

In order for AllHealth Network Pharmacy to submit your claims to Medicare for reimbursement, the following information is required. Please complete the following information in its entirety and hand it to the pharmacist. **PHARMACY COPY**

Medicare Part B Patient Intake Information

| | |
|--|---|
| Last Name: _____ | First: _____ |
| Middle Initial: _____ (ONLY IF it appears on your Medicare Card) | Generation, example, Jr., Sr., III, etc: _____ (ONLY IF it appears on your Medicare Card) |
| Medicare Card #: _____ (Medicare ID# EXACTLY as it appears on your Card) | Part B Effective Date: _____ |
| Patient SSN: _____ | D.O.B: _____ Sex: _____ |
| Address: _____ Permanent Address on file with Medicare | City: _____ |
| State: _____ Zip Code: _____ | Telephone: _____ |
| Primary Physician Name: _____ | Alt Telephone: _____ |
| Address: _____ | City: _____ |
| State: _____ Zip Code: _____ | |

Secondary Insurance Coverage

| | |
|--|------------------------------------|
| DO YOU HAVE CURRENT MEDICAID COVERAGE? | Yes: _____ No: _____ |
| Which State Issued Your Medicaid Card: _____ | Medicaid Card I.D. # _____ |
| DO YOU HAVE SECONDARY INSURANCE COVERAGE Such as a MediGap Plan? | Yes: _____ No: _____ |
| Insurance Name _____ | Card I.D. # _____ |

Medical Release Authorization for Claims

| |
|---|
| <p>I request that payment of authorized Medicare benefits be made either to me or on my behalf to (supplier) ALLHEALTH NETWORK PHARMACY for any services furnished me by that supplier. I authorize any holder of medical information about me to release to the Centers for Medicare & Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related services.</p> <p>Patient Signature: _____ Date: _____</p> |
|---|

Medicare Supplier Standards & Patient Bill of Rights & Responsibilities

| |
|---|
| <p>The products and/or services provided to you by ADMHN Pharmacy are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at http://www.ecfr.gov. Upon request we will furnish you a written copy of the standards.</p> <p>I have received notice of how and where to access the Medicare Supplier Standards & have received a copy of the Patient Bill of Rights & Responsibilities</p> <p>Signature: _____ Date: _____</p> |
|---|

In order for ALLHEALTH NETWORK Pharmacy to submit your claims to Medicare for reimbursement, the following information is required. Please complete the following information in its entirety and hand it to the pharmacist.

PHARMACY COPY

Statement to Permit Assignment of Medicare Benefits

I understand that I am giving ALLHEALTH NETWORK PHARMACY permission to ask for Medicare payments for my medical care, including supplies and equipment. I understand that Medicare needs information about me and my medical condition to make a decision about these payments. I give permission for that information to go to Medicare and the companies that handle Medicare payment requests. I understand that the Centers for Medicare & Medicaid Services (CMS) is the government's Medicare agency. I understand that a photocopy of this release is as valid as the original document. Furthermore, I understand that I am responsible for paying any deductible or co-insurance amounts. Therefore, I ask that payment of authorized Medicare benefits be made to either me or on my behalf to ALLHEALTH NETWORK PHARMACY for any services or items furnished to me by ALLHEALTH NETWORK PAHRMACY. I authorize any holder of medical or other information about me to release such information to the Centers for Medicare & Medicaid Services (CMS) and its agents as needed to determine these benefits or benefits for related services. Beneficiary Name: _____ Beneficiary HICN: _____ (Medicare ID # EXACTLY as it appears on you Card) Signature: _____ Date: _____ (Beneficiary's Signature)

Statement to Permit Assignment of Medigap Benefits

Policy Name _____ Policy Number _____ I understand that I am giving ALLHEALTH NETWORK PHARMACY permission to ask for Medigap payments for my medical care. I understand that the above named Medigap Insurer needs information about me and my medical condition to make a decision about these payments. I give permission for that information to go to the above named insurer. I ask that payment of authorized Medigap benefits be made either to me or on my behalf to ALLHEALTH NETWORK PHARMACY, for any services or items furnished to me by ALLHEALTH NETWORK PHARMACY. I authorize any holder of medical information about me to release such information to the above named Medigap Insurer as needed to determine these benefits or the benefits payable for related services. Signature: _____ Date: _____

