



Welcome to Midway Specialty Care Rx Pharmacy!

Our team will work closely with you and your providers to help you succeed on your new therapy. This welcome packet will review many of the services we offer as your specialty pharmacy and as part of Midway Specialty Care Rx Pharmacy.

Our services are designed to help you achieve the most benefit from your therapy including:

- **Individualized care**
 - You will have access to a team of specialty-trained pharmacists, nurses and pharmacy staff members who are experienced in your condition.
- **Benefit Investigation and Financial Support**
 - We will work with your insurance company on getting your medications approved and will research various financial assistance programs available to you that may possibly help you lower your out of pocket costs.
- **Free shipping with safe, on-time delivery**
 - The Pharmacy will schedule and quickly ship all your specialty medications – even those that need special handling, such as refrigeration.
- **Support anytime, 24/7 [CPE 2-2a][P-PSC 1-1 ai][P-PSC 3-4 aii [DRX2-1A]**
 - The Pharmacy pharmacists and nurses are available 24 hours a day, 7 days a week including holidays and weekends to answer all your questions about your medications and condition.
- **Refill reminders**
 - The Pharmacy will contact you regularly to schedule your next refill and see how your therapy is progressing.

We strive to fulfill your needs with complete satisfaction. Periodically you may be asked to complete a patient satisfaction survey either via phone, mail, or text/email. Please consider taking a few moments to tell us how we are doing. We value and appreciate your feedback.

Thank you for choosing us as your specialty pharmacy and welcome to The Midway Specialty Care Rx's Specialty Pharmacy Program!

Sincerely,
The Midway Specialty Care Rx Pharmacy Team

CONTACT INFORMATION

Hours of Operation: [P-PSC 1-1 ai] [DRX2-1A]

- Monday – Thursday, 8:30 am to 5:00 pm, Friday 8:30- 3:30
- Saturday and Sunday, Closed
- The Pharmacy will be closed on the following holidays:
 - New Year's Day
 - Memorial Day
 - July 4th
 - Labor Day
 - Thanksgiving Day
 - Day after Thanksgiving
 - Christmas Day

Contact Information: [P-PSC 1-1 ai, aii] [DRX2-1A]

- Local: 772-882-9073 or Toll-Free 888-211-7911
- After hours: 888-211-7911
- Fax: 772-577-6830
- Email: midwayrxfp@midwaycare.org
- Website: midwaycare.org/fort-pierce-pharmacy/
- Address: 3255 South US Highway 1, Building 2
Fort Pierce, FL 34982

When to Contact Us: [P-PSC 1-1 av] [DRX2-1A] [DRX2-1B]

- You have questions or concerns about your medication
- You suspect a reaction or allergy to your medication
- A change has occurred in your medication use
- Your contact information or delivery address has changed
- Your insurance information or payment source has changed
- To check the status of your order, discuss an order delay or reschedule your delivery [DRX 5-5G]
- To receive claims related information

IMPORTANT INFORMATION

- **Patient Management Program [PM 2-2 a, b, c]**
 - The Midway Specialty Care Rx Specialty Pharmacy has a complete Patient Management Program that assists our patients to achieve best outcomes from their specialty medication therapies. We help the patient and provider manage cost. We offer a patient-centered approach based on evidence-based practices for each of the disease

processes under the supervision of a pharmacist and trained competent staff to provide the highest quality of care possible. The plan of care is developed on evidence-based standards of care and best practice. Evidence based health information and content for common conditions, diagnoses and treatment diagnostics and interventions are available to patients, prescribers, or providers upon written or oral request.

