

NEW PATIENT HANDBOOK



Dear Patient,

Welcome to River's Edge Pharmacy. We are honored that you have selected us for your specialty pharmacy needs and are excited about the opportunity to serve you. River's Edge Pharmacy strives to adhere to the highest canons in the industry and is accredited by URAC and ACHC, which provide standards for top-tier specialty pharmacies in addition to the requirements of the State Board of Pharmacy. River's Edge Pharmacy was founded on a Passion for Life and we are passionate about providing you the best patient care possible.

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

- Access to clinically trained Pharmacists 24 hours a day, 7 days a week at (866)413-3156
- Coordination of prior authorizations with your insurance company
- Compliance monitoring
- Free delivery of medications
- Training
- Education
- Counseling
- Refill reminders
- Enrollment in the Patient Management Program which provides benefits such as (i) managing side effects, (ii) assisting in compliance and medication adherence to drug therapy, (iii) increasing overall improvement of health including determining if there are limitations such as patient non-compliance or lack of willingness to follow appropriate direction from the Pharmacist or any other medical provider(s) directly involved in the patient's care.

Patients may opt out of the Patient Management Program by contacting River's Edge Pharmacy by mail, by email or by phone. [URAC PM10 (b-i)].

You can also access our website at www.repharmacy.com 24 hours a day for further information about the services that we provide for you in relation to your condition. [URAC CSCD 1 (a-I, a-ii)]. In addition,

River's Edge Pharmacy looks forward to providing you with the best service possible. We know that you have many options to choose from and we thank you for choosing River's Edge Pharmacy.

Sincerely,
The River's Edge Pharmacy Team

1 References to URAC or ACHC in this Patient Handbook are references to their respective standards and are provided for your information.

See www.urac.org and www.achc.org

River's Edge Pharmacy: Irvine, CA
17332 Von Karman Ave. • Suite 110 • Irvine, CA 92614
Phone: 949-393-5780
Monday - Friday: 9:00am - 5:30pm
Saturday & Sunday: Closed
(24/7 on-call pharmacist available)

River's Edge Pharmacy: Palm Desert, CA
36919 Cook St. • Suite 102 • Palm Desert, CA 92211
Phone: 949-393-5780
Monday - Friday: 9:00am - 5:30pm
Saturday & Sunday: Closed
(24/7 on-call pharmacist available)



LICENSED IN 23 U.S. STATES

River's Edge Pharmacy is licensed in 24 U.S. States,
committed to delivering the best services throughout
the country.

Alaska • Arizona • California • Colorado • Connecticut • Florida •
Georgia • Hawaii • Idaho • Illinois • Indiana • Minnesota • Missouri •
Nevada • New Mexico • New York • Ohio • Oregon • Rhode Island •
South Dakota • Tennessee • Washington • Wyoming • Texas

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WHAT TO EXPECT

We recognize that managing a chronic disease or serious illness can feel overwhelming at times. We want you to know that we are here for you. At River's Edge Pharmacy, our staff is dedicated to working with you, your doctors and nurses, family and friends to achieve a fully integrated health care team. You are our primary purpose. Here is what you can expect:

- **Personalized patient care**
- Our specialty-trained staff members will work with you to discuss your treatment plan, and we will address any questions or concerns you may have. We are available for you 24/7.
- **Collaboration with your Doctor**
- We will always maintain open lines of communication between you, your doctors and caregivers. If you have any difficulties with your medications or treatments, we are here to immediately address them with your physicians.
- **Regular follow-up**
- Providing you with up-to-date information on your order status, order delays, and the required submission time to place orders. Getting your medications and medical supplies quickly and efficiently is paramount. We will be in close contact with you during your treatment and will be your health-care advocate. [URAC CSCD 1 (d-iii, d-v, d-vi)]
- **Benefits**
- Treatment can be costly, and we will help you navigate through the complexities of the healthcare system to explore every option available to you. Our relationships with insurers will help provide you with information and explanations of your drug and medical benefits. Your quality of care is our highest mission.
- **Delivery**
- We offer fast, convenient, and free delivery to your home, workplace, or the location you prefer. A staff member will contact you five to seven days prior to your refill due date to coordinate the medications you need, update your medical and insurance records, and to set up and confirm a delivery date and address.
- **In-Store Pickup**
- We also offer convenient in-store pickup of your medications.
- **24/7 Support**
- Our Specialty Pharmacy staff is available 24 hours a day, 7 days a week. We are always here to answer any questions or address any concerns you may have.