Capped Rental and Inexpensive or Routinely Purchased Item

Patient Name: _____ Item Purchased: _____ I have received verbal and written instructions on how to use the durable medical equipment that I have purchased from ALLHEALTH NETWORK Pharmacy. I have been advised of items that available as a capped rental item and provided information regarding rental limits. I have also been informed of the warranty that this equipment provides to the purchaser. I understand that Medicare defines the item I have purchased as an inexpensive or routinely purchased item. Patient Signature _____ Date _____ Staff Member Signature _____ Date _____

I acknowledge that I have reviewed the following information from ALLHEALTH NETWORK Pharmacy:

- ALLHEALTH NETWORK Pharmacy Contact Information (including after-hours information)
- Patient Rights & Responsibilities
- Patient Complaint Procedure
- Emergency Preparedness
- Medicare Supplier Standards
- Authorization for Medical Release of Information
- Authorization for Assignment of Benefits
- Capped Rental and Inexpensive or Routinely Purchased Items Information

Patient Signature Date

The following documents are intended to inform you of your rights as a patient. Listed below are the handouts provided in each Welcome packet:

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Thank you for choosing AllHealth Network Pharmacy.



Welcome Letter

Welcome to AllHealth Network Pharmacy! We are pleased you have chosen us to be your pharmacy provider. We are excited about the opportunity to provide service for you and supply you with your retail and compounded prescriptions.

AllHealth Network Pharmacy is a full service, outpatient retail pharmacy located inside of the Sycamore Building in Littleton, Colorado. The pharmacy provides medication services to all clients, family members, friends and neighbors.

Enclosed is your patient welcome packet containing important information regarding AllHealth Network Pharmacy, with information and tips to assist you. Please read through this information, and keep this packet for future reference.

At AllHealth Network Pharmacy, your needs will always come first. You will find a full range of pharmaceutical care products including name brand and generic prescription medications, over-the-counter medications, high quality vitamins and supplements, diabetic testing supplies and durable medical equipment can be ordered. We accept most insurance plans including Medicaid and Medicare. Our service area includes all of the Denver Metro Area including Parker, Castle Rock, Aurora, Centennial, Highlands Ranch and Littleton. Please call us or visit our website for additional information.

An unparalleled level of customer care and professional service is what sets us apart from the other chain pharmacies. Our staff is ready to answer your questions and give you the attention and commitment you deserve. In addition to accessible staff, you can also take advantage of our other services including: medication counseling/education, monitoring of drug therapy and interactions, immunizations, medication therapy management programs and adherence programs (Med Sync). Mailing and delivery options are also available for a small fee.

We will do everything possible to remain your pharmacy of choice for you and your family.

AllHealth Network Pharmacy
5500 S. Sycamore St., #100
Littleton, CO 80120
Phone: 303-797-2500
Fax: 303-730-8730

<http://www.allhealthnetwork.org/services/pharmacy>

AllHealth Network Pharmacy Patient Bill of Rights & Responsibilities

Effective health care requires open and honest communication, as well as: collaboration among patients, pharmacists, and other healthcare professionals; respect for personal and professional values; and sensitivity to differences integral to providing patient care. As such, AllHealth Network recognizes and supports the concept that all patients have certain healthcare rights that assure confidentiality of healthcare services, provide access to high quality healthcare and allow access to information with which they may make informed decisions regarding their healthcare choices. Those rights include:

- The right to considerate and respectful care.
- The right to obtain from pharmacists, and other direct caregivers, relevant, current and understandable information concerning their medication, therapy and treatment.
- The right to the opportunity to discuss and request information related to their specific drug therapy, the possible adverse side effects and drug interactions.
- The right to make decisions about the plan of care prior to, and during, the course of treatment and to refuse a recommended treatment or plan of care.
- The right to expect that all records and discussion pertaining to their medications will be treated as confidential by AllHealth Network, and to expect that the pharmacy staff will emphasize the confidentiality of patient information to any other parties entitled to review the patient's information and records in accordance with existing privacy laws and policies.
- The right to competent counseling from the pharmacist to help them understand their medications and use them correctly.
- The right to request a copy of their medical information.
- The right to know the names and positions of people involved in their care by official name tags or personal introduction.
- The right to register complaints regarding their care with the pharmacist, company Privacy Officer or Department of Health and Human Services.
- The right to obtain service without regard to race, creed, national origin, sex, age, disability, diagnosis or religious affiliation.

