

Guthrie Specialty Pharmacy



Guthrie Specialty Pharmacy
501 Reynolds Rd
Johnson City, NY 13790

Monday through Friday, 8 A.M. to 6 P.M.

Phone: 607-235-2709 or 833-989-6491

Fax: 272-448-5632

www.guthrie.org/services-treatments/pharmacy



GUTHRIE



PHARMACY

www.Guthrie.org

Thanks for trusting Guthrie Specialty Pharmacy with your prescription needs. If you have questions or concerns about your prescription, we're happy to help.

Reaching us

- Call us directly at 607-235-2709 or 833-989-6491 on weekdays from 8 a.m. to 6 p.m. (except major holidays).
- After hours, leave a voicemail and we'll return your call the next business day. Include your name, prescription number (at the top left of your prescription label), the reason for your call and a phone number where we can reach you.
- A pharmacist is available after hours.

Refills

- To make sure your therapy doesn't lapse, we'll call you five to seven days before you run out to schedule refill delivery.
- If you haven't heard from us and you need a refill:
 - » Call during business hours to speak with someone.
 - » After hours, leave a message including your medication name, first and last name, address, date of birth, daytime phone number and any other requested information. We'll return your call the next business day to confirm delivery.
 - » Need your prescription sooner? Let us know so we can inform you with what options are available.
 - » Be sure you know when your medication will arrive, especially if it needs refrigeration.
 - » A signature may be required upon delivery.
- If we call and you don't need a refill, let us know.

Payment options

- The best way to pay for prescription copays is by keeping a credit or debit card on file with us.
- If your prescription has a copay, please make the payment before your order ships from our facility.
- If you're having trouble paying your copay, contact the pharmacy. We'll work with you to find a solution so you can get the medication you need.

Shipping & delivery

- Most packages will be shipped via FedEx. We may require a signature upon delivery for certain shipments. In lieu of a signature, the FedEx delivery confirmation will serve as proof of delivery.
- Deliveries for residential areas may run past 7 p.m. Wondering about the status of your delivery? Call us and we can track the location of your package. But first, check for the package near doors you don't commonly use, as well as other spots such as porches, garages or near your mailbox.
- You can provide your email address to receive updates on shipment, delivery and any exceptions in the shipping process.
- Inspect your package when it's delivered, and call us if there are any signs of tampering. Look at the delivery label, too. If any information is incorrect, be sure to let us know so we can fix it.
- Tell us if you'll be moving or if you'd like your medication delivered to an alternate address.

Frequently asked questions



How do I contact Guthrie Specialty Pharmacy?

Call us at the number on the front of this packet if you have questions. You can ask:

- Order status
- Copay amounts
- Insurance claims or coverage
- Patient Management Program



When is Guthrie Specialty Pharmacy open?

- We're open Monday through Friday from 8 a.m. to 6 p.m. Eastern Time.
- A pharmacist is on call 24/7 to answer your questions. They can help with emergencies, side effects, and medication support.
- Pharmacists also have access to all pharmacy systems. They can assist with order status, copays, claim submissions, and coverage questions.



How do I order a new prescription?

- Your doctor will send your prescription to our pharmacy electronically. When we receive it, our team will contact you to arrange shipment.
- We may fill your prescription with a generic version if allowed by state law and company policy. Talk to a pharmacist if you have questions or concerns.
- If we can't fill your prescription, we'll suggest other options and guide you on where to get your medication.



How do I transfer a prescription?

- If you want to transfer your prescription **from Guthrie Specialty Pharmacy to another pharmacy**, ask the receiving pharmacy to call us at 607-235-2709 or 833-989-6491. One of our pharmacists will transfer the prescription.
- If you want to transfer your prescription **from another pharmacy to Guthrie Specialty Pharmacy**, call us at 607-235-2709 or 833-989-6491. Give us the name and phone number of the transferring pharmacy, as well as the name and strength of the medication, and one of our pharmacists will call for the transfer.