PATIENT INFORMATION

After-Hours Services:

The after-hours phone number is (760) 340-3248 or toll free at (866) 413-3156. You may leave a message after normal business hours for prescriptions, refills, and/or durable medical equipment needs.

Patient Management Program:

River's Edge Pharmacy is thrilled to introduce our "Patient Management program" which is a collaborative process between your healthcare provider and pharmacy clinical team members composed of pharmacists and intern pharmacists and other healthcare professionals who will be reaching out to you to coordinate the plan of care. The clinical healthcare professionals will work on your behalf to assess, plan, coordinate, intervene, monitor, implement and/or evaluates services to meet your health needs and optimize the care. The program is offered for all our patients or their designated/authorized representative to act on patient behalf receiving specialty therapy type including but not limited to the following:

- Rheumatology
- Dermatology
- Allergy and Immunology
- Intravenous Immunoglobulin therapy
- Autoimmune disorders
- Neurology
- Multiple sclerosis therapy type
- Gastroenterology Therapy type
- Oncology Therapy type
- Others (e.g Acute therapy as covid-19 treatment or Vaccine)

Purpose of the patient Management Program is to provide all the following:

- Provide patient safety and education regarding safety precautions
 - Proper handling and safe disposal of your medication
 - Whether pills, self-injectables, hazardous medications
 - Safe administration and proper storage of your medication
 - Precautions needed with specific therapy and infusion services
 - How to handle a missed dose if occurs
 - How to handle an adverse event (reporting and managing)
 - Managing side effects
 - Provide proper counseling points based on clinical references
 - Minimize the potential of developing drug toxicity level due to drug - drug or drug - food interaction or duplicate of therapy
 - Identify the criteria where medication reconciliation is indicated
 - Address any other health risks that could impact the overall outcome of your therapy
 - Address all health plan benefits as well as limitations as determined per your plan
 - Address all financial obligations as set per each payor
- Collaborate with your healthcare provider to optimize quality of care
- Enhance quality of life regarding through periodic follow up clinical assessment conducted by one of our health care professionals to ensure improvement on therapy

and meeting goals are attained

- Patient management will be offered directly to the patient and/or the designated care giver approved by the patient
- Promotes Cost-effective outcomes for patient therapy
- Enhances patient adherence and compliance with current therapy
- Evaluate appropriateness of therapy and relevant of current regimen based of diagnose and disease state
- Intervene on your behalf with your healthcare provider as needed to optimize your plan of care

Structure of the Program:

1. Patient Management program is offered to all Rivers Edge patients upon specialty therapy initiation under the supervision of the clinical pharmacist onsite.
2. Qualified pharmacy staff under the supervision of the pharmacist team lead may initiate the introductory call regarding PMP and how patients can participate or opt out as needed.
3. Upon patient enrollment process in pharmacy services:
 - a. Patients are informed verbally and in writing (Patient Welcome Packet) about patient Management program services.
 - b. All patients' rights and responsibilities are shared with the patient upon initiating therapy as per state and federal Law.
 - c. Right to identify program staff member including onsite supervisor as needed and team to monitor the therapy (IG, Acute or Chronic)
 - d. Right to receive full information about the program including health benefits and limitations
 - e. Right to speak to a healthcare professional upon request
 - f. Right to decline or disenroll at any point
 - g. Right to be notified of any change in the program
 - h. Right to receive educational material as needed
 - i. Inform patient of ongoing patient management program services offered 24 hours 7 days a week through the on-call service
 - j. New patients to be informed that a member of the pharmacy staff shall contact the patient via telephone, within seven (7) days prior the next refill to coordinate the continuity of care
4. Patient management program is composed of specific clinical assessment based on therapy type starting off with a baseline or initial clinical call/ assessment and followed by a periodic follow up call/clinical assessment that will be determined with the patient based on goals and risks identified upon receiving the new patients referral.
5. Overall, the program will be evaluated, and feedback will be collected based on
 - a. Data collected through the program whether subjective or objective.
 - b. Patients valued feedback as an outcome of participating in the program