Additionally, patients have a responsibility to become knowledgeable about their drug therapy, including the limitations and risks. It is also reasonable to expect that patients will assume certain responsibilities to receive optimal benefit from their prescriptions. These responsibilities include:

- Showing respect for other patients and healthcare workers.
- Following instructions concerning medications, education recommendations, and other essential steps in their treatment plan and to notify the health care provider if this plan cannot be followed or if problems develop.
- Being familiar with healthcare policy coverage and providing current information necessary to process their insurance claims.
- Paying any charges billed to them.
- Informing their pharmacist about other prescription and over-the-counter medications they are currently taking, especially if obtained from another pharmacy.
- Asking questions if they do not understand the explanation of their diagnosis, treatment, prognosis or any instructions.
- Complying with financial obligations, administrative and operational procedures of their

pharmacy and reporting wrongdoing or fraud to the appropriate entities.

AllHealth Network Notice of Privacy Rights

THIS NOTICE DESCRIBES HOW MEDICAL [INCLUDING MENTAL HEALTH] INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. During the process of providing services to you, the AllHealth Network will obtain, record, and use mental health and medical information about you that is protected health information. Ordinarily that information is confidential and will not be used or disclosed, except as described below.

I. USES AND DISCLOSURES OF PROTECTED INFORMATION

A. General Uses and Disclosures Not Requiring the Consumer's Consent. The Network will use and disclose protected health information in following the ways.

1. *Treatment*. Treatment refers to the provision, coordination, or management of health care [including mental health care] and related services by one or more health care providers. For example, Network staff involved with your care may use your information to plan your course of treatment and consult with other staff to ensure the most appropriate methods are being used to assist you.
2. *Payment*. Payment refers to the activities undertaken by a health care provider [including a mental health provider] to obtain or provide reimbursement for the provision of health care. For example, the Network will use your information to develop accounts receivable information, bill you, and with your consent, provide information to your insurance company for services provided. The information provided to insurers and other third party payers may include information that identifies you, as well as your diagnosis, type of service, date of service, provider name/identifier, and other information about your condition and treatment. If you are covered by Medicaid, information will be provided to the State of Colorado's Medicaid program, including but not limited to your treatment, condition, diagnosis, and services received.
3. *Health Care Operations*. Health Care Operations refers to activities undertaken by the Network that are regular functions of management and administrative activities. For example, the Network may use your health information in monitoring of service quality, staff training and evaluation, medical reviews, legal services, auditing functions, compliance programs, business planning, and accreditation, certification, licensing and credentialing activities.
4. *Contacting the Consumer*. The Network may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.
5. *Required by Law*. The Network will disclose protected health information when required by law or necessary for health care oversight. This includes, but is not limited to:
 - (a) reporting child abuse or neglect;
 - (b) when court ordered to release information;
 - (c) when there is a legal duty to warn or take action regarding imminent danger to others;
 - (d) when the consumer is a danger to self or others or gravely disabled;
 - (e) when required to report certain communicable diseases and certain injuries; and
 - (f) when a Coroner is investigating the consumer's death.

6. *Health Oversight Activities.* The Network will disclose protected health information to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, and regulatory programs or determining compliance with program standards.

7. *Crimes on the premises or observed by Network personnel.* Crimes that are observed by Network staff, which are directed toward staff, or occur on the Network's premises will be reported to law enforcement.

8. *Business Associates.* Some of the functions of the Network are provided by contracts with business associates. For example, some administrative, clinical, quality assurance, billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.

9. *Research.* The Network may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulation are followed. 45 CFR § 164.512(i).

10. *Involuntary Consumers.* Information regarding consumers, who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers and others, as necessary to provide the care and management coordination needed.

11. *Family Members.* Except for certain minors, incompetent consumers, or involuntary consumers, protected health information cannot be provided to family members without the consumer's consent. In situations where family members are present during a discussion with the consumer, and it can be reasonably inferred from the circumstances that the consumer does not object, information may be disclosed in the course of that discussion. However, if the consumer objects, protected health information will not be disclosed.