How long will it be until I receive my prescription?

- Our goal is to get your medication to you as soon as possible. We will work with you and your physician to resolve any issues that may cause a delay, and will inform you of any delays that occur. If you would like to check the status of your shipment, please contact the pharmacy.
- Medications that are shipped are sent via FedEx. Pick up options are also available.
- Prescriptions are shipped Monday through Friday for next-day delivery. Medication delivery is a complimentary service at no extra charge to you.
- Some medications require a signature for delivery. We'll schedule a convenient delivery day to be sure you're available to sign for the prescription.



How do I refill my prescription?

We'll call to schedule your refill five to seven days before you run out to schedule refill delivery. Additionally, we'll contact your provider for a new prescription before you run out of refills. See p. 1 for more details on refills.



How much will my prescription cost?

Prescription costs can change daily and depend on your insurance or benefit stage. We can't confirm your copay until your claim is processed. For the most current information, call the member services number on your insurance card.

- We'll tell you if Guthrie Specialty Pharmacy is in-network or out-of-network if you ask.
- We can also provide the cash price for your medication upon request.
- If you can't afford your prescription, we'll look for help. This may include copay cards, patient assistance programs, or other support from charitable organizations.
- Medication cost may vary based on quantity. We'll fill the amount your doctor prescribes.



What forms of payment can I use for my prescription order?

Guthrie Specialty Pharmacy accepts all major credit cards. If you are picking up your prescription, you have the option to pay by credit card, cash, or check.



How do I safely dispose of medications?

Properly disposing of medicine has a lot of benefits:

- It protects children and pets from poisoning.
- It deters misuse by teens and adults.
- It prevents health issues from taking expired medicine.
- It guards streams and rivers against contamination – which protects the environment as well as drinking water.

Don't flush expired or unwanted prescription and over-the-counter drugs down a toilet or drain unless specifically instructed by the label or the enclosed patient information. Instead, return prescription and over-the counter drugs to a drug takeback program or follow the steps for safe household disposal below. You can also dispose of drugs in the medication disposal boxes available at most Guthrie Pharmacy locations, as well as at other pharmacies.

Find a drug takeback event by contacting your city or county government's household trash and recycling service. Some counties hold household hazardous waste collection days, where prescription and over-the-counter medications are accepted at a central location for disposal.

To safely dispose of medication at home, follow these steps:

1. » Take your prescription or over-the-counter drugs out of their original containers.
2. » Mix medicine with an undesirable substance like cat litter or coffee grounds.
3. » Put the mixture into a container with a lid, such as an empty margarine tub, or into a resealable bag.
4. » Put the sealed bag or container into the trash.
5. » Conceal personal information, including Rx number, on empty prescription containers with a permanent marker or duct tape (or remove the label). Throw away or recycle the empty containers.

Visit the U.S. Drug Enforcement Administration website at **dea.gov** and search "medication disposal" for more tips.



What if there's a recall on my medication?

We'll notify you if there's a recall on your medication and give you instructions on what to do.



How do I handle an adverse drug event?

If you think you're having a reaction to your medication, such as an allergy or side effect, or if the medicine seems to be causing problems instead of helping, call us. Ask to speak with a pharmacist.



What if something doesn't look right with my medication or I suspect a medication error?

If you think there has been a mistake with your medication, or you suspect it might be counterfeit, call us. Ask to speak with a pharmacist.



How do I get my medications in an emergency?

Call us at 607-235-2709 or 833-989-6491.

A pharmacist is available after hours for emergencies. If needed, we can transfer your prescription to another pharmacy that has your medication.

If Guthrie Specialty Pharmacy is affected by a state emergency or disaster, we will try to contact you about possible delays. If necessary, we'll transfer your prescription to another pharmacy.

