



**Phoenix
Children's**



Phoenix Children's Specialty Pharmacy
Welcome Packet



1919 E. Thomas Rd., Phoenix, AZ 85016 | Toll Free: 833-312-0036

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Welcome to Phoenix Children's Specialty Pharmacy

Phoenix Children's Specialty Pharmacy understands that your medical needs may be difficult to manage. Our dedicated team of professionals will work together with you, your doctors and nurses, family and friends to ensure your needs for specialty medications are met. Our primary goal is to provide you with quality care.

You Can Expect

- 1 Personalized Care & Regular Follow-Ups:** Our specialty trained staff members will work with you to discuss you or your child's treatment plan and address your questions or concerns.
- 2 Benefits:** There may be instances where you or your child are prescribed a medication that your insurance plan may not cover. In such cases, we will work diligently to lower your drug costs by getting the medication covered, switching to a medication that is covered or applying valid manufacturer discounts.
- 3 Patient Management Program:** We ask that you follow the treatment plan determined by your healthcare team. The program is designed to provide benefits such as managing side effects, increasing adherence to drug therapies and overall health improvement. If you no longer wish to participate in our Patient Management Program, you may contact our team by phone to opt-out.
- 4 In-depth Consultation Services**
- 5 Refill Reminder Calls**
- 6 Delivery at No Charge** of your medication upon request
- 7 Prescription Transfer** if Phoenix Children's Specialty Pharmacy cannot fulfill the prescription
- 8 24/7 Pharmacist Support**

Pharmacy Location	Contact Information	Hours of Operation
1919 E. Thomas Rd. Phoenix, AZ 85016	Toll Free: 833-312-0036	Monday-Friday: 8 am - 4:30 pm

We look forward to providing you with the best service possible. We know you have many options, and we sincerely thank you for choosing Phoenix Children's Specialty Pharmacy. – Phoenix Children's Specialty Pharmacy Team

Important Information

Contact Us When/If

- You have any questions or concerns about your medication
- You suspect a reaction or allergy to your medication
- A change has occurred in your medication use
- You would like to start taking a vitamin/supplement or any over-the-counter medication
- Your contact information or delivery address has changed
- Your insurance information or payment source has changed
- You need to check the status of your delivery
- You need to reschedule or change your delivery
- You have any questions or concerns about our Specialty Pharmacy service

Prescription Transfers

- If you feel our Specialty Pharmacy is unable to meet your needs, we can transfer your prescription to another pharmacy of your choice. To do so, you will need to call and let us know the pharmacy name, location and phone number where you would like your prescription transferred.
- If our Specialty Pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. In such cases, we will inform you of this transfer of care before transferring your prescription.

Medication Education

- There is a QR code on your prescription label to access the drug monograph. If you prefer a printed copy, one will be provided.

Delivery and Storage of Your Medication

- We will deliver medication(s) to your home, doctor's office or an alternative location at no cost to you. **Please note we require a signature for delivery of all controlled substances, refrigerated medications and high-dollar medications.**
- If your medication requires refrigeration, we will ship it in special packaging that will maintain the appropriate temperature throughout the shipping process. Once you receive the package, take the medication out of the box, and place it in the refrigerator.
- If the package looks damaged or is not in the correct temperature range, please give the Specialty Pharmacy a call.

Adverse Drug Reactions

- If you are experiencing adverse effects to your medication, please contact your doctor or our Specialty Pharmacy as soon as possible.

Drug Substitution Protocols

- From time to time, it is necessary to substitute brand name drugs with generic medications. This may occur if your insurance company prefers the generic to be dispensed or to reduce your copay. You will be informed of any changes to your medication prior to our Specialty Pharmacy filling your prescription.

Payment Policy

- Before your care begins, a staff member will inform you of your financial obligations that are not covered by your insurance or other third-party sources. These obligations include but are not limited to out-of-pocket costs such as deductibles, co-pays, co-insurance and annual out-of-pocket limits. We will also provide this information if there is a change in your insurance plan.

Insurance Claims

- Phoenix Children's Specialty Pharmacy will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you, as necessary, so we can work together to resolve the issue.

Co-payments

- You may be required to pay part of your medication cost, called a co-payment. If you have a co-payment, it must be paid at the time of shipping or pick-up. We accept checks, Visa®, MasterCard®, American Express® and Discover®. We can maintain your credit card information on file in a secured environment if you wish.