12. *Fund Raising.* The Network, or its fund raising Foundation, may contact consumers as a part of its fund raising activities.

13. *Emergencies.* In life threatening emergencies Network staff will disclose information necessary to avoid serious harm or death.

B. Consumer Authorization or Release of Information. The Network may not use or disclose protected health information in any other way without a signed authorization or release of information. When you sign an authorization, or a release of information, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent the Network has already taken action in reliance thereon

II. YOUR RIGHTS AS A CONSUMER

A. Access to Protected Health Information. You have the right to inspect and obtain a copy of the protected health information the Network has regarding you, in the designated record set. There are some limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. To make a request, ask Network staff for the appropriate request form.

B. Amendment of Your Record. You have the right to request that the Network amend your protected health information. The Network is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To make a request, ask Network staff for the appropriate request form.

C. Accounting of Disclosures. You have the right to receive an accounting of certain disclosures the Network has made regarding your protected health information. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you, disclosures made pursuant to a signed Authorization, or disclosures made prior to April 14, 2003. There are other exceptions that will be provided to you, should you request an accounting. To make a request, ask Network staff for the appropriate request form.

D. Additional Restrictions. You have the right to request additional restrictions on the use or disclosure of your health information. The Network does not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time of your request. To make a request, ask Network staff for the appropriate request form.

E. Alternative Means of Receiving Confidential Communications. You have the right to request that you receive communications of protected health information from the Network by alternative means or at alternative locations. For example, if you do not want the Network to mail bills or other materials to your home, you can request that this information be sent to another address. There are limitations to the granting of such requests, which will be provided to you at the time of the request process. To make a request, ask Network staff for the appropriate request form.

F. Copy of this Notice. You have a right to obtain another copy of this Notice upon request.

III. ADDITIONAL INFORMATION

A. Privacy Laws. The Network is required by State and Federal law to maintain the privacy of protected health information. In addition, the Network is required by law to provide consumers with notice of its legal duties and privacy practices with respect to protected health information. That is the purpose of this Notice.

B. Terms of the Notice and Changes to the Notice. The Network is required to abide by the terms of this Notice, or any amended Notice that may follow. The Network reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all protected health information that it maintains. When the Notice is revised, the revised Notice will be posted in the Network's service delivery sites and will be available upon request.

C. Complaints Regarding Privacy Rights. If you believe the Network has violated your privacy rights, you have the right to complain to Network management. To file your complaint, call the ALLHEALTH NETWORK Privacy Officer at 303-723-4297. You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 1961 Stout Street, Room 1426, Denver, CO 80294. It is the policy of the Network that there will be no retaliation for your filing of such complaints.

D. Additional Information. If you desire additional information about your privacy rights at the Network, please call the ALLHEALTH NETWORK Privacy Officer at 303-723-4297.

E. Effective Date. This Notice is effective April 14, 2003.

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE

CONSUMER INFORMATION

Federal law and regulations protect the confidentiality of alcohol and drug abuse consumer records maintained by AllHealth Network. Generally, ALLHEALTH NETWORK may not say to a person outside the Network that a consumer attends ALLHEALTH NETWORK, or disclose any information identifying a consumer as an alcohol or drug abuser, unless:

- (1) The consumer consents in writing; OR
- (2) The disclosure is allowed by a court order; OR
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; OR
- (4) The consumer commits or threatens to commit a crime either at ALLHEALTH NETWORK or against any person who works for the Network.

ALLHEALTH NETWORK is licensed by the State of Colorado to provide substance abuse treatment. The state requires that information about your services be sent to the local managed services organization (MSO) and to the state's Alcohol and Drug Abuse Division. This permits the state and MSO to audit and evaluate our program to ensure quality services. It also allows the state and MSO to track trends and changes in substance abuse patterns and services. Both our managed services organization and the state have agreed that all consumer information will be kept in accordance with federal law and will be destroyed when it is no longer needed. These disclosures are permitted without your written consent by federal law including 42 CFR Part 2

Violation of the federal law and regulations by ALLHEALTH NETWORK is a crime. Suspected violations may be reported to the United States Attorney in the District of Colorado.