For any further questions or assistance regarding the program and how to participate in the program, please give the pharmacy a call at 949-393-5780 OR 866-413-3156 or through website link www.repharmacy.com

Complaint Procedure:

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. Please feel free to call us at (760) 340-3248 or toll free at (866) 413-3156. When you call, please ask to speak with the Pharmacist on call.

River's Edge Pharmacy also has a formal grievance procedure that ensures your concerns will be reviewed and an investigation started within 48 hours. You will be contacted within 5 business days with an update. Every attempt shall be made to resolve all grievances within 14 days. Medicare patients are informed in writing of the resolution of the complaint/grievance within 14 days.
If necessary, you may also contact Medi-Cal at 1-888-466-2219.

Adverse Effects to Medication:

Call 911 or go to your local emergency room in the event of a medical emergency. If you are experiencing adverse effects to the medication, please contact your Physician or River's Edge Pharmacy. [URAC CSCD 1(e-v)]

Drug Substitution Protocols:

River's Edge Pharmacy strives to use the most cost-effective option for you. From time to time, it is necessary to substitute generic drugs for brand name drugs. This could occur due to your insurance company preferring a generic be dispensed in order to reduce your copay obligations. If a substitution needs to be made, a member of the specialty pharmacy staff will contact you prior to shipping the medication to inform you of the substitution. When available, River's Edge Pharmacy will default to a generic drug to save you money. Nonetheless, we will use brand name medication at your or your prescriber's request. [URAC CSCD 1 (d-vii) (e-vi)]

Proper Disposal of unused Medications:

For instructions on how to properly dispose of unused medications please contact River's Edge Pharmacy for instructions or go to the below FDA websites for information and instructions [URAC CSCD 1 (e-iv)]

- <http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>
- <http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/en-suringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>

Financial Obligation and Financial Assistance

A staff member will inform you of the financial obligations you incur that are not covered by your insurance or other third-party sources. These obligations include but are not limited to: out-of-pocket costs such as deductibles, co-pays, co-insurance, annual and lifetime co-insurance limits, and changes that occur during your enrollment period.
[URAC CSCD 1 (b)]

Insurance claims

River's Edge Pharmacy staff will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you so that we can work together to resolve the issue. [URAC CSCD 1 (c)]

Co-payments

We are required to collect all co-payments of your medication. Co-payments can be paid by credit card (Visa, MasterCard Discover and American Express), electronic checking account debit over the phone, and by check or money order through the mail.

Co-pay Assistance Referral Program

We have access to financial assistance programs to help with co-payments to prevent interruptions in your therapy due to financial difficulty. These programs may include discount coupons from drug manufacturers, co-payment vouchers, and assistance from various disease management foundations and pharmaceutical companies.

CLIENT/PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

River's Edge Pharmacy shall honor patient rights and responsibilities and will inform the patients of their rights and responsibilities in the care process. Patients will receive a written copy of Patient's Rights and Responsibilities at the time of their initial order shipment. River's Edge Pharmacy staff will be trained in reviewing Patient Rights and Responsibilities with the Patient/Caregiver and will ensure understanding of these rights and responsibilities. If the patient/caregiver cannot read the statement of rights and responsibilities, an offer will be made to read it the patient/caregiver or offer a translator to provide this service in a language the patient/caregiver understands.