Financial Assistance

- We have access to financial assistance programs to help with co-payments and ensure there are no 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 these programs.

Proper Disposal of Sharps

- Place all needles, syringes, and other sharp objects into a sharps container. This will be provided by the pharmacy if you are prescribed an injectable medication.
- Contact local waste pickup services for their policy on sharps container pickup. You can also check the following websites for additional information:
- [fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/sharps-disposal-containers](https://www.fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/sharps-disposal-containers)
- [fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/best-way-get-rid-used-needles-and-other-sharps](https://www.fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/best-way-get-rid-used-needles-and-other-sharps)
- safeneedledisposal.org

Proper Disposal of Unused Medications

- 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:
- [fda.gov/consumers/consumer-updates](https://www.fda.gov/consumers/consumer-updates)
- [fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines](https://www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines)

Drug Recalls

- If your medication is recalled, the specialty pharmacy will contact you with further instructions, as directed by the FDA or drug manufacturer.

Emergency Disaster Information

- In the event of a disaster in your area, please contact our pharmacy to instruct us on how to deliver your medication. This will ensure your therapy is not interrupted.

Concerns or Suspected Errors

- Patients and caregivers have the right to voice complaints and/or recommendations about services to the pharmacy. Patients and caregivers can do so by phone, fax, in writing or by email.
- The following organizations are available to contact anytime you feel your complaint was not resolved by Phoenix Children's Specialty Pharmacy:

- **Arizona State Board of Pharmacy**

Website: pharmacy.az.gov

Telephone: 602-771-2727

- **URAC Complaint Info**

Website: urac.org/file-a-grievance

Email Address: grievances@urac.org

General Phone Number: 202-216-9010

- **ACHC Complaint Info**

Website: achc.org/contact

For further information, you may contact ACHC toll-free at 855-937-2242 or 919-785-1214, and request the Complaints Department

For Additional Information Regarding Your Condition or Diagnosis, You Can Visit the Following Websites:

Condition	Foundation	Website
Cystic Fibrosis	Cystic Fibrosis Foundation	cff.org
Dermatology	National Psoriasis Foundation	psoriasis.org
Gastroenterology	Crohn's & Colitis Foundation	crohnscolitisfoundation.org
Growth Hormone	Endocrine Web	endocrineweb.com
Hepatitis C	American Association for the Study of Liver	hcvguidelines.org
HIV	National Institutes of Health	aidsinfo.nih.gov
Hyperlipidemia	Familial Hypercholesterolemia Foundation	thefhfoundation.org
Multiple Sclerosis	National Multiple Sclerosis Society	nationalmssociety.org
Oncology	American Cancer Society Chemocare	cancer.org/cancer.html chemocare.com
Pulmonology	American Lung Association	lung.org
Rheumatology	American College of Rheumatology	rheumatology.org
Transplant	UNOS National Kidney Foundation	transplantliving.org kidney.org

Emergency and Disaster Preparedness Plan

Phoenix Children's Specialty Pharmacy has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include, but are not limited to, fire to our facility, chemical spills in the community, earthquakes, hurricanes, tornadoes and community evacuations. Our primary goal is to continue to service your prescription care needs. When there is a threat of disaster or inclement weather in the local area, Phoenix Children's Specialty Pharmacy will contact you prior to any disasters we might encounter. However, if there is a threat of disaster or inclement weather in an area where you reside, which is outside of the Phoenix area, it is your responsibility to contact the Specialty Pharmacy prior to the occurrence (if possible). This process will ensure you have enough medication to sustain you.

Phoenix Children's Specialty Pharmacy will utilize every resource available to continue to service you. However, there may be circumstances where Phoenix Children's Specialty Pharmacy cannot meet your needs due to the scope of a disaster. In that case, you must utilize the resources of your local rescue or medical facility. Please read the guide below to aid you in the case of an emergency or disaster:

- 1 The Specialty Pharmacy will call you 3-5 days before any predicted inclement weather emergency such as a severe storm or hurricane utilizing the weather updates as a point of reference.
- 2 If you are not in Maricopa County and are aware you will be experiencing inclement weather, you are responsible for calling the Specialty Pharmacy 3-5 days before the occurrence.
- 3 The Specialty Pharmacy will send your medication via courier or FedEx/UPS next day delivery during any suspected inclement weather emergency.
- 4 If the Specialty Pharmacy cannot get your medication to you before an inclement weather emergency occurrence, the pharmacy will transfer your medication to a local specialty pharmacy, so you do not go without medication.
- 5 If a local disaster occurs and the Specialty Pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication. Visit your local hospital immediately if you expect to miss a dose.
- 6 Phoenix Children's Specialty Pharmacy recommends all patients leave a secondary emergency number. If you have an emergency that is not environmental but personal and you need your medication, please contact the pharmacy at your convenience, and we will assist you.