Federal law and regulations do not protect any information about suspected child abuse or neglect being reported under Colorado law to appropriate state or local authorities.

Emergency Planning

AllHealth Network Pharmacy has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility, blizzards, tornadoes and community evacuations. Our primary goal is to continue to service your health care needs. It is your responsibility to contact AllHealth Network Pharmacy regarding any medications or supplies you may require when there is a threat of disaster or inclement weather so that you have enough medication or supplies to sustain you.

If a disaster occurs, follow instructions from the civil authorities in your area. AllHealth Network Pharmacy will utilize every resource available to continue to service you. However, there may be circumstances where AllHealth Network Pharmacy cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local rescue or medical facility.

This pamphlet has been provided by AllHealth Network Pharmacy to help you plan your actions in case there is a natural disaster where you live.

Every patient receiving care or services in the home should think about what they would do in the event of an emergency. Our goal is to help you plan so that we can try to provide you with the best, most consistent service we can during the emergency.

Know What to Expect

If you have recently moved to this area, take the time to find out what types of natural emergencies have occurred in the past, and what types might be expected.

Find out what, if any, time of year these emergencies are more prevalent.

Find out when you should evacuate, and when you shouldn't.

Your local Red Cross, local law enforcement agencies, local news and radio stations usually provide excellent information and tips for planning.

Know Where to Go

One of the most important pieces of information you should know is the location of the closest emergency shelter.

These shelters are opened to the public during voluntary and mandatory evaluation times. They are usually the safest place for you to go, other than a friend or relative's home in an unaffected area.

Know What to Take with You

If you are going to a shelter, there will be restrictions on what items you can bring with you. Not all shelters have adequate storage facilities for medications that need refrigeration.

We recommend that you call ahead and find out which shelter in your area will let you bring your medications and medical supplies, in addition, let them know if you will be using medical equipment that requires an electrical outlet.

During our planning for a natural emergency, we will contact you and deliver, if possible, at least one week's worth of medication and supplies. Bring all your medications and supplies with you to the shelter.

An Ounce of Prevention...

We would much rather prepare you for an emergency ahead of time than wait until it has happened and then send you the supplies you need.

To do this, we need for you to give us as much information as possible before the emergency. We may ask you for the name and phone number of a close family member, or a close friend or neighbor. We may ask you where you will go if an emergency occurs. Will you go to a shelter, or a relative's home? If your doctor has instructed you to go to a hospital, which one is it?

Having the address of your evacuation site, if it is in another city, may allow us to service your therapy needs through another company.

Helpful Tips

- ❖ Get a cooler and ice or freezer gel-packs to transport your medication.
- ❖ Get all of your medication information and teaching modules together and take them with you if you evacuate.
- ❖ Pack one week's worth of supplies in a plastic-lined box or waterproof tote bag or tote box. Make sure the seal is watertight.
- ❖ Make sure to put antibacterial soap and paper towels into your supply kit.
- ❖ If possible, get waterless hand disinfectant from AllHealth Network Pharmacy or from a local store. It comes in very handy if you don't have running water.
- ❖ If you are going to a friend or relative's home during evacuation, leave their phone number and address with AllHealth Network Pharmacy and your home nursing agency.
- ❖ When you return to your home, contact your home nursing agency and AllHealth Network Pharmacy so we can visit and see what supplies you need.

For More information

There is much more to know about planning for and surviving during a natural emergency or disaster. To be ready for an emergency, contact your local American Red Cross or Emergency Management Services agency.

An Important Reminder!!

*During any emergency situation, if you are unable to contact our company and you are in need of your prescribed medication, equipment or supplies, **you must go to the nearest emergency room or other treatment facility for treatment.***

Grievance / Complaint Reporting

You have the right and responsibility to express concerns, dissatisfaction or make complaints about services you do or do not receive without fear of reprisal, discrimination, or unreasonable interruption of service. To place a grievance or complaint, please call 303-347-6405 and speak with AllHealth Network's Client Representative. If you follow this process, we will ensure that your concerns will be reviewed and an investigation will be started within 5 calendar days. If your complaint is not resolved to your satisfaction within 14 calendar days, you may initiate a formal grievance, in writing and forward it to the Governing Body. The toll-free number for Medicare to file a complaint/or to speak with customer service is 1-800-MEDICARE or 1-800-633-4227. You may also make inquiries or complaints about this company by calling:

