may not be required to disclose protected health information about your child to you without your child's written authorization.

15. To Personal Representatives:

If you are an adult or emancipated minor, we may disclose protected health information about you to a personal representative authorized to act on your behalf in making decisions about your health care.

16. For Specific Government Functions:

We may disclose protected health information about you for certain specialized government functions, as authorized by law. Among these functions are the following: military command; determination of veteran's benefits; national security and intelligence activities; protection of the President and other officials; and the health, safety, and security of correctional institutions.

17. For Workers' Compensation:

We may disclose protected health information about you for purposes related to workers' compensation, as required and authorized by law.

Your Rights Regarding Your Protected Health Information

You have the following rights concerning the use or disclosure of your protected health information that we create or that we may maintain about you:

1. To Request Restrictions on Uses and Disclosures of Your Protected Health Information:

You have the right to request that we limit how we use or disclose your protected health information for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care or services. For example, you could request that we not disclose to family members or friends information about a medical treatment you received.

Should you wish a restriction placed on the use and disclosure of your protected health information, you must submit such request in writing. Such request should be submitted using our Request to Restrict the Use and Disclosure of Protected Health Information form.

We are not required to agree to your restriction request. You will be informed if we decline your request. If we accept your request, we will comply with your request not to release such information unless the information is needed to provide emergency care or treatment to you.

2. The Right to Inspect and Copy Your Health and Billing Records:

You have the right to inspect and copy your protected health information, such as your prescription and billing records. In order to inspect and/or copy your protected health information, you must submit a written request to us. If you request a copy of your prescription or billing information or other records, we may charge you a reasonable fee for the paper, labor, mailing, and/or retrieval costs involved in filing your requests. We will provide you with information concerning the cost of copying your protected health information prior to performing such service. Such requests should be submitted on our Request for Inspection/Copy of Protected Health Information form. We will respond within thirty (30) days of receipt of such requests. Should we deny your request to inspect and/or copy your protected health information, we will provide you with written notice of our reasons of the denial and your rights for requesting a review of the denial, if any. In the event of a review, we will select a licensed health care professional not involved in the original denial process to review your request and our reasons for denial. We will abide by

the reviewer's decision concerning your inspection/copy requests. Your denial review request should be submitted on our Denial of Inspection/Copy of Protected Health Information form. Copies of these forms are available from the contact person listed at the end of this document.

3. The Right to Amend or Correct Your Protected health information:

You have the right to request that your protected health information be amended or corrected if you have reason to believe that certain information is incomplete or incorrect. You have the right to make such requests of us for as long as we maintain/retain your protected health information. Your requests must be submitted to us in writing. We will respond within sixty (60) days of receiving the written request, unless an extension is necessary, in which case you will be notified, and receive a response to your request within ninety (90) days. If we approve your request, we will make such amendments/corrections and notify those with a need to know of such amendments/corrections.

We may deny your request if:

- a) Your request is not submitted in writing;
- b) Your written request does not contain a reason to support your request;
- c) The information was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- d) It is not a part of the protected health information kept by us;
- e) It is not part of the information which you would be permitted to inspect and copy; and/or
- f) The information is already accurate and complete.

If your request is denied, we will provide you with a written notification of the reason(s) of such denial and your rights to have the request, the denial, and any written response (of reasonable length) you may have relative to the information and denial process appended to your protected health information.

Your amendment/correction request should be submitted on our Request for Amendment/Correction of Protected Health Information form. Copies of these forms are available from our business office.

4. The Right to Request Confidential Communications:

You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. For example, you may request that we not send any protected health information to you at a health care facility, but instead send communication for you to a residential address or Post Office Box. We will agree to your request as long as it is reasonable for us to do so.

You may submit your requests on our Request for Restriction of Confidential Communications form.

The Right to Request an Accounting of Disclosures of Protected Health Information:

You have the right to request that we provide you with a listing of certain disclosures of your protected health information that we have made over a specified period of time. This accounting will not include any information we have made for the purposes of treatment, payment, or health care operations or information released to you, your family or friends for notification purposes, disclosures made for national security purposes or to certain law enforcement officials, incidental disclosures, disclosures made as part of a limited data set (for use in research, public health, etc.), or any disclosures made pursuant to your authorization.

Your request must be submitted to us in writing and must indicate the time period for which you wish the information (e.g., May 1, 2003 through August 31, 2003). Your request may not include releases for more than six (6) years prior to the date of your request and may not include releases prior to April 14, 2003. Your request must indicate in what form (e.g., printed copy or email) you wish to receive this information. We will respond to your request with sixty (60) days of the receipt of your written request. Should additional time be needed to reply, you will be so notified. However, in no case will such extension exceed

thirty (30) days. The first accounting you request during a twelve (12) month period will be free. There may be a reasonable fee for additional requests during the twelve (12) month period. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

You may submit your requests on our Request for an Accounting of Disclosures of Protected Health Information form available from our business office. Our contact information is listed at the end of this document.