Our emergency plan includes:

- Contacting you before bad weather to make sure you have your medication.
- Rescheduling deliveries if delays are expected, especially for medicines that need refrigeration.
- Having a healthcare professional on call 24/7. You can reach the on-call pharmacist even if the pharmacy is closed.



What is the Patient Management Program?

As a patient of Guthrie Specialty Pharmacy, you're automatically enrolled in the Patient Management Program at no cost to you. You may opt out at any time.

In this program, pharmacists work with you to manage any problems or questions about your medication. This can include learning about your condition, your medicine, dose, how often to take it, possible interactions, side effects, and care coordination with your doctor when needed.

The program helps reduce side effects, improve your health, teach you about your condition and medication, and support you in taking your medicine as prescribed. If care coordination with your doctor is needed, your pharmacist has the information to help make the best decisions for you.

If you join, here's what you need to do:

- Follow the directions from your doctor and pharmacist.
- Take your medication as prescribed.
- Be willing to share details about your condition, medical history, and current practices so your pharmacist understands your situation.



What areas does Guthrie Specialty Pharmacy serve?

We serve patients in New York and Pennsylvania.



Patient bill of rights

You have the right to:

1. » Be fully informed in advance about services/care to be provided, including the philosophy, characteristics and benefits of participating in the Patient Management Program.
2. » Be able to opt out of the Patient Management Program at any time.
3. » Have your property and person be treated with dignity, courtesy and respect as a unique individual.
4. » Be able to identify Guthrie Specialty Pharmacy staff members and their role in the pharmacy through name and job title and to speak with a pharmacist and/or supervisor if desired.
5. » Choose a healthcare provider.
6. » Receive information about the scope of care/services provided by Guthrie Specialty Pharmacy, as well as any limitations to the company's care/service capabilities.
7. » Receive upon request medical and/or scientific-based practice information for clinical decisions (e.g., manufacturer package insert, published practice guidelines/protocols, peer-reviewed journals) including the level of evidence or consensus describing the process for intervention in instances where there is no evidence-based research, conflicting evidence or no level of evidence.
8. » Coordination and continuity of services from Guthrie Specialty Pharmacy, timely response when care, treatment services and/or equipment is needed or requested and to be informed in a timely manner of impending discharge if care will no longer be provided by Guthrie Specialty Pharmacy.
9. » Receive, in advance of services being provided, complete verbal or written explanations of expected payments from Medicare or any other third-party payer, charges for which you may be responsible, including charges related to out-of-network pharmacy services, and explanation of all forms you are requested to sign.
10. » Receive quality medications and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social or economic status, age, disease process, DNR status or disability in accordance with physician orders.
11. » Receive medications and services from qualified personnel and receive instructions and education on safely handling and taking medications and a review of your current medication list.
12. » Receive information regarding your order status. Patients or caregivers can call 607-235-2709 or 833-989-6491 and speak with a pharmacy employee.
13. » Participate in decisions concerning the nature and purpose of the care being provided, the possible alternatives and/or risks involved and your right to refuse all or part of the services and to be informed of expected consequences of any such action based on the current body of knowledge.