Washing Your Hands

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 Five Steps to Wash Your Hands the Right Way

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can help stop germs from spreading from one person to another and throughout an entire community — from your home and workplace to childcare facilities and hospitals.

Follow these five steps every time:

- 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.

Use Hand Sanitizer When You Can't Use Soap and Water

Washing hands with soap and water is the best way to get rid of germs in most situations.

If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60 percent alcohol. You can tell if the sanitizer contains at least 60 percent alcohol by looking at the product label.

Sanitizers can quickly reduce the number of germs on your hands in many situations, but please keep in mind the following points.

- Sanitizers do **not** get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

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.

Home Safety Information

Following are some guidelines to help you keep a careful eye on your home and maintain safe habits. The safe way is always the right way to do things. Shortcuts may hurt. Correct unsafe conditions before they cause an accident. Take responsibility. Keep your home safe. Keep emergency phone numbers handy.

Medication

- If children are in the home, store medications and poisons in childproof containers and out of reach.
- All medication should be labeled clearly and left in original containers.
- Do not give or take medications that were prescribed for other people.
- When taking or giving medication, read the label and measure doses carefully.
- Know the side effects of the medication you are taking.
- Do not throw away outdated medication by pouring it down a sink or flushing it down the toilet.

Mobility Items

When using mobility items such as canes, walkers, wheelchairs or crutches to get around, you should use extra care to prevent slips and falls.

- Use extreme care to avoid using walkers, canes or crutches on slippery or wet surfaces.
- Always put wheelchairs or seated walkers in the lock position when standing up or before sitting down
- Wear shoes when using these items, and try to avoid obstacles in your path and soft and uneven surfaces.

Slips and/or Falls

Slip and falls are the most common and often the most serious accidents in the home. Following are some precautions you can take to prevent slips and falls in your home:

- Arrange furniture to avoid an obstacle course.
- Install handrails on all stairs, showers, bathtubs and toilets.
- Keep stairs clear and well lit.
- Place rubber mats or grids in showers and bathtubs.
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath or dizziness.
- Wipe up all water spills, oil or grease immediately.
- Pick up items that might cause you to fall and keep them out from under your feet, including electrical cords and rugs.
- Keep drawers and cabinets closed.
- Install good lighting.

Lifting

If an item is too big, too heavy, or too awkward to move alone, GET HELP. Following are some safety tips you can follow to prevent low back pain or injury:

- Stand close to the load with your feet apart for good balance.
- Bend your knees and “straddle” the load.
- Keep your back as straight as possible while you lift and carry the load.
- Avoid twisting your body when carrying a load.
- Plan ahead, and clear your way.

Electrical Accidents

Watch for early warning signs such as overheating, a burning smell or sparks. Unplug an appliance, and get it checked right away. Following are some tips you can follow to prevent electrical accidents:

- Keep cords and electrical appliances away from any water or leaks.
- Do not plug cords under rugs, through doorways or near heaters. Check cords for damage before use.
- Extension cords must have a large enough wire for larger appliances.
- If you have a broken plug outlet or wire, get it fixed immediately.
- Use a grounded 3-wire plug to prevent shock in case of electrical fault.
- Do not overload outlets with too many plugs.
- Use three-prong adapters when necessary.

Smell Gas?

- Open windows and doors immediately.
- Shut off appliance(s) involved.
- Do not use matches or turn on electrical switches.
- Do not use the telephone – dialing may create electrical sparks.
- Do not light candles.
- Call your gas company from a neighbor's home.
- If your gas company offers free annual inspections, take advantage of them.

Fire

Pre-plan and practice your fire escape. Look for a plan with at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located. Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs. Following are some steps to prevent fires:

- Install smoke detectors. They are your best early warning. Test frequently, and change the battery every year (or as needed).
- If there is oxygen in use, place a “No Smoking” sign in plain view of all persons entering the home.
- Throw away old newspapers, magazines and boxes.
- Empty wastebaskets and trashcans regularly.
- Do not allow ashtrays or toss matches into wastebaskets unless you know they are out. Wet them down first or dump them into toilet.
- Get your chimney and fireplace checked frequently. Look for and repair cracks and loose mortar. Keep paper, wood and rugs away from areas where sparks could hit them.
- Be careful when using space heaters.
- Follow instructions when using a heating pad to avoid serious burns.
- Check your furnace and pipes regularly. If nearby walls or ceilings feel hot, add insulation.
- Keep a fire extinguisher in your home, and know how to use it.

