



# LeMed

SPECIALTY PHARMACY

## WELCOME PACKET

2417 3rd Ave, Ste 406  
Bronx, NY 10451  
(347) 913-4656

# WELCOME

LeMed Specialty Pharmacy is an accredited specialty pharmacy that provides convenient service and care that go beyond having a prescription filled. Our team is dedicated to helping you achieve the best possible outcome while managing cost.

Enclosed in this Welcome Packet, you will find our contact information and the services available to you as well as your rights and responsibilities as a patient.

## Who We Are:

- LeMed Specialty Pharmacy is a family-owned specialty pharmacy committed to providing a personal, custom-tailored approach through collaboration between physician, patient, and pharmacist.

## Our Mission:

- It is our belief that through careful coordination of care, we can help produce better health outcomes for our patients, reduce the administrative burden on health care providers, and improve health in the overall community that we serve.



Specialty Pharmacy  
Expires 02/01/2026

## Contact Us

**24/7/365 TOLL FREE PHONE:** (800) 347-1137

**ADDRESS:** 2417 3<sup>rd</sup> Ave, Ste 406  
Bronx, NY 10451

- Dial 1** To refill your prescriptions
- Dial 2** To check the status of your delivery
- Dial 3** To speak to the billing department about your insurance or copayments
- Dial 4** If you're calling from a doctor's office or have a question for a pharmacist
- Dial 5** For our address and hours of operation
- Dial 6** For all other inquiries

### Hours of Operation - Eastern Standard Times

**Monday-Friday 9:00 AM - 6:30 PM**

### Holidays

LeMed Specialty Pharmacy will be closed on the following holidays:  
New Year's Day, Independence Day, Thanksgiving and Christmas Day

**FAX:** (718) 231-2727

**WEBSITE:** [www.lemedrx.com](http://www.lemedrx.com)

**EMAIL:** [support@lemedrx.com](mailto:support@lemedrx.com)

## **Patient Management Program**

LeMed Specialty Pharmacy has a complete Patient Management Program that assists our patients to achieve best outcomes from their specialty medication therapies.

Specialty services provided by LeMed Specialty Pharmacy focus on high cost, high touch medication therapies for the following disease groups:

- Solid Organ Transplant
- Sickle Cell Disease/Iron Overload
- Hepatis C related to Solid Organ Transplant

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

All patients are automatically enrolled in the Patient Management Program. By participating in this program, you will receive an initial assessment by a licensed pharmacist who will teach you how to effectively take your medication (frequency, route, and dose), inform you of any potential side effects, check for any drug-drug or drug-disease interactions, drug allergies, and to help alleviate any concerns. For clinical questions related to your medications, diagnosis or plan of care, Pharmacists are available to you 24 hours a day, 7 days a week for an availability of 365 days a year by calling (347) 913-4656 or in person during our regular business hours. For non-clinical concerns, Patient Care Coordinators are also available to assist you.

Patient Management Program benefits include:

1. Improved knowledge of medication uses and administration
2. Improved medication compliance by creating an individualized care plan tailored to you
3. Advise on managing potential side effects
4. Greater self-management of medications and medical condition

Limitations of participating in the Patient Management Program include not responding to our outreach calls, providing health updates, and taking your medication on time as instructed.

If you wish to opt-out, feel free to let us know anytime or return "Opt-Out Form" at the end of this packet via mail, email or fax. You can opt-out and still receive refill reminder calls.

## **Obtaining Your Prescriptions - Delivery or Pick Up**

We give you the option of picking up your medications or having them delivered for free to a safe location of your choice. Protecting your health information is one of our top priorities so your medications will only be released to someone you have authorized. You or someone you authorized can conveniently walk-in any day of the week. Please refer to our hours of operation.

LeMed Specialty Pharmacy will send your medications to any state we are licensed in free of charge. If you live in the borough of the Bronx, parts of upper New York, or upper Manhattan we can courier your medications. Call us at (347) 913-4656 to find out if you are eligible for courier service or if you have questions about shipping out of state. Please keep in mind that in order to confirm next day delivery, your refills must be processed before 2 PM.

LeMed Specialty Pharmacy provides any ancillary supplies needed such as a sharps container, alcohol pads, etc.

Any medication that requires refrigeration is packaged according to our cold chain procedure to maintain manufacturer temperature guidelines and must be sent out overnight or same day courier. It is important to note that all packages that are sent via courier require an adult signature. Let the Patient Care Coordinator know who is authorized to receive and sign for the package to ensure it is delivered into the right hands. There may be a mandatory signature requirement on some medications due to their special nature.