Office of Inspector General, Department of Health and Human Services

HHS-Tips Hotline
P.O. Box 23489
Washington, D.C. 20026
Phone: (800) HHS-TIPS
Phone: (800) 447-8477

Colorado State Board of Pharmacy

1560 Broadway, Suite 1350
Denver, CO 80202
Fax: 205-981-2330
Website: <https://www.colorado.gov/pacific/dora/node/87936>

FDA Med Watch

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
1-888-INFO-FDA (1-888-463-6332)
Website: <https://www.fda.gov/AboutFDA/ContactFDA/default.htm>

HQAA

Healthcare Quality Association on Accreditation
114 East St., Suite 200
Waterloo, IA 50703
Phone: 866-909-4722
Website: <https://info.hqaa.org/report-a-complaint-we-take-your-concerns-seriously-www.hqaa.org>

Drug Disposal Guidelines

1. Follow any specific disposal instructions on the drug label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet unless this information specifically instructs you to do so.
2. Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government's household trash and recycling service to see if a take-back program is available in your community. The Drug Enforcement Administration, working with state and local law enforcement agencies, is sponsoring National Prescription Drug Take Back Days throughout the United States.
3. Transfer unused medicines to collectors registered with the Drug Enforcement Administration (DEA). Authorized sites may be retail, hospital or clinic pharmacies, and law enforcement locations. Some offer mail-back programs or collection receptacles ("drop-boxes"). Visit the DEA's website or call 1-800-882-9539 for more information and to find an authorized collector in your community.
 - a. AllHealth Network Pharmacy is a DEA registered controlled substance public disposal location: 5500 S. Sycamore St. #100, Littleton, CO 80120.
4. If no instructions are given on the drug label and no take-back program is available in your area, throw the drugs in the household trash, but first:
 - a. Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.
 - b. Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.

Additional tips:

1. Before throwing out a medicine container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information.
2. Do not give medications to friends. Doctors prescribe drugs based on a person's specific symptoms and medical history. A drug that works for you could be dangerous for someone else.
3. When in doubt about proper disposal, talk to your pharmacist.

The same disposal methods for prescription drugs could apply to over-the-counter drugs as well.



Miscellaneous Information

Mission Statement

We enhance quality of life for individuals and families in our communities through compassionate, integrated behavioral health services.

Contact Us

If you have any questions or concerns regarding your medication(s), please contact us at 303-797-2500. *If you believe you have a medical emergency, please call 911*

Our Pharmacy is located at:

5500 S. Sycamore St., #100
Littleton, CO 80120

The pharmacy is on the first floor inside AllHealth Network's Sycamore office building.

Our Pharmacy Phone Number is:

303-797-2500

Our phone number is located on all prescription labels and on the pharmacy website at:

<https://www.allhealthpharmacy.org>

If the pharmacy is closed (after hours), patients are able to leave a detailed voice message for the Pharmacy staff.

Our Pharmacy is Open:

Monday through Thursday, 8 a.m. to 5:00 p.m.

Friday, 8:30 a.m. to 3:00 p.m.

A Licensed Pharmacist is available:

During normal business hours to address any clinical questions or concerns about your medication. Call 303-797-2500.

Holidays

AllHealth Network Pharmacy is closed in observance of the following holidays:

- ❖ New Year's Day (January 1)
- ❖ Memorial Day (the last Monday in May)
- ❖ Independence Day (July 4)
- ❖ Labor Day (the first Monday in September)
- ❖ Thanksgiving (the fourth Thursday in November)
- ❖ Day after Thanksgiving (the fourth Friday in November)
- ❖ Christmas (December 25)

Medication Availability

Our pharmacy stocks most prescription medication. These medications require a doctor's prescription. If a medication is not available at our pharmacy, we will work with you and another pharmacy to ensure

you receive your prescribed medication. If you want your prescription transferred to another pharmacy, please have that pharmacy call us to receive the prescription information.