- All patients are automatically enrolled in the Patient Management Program. By participating in this program, you will receive an initial assessment by a pharmacist who will teach you how to effectively take your medication (frequency, route, and dose), inform you of any potential side effects, check for any drug-drug or drug-disease interactions, drug allergies, and to help alleviate any concerns. For clinical questions related to your medications, diagnosis or plan of care, pharmacists are available to you 24 hours a day, 7 days a week for an availability of 365 days a year by calling 888-211-7911 or in person during our regular business hours.
 - Patient Management Program benefits include:
 1. Improved knowledge of medication uses and administration.
 2. Improved medication compliance by creating an individualized plan of care tailored to you.
 3. Advice on managing potential side effects.
 4. Greater self-management of medications and medical condition
 - Limitations of participating in the Patient Management Program include not responding to our outreach calls, providing health updates, and taking your medication on time as instructed.
 - If you wish to opt-out, feel free to let us know anytime. You can opt-out and still receive refill reminder calls.
- **Financial Information** [P-PSC 1-1 bi, bii][P-PSC1-2 ai, aii] [DRX2-1A] [DRX2-1B] [DRX5-5G]
 - Before your care begins, a pharmacy staff member will inform you of your out-of-pocket costs such as deductibles, copays, and coinsurance.
 - We will submit claims to your health insurance carrier and, if your claim is denied, a staff member will notify you so that we can work together to resolve the issue.
 - We will notify you if we are an out of network pharmacy and will provide you with the cash price of the medication upon request.
 - Our team has access to financial assistance programs to address financial barriers to starting your medication. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will assist you with enrollment into such programs, when available.
 - If the pharmacy is unable to obtain the medication, we will assist you in identifying an available pharmacy and transfer the prescription.
 - **Filling a Prescription** [P-PSC 1-1 aii] [P-PSC1-2 aii] [DRX5-5G]
 - Your physician can send us your prescription, or you can provide it to us in person or through the mail.
 - You will be contacted by a team member 5-7 days prior to your refill date. If you would like to contact us for a refill, you can call us and speak to a pharmacy team member to process your refill request. [DRX5-5G]

- **Obtaining Your Prescriptions - Delivery or Pick Up [DRX5-5G]**
 - You have the option of picking up your medications or having them delivered for free to a safe location of your choice. Protecting your health information is one of our top priorities so your medications will only be released to someone you have authorized. You or someone you authorized can conveniently walk-in Monday - Friday. Please refer to our hours of operation.
 - Please open your order and review the contents immediately after you receive them to ensure your order is correct and complete. We encourage you to store your medication in the proper way as soon as possible. Please contact us at 888-211-7911 within one business day to report missing or damaged contents.

- **Obtaining Refills [DRX5-5G]**
 - Prescription refills are easy with Midway Specialty Care Rx. A pharmacy staff member will contact you seven days prior to your refill due date to set up refills, determine your compliance to the prescribed therapy, side effects, changes in your medical condition and/or regimen, collect any co-payments, and set up a pickup or delivery date and confirm a delivery address should you need delivery.
 - If we are unable to reach you for coordination of refill, please call and ask for a pharmacy staff member. The Pharmacy will not ship refills without confirming with you first.

- **Prescription Transfers [DRX5-5G]**
 - If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care.
 - Please call us if you would like to receive your medications from another pharmacy. We will assist you in transferring your prescription to the appropriate pharmacy of your choice.

- **Drug Substitutions/Equivalents [DRX5-5G]**
 - Our pharmacy strives to find the most cost-efficient option for you. From time to time it may be necessary to substitute brand name drugs with a generic drug option. This could occur due to insurance carrier preference or to reduce your copay. If a substitution needs to be made, a member of the specialty pharmacy staff will contact you prior to shipping the medication to inform you of the substitution. When available, our pharmacy will default to generic to save you money. We will use brand name medication at you or your prescriber's request.