If you are insured by Medicare and request no signature with your package, please sign and return the "Medicare Proof of Delivery Attestation" as required by your insurance. A postage-paid envelope will be included in your delivery. Please sign and mail, fax (718-231-2727) or email us at [pcc@lemedrx.com](mailto:pcc@lemedrx.com) at your earliest convenience.

### **Filling a Prescription and Obtaining Refills**

New prescriptions and refills are easy with LeMed Specialty Pharmacy. A Clinical Specialty Pharmacist will reach out upon your new therapy to teach you how to effectively take your medication (frequency, route, and dose), inform you of any potential side effects, check for any drug-drug or drug-disease interactions, drug allergies, and to help alleviate any concerns. A Patient Care Coordinator will contact you five days prior to your refill due date to set up refills, determine your compliance to the prescribed therapy, side effects, changes in your medical condition and/or regimen, collect any co-payments, and set up a pickup or delivery date and confirm a delivery address should you need delivery.

If the generic medication previously covered you are requesting is no longer available or covered and there is an alternative that would ensure access to the drug therapy needed, a pharmacist will reach out to obtain a new prescription from your doctor to ensure drug therapy will continue. Some prescriptions may require a new prescription. We can help facilitate refill requests with your healthcare provider. Your provider may require you to go in for an appointment before authorizing a refill. Be sure to prevent any delays in obtaining refills by making sure you have enough medications on hand for the weekend and any vacations.

If we are unable to reach you for coordination of refill, please call and ask for a Patient Care Coordinator. LeMed Specialty Pharmacy will not ship refills without confirming with you first.

### **Financial Obligation and Financial Assistance Programs**

Upon referral, our coordination of benefits team will perform an eligibility check and submit claims to your insurance plan on the date your prescription is filled. You will be informed by our Coordination of Benefits team, Patient Care Coordinators, Pharmacists, or Interns of your financial responsibility. These obligations may include copayments, deductibles, co-insurance, and/or out-of-pocket expenses. No coverage or higher copayments may incur if we are considered "out-of-network" with your insurance. We will inform you of the cash price (out of pocket expense) of the medication, upon request. Our team will find exactly where you will be able to fill and coordinate your prescription to be set there. Before care begins, the staff will inform you, verbally or in writing, of financial obligations you incur that are not covered by insurance, Medicaid, Medicare or other third-provider sources or if your health plan is out of network.

LeMed Specialty Pharmacy is required to collect all insurance copayments prior to shipment of your medication. Copayments can be paid via Visa, MasterCard, American Express, electronic checking account

debit over the phone and by check or money order by mail. If for any reason you owe a balance, the balance will need to be paid prior to your next refill.

If you need help in arranging a payment plan for the money you owe, our team will work with you to ensure continuity of medication by obtaining prior authorization approval to get your medication covered and/or by finding copay cards or financial assistance programs.

### **Obtaining Medication Not Available at Our Pharmacy**

If a medication or product is unavailable at the time of your order, our Patient Care Coordinators and/or Pharmacists will assist you in finding a local or mail order provider that will be able to fill the prescription and send the medication.

### **Medication Substitutions for New Prescriptions and Refills**

Our team will do our best to ensure your therapy is both cost-effective and clinically effective. We will substitute medications for new and refill prescriptions if there is a lower cost generic available as long as your prescriber has not indicated "Dispense as Written". Additionally, should we be able to identify a medication that might offer the equivalent efficacy but offer a financial savings, or present an easier method of administration and thus help with compliance, the pharmacist will reach out to your provider to discuss adjusting the medication for your benefit. We will inform you of any authorized changes.

### **Check on Your Order Status**

Not sure about the status of your prescription? Call us directly at (347) 913-4656 to speak with a Patient Care Coordinator or a Pharmacist. Should there be a delay in your order for any reason, your Patient Care Coordinator or Pharmacist will reach out to you directly and outline any steps that may be needed to rectify the situation.

### **Transferring a Prescription to Another Pharmacy**

If you cannot obtain a medication with us, we will contact you and your provider directly to assist you in the transferring of the order. Should you need to get your refill filled at your local pharmacy, have them call us to have your prescription(s) transferred.

Please note that due to state and federal law, certain prescriptions are illegal to transfer. You may request a new prescription from your provider to be sent.