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

Client/Patient Rights

- To select those who provide you with Pharmacy services
- To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap
- To have one's property and person treated with friendliness, courtesy, respect and recognition of client/patient dignity and individuality by each and every individual representing our Pharmacy who provide treatment or services to you and for you to be free from neglect or abuse, be it physical or mental. [ACHC Standard DRX2-2B]
- To receive information about the product selection, including suggestions of methods to obtain medications not available at the pharmacy where the product was ordered. [URAC CSCD 1 (d-i)]
- To be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider or Pharmacy Benefit Management organization, or the termination of services [URAC CSCD 19d-iii]
- To express concerns, grievances, or recommend modifications to your Pharmacy services, without fear of discrimination or reprisal [ACHC Standard DRX2-2A.01]
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans [URAC CSCD 1 (e-ii)]
- To receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our Pharmacy's policies, procedures and charges
- To request and receive data regarding treatment, services, or costs thereof, privately and confidentially
- To be given information as it relates to the uses and disclosure of your plan of care
- To have your plan of care remain private and confidential, except as required and permitted by law

- To receive instructions on handling drug recalls [URAC CSCD 1 (e-iii)]
- To maintain the confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information; PHI will only be shared with the Patient Management Program in accordance with state and federal law.
- To receive information to assist in interactions with the organization [URAC CSCD 1 (a-iii)]
- To receive instructions on the safe disposal of drugs that are in compliance with state and federal laws and regulations [URAC CSCD 1 (e-iv)]
- To receive information on how to access support from consumer advocate groups to receive pharmacy health and safety information to include consumer rights and responsibilities [URAC CSCD 1 (a-iv)]
- To know about the philosophy and characteristics of the patient management program [URAC PM 12 9a)]
- To have personal health information shared with the Patient Management Program only in accordance with state and federal law [URAC PM12 (b)]
- To identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested [URAC PM 12 (c)]
- To have the right to speak with a health professional [URAC PM 12 (d)]
- To receive information about the Patient Management Program [URAC PM 12 (e)]
- To receive administrative information regarding changes in or termination of the Patient Management Program [URAC PM 12 (f)]
- To decline participation, revoke consent or disenroll at any point in time [URAC PM 12 (g)]
- To be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care [ACHC Standard DRX2-1A]
- To be informed, both orally and in writing, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible [ACHC Standard DRX3-4B]
- To receive information about the scope of services that the organization will provide and specific limitations on those services [ACHC Standard DRX2-1A]
- To participate in the development and periodic revision of the plan of care [ACHC Standard DRX5-4A]
- To refuse care or treatment after the consequences of refusing care or treatment are fully presented [ACHC Standards DRX5-4A]
- To be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable
- To have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality [ACHC Standard DRX2-6A]
- To be able to identify visiting personnel members through proper identification [ACHC Standard DRX2-2B]
- To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property [ACHC Standard DRX2-3A]
- To be able to voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal [ACHC Standard DRX2-4A]
- To have grievances/complaints regarding treatment or care that is (or fails to be)

furnished, or lack of respect of property investigated [ACHC Standard DRX2-4A]. For Medicare Beneficiaries, a follow up will be initiated within 48 hours of the complaint with the resolution completed within 5 days. River's Edge Pharmacy will send Medicare Beneficiaries a written letter of the resolution within 14 days.

- To maintain the confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information [ACHC Standard DRX2-5A]
- To be advised on agency's policies and procedures regarding the disclosure of clinical records [ACHC Standards DRX2-5A]
- To choose a health care provider, including choosing an attending physician, if applicable [ACHC Standard DRX2-2B]
- To receive appropriate care without discrimination in accordance with physician orders, if applicable [ACHC Standard DRX2-2B]
- To be informed of any financial benefits when referred to an organization [ACHC Standard DRX2-2B]
- To be fully informed of one's responsibilities [ACHC Standard DRX2-2B]

