



Dear Patient,

Welcome to Professional Specialty Pharmacy, located in Darlington, South Carolina. We are excited about the opportunity to serve you for all of your pharmacy needs.

The staff at Professional Specialty Pharmacy understands that your medical condition is complex and requires special knowledge when collaborating with your medical provider and insurance company. We are dedicated to providing you with the personal service necessary to ensure that you achieve the most benefit from your therapy including:

- Access to clinically trained personnel 24 hours a day, 7 days a week
- Coordination of prior authorization with your insurance company
- Compliance monitoring
- Free mailing of medication
- Training, Education and counseling
- Refill reminders
- Enrollment in the Patient Management Program, which provides benefits such as managing side effects, increasing compliance to drug therapies and overall improvement of health when the patient is willing to follow directions and is compliant to therapy.

Our business hours are:

Monday-Friday 8 AM – 5:30 PM EST

Pharmacist: 843-548-4121

Fax: 843-968-3481

Email: specialty@genesishqhc.org

Address: 201 Cashua St. Darlington, SC 29532

We look forward to providing you with the best service possible. We know you have many options, and we thank you for choosing the Professional Specialty Pharmacy.

Sincerely,

The Professional Specialty Pharmacy Team

**What to expect:**

We recognize that managing a chronic disease or serious illness can feel overwhelming at times. We are here for you. At Professional Specialty Pharmacy, our staff is dedicated to working with you, your doctors and nurses, and family and friends to achieve a fully integrated health care team. You are our primary purpose.

You can expect:

✓ **Personalized patient care**

Our specialty trained staff members will work with you to discuss your treatment plan, and we will address any questions or concerns you may have. We are available for you 24/7.

✓ **Collaboration with your Doctor**

We will always keep the lines of communication open between you and your doctors and caregivers. We are here to make sure any difficulties you may be having with your treatment are addressed immediately with your physicians.

✓ **Regular follow-up**

Getting your medications and medical supplies quickly and efficiently is paramount. We will be in close contact with you during your treatment and will be your healthcare advocate.

✓ **Benefits**

Treatment can be costly, and we will help you navigate through the complexities of the healthcare system to explore every option available to you. Our relationships with insurers will help provide you with information and explanations of your drug and medical benefits. Your quality of care is our highest mission.

✓ **Delivery**

We offer fast and convenient delivery to your home, workplace, or the location you prefer. A staff member will contact you five to seven days prior to your refill due date to coordinate the medications you need, update your medical and insurance records, and to set up and confirm a delivery date and address.

✓ **24/7 Support**

Our Specialty Pharmacy staff is available 24 hours a day, 7 days a week. We are always here to answer any questions or address any concerns you may have. Contact us by phone to receive detailed information on the following:

- Prescription information
 - Status
 - Refill requests
 - Information on substitutions/unavailable medications
 - Transferring a prescription

- Claims
 - Medication recalls
 - Disposing of medications
 - Adverse reactions
 - Reporting concerns
 - Reporting errors

Financial Obligation and Financial Assistance

Before your care begins, a staff member will inform you of the financial obligations you incur 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, annual and lifetime co-insurance limits and changes that occur during your enrollment period.

Insurance claims

Upon receipt of your prescription, staff will inform you of pharmacy network status as it relates to your insurance coverage. Staff 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 so that we can work together to resolve the issue.

Pricing and/or Co-payments

Upon request, staff will provide you with the cash price of your medication. We are required to collect all co-payments prior to shipment of your medication. Co-payments can be paid by credit card, electronic checking account debit over the phone and by check or money order through the mail.

Co-pay Assistance Referral Program

We have access to financial assistance program to help with co-payments to ensure no interruptions in your therapy. These programs include discount coupons from drug manufacturers, co-payment vouchers, and assistance from various disease management foundations and pharmaceutical companies.



PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

Professional 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 Pharmacy Operations Officer at 843.393.6591.

Patients and their families also have responsibilities while under the care of Professional Specialty Pharmacy in order 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.