### **Recalls**

In the event of a recall, LeMed Specialty Pharmacy will follow FDA or manufacturer's recommendation and pass the information onto you. Should an alternative medication be needed, we will work together with your provider to find an acceptable alternative.

### **Access Medications in Case of an Emergency, Disaster, or Delay**

In the event that a natural disaster or emergency in the LeMed Specialty Pharmacy area that may disrupt the delivery of your medication, LeMed Specialty Pharmacy has arrangements with facilities throughout the country to ensure uninterrupted service even if distribution from our main facility is not possible.

Should there be an emergency in your area that would prevent the delivery of the medication, please contact our pharmacy, your provider, or go to your local emergency room to receive your medication. A Patient Care Coordinator will call you to provide assistance.

## **Adverse Reactions**

An adverse reaction is defined as “Any unfavorable or unintended sign, symptom, or disease temporarily associated with the use of a drug.”

If you suspect an adverse reaction, please contact one of our pharmacists and your physician. However, in the case of a medical emergency, or you have trouble breathing, or have swelling of lips, tongue, or throat, please call 911 or your local emergency service for immediate assistance.

## **Reporting Concerns or Errors**

Our clinical specialty pharmacists review all prescriptions for safety and accuracy according to best practice and as prescribed. However, if you notice any errors (ex: wrong drug, wrong dose, wrong frequency) please reach out to us and we will investigate and rectify the mistake. Should you have any complaints, feel free to call us or fill out our complaint and recommendation form at the end of this packet, as we are always trying to improve and welcome any feedback.

## **Safety and Storage**

### **Medication Storage**

Medications should be kept in a safe place and out of reach of children and pets. Make sure to keep all bottles and containers tightly sealed. Always check the container or vial to see if the medication requires refrigeration to keep the integrity of the medication.

If you have stored a medication out of the recommended temperature range and have any questions about the viability of the medication or are unsure of how to properly store your medication.

Please call us at (347) 913-4656.

### **Proper Disposal of Drugs and Hazardous Materials**

In order to reduce harm from accidental exposure, it is important to properly dispose of any unused medication. Take advantage of any local law enforcement sponsored medication take-back programs in your community. Do not flush medicines down the sink or toilet.

You can also refer to the following resources for proper disposal of drugs and hazardous materials and where to find an authorized retail, hospital, and law enforcement location that offer collection receptacles:

1. FDA: Disposal of Unused Medicines: What You Should Know - <https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know>
2. DEA website: <https://apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1> or call 1-800-882-9539
3. The Point: New York State Syringe Access, Medical Waste Dropbox, and Drug Drop Box Locations at <http://www.thepointny.org/#>. In addition to listing locations to disposal sites, it also offers locations for Hepatitis C testing.

If you cannot get to a take-back program or collection receptacle, remove the prescription drug from their original containers and mix any unused medication with coffee grounds, dirt, or cat litter in a container or sealable bag to make the medication unrecognizable before throwing it away with the household trash.

### **Disposing of Sharps**

Syringes, lancets, and other injectable supplies should be placed in a puncture-resistant container after use. Store the container upright and out of reach of children. Once the container is full, seal the container and properly dispose of it by following your county or city regulations. Please refer to the section on “Proper Disposal of Drugs” above.

Please **do not** send used sharps containers back to LeMed Specialty Pharmacy.

### **Preventing Infections**

Wash hands thoroughly with soap and warm water. Scrub and lather all surfaces of the hand and wrist for at least 15 seconds. Dry your hands with a clean paper towel or air dryer. The use of alcohol-based hand sanitizer may be used if you do not have access to soap and warm water. Make sure to rub all areas of the hand and fingers with hand sanitizer until dry.

### **Preparing for Injections (Basic Overview)**

Before any injection, make sure to:

1. Wash hands thoroughly with soap and dry with paper towels.
2. Set up a clean work area. Wipe the area with an alcohol swab if necessary.
3. Gather all necessary supplies that you will need: medication, syringe, alcohol pads and a sharps container and place them on a clean towel.
4. If you are not using a pre-filled syringe, prepare your medication and fill the syringe according to the manufacturer’s guidelines found in the medication package insert.