Client/Patient Responsibilities

- To provide accurate and complete information regarding your past and present medical history, contact information and any changes [ACHC Standard DRX2-2A.01]
- To agree to a schedule of services and report any cancellation of scheduled appointments and/or treatments
- To participate in the development and updating of a plan of care
- To communicate whether you clearly comprehend the course of treatment and plan of care
- To comply with the plan of care and clinical instructions
- To accept responsibility for your actions, if refusing treatment or not complying with the prescribed treatment and services
- To respect the rights of Pharmacy personnel
- To notify your Physician and the Pharmacy with any potential side effects and/or complications [URAC CSCD 1 9e-v)]
- To notify River's Edge Pharmacy via telephone or CuroRx when your medication supply is running low, so refills maybe shipped to you promptly [URAC CSCD 1 (d-ii, iii)]
- To submit any forms that are necessary to participate in the program to the extent required by law [URAC PM 12 (h)] [ACHC Standard DRX2-2A.01]
- To give accurate clinical and contact information and to notify the Patient Management Program of changes in this information [URAC PM 12 (i)]
- To notify their treating provider of their participation in the patient management program, if applicable [URAC PM 12 9j)] [ACHC Standard DRX2-2A.01]
- To maintain any equipment provided [ACHC Standard DRX2-2A.01]
- Patient to Notify the treating prescriber of their participation in the patient management program. [PM 3-1.b]

If you have questions, concerns or issues that require assistance, please call 1-760-340-3248 or 1-866 -413-3156. Complaints will be forwarded to management and you will receive a response within 5 business days.

HEALTH CARE ADVANCE DIRECTIVES - THE CLIENT'S RIGHT TO DECIDE

All adults in health care facilities such as hospitals, nursing homes, hospices, home health agencies, and health maintenance organizations, have certain rights under California law.

You have the right to fill out a document known as an “Advance Directive”. This documents states whether and what kinds of treatment you wish to receive, under special, serious medical conditions – conditions that would prevent you from telling your doctor how you want to be treated. For example, if you were taken to a health care facility in a coma, would you want the facility staff to know your specific wishes about decisions affecting your treatment, such as whether to use a ventilator, feeding tube, etc.?

WHAT IS AN ADVANCE DIRECTIVE?

An Advance Directive is a written or oral statement that is made and witnessed in advance of serious illness or injury about how you want medical decisions made. Two forms of Advance Directives are:

- Living Will
- Health Care Surrogate Designation

An Advance Directive allows you to let others know your choices about health care or to name someone to make those choices for you, if you become unable to make decisions about your medical treatment.

WHAT IS A LIVING WILL?

A Living Will generally describes the type of medical care you do or do not wish to receive if you become unable to make your own decisions. It is called a “Living Will” because it takes effect while you are still living.

California has a sample Advanced Health Care Directive form available for your review at: <https://oag.ca.gov/sites/all/files/agweb/pdfs/consumers/ProbateCodeAdvancedHealthCareDirectiveForm-fillable.pdf> that has a living will section. You may wish to speak to an attorney or physician to make sure you have completed the Living Will in a way that your wishes will be clearly understood.

WHAT IS A HEALTH CARE SURROGATE DESIGNATION?

A “Health Care Surrogate Designation” is a signed, dated, and witnessed paper naming another person such as a husband, wife, daughter, son, or close friend to act as your representative to make medical decisions regarding your care, if you should become unable to make them for yourself. You can include instructions about any treatment you want or wish to avoid.

California has a sample Advanced Health Care Directive form available for your review at: <https://oag.ca.gov/sites/all/files/agweb/pdfs/consumers/ProbateCodeAdvancedHealthCareDirectiveForm-fillable.pdf> that has a health care surrogate section. You may wish to speak to an attorney or physician to make sure you have completed the Health Care Surrogate Designation in a way that your wishes will be clearly understood. You may wish to name a second person to act as your representative, if your first choice is not available.

WHICH IS BETTER?

You may wish to have both or combine them into a single document that describes treatment choices in a variety of situations and names someone to make decisions for you should you become unable to make decisions for yourself. Please consult your lawyer regarding these important documents.

DO I HAVE TO WRITE AN ADVANCE DIRECTIVE UNDER CALIFORNIA LAW?