Pharmacy DME Scope of Service

| Medical Equipment | Specialty Equipment |
|--|---|
| <ul style="list-style-type: none"> ◆ Walkers ◆ Walker Accessories ◆ Quad Canes ◆ Commodes ◆ Bathroom Safety Aides | <ul style="list-style-type: none"> ◆ Nebulizers ◆ Glucometers |

Pharmacy Geographic Coverage

Our service area includes all of the Denver Metro Area including Parker, Castle Rock, Aurora, Centennial, Highlands Ranch and Littleton.

Financial Obligation and Financial Assistance

Before your prescription is processed, you will be informed of your financial obligations that may not be covered by your insurance or other third-party sources. The obligations include but are not limited to: out-of-pocket costs such as deductibles, copays, co-insurance, annual and lifetime co-insurance limits. Payments can be made by credit card (visa, MasterCard, American Express, Discover), check or money order at the time of dispensing. Payments can be made in the pharmacy or over the phone.

Insurance Claims

Our pharmacy works with most major insurance carriers and will submit claims to your health insurance carrier on the date your prescription is filled. Our pharmacy does **NOT** bill insurance for compounded items. If the claim is rejected, a staff member will notify you so we can work together to resolve the issue. Your prescription benefit determines coverage and patient responsibility. If you're prescription benefit plan does not cover the prescribed medication, we will contact your prescriber with an alternate recommendation or contact you directly to discuss financial arrangements.

Out-of-pocket Option

Out-of-pocket options are available for all patients in the event that the prescribed medication(s) are not covered by your insurance or if the item is not billed to insurance (compounded items).

Rental Equipment

Customers are responsible for routine maintenance and cleaning of rented equipment according to the instructions provided during the initial set-up.

Purchased Equipment and Warranties

New equipment is subject to the manufacturer's warranty. Refer to the warranty information provided to you at the time of purchase. All warranties will be honored under applicable state laws.

Privacy Policy-State Specific-Colorado

Disclosure-Pharmacy Information

We will not release your identifiable prescription information to anyone other than you or your designee or authorized representative, unless requested by any of the following persons or entities: a. the practitioner who furnished the prescription or another licensed practitioner caring for you; b. another pharmacist or intern serving you, c. a pharmacy technician or another pharmacist, or intern maintaining your records; d. the Board of Pharmacy or another state or federal agency authorized to receive the information; e. any third party entities responsible for payment; f. any other parties allowed by federal privacy regulations.

Disclosure-HIV Information: We will not disclose your AIDS or HIV-related reports or records without your authorization, except as required or permitted by federal law or state law.

Returned goods policy

Colorado State Board of Pharmacy Regulations forbid the resale or reuse of a prescription item that has been previously dispensed. Therefore, no credit can be issued for any unused or excess product.

DME returns are accepted only upon management approval and with a valid sales receipt, within 30 days of sale. The product must be in the original package or container with the original tags and labels. Returns of Compression Stockings, Orthopedic Products, Bathroom Equipment or Supplies are not permitted.

Compliance and Commitment

AllHealth Network Pharmacy is committed to complying with all federal and state regulations. If you have any questions or concerns regarding any of our activities, please contact us at the telephone number on the front of this handout. If, after speaking with us, you still feel that we are not in compliance with regulations or that fraud has occurred, you can call the Medicare Fraud Hotline at 1-800-447-8477.

Drug Recalls

We follow the drug recall guidelines created by the FDA, drug manufacturers, drug distributors, and/or state and federal regulatory agencies. AllHealth Network Pharmacy will contact you and your prescriber in the event of an FDA Class I recall.

Patient Advisory Leaflet

Patients will be provided a Med Guide/Leaflet for all ingredients prescribed in their medication. Staff will offer a list of ingredients and drug percentages to the patient or family member.

Additionally, patients will be made aware of expected and unusual side effects, expected outcomes and reasonable time frame to expect outcomes. Patients will be advised when to call the pharmacy or the prescriber and staff will review other pertinent details regarding handouts.

Beyond Use Date

A date will be placed on each prescription advising the patient when the product “expires” and should be destroyed. Beyond Use Dates will be determined following USP guidelines. Associated storage requirements for medications and how they affect stability will be also be provided. If any equipment is required, use and care of equipment will be discussed as well.

Patient Safety

Adverse drug reactions

Patients experiencing adverse drug reactions, acute medical symptoms or other problems should contact their primary care provider (PCP), local emergency room or call 911.