# Patient Bill of Rights and Responsibilities

## **As a LeMed Specialty Pharmacy patient, you have the right to:**

1. Be fully informed of one's responsibilities.
2. Be informed, in advance of care/service being provided and their financial responsibility.
3. Participate in the development and periodic revision of the plan of care.
4. Have one's property & person treated with respect, consideration, and recognition of client/patient dignity and individuality.
5. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source.
6. Know about philosophy and characteristics of the patient management program.
7. Have personal health information shared with the patient management program only in accordance with state and federal law.
8. Have grievances/complaints regarding treatment or care that is (or fails to be furnished, or lack of respect of property.
9. Voice grievances/complaints regarding treatment or care or lack of respect of property, or care/service without restraint, discrimination, or reprisal.
10. Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested.
11. Speak to a health professional.
12. The right to decline to participate, revoke consent, or cancel enrollment at any point in time. \*
13. Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information.
14. Be advised on the agency's policies and procedures regarding the disclosure of clinical records.
15. Receive information about the patient management program.
16. Receive administrative information regarding changes in, or termination of, the patient management program.
17. The right to review and obtain their pharmacy records consistent with the HIPAA Privacy Rule.
18. Choose a healthcare provider, including an attending physician.
19. Receive appropriate care without discrimination in accordance with physician's orders.
20. The right to use a different provider for your medications. In the event you should choose to use another pharmacy, we will work with your preferred pharmacy to promote a smooth transition.
21. Be informed of any financial benefits when referred to an organization.
22. Refuse care or treatment after the consequences of refusing care or treatment are fully presented.

*\* You can opt out of the patient management program by contacting your LeMed Pharmacy representative, complete the Opt-Out Form in this packet or email [support@lemedrx.com](mailto:support@lemedrx.com).*



**As a LeMed Specialty Pharmacy patient, you have the responsibility to:**

1. Submit any forms that are necessary to participate in the program, to the extent required by law.
2. To accept any financial responsibility not covered by insurance.
3. Give accurate clinical and contact information and to notify the patient management program of changes in this information; and
4. Notify their treating provider of their participation in the patient management program, if applicable.
5. Remain under a doctor's care while receiving services.
6. To follow a medication regimen as instructed by your provider.
7. Provide the pharmacy with a complete and accurate health history.
8. Notify the pharmacy of any changes in insurance coverage.
9. Provide all requested insurance and financial records.
10. Sign the required agreements and releases for service and insurance billing.
11. Participate in your care plan by asking questions and following instructions.
12. Accept the consequences for any refusal of treatment or choice of noncompliance.
13. Provide a safe home environment in which your care can be given.
14. Cooperate with your doctor and other caregivers.
15. Assume responsibility for damaged, lost, or unreturned home medical equipment once in your possession.
16. Client/patient notifies the pharmacy of any concerns about the care or services provided.

*Patients' Rights and Responsibilities updated July 15, 2023*

# LeMed Pharmacy Services Agreement

## CONSENT TO SERVICES

I understand that I have my choice of pharmacy provider. I agree to the provision of services by LeMed Specialty Pharmacy. These services may include dispensing and delivery of prescription medications ordered by my prescriber, and coordination of nursing services. I understand that my care is directed and monitored by my prescriber, and LeMed Specialty Pharmacy is not liable for any act of omission when following the instructions of my prescriber who is neither the employee nor the agent of LeMed Specialty Pharmacy.

## PATIENT'S RIGHTS AND RESPONSIBILITIES

I have read and understand the statement of Patient's Rights and Responsibilities associated with this form.

## ASSIGNMENTS OF BENEFITS

- *Medicare/Medicaid Benefits:* I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I request that payment of authorized benefits be made on my behalf to LeMed Specialty Pharmacy.
- *Private Insurance:* I authorize LeMed Specialty Pharmacy to bill my insurance carrier directly for services provided on my behalf.

I authorize payment for any services provided to me by LeMed Specialty Pharmacy to be paid directly to LeMed Specialty Pharmacy. I understand that I am financially responsible to LeMed Specialty Pharmacy for any copayment or non-covered medications not paid by my insurance company. If I do not pay my balance for any amount due within thirty (30) days from the date of the invoice, unless special arrangements are made, late fees may apply. I understand that at any time, I may contact LeMed Specialty Pharmacy at 2417 3<sup>rd</sup> Ave, Ste 406., Bronx, NY 10451 to request an estimated amount of my financial responsibility for services provided by LeMed Specialty Pharmacy.