14. » Confidentiality and privacy of all the information contained in your records and of Protected Health Information (except as otherwise provided for by law or third-party payer contracts).
15. » If desired, to be referred to other healthcare providers within an external healthcare system (e.g., dietitian, pain specialist, mental health services). You may also be referred back to your own prescriber for follow-up.
16. » Receive information about to whom and when your personal health information was disclosed, as permitted under applicable law and as specified in the company's policies and procedures.
17. » Express dissatisfaction/concerns/complaints for lack of respect, treatment or service, and to suggest changes in policy, staff or services without discrimination, restraint, reprisal, coercion or unreasonable interruption of services. Patients or caregivers can call 607-235-2709 or 833-989-6491 and ask to speak with a staff member's supervisor or the pharmacist in charge, pharmacy manager or pharmacy director.
18. » Be able to speak to a health professional, if desired.
19. » Have concerns/complaints/dissatisfaction about services that are (or fail to be) furnished in a timely manner.
20. » Be informed of any financial relationships of the pharmacy.
21. » Be offered assistance with any eligible internal programs that help with patient management services, manufacturer copay and patient assistance programs, health plan programs (tobacco cessation programs, disease management, pain management, suicide prevention/behavioral health programs).
22. » Be advised of pharmacy number (607-235-2709 or 833-989-6491) for after hours as well as normal business hours of Monday through Friday 8 a.m. to 6 p.m.
23. » Be advised of any change in the plan of service or termination of the Patient Management Program before the change is made.
24. » Participate in the development and periodic revision of the plan of care/service.
25. » Receive information in a manner, format and/or language that you understand.
26. » Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, involved in care, treatment and/or service decisions.
27. » Be fully informed of your responsibilities.
28. » Have the right to decline participation, revoke consent or request disenrollment in any Guthrie Specialty Pharmacy services at any point in time.
29. » To be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of your property.

You have the responsibility to:

1. » Adhere to the plan of treatment or service established by your physician and to notify them of your participation in Guthrie Specialty Pharmacy's Patient Management Program.
2. » Respect the need for Guthrie Specialty Pharmacy to adhere to their organization policies and procedures.
3. » Submit any forms necessary to participate in the program, to the extent required by law.
4. » Participate in the development of an effective plan of care/treatment/services.
5. » Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services.
6. » Ask questions about your care, treatment and/or services.
7. » Have clarified any instructions provided by company representatives.
8. » Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
9. » Be available to receive medication deliveries or coordinate with Guthrie Specialty Pharmacy during times you will be unavailable.
10. » Treat pharmacy personnel with respect and dignity without discrimination as to color, religion, sex or national or ethnic origin.
11. » Provide a safe environment for the organization's representatives to provide services.
12. » Use medications according to instructions provided, for the purpose it was prescribed, and only for/on the person to whom it was prescribed.
13. » Communicate any concerns on ability to follow instructions provided.
14. » Ensure deductibles, copays and coinsurance are paid prior to release of medication, except where contrary to federal or state law.
15. » Notify pharmacy of change in prescription or insurance coverage.
16. » Notify pharmacy immediately of address or telephone changes, temporary or permanent.

Complaint procedure

We can supply you with a patient concerns/grievances form upon request:

1. » You have the right to share concerns or complaints about the services you receive—or don't receive—without fear of punishment or discrimination. Call the pharmacy at 607-235-2709 or 833-989-6491. Ask for the pharmacy manager or director during business hours, or the on-call pharmacist after hours, weekends, or holidays.
2. » If you file a formal grievance, we will review your concern and start an investigation within five business days. We aim to resolve all grievances within 14 days. We will let you know the outcome by phone or in writing. If we need more time, we will inform you by phone or in writing.
3. » If you feel Guthrie Specialty Pharmacy did not adequately address your complaint, you have the right to contact Guthrie's Patient Experience Representation at 570-887-4840, URAC at 202-216-9010, ACHC at 855-937-2242, or the New York Board of Pharmacy at 518-474-3817.

MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare 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 permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. 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.
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.
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.

MEDICARE DMEPOS SUPPLIER STANDARDS

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 (supplier legal business name or DBA) 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://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards.

HIPAA

SUMMARY JOINT NOTICE OF PRIVACY PRACTICES / RESUMEN DE NOTIFICACIÓN CONJUNTA DE PRÁCTICAS DE PRIVACIDAD

This notice is a **summary** of how your protected health information is used and disclosed and how you can obtain access to this information. The entire Notice of Privacy Practices is posted on our website at www.guthrie.org and available upon request as explained below.

Esta notificación es un resumen sobre el uso y la divulgación de su información de salud protegida y la manera en que usted puede obtener acceso a esta información. La Notificación de Prácticas de Privacidad completa está publicada en nuestro sitio web en www.lourdes.com y está disponible mediante solicitud, como se explica a continuación.