If you have a fire or suspect fire:

- 1** Take immediate action per your plan: Escape is your top priority.
- 2** Get help on the way and without delay. CALL 9-1-1.
- 3** If your fire escape is cut off, close the door and seal the cracks to hold back smoke. Signal help from the window.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are committed to protecting the confidentiality of your medical information and are required by law to do so. This Notice describes how we may use your medical information within Phoenix Children's Hospital and its Outpatient Clinics, Ambulatory Surgery Centers, Outpatient Treatment Centers, and Urgent Care Centers ("PCH"), and how we may disclose it to others. This Notice also describes the rights you have concerning your own medical information. Please review it carefully and let us know if you have questions.

How will we use and disclose your medical information?

Treatment: We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurse practitioners, nurses, medical and nursing students, technicians, technologists, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. For example, we will allow your physician to have access to your PCH medical record to assist in your treatment at PCH and for follow-up care. We also may use and disclose your medical information to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.

Patient Directory: In order to assist family members and other visitors in locating you while you are in the Hospital, the Hospital maintains a patient directory. This directory includes your name, room number, your general condition (such as fair, stable, or critical), and your religious affiliation (if any). We will disclose this information to someone who asks for you by name, although we will disclose your religious affiliation only to clergy members. If you do not want to be included in the Hospital's patient directory, please speak with the Hospital Admitting Department.

Family Members and Others Involved in Your Care: We may disclose your medical information to a family member or friend who is involved in your medical care, or to someone who helps to pay for your care. We also may disclose your medical information to disaster relief organizations to help locate a family member or friend in a disaster. If you do not want PCH to disclose your medical information to family members or others, please speak with the PCH Department Manager at the time of your visit.

How we will disclose your medical information (continued):

Payment: We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. For example, your health plan or Health Insurance Company may ask to see parts of your medical record before they will pay us for your treatment.

Health Care Operations: We may use and disclose your medical information if it is necessary to improve the quality of care we provide to patients or to run health care operations. We may use your medical information to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example, we may look at your medical record to evaluate whether PCH personnel, your doctors, or other health care professionals did a good job.

Fundraising: Many of our patients like to make contributions to support the care provided by PCH. PCH may use and disclose medical information to contact you in the future to raise money for this purpose. If you do not want PCH or its Foundation to contact you for fundraising, please notify the PCH Foundation in writing at 2929 East Camelback Road, Phoenix, Arizona 85016.

Research: We may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

Required by Law: Federal, state, or local laws sometimes require us to disclose patients' medical information. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to the Arizona Workers' Compensation Program for work-related injuries.

Public Health: We also may report certain medical information for public health purposes. For instance, we are required to report births, deaths, and communicable diseases to the State of Arizona. We also may need to report patient problems with medications or medical products to the FDA, or may notify patients of recalls of products they are using.

Public Safety: We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at PCH. We also may disclose your medical information to law enforcement officials and others to prevent a serious threat to health or safety.

How we will disclose your medical information (continued):

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government regulatory agencies that oversee PCH or its personnel, such as the Arizona Department of Health Services, the federal agencies that oversee Medicare, or licensing agencies who govern physicians and other health care professionals. These agencies need medical information to monitor PCH's compliance with state and federal laws.

Coroners, Medical Examiners and Funeral Directors: We may disclose medical information concerning deceased patients to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

Organ and Tissue Donation: We may disclose medical information to organizations that handle organ, eye or tissue donation or transplantation.

Military, Veterans, National Security and Other Government Purposes: If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. PCH may also disclose medical information to federal officials for intelligence and national security purposes or for presidential Protective Services.

Judicial Proceedings: PCH may disclose medical information if PCH is ordered to do so by a court or if PCH receives a subpoena or a search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.

Information with Additional Protection: Certain types of medical information have additional protection under state or federal law. For instance, medical information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness is treated differently than other types of medical information. For those types of information, PCH is required to get your permission before disclosing that information to others in many circumstances.