Questions on your medication or to report any side effects

Call: 303-339-5333

Monday-Friday 9am-5:30pm

You may also report side effects to the FDA at 1-800-FDA-1088

Poison Control

Call: 800-222-1222

Preventing the Spread of Infection

Hand washing is the single most important step you can take to reduce the spread of infection!

Suggested hand washing technique:

- Wet hands with warm running water.
- Apply soap and thoroughly distribute over hands.
- Vigorously rub hands together for 15 to 20 seconds, generating friction on all surfaces of the hands and fingers, including thumbs, back of fingers, back of the hands, and beneath the fingernails.
- Rinse hands thoroughly to remove residual soap then dry with clean towel.

You can help prevent the spread of respiratory infections by taking the following precautions: Cover your mouth and nose with a tissue when coughing or sneezing; Use in the nearest waste receptacle to dispose of the tissue after use; Wash hands.

Patient Concern and Complaint Form

We want to provide your therapy and patient experience to your complete satisfaction. If you are not happy with the care or services we have provided, we want to know about it. If you have any concerns or problems with your medications or services, you can contact us at 303-339-5333. We will be glad to help you with any concerns. If you wish to file a written complaint you may do so using this form. We take all concerns very seriously and view them as opportunities to improve our services.

Patient Name _____

Date of Concern/Complaint _____

Employee involved (if applicable) _____

Nature of problem _____

Complete description of concern/complaint _____

Patient Satisfaction Survey

We would like to know your thoughts. Please use the survey on the following page to voice your concerns or your compliments. You can also access our patient survey at:

<https://www.surveymonkey.com/r/NFL6HM3>

AllHealth Network Sycamore Pharmacy Customer Satisfaction Survey



Your satisfaction with our service is very important to us. Please take a few minutes to complete this survey to let us know if we are doing a good job, or if there are areas where we can improve. Return your completed survey to the pharmacy counter using the envelope provided.

1. Overall, how polite were our pharmacy staff members?

- Extremely polite
- Very polite
- Moderately polite
- Not at all polite

2. How well did our staff answer your question(s) or solve your problem?

- Extremely well
- Very well
- Moderately well
- Slightly well
- Not at all well

3. Did our staff provide complete instruction about the items/medications you received?

- Complete/thorough instructions were given
- Partial instructions were provided
- No instruction was given
- Didn't need/ask for instructions

4. Did we supply all of the products/services you needed?

- Yes
- Partially
- No
- Other (please specify)

5. Are you aware of all of the products and services we provide?

- Yes
- Somewhat
- No

6. How likely is it that you would recommend AllHealth Network Pharmacy to a friend or family member?

Not at all likely - 0 1 2 3 4 5 6 7 8 9 Extremely likely - 10

7. How convenient is our location for you?

- Extremely convenient
- Very convenient
- Moderately convenient
- Slightly convenient
- Not at all convenient

8. How long have you been a customer of AllHealth Network Pharmacy?

- This is my first purchase
- Less than six months
- Six months to a year
- 1 - 2 years
- 3 or more years
- I haven't made a purchase yet

9. How likely are you to use AllHealth Network Pharmacy again in the future?

- Extremely likely
- Very likely
- Moderately likely
- Slightly likely
- Not at all likely

10. Do you have any other comments, questions, or concerns?

Thank you for helping us to provide exceptional customer service!

Please provide your name if you would like to discuss your customer experience with a pharmacy staff person or learn about picking up your medications at another AllHealth Network office. _____

You have the right and responsibility to express concerns, dissatisfaction or make complaints about services you do or do not receive without fear of reprisal, discrimination or unreasonable interruption of services. To place a grievance or complaint contact 303-347-6405 to speak with AllHealth Network's client representative. By following this process, we can ensure that your concerns will be reviewed and an investigation will be started within 5 calendar days. Every attempt shall be made to resolve all grievances within 14 calendar days. You will be informed of the resolution of the complaint/grievance.

The toll-free number for Medicare to file a complaint/or to speak with customer service is 1-800-MEDICARE or 1-800-633-4227.

If you return your survey by mail, please send it to the AllHealth Network Pharmacy, 5500 S Sycamore St, Suite 100, Littleton, CO 80120