5. The Right to Receive a Paper Copy of This Notice:

You have the right to receive a paper copy of this notice even though you may have agreed to receive an electronic copy of this notice. You may request a paper copy of this notice at any time or you may obtain a copy of this information from our website (as applicable).

How to File a Complaint About Our Privacy Practices

If you have reason to believe that we have violated your privacy rights or our privacy policies and procedures, or if you disagree with a decision we made concerning access to your protected health information, you have the right to file a complaint with us or the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

You may submit your complaint on our Privacy Practices Complaint form available from our business office.

Contact Information for Questions, Complaints or Requests Regarding Your Health Information

Should you have any questions concerning our privacy practices, obtaining a copy of our privacy notice, requesting restrictions on the release of your information, revoking an authorization, amending or correcting your protected health information, obtaining an accounting of our disclosures of your protected health information, requesting inspection or copying of your medical information, requesting that we communicate information about your health matters in a certain way, filing complaints, or any other concerns you may have relative to our privacy practices, please contact:

“HIPPA Compliance Officer”:

“HIPPA Document Officer”: Vladimir Lenchitsky

7039 Valjean Avenue, Van Nuys CA 91406

Telephone Number: (818)390.9696

Fax Number: (818)390.9697

If you wish, you may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You may mail your complaint to U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20201; or you may call (202) 619-0257 or 1-877-696-6775 (toll free); or you may log on to the internet address.

Your Rights to Make Decisions about Medical Treatment

ADVANCE HEALTH CARE DIRECTIVE

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. We encourage open and thoughtful discussion about your directives so that all caregivers have the opportunity to understand your desires and to act as you indicate.

Kinds of Advance Directives

Living Will

A living will, also called “Directive to Physicians” is a statement of person’s intention to be allowed to die, rather than have life sustained or drying prolonged, by means of support measures.

Health Care Directive

Similar to a Living Will but differs as it pertains to a specific diagnosed terminal illness. It requires a physician’s statement regarding the diagnosed terminal illness to be attached to the Directive in order to be effective.

Durable Power of Attorney for Health Care Decisions

The Durable Power of Attorney gives decision-making authority to a designated individual for a person’s health care decisions in the event that a person becomes incapable of making his/her own decisions. The Durable Power of Attorney is non-specific as to a cause of incapacitation; it can apply to any medical situation as a cause of incapacitation.

Advance Directives can be changed in writing or destroyed at any time. If you change your Advance Directives, you should give new copies to your family, physician, attorney or others involved. Your physician must know about the change or it will not be effective.

For any concerns that is not resolved by our Staff or our Administrator, you may call the California Board of Pharmacy at (916) 445-5014 (M-F, 8am -5pm) or if regarding nursing, the Department of Health Services at (800) 228-5234.

Home Fire Safety Plan

MedicoRx Specialty Pharmacy understands the importance of fire safety issue in all environments where care and service are provided and the need to minimize the risk to patients and staff. Upon admission for care, a basic safety assessment is performed regarding the safety of the environment, and where care is to be administered. This assessment includes potential environmental fire hazards to patient and staff. A process is then initiated to address fire response.

Home environment factors to be considered in assessment and care planning should include at least the following:

- door and window locations and alternate routes of escape
- use of smoke detectors
- smoking in bed
- the safe use of oxygen
- notification of the local fire department of disabled persons in the home
- summoning emergency assistance as appropriate

Fire Safety Education:

The following fire safety education program will be utilized to educate personnel in following issues related to:

- types of fires
- choices of fire extinguishers
- operation of fire extinguisher to allow for adequate fire response in both MedicoRx Specialty Pharmacy Home Care and home environment

General Fire Safety Program:

Fire requires three elements:

- heat
- fuel
- o₂

Eliminate one of the three elements and the fire will be extinguished.