## RELEASE OF INFORMATION

I authorize all healthcare providers, insurers, or other parties with healthcare information about me to release to LeMed Specialty Pharmacy any and all of my healthcare records, including prescription records, that are related to or may assist in the treatment of the condition(s) for which LeMed Specialty Pharmacy is providing services to me (hereafter referred to as "My Records"). I authorize LeMed Specialty Pharmacy to release any and all information for My Records as may be necessary for LeMed Specialty Pharmacy to receive payments of benefits on my behalf, to comply with audit requests of accrediting bodies or government agencies. I understand that LeMed Specialty Pharmacy may use information from My Records that does not identify me personally for data collection, statistical analysis, and other purposes undertaken in LeMed Specialty Pharmacy normal course of business. I hereby release, on my behalf and on behalf of my successors and assigns, LeMed Specialty Pharmacy and its officers, directors, employees, and agents from any and all liability arising from the release of My Records and from the use of information released from My Records.

## Acknowledgement of Receipt of Pharmacy Services Agreement and Rights and Responsibilities

Please sign your name and date on this acknowledgement form.

By signing below, I certify that I have read and accepted the terms of this LeMed Pharmacy Services Agreement. I certify that I am the patient or that I am duly authorized by the patient as the patient's agent to accept and sign this patient agreement and consent on the patient's behalf.

**PATIENT FULL NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**GUARDIAN/PARENT/AUTHORIZED REPRESENTATIVE'S FULL NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

LeMed Specialty Pharmacy has permission to leave messages at my home or on my home answering machine or voicemail.

LeMed Specialty Pharmacy has my permission to contact me at my place of employment.

## NOTICE OF PRIVACY PRACTICES

06/24/2022

**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.**

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, LeMed Specialty Pharmacy has created this Notice of Privacy Practices (Notice). This Notice describes LeMed Specialty Pharmacy's privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that LeMed Specialty Pharmacy protect the privacy of your PHI that the Facility has received or created. LeMed Specialty Pharmacy will abide by the terms presented within this Notice. For any uses or disclosures that are not listed below (Including Marketing and Selling of PHI), LeMed Specialty Pharmacy will obtain a written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail below. LeMed Specialty Pharmacy reserves the right to change LeMed Specialty Pharmacy's privacy practices and this Notice and upon request, we will provide any revised Notice to you.

### HOW WE MAY USE AND DISCLOSE YOUR PHI

The following is an accounting of the ways that LeMed Specialty Pharmacy is permitted, by law, to use and disclose your PHI.

**Uses and disclosures of PHI for Treatment:** We will use the PHI that we receive from you to fill your prescription and coordinate or manage your health care.

**Uses and disclosures of PHI for Payment:** We will disclose your PHI to obtain payment or reimbursement from insurers for your health care services.

**Uses and disclosures of PHI for Health Care Operations:** We may use the minimum necessary amount of your PHI to conduct quality assessments, improvement activities, and evaluate LeMed Specialty Pharmacy workforce.

The following is an accounting of additional ways in which LeMed Specialty Pharmacy is permitted or required to use or disclose PHI about you without your written authorization.

**Uses and disclosures as required by law:** LeMed Specialty Pharmacy is required to use or disclose PHI about you as required and as limited by law.

**Uses and disclosure for Public Health Activities:** The Facility may use or disclose PHI about you to a public health authority that is authorized by law to collect for the purpose of preventing or controlling disease, injury, or disability. This includes the FDA so that it may monitor any adverse effects of drugs, foods, nutritional supplements and other products as required by law.

**Uses and disclosure about victims of abuse, neglect or domestic violence:** The Facility may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.

**Uses and disclosures for health oversight activities:** The Facility may use or disclose PHI about you to a health oversight agency for oversight activities which may include audits, investigations, inspections as necessary for licensure, compliance with civil laws, or other activities the health oversight agency is authorized by law to conduct.

**Disclosures to Individuals Involved in your Care:** The Facility may disclose PHI about you to individuals involved in your care.

**Disclosures for judicial and administrative proceedings:** The Facility may disclose PHI about you in the course of any judicial or administrative proceedings, provided that proper documentation is presented to the Facility.

**Disclosures for law enforcement purposes:** The Facility may disclose PHI about you to law enforcement officials for authorized purposes as required by law or in response to a court order or subpoena.

**Uses and disclosures about the deceased:** The Facility may disclose PHI about a deceased, or prior to, and in reasonable anticipation of an individual's death, to coroners, medical examiners, and funeral directors.