- **Proper Disposal of Unused Medications [P-PSC 1-2 av] [DRX 5-5G]**
 - In order to reduce harm from accidental exposure, it is important to properly dispose of any unused medication. Do not flush medicines down the sink or toilet.
 - For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also check the following websites for additional information:
 1. FDA: Where and How to Dispose of Unused Medicines - <https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines>
 2. Rx Drop Box: <https://www.rxdrugdropbox.org/>

- If you cannot get to a take-back program or collection receptacle, remove the prescription drug from their original containers and mix any unused medication with coffee grounds, dirt, or cat litter in a container or sealable bag to make the medication unrecognizable before throwing it away with the household trash.
- **Drug Recalls [DRX 5-5G]**
 - If your medication is recalled, the Pharmacy will contact you with further instructions as directed by the FDA or drug manufacturer. Should an alternative medication be needed, we will work together with your provider to find an acceptable alternative.
- **Accessing Medications During an Emergency or Disaster [DRX 5-5G] [DRX7-4A]**
 - In the event of an emergency or disaster in your area, please contact our pharmacy to instruct us on how to deliver your medication.
 - If the pharmacy may be impacted by an emergency or disaster, you will be contacted to discuss possible transfer of your medications to ensure your therapy is not interrupted.
- **Adverse Reactions [DRX 5-5G] [P-PSC1-2 avi][P-PSC 1-3a]**
 - An adverse reaction is defined as “Any unfavorable or unintended sign, symptom, or disease temporarily associated with the use of a drug.”
 - If you suspect an adverse reaction, please contact one of our pharmacists and your physician. However, in the case of a medical emergency, please call 911 or your local emergency service for immediate assistance.
- **Medication Issues and Concerns [P-PSC 2-1 bi] [DRX5-5G]**
 - Our clinical specialty pharmacists review all prescriptions for safety and accuracy according to best practice and as prescribed. However, if you notice any errors (ex: wrong drug, wrong dose, wrong frequency) please reach out to us and we will investigate and rectify the mistake.
 - We want you to be completely satisfied with the service we provide. If you or your caregiver have concerns, please contact us by phone, email or in writing to discuss your concerns.
 - If you wish to seek further review of concern, you may contact:
 - Florida State Board of Pharmacy
 - Website: <https://floridaspharmacy.gov/>
 - Telephone: (850) 488-0595
 - URAC
 - Website: <https://www.uran.org/complaint/>
 - Email Address: grievances@uran.org
 - ACHC
 - Website: <http://achc.org/contact/complaint-policy-process>
 - Telephone: (855) 937-2242 or 919-785-1214 (request Complaints Dept.)

PATIENT RIGHTS AND RESPONSIBILITIES

As our patient, you have the RIGHT to: [DRX2-2A]

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care [DRX2-1A]
- Be informed, in advance both orally and in writing, of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the patient will be responsible [DRX3-4B]
- Receive information about the scope of services that the organization will provide and specific limitations on those services [DRX2-1A]
- Participate in the development and periodic revision of the plan of care [DRX5-4A]
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented [DRX2-6A]
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality [DRX2-2B]
- Be able to identify visiting personnel members through proper identification [DRX2-2B]
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property [DRX2-3A]
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal [DRX2-4A]
- Have grievances/complaints regarding treatment or care that is [or fails to be] furnished, or lack of respect of property investigated [DRX2-4A]
- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information [PHI] [DRX2-5A]
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records [DRX2-5A]
- Choose a healthcare provider, including an attending physician, if applicable [DRX2-2B]
- Receive appropriate care without discrimination in accordance with physician's orders, if applicable [DRX2-2B]
- Be informed of any financial benefits when referred to an organization [DRX2-2B]
- Be fully informed of one's responsibilities [DRX2-2B]
- Have personal health information shared with the patient management program only in accordance with state and federal law [PM 3-1 ai]
- Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested [PM 3-1 aii]
- Speak to a health professional [PM 3-1 aiii]
- Receive information about the patient management program [PM 3-1 aiv]
- Decline participation, or disenroll, at any point in time [PM 3-1 av]

As our patient, you have the RESPONSIBILITY to:

- Give accurate clinical/medical and contact information and to notify the patient management program of changes in this information [PM 3-1 bi] [DRX2-2A.01]
- Notify the treating prescriber of their participation in the services provided by the pharmacy, such as the patient management program [PM 3-1 bii] [DRX2-2A.01]
- Submit forms that are necessary to receive services [DRX2-2A.01]
- Maintain any equipment provided [DRX2-2A.01]
- Notify the organization of any concerns about the care or services provided [DRX2-2A.01]