Three types of fires:

- "A" - ordinary (i.e., wood, paper, cloth, material)
- "B" - flammable liquid (i.e., petroleum products)
- "C" - electrical fires

General Information on Fire Extinguishers:

CO₂ fire extinguisher; Type B extinguisher

- decreases o₂
- does not leave residue - (better to use around equipment i.e. copier, computers)
- use caution and only hold handles due to extreme cold temperatures of bottle at time of discharging co₂

Multi-purpose fire extinguisher (ABC)

- contains dry chemical
- will leave residue

Selection of Fire Extinguisher:

Select a size that can be easily handled

Numerical value on fire extinguishers show square footage a fire extinguisher can cover

- "A" ranges 1 - 40
- "B" ranges 1 – 640
- "C" no numerical rating
- i.e. 20 B - 20 sq. ft. of flammable liquid and 60 BC - liquid fire 6 x 10 ft.
- Do not recommend extinguishers with plastic heads
 - can lose pressure over time if mishandled
 - a possibility exists that head could come off under pressure

Actions in Case of Fire:

- call for help
- call 911
- get closest fire extinguisher
- evacuate unnecessary employees from building
- refer to individual office evacuation plan posted near exits
 - note meeting places for individual offices
- do not place yourself where the fire could spread between you and an exit
- operate fire extinguisher
 - P - pull pin
 - P - point nozzle at base of the fire
 - P - press handle
 - S - sweep nozzle from side to side starting with fire nearest you
- if fire extinguisher empties before fire is extinguished evacuate the building
- if fire is electrical in source
 - unplug device
 - trip breaker if unable to unplug device

Do's and Don'ts:

Do:

- keep pathways and exits clear
- know your fire evacuation plan
- know where fire extinguishers are located

Don't:

- do not keep unnecessary papers
- do not store highly combustible material
- do not open a closed door if smoke is coming out from under or around it

Acronym Race

- R – rescue: employees, visitors and guests
- A – alert: call 911 for help, report fire, pull alarm
- C – confine: close all doors
- E – extinguish

NATURAL DISASTER PLAN

If you are involved in a natural disaster such as a hurricane, tornado, flood, earthquake or fire, please follow these instructions:

- If you must leave your home, please call MEDICORX SPECIALTY PHARMACY Home Care to arrange for delivery of your supplies. Be ready to give your new address and phone number where you can be reached.
- If your area is involved in a disaster and you decide to stay home, please let MEDICORX SPECIALTY PHARMACY Home Care know if your home can be reached by car. If not, MEDICORX SPECIALTY PHARMACY can help arrange for delivery of your supplies
- If you need emergency medical care or medical supplies, go to a local hospital in the nearest unaffected area.
- If you have no electricity, you may be told how to use a ‘gravity’ drop-counting method of infusing your medication, or provided with a different type of infusion pump. MEDICORX SPECIALTY PHARMACY will provide you with the appropriate supplies.
- If your water is contaminated, you and /or your caregiver can clean your hands with a waterless/instant product, or wash your hands with alcohol or hydrogen peroxide prior to performing your infusion procedures, and use the provided gloves during the procedure. Do not expose your catheter or catheter site to any unclean water.

Under disaster conditions MEDICORX SPECIALTY PHARMACY Home Care will try to contact you. Calling into an area which has been involved in a natural disaster, however can be very difficult, and telephone lines are typically jammed. Therefore, please try to call out and establish contact with MEDICORX SPECIALTY PHARMACY at 800-310-6611 or 949-660-7126. We will then make plans and coordinate with you regarding your specific emergency needs.

Emergency Plan for Patients

Upon admission to MedicoRx Specialty Pharmacy we will assist you in arranging transportation to the nearest hospital in the event of an emergency. It will also be your responsibility to contact your power company in order to place yourself on a priority list. This is necessary if you have life sustaining equipment that requires electricity. Please be sure to keep yourself aware of the most up-to-date emergency information by tuning in to radio and television stations or by contacting your community for resources.



7039 Valjean Ave., Van Nuys, Ca 91406
 P: (818) 390-9696 F: (818) 453-8929

Patient's Name (Optional): _____ **City, State:** _____

Date: _____

It is our desire to provide you with the best quality home pharmacy services available. In order to help us maintain our high standards, please take a few moments to tell us how we are doing. Please complete this form and note the response that most closely matches your experience.

Regarding MedicoRx Specialty Pharmacy Services	Extremely Satisfied	Satisfied	Dissatisfied	Extremely Dissatisfied
Services/equipment were provided in timely manner.				
Home pharmacy needs were met through the services/equipment provided.				
The staff discussed my rights, responsibilities and financial obligations.				
The staff informed me how to contact the office during and after hours.				
I would utilize and/or recommend MedicoRx Specialty Pharmacy to my friends and family				
Regarding the staff of MedicoRx Specialty Pharmacy	Extremely Satisfied	Satisfied	Dissatisfied	Extremely Dissatisfied
The representatives were courteous and professional.				
Explanations and instructions offered by representatives were adequate.				
All procedures/services were explained prior to performing them.				
Equipment was delivered clean and in good working order.				
My personal property was treated with respect.				

Comments:

Thank you for choosing MedicoRx Pharmacy for your Home Pharmacy Care needs.