**Uses and disclosures for cadaveric organ, eye or tissue donation purposes:** The Facility may use and disclose PHI for the purpose of procurement, banking, or transplantation of cadaveric organs, eyes, or tissues for donation purposes.

**Uses and disclosures for research purposes:** The Facility may use and disclose PHI about you for research purposes with a valid waiver of authorization approved by an institutional review board or a privacy board. Otherwise, the Facility will request a signed authorization by the individual for all other research purposes.

**Uses and disclosures to avert a serious threat to health or safety:** The Facility may use or disclose PHI about you, if it believed in good faith, and is consistent with any applicable law and standards of ethical conduct, to avert a serious threat to health or safety.

**Uses and disclosures for specialized government functions:** The Facility may use or disclose PHI about you for specialized government functions including; military and veteran's activities, national security and intelligence, protective services, department of state functions, and correctional institutions and law enforcement custodial situations.

**Disclosure for workers' compensation:** The Facility may disclose PHI about you as authorized by and to the extent necessary to comply with workers' compensation laws or programs established by law.

**Disclosures for disaster relief purposes:** The Facility may disclose PHI about you as authorized by law to a public or private entity to assist in disaster relief efforts and for family and personal representative notification.

**Disclosures to business associates:** The Facility may disclose PHI about you to the Facility's business associates for services that they may provide to or for the Facility to assist the Facility to provide quality health care. To ensure the privacy of your PHI, we require all business associates to apply appropriate safeguards to any PHI they receive or create.

#### **OTHER USES AND DISCLOSURES**

The Facility may contact you for the following purposes:

**Information about treatment alternatives:** The Facility may contact you to notify you of alternative treatments and/or products.

**Health related benefits or services:** The Facility may use your PHI to notify you of benefits and services the Facility provides.

**Fundraising:** If the Facility participates in a fundraising activity, the Facility may use demographic PHI to send you a fundraising packet, or the Facility may disclose demographic PHI about you to its business associate or an institutionally related foundation to send you a fundraising packet. No further disclosure will be allowed by the business associates or an institutionally related foundation without your written authorization. You will be provided with an opportunity to opt-out of all future fundraising activities.

#### **FOR ALL OTHER USES AND DISCLOSURES**

The Facility will obtain a written authorization from you for all other uses and disclosures of PHI, and the Facility will only use or disclose pursuant to such an authorization. In addition, you may revoke such an authorization in writing at any time. To revoke a previously authorized use or disclosure, please contact our compliance officer or pharmacy manager to obtain a Request for Restriction of Uses and Disclosures.

#### **YOUR HEALTH INFORMATION RIGHTS**

The following are a list of your rights in respect to your PHI. Please contact the compliance officer for more information about the below.

**Request restrictions on certain uses and disclosures of your PHI:** You have the right to request additional restrictions of the Facility's uses and disclosures of your PHI; however, the Facility is not required to accommodate a request. This includes the right to restrict disclosures to Insurances for those products and services you pay out-of-pocket for.

**The right to have your PHI communicated to you by alternate means or locations:** You have the right to request that the Facility communicate confidentially with you using an address or phone number other than your residence. However, state and federal laws require the Facility to have an accurate address and home phone number in case of emergencies. The Facility will consider all reasonable requests.

**The right to inspect and/or obtain a copy your PHI:** You have the right to request access and/or obtain a copy of your PHI that is contained in the Facility for the duration the Facility maintains PHI about you. There may be a reasonable cost-based charge for photocopying documents. You will be notified in advance of incurring such charges, if any.

**The right to amend your PHI:** You have the right to request an amendment of the PHI the Facility maintains about you, if you feel that the PHI the Facility has maintained about you is incorrect or otherwise incomplete. Under certain circumstances we may deny your request for amendment. If we do deny the request, you will have the right to have the denial reviewed by someone we designate who was not involved in the initial review. You may also ask the Secretary, United States Department of Health and Human Services ("HHS"), or their appropriate designee, to review such a denial.

**The right to receive an accounting of disclosures of your PHI:** You have the right to receive an accounting of certain disclosures of your PHI made by the Facility.

**The right to receive additional copies of the Facility's Notice of Privacy Practices:** You have the right to receive additional paper copies of this Notice, upon request, even if you initially agreed to receive the Notice electronically

**Notification of Breaches:** You will be notified of any breaches that have compromised the privacy of your PHI.

#### **REVISIONS TO THE NOTICE OF PRIVACY PRACTICES**

The Facility reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. The Facility will also post the revised version of the Notice in the Facility.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Facility and/or to the Secretary of HHS, or his designee. If you wish to file a complaint with the Facility, please contact the pharmacy. If you wish to file a complaint with the Secretary, please write to: <https://www.hhs.gov/ocr/complaints/index.html> The Facility will not take any adverse action against you as a result of your filing of a complaint.