PATIENT RIGHTS

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.

Patient Rights

- To select those who provide you with Pharmacy services
- To be informed in advance about the services provided, including who provides care, the frequency it's provided, modifications to the care plan, and financial responsibility
- To 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
- To 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
- To assist in the development and preparation of your plan of care that is designed to satisfy, as best as possible, your current needs.
- To 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
- To express concerns, grievances, or recommend modifications to your Pharmacy services, without fear of discrimination or reprisal

- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans
- To 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
- To request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality
- To be given information as it relates to the uses and disclosure of your plan of care
- To have your plan of care remain private and confidential, except as required and permitted by law
- To receive instructions on handling drug recall
- To confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information; PHI will only be shared with the Patient Management Program in accordance with state and federal law
- To receive information on how to access support from consumer advocates groups
- To Receive pharmacy health and safety information to include consumers 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 their role within the program and their job title, and to speak with a supervisor of a staff member, if requested
- The right to identify visiting personnel members through proper identification
- The right to speak to a health 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, after consequences have been presented

Patient Responsibilities

- To provide accurate and complete information regarding your past and present medical history
- To agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments
- To participate in the development and updating of a plan of care
- To communicate whether you clearly comprehend the course of treatment and plan of care
- To comply with the plan of care and clinical instructions
- To accept responsibility for your actions, if refusing treatment or not complying with, the prescribed treatment and services
- To respect the rights of Pharmacy personnel
- To notify your Physician and the Pharmacy with any potential side effects and/or complications
- To Notify Professional Specialty Pharmacy via telephone when medication supply is running low so refill maybe shipped to you promptly



- 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 *patient management* program, if applicable
- To notify Professional Specialty Pharmacy of any concerns about the care or services provided

If you have questions, concerns or issues that require assistance, please call us. Complaints will be forwarded to management, and you will receive a response within 5 business days.

Additional Information

- **Emergency Information**
 - In the event of a medical emergency please contact 911.
 - If you have missed treatment or delivery of a prescription, please call the Professional Specialty Pharmacy direct number.
 - If there are other emergency situations (weather related/pandemic/other) please check our website (www.genesisfqhc.org) Or other social media for the most up to date information, or you may call Professional Specialty Pharmacy directly
- **Opt-Out Information**
 - To opt-out of the program, please submit your written request with contact information to specialty@genesisfqhc.org. Written requests can also be delivered to the following address:
 - Professional Specialty Pharmacy, 201 Cashua Street, Darlington, SC, 29532.
 - Once received, staff will contact you to confirm that you would like to disenroll from the program.
- **Adverse Effects to Medication**



- If you are experiencing adverse effects to the medication, please contact your Physician or the Professional Specialty Pharmacy Staff.
- Drug Substitution Protocols
 - From time to time it is necessary to substitute generic drugs for brand name drugs. This could occur due to your insurance company preferring the generic be dispensed 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.
- Complaints
 - Patients and Caregivers have the right to voice complaints and/or recommendation on services to the Professional Specialty Pharmacy. Patients and caregivers can do so by phone, fax, writing, or email. All complaints are reviewed by the Specialty Pharmacist in Charge.
 - Professional Specialty Pharmacy Complaints.....1.843.548.4121
 - ACHC Complaints Department 1.855.937.2242
 - URAC Complaints Department www.urac.org/complaint
- Proper Disposal of unused Medications:
 - For instructions on how to properly dispose of unused medications please contact Professional Specialty Pharmacy Clinic for instructions or go to the below FDA websites for information and instructions

<http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>

<http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>



Acknowledgment of Receipt

Acknowledgment of Receipt of Professional Specialty Pharmacy Patient Rights &
Responsibilities

I have received and read the attached PROFESSIONAL SPECIALTY PHARMACY Patient Rights and
Responsibilities

X _____

Signature of Patient or Personal Representative

X _____

Patient Name (Print)

X _____

Personal Representative Name (Print) if Applicable

Date