Other Uses and Disclosures: Unless permitted by law, we will not sell your information to a third party, use your medical information for marketing purposes, or use and disclose most psychotherapy notes without your permission. If you give your permission, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information. If you want to revoke your permission, please notify the Health Information Management Department.

What are your rights?

Right to Request Your Medical Information: You have the right to look at your own medical information and to get a copy of that information whether in paper or electronic format. (The law requires us to keep the original record.) This includes your medical record, your billing record, and other records we use to make decisions about your care. To request your medical information, please contact the Health Information Management Department. If requested, and the medical information is maintained electronically, PCH will provide the information if readily producible or in a readable electronic format mutually agreed upon. If you request a copy of your information, we may charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your record at no cost.

Right to Request Amendment of Medical Information You Believe Is Erroneous or Incomplete: If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your medical information, please contact the Health Information Management Department.

Right to Get a List of Certain Disclosures of Your Medical Information: You have the right to request a list of many of the disclosures we make of your medical information. If you would like to receive such a list, please contact the Health Information Management Department. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

Right to Request Restrictions on How PCH Will Use or Disclose Your Medical Information for Treatment, Payment, or Health Care Operations: You have the right to ask us not to make uses or disclosures of your medical information to treat you, to seek payment for care, or to operate PCH. We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you want to request a restriction, please contact the Health Information Management Department.

Right to Receive Confidential Communications: You have the right to ask us to communicate with you by an alternate method or at an alternate location if you tell us that our usual methods of communicating with you might place you in danger. For example, you can ask us not to call your home, but to communicate only by mail or to call you only on your mobile phone or send mail to your work address instead of your home address. If you want to request a restriction, please contact the PCH Privacy Officer.

Right to Receive a Notification of a Breach: You have the right to be notified if your unsecured medical information is inappropriately accessed or disclosed by PCH, except when there is a low probability that the information has been compromised.

Right to Restrict Disclosures of Your Medical Information to Health Plans: If you paid out of pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your medical information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request. If you want to request this restriction, please contact the Health Information Management Department.

Right to a Paper Copy: If you have received this Notice electronically, you have the right to a paper copy at any time. You may download a paper copy of the Notice from our web site, at www.phoenixchildrens.org, or you may obtain a paper copy of this Notice at any PCH facility, from the PCH Admitting Office, or the Health Information Management Department.

Changes to this notice

From time to time, we may change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new Notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current Notice of Privacy Practices at any time by visiting the Phoenix Children's Hospital's web site at www.phoenixchildrens.org or by stopping by any PCH facility.

Which healthcare providers are covered by this notice?

This Notice of Privacy Practices applies to Phoenix Children's Hospital and its Outpatient Clinics, Ambulatory Surgery Centers, Outpatient Treatment Centers, and Urgent Care Centers and their personnel, volunteers, students, and trainees. The Notice also applies to the Medical Staff of Phoenix Children's Hospital, which is composed of physicians, nurse practitioners, physician assistants, therapists, other health care providers who may not be employees of PCH but who come to PCH to provide care to PCH patients. The Notice also applies to emergency service personnel, medical transportation personnel, and medical equipment suppliers and others involved in your care at PCH. PCH may share your medical information with these providers for their treatment purposes, to get paid for treatment, or to conduct health care operations. These health care providers will follow this Notice for information they receive about you from PCH. These other health care providers may follow different practices at their own offices or facilities.

Do you have concerns or complaints?

Please tell us about any problems or concerns you have with your privacy rights or how PCH uses or discloses your medical information. If you have a concern, please contact the PCH Privacy Officer in writing at 1919 East Thomas Road, Phoenix, Arizona 85016 or by telephone at (602) 933-1964. If for some reason PCH cannot resolve your concern, you may also file a complaint with the Secretary of Health and Human Services. We will not penalize you or retaliate against you in any way for filing a complaint with PCH or the Secretary of Health and Human Services.

Do you have questions?

PCH is required by law to give you this Notice and to follow the terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how PCH may use and disclose your medical information, please contact the PCH Privacy Officer in writing at 1919 East Thomas Road, Phoenix, Arizona 85016 or by telephone at 602-933-1964.

Effective date: February, 2019

Patient and Family Rights

At Phoenix Children's, we provide quality care to every patient and family regardless of age, race, religion, marital status, sexual orientation, gender, gender identity or expression, abilities, cultural preferences, diagnosis, or capacity to pay. We support the rights of patients and families at our hospital and outpatient specialty care centers. As a patient or family member, you have many rights, which are summarized here.