USES AND DISCLOSURES OF HEALTH INFORMATION / USOS Y DIVULGACIONES DE LA INFORMACIÓN DE SALUD

We use health information about you for treatment, to obtain payment for treatment, for administrative purposes and to evaluate the quality of care that you receive. We do not need your permission to do this.

Utilizamos la información de salud sobre usted para el tratamiento, para obtener el pago del tratamiento, con fines administrativos y para evaluar la calidad de la atención que usted recibe. No necesitamos su autorización para esto.

We may also use or disclose identifiable health information about you without your permission for several other reasons. For example and subject to certain requirements, we may give out health information without your permission for public health purposes; for appointment reminders; for research studies; for fundraising purposes and for emergencies. We also provide information when otherwise required by law, such as for law enforcement in specific circumstances. When required by law or Guthrie's policies, we will ask for your written permission before using or disclosing any identifiable health information about you.

También podemos usar o divulgar información de salud identificable sobre usted sin su autorización por algunos otros motivos. Por ejemplo y sujeto a determinados requisitos, podemos suministrar información de salud sin su autorización para fines de salud pública, para recordatorios de citas, para estudios de investigación, para fines de recaudación de fondos y para urgencias. También suministramos información cuando de otro modo lo requiere la ley, como la aplicación de la ley en circunstancias específicas. Cuando la ley o las políticas de Guthrie lo requieran, le solicitaremos su autorización por escrito antes de usar o divulgar cualquier información de salud identificable sobre usted.

Disclosures That Require Your Authorization / Divulgaciones que Requieren su Autorización

An Authorization is a special written permission from you that grants authority to a Covered Entity to use or disclose your health information.

Una autorización es un permiso especial por escrito mediante el cual usted otorga a una Entidad Cubierta la facultad de usar o divulgar su información de salud.

- We must obtain your Authorization to use or disclose psychotherapy notes. Psychotherapy notes may only be used for limited purposes, such as by the treating professional. Disclosures are permitted only as required by law, for certain health oversight activities, or to avert a serious threat to health or safety.
Debemos obtener su Autorización para usar o divulgar notas de psicoterapia. Las notas de psicoterapia solo se pueden usar para fines limitados, por ejemplo, el profesional que lo atiende. Las divulgaciones solo se permiten según requiera la ley, para ciertas actividades de supervisión de la salud o para prevenir una amenaza grave a la salud o la seguridad.
- We must obtain your Authorization to use or disclose health information for marketing purposes as defined by 45 CFR 164.501, or for disclosures that constitute the sale of medical information.
Debemos obtener su Autorización para usar o divulgar información de salud con fines de marketing, según lo define el Título 45 CFR artículo 164.501, o para divulgaciones que constituyan compraventa de información médica.
- If you provide us with an Authorization to use or disclose your health information, you may cancel that Authorization, in writing, at any time. If you cancel your Authorization, we will no longer use or disclose health information about you for the reasons covered by your Authorization.
Si usted nos autoriza a usar o divulgar su información de salud, usted puede revocar dicha Autorización por escrito en cualquier momento. Si revoca su Autorización, ya no usaremos ni divulgaremos información de salud sobre usted por los motivos que contemple su Autorización.

We may change our policies at any time and as required by changes in the law. Before we make a significant change in our policies, we will change our notice and post the new notice. You can also request a copy of our Notice of Privacy Practices at any time. For more information about our privacy practices, please contact the Privacy Officer listed below or access a copy of the entire Notice of Privacy Practices at www.lourdes.com.

Podemos modificar nuestras políticas en cualquier momento y según exijan las enmiendas a la ley. Antes de que realicemos un cambio significativo en nuestras políticas, modificaremos nuestra notificación y publicaremos la nueva notificación. Usted también puede solicitar una copia de nuestra Notificación de Prácticas de Privacidad completa en cualquier momento. Para obtener más información sobre nuestras políticas de privacidad, comuníquese con el Responsable de Privacidad indicado a continuación u obtenga una copia de la Notificación de Prácticas de Privacidad en www.lourdes.com.