#### **CONTACT INFORMATION**

If you have any questions on the Facility's privacy practices or for clarification on anything contained within the Notice, please contact:

**LeMed Specialty Pharmacy**  
**ATTN: Compliance Officer**  
**2417 3<sup>rd</sup> Ave, Ste 406, Bronx, NY 10451**

# Authorization for Release of Health Information (Including Alcohol/Drug Treatment and Mental Health Information) and Confidential HIV/AIDS – Related Information

This authorization is for use, pursuant to the HIPAA Privacy Rules, if you are authorizing the release of medical/health information to a spouse, parent, adult child, or caregiver for access on an on-going basis to assist with your care and maintaining your information. You understand these records may contain information created by other persons or entities, including physicians and other health care providers, as well as information regarding the use of drug and alcohol treatment services, HIV/AIDS treatment, mental health services (excluding psychotherapy notes), reproductive health services, and treatment for sexually transmitted disease. This authorization form must be completed and signed for the authorization to be valid as defined by the HIPAA Privacy Rules (45 CFR Parts 160 and 164). Refer to our “Notice of Privacy Practices” for permitted uses and disclosed of protected health information (PHI).

## Section 1: Patient’s Information

<b>Last Name:</b>	<b>First Name:</b>	<b>MI:</b>
<b>Date of Birth:</b>	<b>Telephone Number:</b>	
<b>Address:</b>		

## Section 2: Facility, Provider, or Person Authorized to Receive Information from LeMed Specialty Pharmacy

<b>Name to Whom this Information Will Be Disclosed:</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	<b>Email Address:</b>
<b>Relationship:</b>	

## Section 3: Describe or list of information that you are asking us to release

Any and all prescription information related to medical/health services received.

Other:

## Section 4: List the specific purpose for requesting this information

**Purpose for Release of Information:** To assist with the management of my care, maintenance of information, and administrative functions on my behalf relating to the services/products I receive from LeMed Specialty Pharmacy.

## Section 5: Expiration for authorization

_____ until _____ INSERT START DATE      INSERT EXPIRATION DATE OR EVENT	<b>* You have the right to revoke this authorization, in writing at any time. The revocation is only effective after it is received by us. *</b>
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## Section 6: Signature of patient and date

I, \_\_\_\_\_, by signing below, authorize LeMed Specialty Pharmacy to use or disclose my protected health information as described above.

\_\_\_\_\_  
SIGNATURE OF PATIENT

\_\_\_\_\_  
DATE

**Section 7: If you are signing this authorization as the legal representative of the individual listed in Section 1 and are not the parent of the minor whose information you are authorizing LeMed Specialty Pharmacy to release, you must submit documentation that establishes yourself as the legal representative. For example, a copy of a Power of Attorney that includes provisions to obtain medical information, etc.**

_____	_____	_____/_____/_____ DATE
<b>SIGNATURE OF REPRESENTATIVE AUTHORIZED BY LAW</b>	<b>AUTHORITY TO SIGN ON BEHALF OF THE PATIENT</b>	

# Patient Complaint and Recommendation Form

Every patient has the right to report grievances and recommend changes. All documented complaints will be investigated and responded to by telephone, writing or by email within 5 business days after the receipt of the complaint.

<b>Patient Name:</b>
<b>Address:</b>
<b>Phone Number:</b>
<b>Date:</b>

## Description of Complaint and/or Recommendation:

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## You may mail, email or fax completed forms to:

**LeMed Specialty Pharmacy**  
**ATTN: Compliance Officer**  
**2417 3<sup>rd</sup> Ave, Ste 406**  
**Bronx, NY 10451**

**Fax: (718) 231-2727      Email: [compliance@lemedrx.com](mailto:compliance@lemedrx.com)**

If you are still not satisfied with the resolution of your complaint or grievance by LeMed Specialty Pharmacy , you may contact the following agencies for further investigation:

National Association of Boards of Pharmacy  
<https://nabp.pharmacy/boards-of-pharmacy>  
(847) 391-4406

URAC®  
Urac.org

Accreditation Commission for Health Care, Inc. (ACHC)  
achc.org  
(855) 937-2242