Respect and Personal Dignity:

- You and your child will be treated with courtesy, dignity, and respect. We will make every effort to understand your culture, values, and preferences.
- We will honor your privacy and the privacy of medical information and records as well as personal and private property.
- Patients 18 years or older with decision making capacity may create an Advance Directive. Assistance is available through Phoenix Children's Social Work.
- We will protect patient and family safety and provide access to security services.
- You have the right to be free from abuse, neglect, exploitation, coercion, manipulation, sexual abuse, sexual assault, inappropriate restraint, or seclusion during care, and to access advocacy/protective services.
- We will provide appropriate care and support at the end of life.
- You have the right to submit a complaint to any listed agency below without fear of retaliation.
- You have the right to be free from misappropriation of personal and private property by personnel members, employees, volunteers, or students.
- You have the right to receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities.

Pain Assessment and Management

- Your health care team is committed to working with you to help your child be as comfortable and free from pain as possible. You have the right to concerned staff who will believe and quickly respond to reports of pain and provide information about pain and various pain treatment options that are available.

Information You Can Understand

- You can ask at any time what is happening to your child and why. Everything will be explained to you honestly, in a manner and language you can understand.
- You have the right to know about your child's condition and treatment plan. You have the right to see and review your child's records with the patient care team.
- You have the right to receive interpreter services free of charge.
- You have the right to detailed information about your bill.
- You have the right to know about our policies, procedures, and routines.
- You have the right to ask questions and express concerns about the quality of care or services.
- You have the right to use our complaint and grievance process for taking care of your concerns at any time.
- You have the right to have your concern respected and addressed. We encourage you to contact us if you have a concern. Please see the purple section for how to contact the hospital and/or the appropriate external agency.
- You have the right to request a schedule of hospital rates and charges required under A.R.S. 36-436.01(B).

Make Decisions About Your Child's Care

- You will be asked to consent to your child's treatment, and you may refuse treatments as permitted by law. We will always help you to protect your child. No matter what your decision, the Hospital staff will take good care of your child.
- You have the right to any information you need to make decisions about your child's care. We will explain all options so that you can understand the benefits and risks of each decision. If you have a question or concern, we will work with you to solve it.
- You have the right to know what treatment options are available to your child, including educational and experimental alternatives.
- You may ask for a second opinion from another doctor, including a specialist. You may ask to change hospitals or health care team members at any time.
- You can request advice in making difficult medical or ethical decisions about your child's care from the Hospital. Simply ask to speak with a member of our Bioethics Committee.
- Except in an emergency, you will be informed of alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of the proposed psychotropic medication or surgical procedure.

Safe, Quality Health Care

- You have a right to know the names of those providing your child's care.
- You can expect your infant, child, or teenager to be cared for by doctors, nurses, and others who understand children and their health care needs.
- Before your child leaves our facilities, we will teach you about the care your child will need. We will tell you about people and places in your community that can help you. Please let us know if you have concerns. We will work with you to find the best solution for your child and your family.

Partner with Us to Help Provide a Safe Experience for Your Child

- Know what medications your child is on. Medication errors are the most common health care errors.
- Educate yourself about your child's diagnosis, the medical tests she/he may undergo, and the treatment plan.
- Everyone caring for you and your child should have clean hands. If you do not see the doctor, nurse, or another health care provider clean their hands with soap and water or use a waterless alcohol hand rub when entering your room, it's ok to say, "Excuse me, did you clean your hands?" or "Please wash your hands."
- Let us know of changes you notice in your child. You are the expert in knowing if something is "not quite right."
- Staff will check your child's ID band before tests are done, specimens are taken, and medications given. It is ok to ask them to check.
- Pay attention to the care your child receives. Make sure your child is getting the right treatments and medications by the right health care professionals.
- Participate in decisions about your child's treatment. You and your child are the center of the health care team.

Care That Supports You as a Family

- You and other family members are welcome in all our facilities during visiting hours, according to any seasonal or other visitor restrictions that may be in effect.
- In the Hospital, you can choose who visits your child (within the law).
- Whenever possible, we will provide a place for at least one family member to be near your child at all times.
- If you choose, you can stay with your child during many health care treatments.

Emotional and Spiritual Support

- We respect and support your right to observe your own social, cultural, and spiritual beliefs, holidays, and rituals. A chapel is available for private meditation or public worship. Your clergy or spiritual representative may visit you and your child in the Hospital at any time.
- Trained health care workers are available to assist you with your emotional needs.