YOUR RIGHTS / SUS DERECHOS

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

Aunque su expediente médico es de propiedad física del profesional médico o de la institución que lo recopiló, la información le pertenece a usted. Usted tiene derecho a:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522. **In most cases, we are not required to agree to your request.**
Solicitar una restricción en ciertos casos y divulgar su información de acuerdo con el Título 45 CFR artículo 164.522. En la mayoría de los casos, no estamos obligados a aceptar su solicitud.
- We must agree to your request if you are paying or have paid for a service in-full, out-of-pocket and you are asking us not to submit information about that particular service to your health plan. You must identify the date of service and the exact information that you want restricted. Please make this request before the service is provided.
Debemos aceptar su solicitud si usted pagará o ha pagado por un servicio de su bolsillo, en su totalidad, y nos está solicitando no presentar información sobre dicho servicio a su plan de salud. Usted debe identificar la fecha del servicio y la información específica que desee restringir. Presente esta solicitud antes de que se preste el servicio.
- Obtain a paper copy of the entire Notice of Privacy Practices upon request.
Obtener una copia impresa de la Notificación de las Prácticas de Privacidad.
- Inspect and obtain a copy of your health record as provided for in 45 CFR 164.524.
Inspeccionar y obtener una copia de su expediente médico, según dispone el Título 45 CFR artículo 164.524.
- Amend your health record as provided in 45 CFR 164.526.
Modificar su expediente médico según lo dispuesto en el Título 45 CFR artículo 164.526.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
Obtener un informe de divulgaciones de su información de salud, según lo dispuesto en el Título 45 CFR artículo 164.528.
- Request communications of your health information by alternative means or at alternative locations.
Solicitar que las comunicaciones relacionadas con su información médica se envíen por medios alternativos o a lugares alternativos.
- Choose not to receive fundraising communications.
Decidir no recibir comunicaciones de recaudación de fondos.
- Cancel your authorization to use or disclose health information except to the extent that action has already been taken.
Cancelar su autorización o usar o divulgar información de salud, excepto en la medida que esa acción ya hubiera sido adoptada.
- Receive written notification if your unsecured protected health information has been the subject of a breach.
Recibir una notificación por escrito si su información de salud no protegida ha sufrido un incumplimiento de las normas de privacidad mencionadas.

COMPLAINTS / RECLAMOS

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the Office for Civil Rights.

Si a usted le preocupa que hayamos violado sus derechos de privacidad, o está en desacuerdo con alguna decisión que hayamos tomado con respecto al acceso a sus registros médicos, puede comunicarse con la persona que se indica a continuación. También puede enviar un reclamo por escrito a la Oficina de Derechos Civiles.

OUR LEGAL DUTY / NUESTRA RESPONSABILIDAD LEGAL

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

La ley nos exige la protección de la privacidad de su información, el envío de esta notificación sobre nuestras prácticas de información y el seguimiento de las prácticas de información como se describe en esta notificación.

HIPAA Privacy Officer
1 Guthrie Square
Sayre, PA 18840
Hotline: 1-888-841-4644
Weblink: guthrie.ethicspoint.com

Office for Civil Rights
U.S. Department of Health and Human Services
Jacob Javits Federal Building, 26 Federal Plaza - Suite 3312, New York, NY
10278
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html



Full Notice of Privacy Practices



Guthrie Specialty Pharmacy customer information checklist

Be sure to review the materials in this packet as soon as possible.
Then complete this form and return it within 10 days to:
Guthrie Specialty Pharmacy
501 Reynolds Rd
Johnson City, NY 13790
or via email to specialtyrx@guthrie.org

Customer name: _____

(Print)

Customer date of birth: _____

Check the box next to each item acknowledging you received and read these documents.