No, there is no legal requirement to complete an Advance Directive. However, if you have not made an Advance Directive or designated a health care surrogate, health care decisions may be made for you by a court appointed guardian, your spouse, your adult child, your parent, your adult sibling, an adult relative, or a close friend, in that order. This person would be called a proxy.

CAN I CHANGE MY MIND AFTER I WRITE A LIVING WILL OR DESIGNATE A HEALTH CARE SURROGATE?

Yes, you may change or cancel these documents at any time. Although it is best if any change is written, signed and dated, you can also change an Advance Directive verbally.

WHAT IF I HAVE FILLED OUT AN ADVANCE DIRECTIVE IN ANOTHER STATE AND NEED TREATMENT IN A HEALTH CARE FACILITY IN CALIFORNIA?

An Advance Directive completed in another state, in compliance with the other state's laws, can be honored in California.

WHAT SHOULD I DO WITH MY ADVANCE DIRECTIVE IF I CHOOSE TO HAVE ONE?

Make sure that someone, such as your doctor, lawyer or family member knows that you have an Advance Directive and where it is located. Consider the following:

- If you have designated a Health Care Surrogate, give a copy of the written designation form or the original to the person
- Give a copy of your Advance Directive to your doctor, your closest relative or friend, and any hospital, home health agency or other facility where you are receiving medical treatment or care, for your medical file
- Keep a copy of your Advance Directive in a place where it can be found easily
- Keep a card or note in your purse or wallet that states you have an Advance Directive and where it can be found
- If you change your Advance Directive, make sure your doctor, lawyer and/or family member/friend and any facility where you are receiving medical treatment or care, has the latest copy.

FOR ADDITIONAL INFORMATION, ASK THOSE IN CHARGE OF YOUR CARE, OR TALK TO YOUR LAWYER . DO NOT RESUSCITATE ORDERS (DNRO)

All patients without observable signs of life will be resuscitated unless a valid "Do Not Resuscitate (DNR)" order is signed by the patient's physician after discussion with the patient/family.

If Emergency Medical Services (EMS) is called, they must be presented with a copy of the patient's DNR order and Advance Directives; only then can they withhold life sustaining procedures. DNR orders do not preclude anyone from providing comfort care to the patient. For complete information regarding Do Not Resuscitate orders, please consult your physician.

Medicare DMEPOS Supplier Standards

The following is an abbreviated version of the supplier standards:

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. An authorized individual (one whose signature is binding) must sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs or from 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.
12. A supplier is responsible for delivery and must instruct beneficiaries on 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 directly or through a service contract with another company 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 implementing 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 of 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. 26. A supplier must meet the surety bond requirements specified in 42 C.F.R. 424.57(c).
27. A supplier must obtain oxygen from a state-licensed oxygen provider.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 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.

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can obtain access to this information. Please review carefully.

SECTION A: Uses and Disclosures of Protected Health Information

1. Under applicable law, we are required to protect the privacy of your individual health information (information we refer to in this notice as “Protected Health Information”). We are also required to provide you with this Notice regarding our policies and procedures regarding your Protected Health Information and to abide by the terms of this notice, as it may be updated from time to time.

We are permitted to make certain types of uses and disclosures under applicable law for treatment, payment, and healthcare operations purposes. We may obtain information to dispense prescriptions and for the documentation of pertinent

information from your records that may assist us in managing your medication therapy or your overall health. For treatment purposes, such use and disclosure will take place in providing, coordinating, or managing healthcare and its related services by one or more of your providers, such as when your pharmacist consults with your physician or a specialist regarding your medications, treatment or condition.

For payment purposes, such use and disclosure will take place to obtain or provide reimbursement for providing pharmaceutical care services, Such as when your case is reviewed to ensure that appropriate care was rendered. For reimbursement purposes, your Protected Health Information may be disclosed to one or several intermediaries employed by your plan sponsor including but not limited to insurers, pharmacy benefits managers, claims administrators and computer switching companies.