Care That Respects Your Child

- We will consider your child's developmental level, as well as all of your child's interests and needs, not just those related to illness or disability.
- In the Hospital, we will try to keep your child's schedule and activities as normal as possible. This includes uninterrupted sleep, quiet times, play times, school, and the comfort of family and friends.

Family Responsibilities

Families have specific responsibilities at any Phoenix Children's facility.

Provide Information

- You are an important part of your child's health care team. You know your child best, and the information you have is very important. Please share information about symptoms, treatments, medicines, and other illnesses. We will plan together what is best for your child.
- You should tell us if you don't understand something about your child's care.
- If you are not satisfied with your child's care, please tell us immediately.
- If you leave the Hospital, please inform your child's nurse. Also, check with the nurse before you take your child off the unit.

Provide Appropriate Care

- Your participation in planning your child's care with members of the health care team is important.
- It is important that you understand the plan of care developed and are able to follow it. It is your responsibility to inform us if you don't understand or can't follow the treatment plan.
- Family-centered care means the health care team and your family agree upon a treatment plan that is best for your child. You have the right to ask questions and express concerns, and they will be addressed. Once we agree on a plan, we expect you to follow it. If you do not follow the treatment plan, we could discharge your child from Phoenix Children's.

Meet Financial Obligations

- You should help to make sure that your child's bill is paid as promptly as possible.
- Medicare Recipients — you will be advised if the cost of your care exceeds what Medicare will pay, and you may be responsible for the balance.

Respect the Rights of Others

- Your family is expected to respect the rights of other children, teenagers, families, and our staff.
- You should follow Hospital rules about patient care and conduct.
- You are expected to use our equipment and facilities carefully so that they remain in good condition for others.
- You are expected to take care of valuables and personal items. Phoenix Children's is not responsible for your personal items.
- You must observe all safety precautions and the no smoking policy.
- Disruptive behavior and failure to respect the rights of others could result in involuntary removal from Phoenix Children's facilities.

Patient Bill of Rights and Responsibilities

Phoenix Children's Specialty Pharmacy recognizes that patients have inherent rights. Patients who feel their rights have not been respected, or who have questions or concerns, should talk to the pharmacist on duty.

Patients and their families also have responsibilities while under the care of Phoenix Children's Specialty Pharmacy to facilitate the provision of safe, high-quality health care for themselves and others. The following patient rights and responsibilities shall be provided to, and expected from, patients or legally authorized individuals.

To ensure the finest care possible, as a patient receiving our pharmacy services, you should understand your role, rights and responsibilities involved in your own plan of care.

As our patient, you have the right to:

- Select those who provide you with Pharmacy Services.
- Receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.
- Be treated with friendliness, courtesy and respect by each and every individual representing our Pharmacy, who provided treatment or services for you and be free from neglect or abuse, be it physical or mental.
- Assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs, including management of pain.
- Be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services.
- Express concerns, grievances, or recommend modifications to your Pharmacy regarding services or care, without fear of discrimination or reprisal.
- Request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans.
- Receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our Pharmacy's policies, procedures and charges.
- Request and receive data regarding treatment, services, or costs thereof, privately and with

As our patient, you have the right to: (continued)

confidentiality.

- Be given information as it relates to the uses and disclosure of your plan of care.
- Have your plan of care remain private and confidential, except as required and permitted by law.
- Receive instructions on handling drug recall.
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information; PHI will only be shared with the Medication Management Program in accordance with state and federal law.
- Receive information on how to access support from consumer advocates groups.
- Receive pharmacy health and safety information to include consumers rights and responsibilities.
- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care.
- Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible.
- Receive information about the scope of services that the organization will provide and specific limitations on those services.
- Participate in the development and periodic revision of the plan of care.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable.
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.
- Can identify visiting personnel members through proper identification.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
- Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal.
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information.
- Be advised on agency's policies and procedures regarding the disclosure of clinical records.

As our patient, you have the right to: (continued)

- Choose a health care provider, including choosing an attending physician, if applicable.
- Receive appropriate care without discrimination in accordance with physician orders, if applicable.
- Be informed of any financial benefits when referred to an organization.
- Be fully informed of one's responsibilities.