- ☐ Guthrie Notice of Privacy Practices
- ☐ Patient bill of rights
- ☐ Complaint procedure
- ☐ Medicare DMEPOS supplier standards

If you have questions about any of these materials, call us at 607-235-2709 or 833-989-6491.

**I acknowledge I have read and understand the enclosed information,
including the notice of privacy practices.**

Customer/caregiver signature: _____

Date: _____

Relation to patient: _____



Consent form

If you would like someone other than yourself to speak to us about your prescriptions filled at Guthrie Specialty Pharmacy, fill out this form and mail it to the address below.

I, _____ give permission

to allow _____

to speak with the Guthrie Specialty Pharmacy staff regarding my prescription medications.

Signed: _____

Date: _____

Guthrie Specialty Pharmacy
501 Reynolds Rd
Johnson City, NY 13790
Phone: 607-235-2709 or 833-989-6491



Guthrie Specialty Pharmacy patient satisfaction survey

Thanks for trusting us with your specialty pharmacy services. We'd like your feedback on your experience – whether it's praise or suggestions to improve our services.

Instructions

Fill in the appropriate box for each entry with an X. If you mark any as "somewhat dissatisfied" or "dissatisfied," let us know how we can improve in the comment section at the end.

How would you rate your level of satisfaction with the following?

1. » OVERALL SATISFACTION WITH GUTHRIE SPECIALTY PHARMACY

☐ N/A ☐ Very satisfied ☐ Satisfied ☐ Somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ Dissatisfied

2. » MET YOUR SERVICE EXPECTATIONS

☐ N/A ☐ Very satisfied ☐ Satisfied ☐ Somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ Dissatisfied

3. » TIMELY DELIVERY OF YOUR MEDICATION

☐ N/A ☐ Very satisfied ☐ Satisfied ☐ Somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ Dissatisfied

4. » ACCURACY OF YOUR ORDER

☐ N/A ☐ Very satisfied ☐ Satisfied ☐ Somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ Dissatisfied

5. » HELPFUL INFORMATION ABOUT YOUR MEDICATION

☐ N/A ☐ Very satisfied ☐ Satisfied ☐ Somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ Dissatisfied

6. » ABILITY TO REACH SOMEONE WHO COULD ANSWER YOUR QUESTIONS

☐ N/A ☐ Very satisfied ☐ Satisfied ☐ Somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ Dissatisfied

7. » EXPLANATION OF WHAT YOU PAY AFTER YOUR INSURANCE PAYS

☐ N/A ☐ Very satisfied ☐ Satisfied ☐ Somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ Dissatisfied

8. » EXPLANATION OF YOUR INSURANCE BENEFITS

☐ N/A ☐ Very satisfied ☐ Satisfied ☐ Somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ Dissatisfied

9. » EXPLANATION OF HOW TO REFILL YOUR MEDICATION

☐ N/A ☐ Very satisfied ☐ Satisfied ☐ Somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ Dissatisfied

10. » EXPLANATION OF HOW TO REACH US ABOUT PROBLEMS WITH YOUR ORDER

☐ N/A ☐ Very satisfied ☐ Satisfied ☐ Somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ Dissatisfied

11. » MEDICATION PACKAGING

☐ N/A ☐ Very satisfied ☐ Satisfied ☐ Somewhat satisfied ☐ Neutral ☐ Somewhat dissatisfied ☐ Dissatisfied



How can we improve our services?

Any other comments?

Signature (optional): _____ Date: _____





Guthrie Specialty Pharmacy
501 Reynolds Rd
Johnson City, NY 13790

Monday through Friday, 8 A.M. to 6 P.M.

Phone: 607-235-2709 or 833-989-6491

Fax: 272-448-5632

www.guthrie.org/services-treatments/pharmacy

www.Guthrie.org



GUTHRIE



PHARMACY