For healthcare operations purposes, such use and disclosure will take place in a number of ways, including for quality assessment and improvement; provider review and training; underwriting activities; reviews and compliance activities; and planning, development, management .and administration. Your information could be used, for example, to assist in the evaluation of the quality of care that you were provided.

We store some of your Protected Health Information in electronic computer files. We backup our electronic records and employ other precautions to safeguard the integrity of your Protected Health Information. In spite of these precautions it is possible but unlikely that a computer crash or other technological failure could cause the loss of data. In addition, reasonable safeguards are employed to protect your Protected Health Information stored on electronic media.

In addition, we may contact you to provide; refill reminders, health screenings, wellness events, inoculations, vaccinations or information about treatment alternatives or other health related benefits and services that may be of interest to you. In addition we may disclose your health information to your plan sponsor. In addition, we may contact you for the purpose of fund-raising activities.

We may list and disclose your Protected Health information without your authorization when the pharmacy needs to contact a physician or physician's staff and is permitted or required to do so without individual written authorization. We may use and disclose your Protected Health information if we are contacted by another pharmacy who states they have your request and consent to transfer pharmacy records to them.

From time to time, we may employ the services of business associates who may assist us in one or more tasks and who may use, change or create Protected Health Information. Business associates are required to comply with all the privacy regulations on your behalf.

River's Edge Pharmacy: Irvine, CA
17332 Von Karman Ave. • Suite 110 • Irvine, CA 92614
Phone: 949-393-5780
Monday - Friday: 9:00am - 5:30pm
Saturday & Sunday: Closed
(24/7 on-call pharmacist available)

River's Edge Pharmacy: Palm Desert, CA
36919 Cook St. • Suite 102 • Palm Desert, CA 92211
Phone: 949-393-5780
Monday - Friday: 9:00am - 5:30pm
Saturday & Sunday: Closed
(24/7 on-call pharmacist available)

WWW.REPHARMACY.COM

We may disclose Protected Health Information about you without your authorization to comply with workers compensation laws, as required by law enforcement, legal proceedings, public health requirements, and health oversight activities and as required by law.

Other uses and disclosures will be made only with your written authorization, and you may revoke your authorization by notifying us as described in Section B.

2. You may ask us to restrict uses and disclosures of your Protected Health Information to carry out treatment, payment, or healthcare operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, we are not required to agree to your request.
3. You have the right to request the following with respect to your Protected Health Information: (i) inspection and copying; (ii) amendment or correction; (iii) an accounting of the disclosures of this information by us (we are not required to account to you for disclosures made for treatment, payment, operations, disclosures to you, disclosures to your care givers for notifications or as otherwise excluded by law); and (iv) the right to receive a paper copy of this, notice upon request. We may require you to pay for this request to cover our costs of copying, labor and postage.

In addition, you may request, and we must accommodate the request, if reasonable, to receive communications of Protected Health Information by alternative means or at alternative locations. To make this request please contact, in writing: River's Edge Pharmacy:

4. We may use your name to reference your prescriptions and pharmaceutical care services. You may be required to sign a signature log form to acknowledge receipt of service, to acknowledge receipt of this notice and the disclosures of Protected Health Information as outlined herein. This information may be disclosed by us to other persons who ask for you or your prescriptions by name. You may restrict or prohibit these uses and disclosures by notifying a pharmacy representative orally or in writing of your restriction or prohibition. We are not required, to honor those requests. We are able to provide treatment services to you even if you object to sign the acknowledgment of the receipt of this Notice or if we decide not to honor a request regarding the information in this document. In the event of an emergency or your incapacity, we will do in our reasonable judgment what is consistent with your known preference, and what we determine to be in your best interest. We will inform you of any such uses or disclosures if uses and disclosures would require your signed authorization under such circumstances and give you an opportunity to object as soon as practicable.
5. We may disclose to one of your family members, to a relative, to a close personal friend or to any other person identified by you, Protected Health Information that is directly relevant to the person's involvement with your care or payment related

to your care. In addition, we may use 'or disclose the Protected Health Information to notify, identify, or locate a member of your family, your personal representative another person responsible for care or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you object to this use or disclosure, we will do in our judgment what is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your healthcare. We will also use our judgment and experience regarding your best interest in allowing people to pick up filled prescriptions, or other similar forms of Protected Health Information.