# Patient Satisfaction Survey

**Patient Name (not required):**

**Date:**

**New Patient:**  Yes  No

1. Were your medication/supplies delivered at the agreed upon time?  Yes  No  N/A
2. Were your medication/supplies dispensed accurately?  Yes  No  N/A
3. Did you receive adequate printed or verbal information on medication use, possible side effects and related information?  Yes  No  N/A
4. Was the staff courteous and helpful?  Yes  No  N/A
5. Was our staff professional?  Yes  No  N/A
6. Client access to services  Yes  No  N/A
7. Ease of reachability via phone and/or email?  Excellent  Fair  Poor
8. Ease of getting answers to questions and concerns?  Excellent  Fair  Poor
9. How was your overall experience with LeMed Specialty Pharmacy?  Excellent  Fair  Poor
10. Would you recommend LeMed Specialty Pharmacy to a friend, family or colleague?  Yes  No  N/A

# Opt-Out Form

If you do **not** wish to participate in the Patient Management Program, please complete this form and return to us via fax, mail or email.

**LeMed Specialty Pharmacy**  
**ATTN: PM Program Opt-out**  
**2417 3<sup>rd</sup> Ave, Ste 406**  
**Bronx, NY 10451**

**Fax: (718) 231-2727**

**Email: [support@lemedrx.com](mailto:support@lemedrx.com) Subject line: "PM Program Opt-Out"**

<b>Date:</b>	
<b>Phone Number:</b>	
<b>Print Name:</b>	
<b>Signature:</b>	



## Community Resources and Support Programs

Bronx Fire Department	911 or 718-561-4988 (Kingsbridge)
Bronx Police Department	911 or 718-220-5811 (52 <sup>nd</sup> Precinct)
Jacobi Medical Center	718-818-5700
Montefiore Medical Center	718-920-4321
North Central Bronx Hospital	718-519-5000
Citymeals on Wheels	212-687-1234
Poison Control	800-222-1222
National Domestic Violence Hotline <a href="http://www.ndvh.org">http://www.ndvh.org</a>	800-799-7233
Elder Abuse Hotline	844-697-3505
Child Abuse Hotline	800-342-3720
Justice Center for the Protection of People with Special Needs	855-373-2122
New York State Medicaid	800-541-2831
AIDS Drug Assistance Programs	800-542-2437
EPIC – Elderly Pharmaceutical Insurance Coverage	800-332-3742

Rheumatoid Arthritis	<a href="http://www.rheumatology.org">www.rheumatology.org</a>
Multiple Sclerosis	<a href="http://www.nationalmssociety.org">www.nationalmssociety.org</a>
Crohn’s Disease	<a href="http://www.ccfa.org">www.ccfa.org</a>
Hepatitis B	<a href="http://www.cdc.gov">www.cdc.gov</a>
Hepatitis C	<a href="http://www.cdc.gov">www.cdc.gov</a>
HIV	<a href="http://www.cdc.gov">www.cdc.gov</a>
Oncology (Cancer)	<a href="http://www.cancer.gov">www.cancer.gov</a>
Psoriatic Arthritis	<a href="http://www.psoriasis.org">www.psoriasis.org</a>
Transplant	<a href="https://www.kidney.org/">https://www.kidney.org/</a> <a href="https://www.heart.org/en/get-involved/advocate">https://www.heart.org/en/get-involved/advocate</a> <a href="https://liverfoundation.org/">https://liverfoundation.org/</a> <a href="https://www.lung.org/">https://www.lung.org/</a>

### **Financial Assistance Programs**

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

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# Acknowledgement

Please confirm that you have received the LeMed Specialty Pharmacy Welcome Packet by signing and returning this form in the enclosed postage paid envelope. You may mail, email or fax completed forms to:

**LeMed Specialty Pharmacy**  
**2417 3<sup>rd</sup> Ave, Ste 406**  
**Bronx, NY 10451**

**Fax: (718) 231-2727**

**Email: [support@lemedrx.com](mailto:support@lemedrx.com) Subject Line: Welcome Packet Received**

I have received LeMed Specialty Pharmacy Welcome Packet which includes:

Our hours of operation, contact information, patient management information, financial obligation, and financial assistance programs, notice of privacy practices, Patient bill of rights, information of services, and emergency contact information.

<b>Date:</b>	
<b>Print Name:</b>	
<b>Signature:</b>	

## PLEASE RETURN THIS PAGE