As a patient, you have the responsibility to:

- Provide accurate and complete information regarding your past and present medical history and contact information and any changes.
- Agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments.
- Participate in the development and updating of a plan of care.
- Communicate whether you clearly comprehend the course of treatment and plan of care.
- Comply with the plan of care and clinical instructions.
- Accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services.
- Respect the rights of pharmacy personnel.
- Notify your physician and the pharmacy with any potential side effects and/or complications.
- Notify Phoenix Children's Specialty Pharmacy by telephone when medication supply is running low, so refill maybe shipped to you promptly.
- Maintain any equipment provided.

Specialty pharmacy patients have additional rights and responsibilities:

- To know about philosophy and characteristics of the patient management program.
- To have personal health information shared with the patient management program only in accordance with state and federal law.
- The right to identify the program's staff members, including the supervisor of the program and their job. title, and to speak with a head of the staff member's supervisor if requested.
- The right to speak to a health care professional.
- To receive information about the patient management program.
- To receive administrative information regarding changes in or termination of the patient management program.
- To decline participation, revoke consent or dis-enroll at any point in time.
- To submit any forms that are necessary to participate in the program to the extent required by law.
- To give accurate clinical and contact information and to notify the patient management program of changes in this information.
- To notify their treating provider of their participation in the medication management program, if applicable.

Medicare DMEPOS Supplier Standards

Note: This is an abbreviated version of the supplier standards every Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

- 1 A supplier must be in compliance with all applicable federal and state licensure and regulatory requirements.
- 2 A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
- 3 A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
- 4 A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any state health care programs, or any other federal procurement or non-procurement programs.
- 5 A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
- 6 A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable state law, and repair or replace free of charge Medicare covered items that are under warranty.
- 7 A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
- 8 A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.

Medicare DMEPOS Supplier Standards (continued)

- 9** A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
- 10** A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
- 11** A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR§ 424.57 (c) (11).
- 12** A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
- 13** A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
- 14** A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
- 15** A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
- 16** A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
- 17** A supplier must disclose any person having ownership, financial, or control interest in the supplier.
- 18** A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
- 19** A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
- 20** Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
- 21** A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.

Medicare DMEPOS Supplier Standards (continued)

- 22** All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
- 23** All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
- 24** All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
- 25** All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
- 26** A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
- 27** A supplier must obtain oxygen from a state-licensed oxygen supplier.
- 28** A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
- 29** A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
- 30** A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by Phoenix Children's Specialty Pharmacy are subject to the supplier standards contained in the federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gov>. Upon request, we will furnish you a written copy of the standards.

Medicare Prescription Drug Coverage & Your Rights

Enrollee's Name: _____ (Optional)

Drug and Prescription Number: _____ (Optional)

Your Medicare Rights

You have the right to ask for a coverage determination from your Medicare drug plan to provide or pay for a drug you think should be covered, provided, or continued. You also have the right to ask for a special type of coverage determination called an “**exception**” if you:

- Need a drug that's not on your plan's list of covered drugs
- Believe a coverage rule (like prior authorization or a quantity limit) shouldn't apply to you for medical reasons
- Need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price

How to Ask for a Coverage Determination

To ask for a coverage determination, you or your prescriber can call your Medicare drug plan's toll-free phone number on the back of your plan membership card, or go to your plan's website. You can ask for an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision.

Be ready to tell your Medicare drug plan:

- 1 The name of the prescription drug, including dose and strength (if known)
- 2 The name of the pharmacy that tried to fill the prescription
- 3 The date you tried to fill the prescription
- 4 If you ask for an exception, your prescriber will need to explain why you need the off-formulary or non-preferred drug, or why a coverage rule shouldn't apply to you

Your Medicare drug plan will send you a written decision. If coverage isn't approved and you disagree with this decision, you have the right to appeal. The plan's notice will explain why coverage was denied and how to ask for an appeal.

Get Help and more information

Look at your plan materials or call 1-800-MEDICARE (1-800-633-4227) for more information about how to ask for a coverage determination. TTY users can call 1-877-486-2048. For help contacting your plan, call 1-800-MEDICARE.

To get this form in an accessible format (like large print, Braille, or audio) contact your Medicare drug plan. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0975. This information collection is used to provide notice to enrollees about how to contact their Part D plan to request a coverage determination. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is required under § 423.562(a)(3) and an associated regulatory provision at § 423.128(b)(7)(iii). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Form CMS-10147
(Expires: 12/31/2027)

OMB Approval No. 0938-0975