ADDITIONAL INFORMATION REGARDING YOUR MEDICATION, CONDITION/DIAGNOSIS AND COMMUNITY AND FINANCIAL RESOURCES CAN BE FOUND ON THE FOLLOWING WEBSITES: [PM 5-1 c]

Hepatitis	http://www.liverfoundation.org http://www.hepatitis-central.com http://www.hepb.org/resources/printable_information.htm
HIV	https://www.hiv.gov https://www.cdc.gov/hiv/basics/livingwithhiv/resources

Financial Assistance Programs

- PAN Foundation:** www.panfoundation.org
HealthWell Foundation: www.healthwellfoundation.org
Patient Services, Inc.: www.patientservicesinc.org
Patient Advocate Foundation Co-Pay Relief: www.copays.org
Partnership for Prescription Assistance: www.pparx.org
Safety Net Foundation: www.safetynetfoundation.com
The Assistance Fund: www.theassistancefund.org

Emergency/Disaster Preparedness Plan [DRX5-5A] [DRX7-4C]

The Pharmacy has a comprehensive emergency preparedness plan to help ensure continued treatment during an emergency or disaster such as severe storms, hurricanes, tornadoes, earthquakes, fire and flooding. Our primary goal is to continue to service your prescription needs. When there is a threat of disaster, we will ensure you have enough medication to sustain you.

1. The pharmacy will call you 3-5 days before an anticipated local weather emergency utilizing the weather updates as point of reference.
 - a. If you are not in the pharmacy local area but reside in a location that will experience a weather disaster you are responsible for calling the pharmacy 3-5 days before the occurrence to discuss your medication needs.
2. The pharmacy will send your medication via courier or FedEx next day delivery during any suspected weather emergencies.
3. If the pharmacy cannot get your medication to you before a weather emergency occurrence the pharmacy will transfer your medication to another pharmacy, so you do not go without medication.
4. If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication or visit your local hospital immediately.

Call 911 or go to the nearest emergency room if you are unable to reach the pharmacy and may run out of your medication.

Infection Control [DRX7-1A]

According to the Centers for Disease Control (CDC), the most important step to prevent the spread of germs and infections is hand washing. You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- **Before, during, and after** preparing food
- **Before** eating food
- **Before and after** caring for someone at home who is sick with vomiting or diarrhea
- **Before and after** treating a cut or wound
- **After** using the toilet
- **After** changing diapers or cleaning up a child who has used the toilet
- **After** blowing your nose, coughing, or sneezing
- **After** touching an animal, animal feed, or animal waste
- **After** handling pet food or pet treats
- **After** touching garbage

Follow these five steps every time you wash your hands:

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.

How to use hand sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

Tell us how we're doing!

Scan this QR code to be taken to our customer service survey.



NOTICE OF PRIVACY PRACTICES THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY - We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003 and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain regarding health information we created or received before we make the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

USES AND DISCLOSURES OF HEALTH INFORMATION We use and disclose health information about you for treatment, payment and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. **Payment:** We may use and disclose your health information to obtain payment for services we provide to you. **Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities. **Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. **To Your family and Friends:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. **Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information. **Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization. **Required by Law:** We may use or disclose your health information when we are required to do so by law. **Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. **National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmates or patients under certain circumstances. **Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters). www.midwaycare.org **PATIENT RIGHTS Access:** We have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$1.00 for each page, \$25.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure). **Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12- month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. **Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). **Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing). Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request. **Amendment:** You have the right to request that we amend your health information. (Your request must be in writing and it must explain why the information should be amended.) We may deny your request under certain circumstances. **Electronic Notice:** If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form. **QUESTIONS AND COMPLAINTS** If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your health information, if in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative mean(s) or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We support your right to privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services. **Contact Office:** Mihir Patel Telephone: (772)882-9073 FAX: (772)577-6830 Address: 3255 S. US-1, Fort Pierce, FL 34982