6. We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all Protected Health Information we maintain. You may receive a copy of this Notice by contacting us as outlined in Section B or upon the receipt of pharmacy care services.
7. If you believe that your privacy rights have been violated, you may complain to us at the location described in Section B or to the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. You will not be retaliated against filing a complaint.

SECTION B: Contacting Us

You may contact us for further information at:

How to Contact Appropriate Accreditation and Governmental Bodies if Needed:

ACHC Information

Website: <http://achc.org/contact/complaint-policy-process>

General Phone Number: (855) 937-2242

URAC Information

Website: <https://urac.org/complaint/>

Email Address: grievances@urac.org

General Phone Number: (202) 216-9010

Office of inspector General

Department of Health and Human Services

HHS- Tip Hotline P.O. Box 23489

Washington, D.C. 20026

General Phone Number: (800) 447-8477

Department of Health Care Services (DHCS)

Website: specialtyprovider@dhcs.ca.gov

General Phone Number: (916) 552-9500

California Board of Pharmacy

Website: http://www.pharmacy.ca.gov/consumers/complaint_info.shtml

1625 N Market Blvd, N219

Sacramento, CA 95834

General Phone Number: 916.574.7900

Fax: 916.574.8618

US Department of Labor OSHA

Website: www.osha.gov

General Phone Number: (800) 321.6742

EMERGENCY AND DISASTER PREPAREDNESS PLAN

River's Edge Pharmacy has a comprehensive emergency preparedness plan in case a disaster occurs. Disasters may include fire to our facility, chemical spills in the community, hurricanes, snowstorms, tornadoes, earthquakes and community evacuations. Our primary goal is to continue to service your prescription care needs. When there is a threat of disaster or inclement weather in the local area, River's Edge Pharmacy will contact you prior to any disaster the area may encounter, however if there will be a threat of disaster or inclement weather in an area you reside which is outside of Southern California, it is your responsibility to contact River's Edge Pharmacy prior to the occurrence (if permissible). This process will ensure you have enough medication to sustain you.

River's Edge Pharmacy will utilize every resource available to continue to service you. However, there may be circumstances where River's Edge 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. Please read the guide below to aide you in the case of an emergency or disaster:

1. River's Edge Pharmacy will call you 3-5 days before an inclement weather or emergency event, such as a snowstorm, utilizing the weather updates as point of reference:
 - a. If you are not in Southern California and are aware you will be experiencing inclement weather you are responsible for calling the pharmacy 3-5 days before the occurrence.
2. River's Edge Pharmacy will send your medication via courier or UPS next day delivery during any suspected inclement weather emergencies.
3. If River's Edge Pharmacy cannot get your medication to you before an inclement weather emergency occurrence, we will transfer your medication to a local specialty pharmacy, so that you do not go without medication.
4. If a local disaster occurs and River's Edge Pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication. Visit your local hospital immediately if you will miss a dose.
5. River's Edge Pharmacy recommends all patients leave a secondary emergency number.

If a disaster occurs, follow instructions from the civil authorities in your area. River's Edge Pharmacy will utilize every resource available to continue to service you. However, there may be circumstances where River's Edge 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. River's Edge Pharmacy will work closely with authorities to ensure your safety.

If you have an emergency that is not environmental but personal and you need your medication, please contact River's Edge Pharmacy at your convenience and we will aide you.

GENERAL EARTHQUAKE SAFETY INFORMATION FOR PATIENTS

BEFORE AN EARTHQUAKE - 15 ITEMS YOU NEED TO KEEP ON HAND:

1. Portable radio with extra batteries.
2. Flashlight with extra batteries.
3. First aid kit (including specific medications for members of your household).
4. First aid book (recommended: Standard First Aid & Personal Safety, Red Cross).
5. Fire extinguisher.
6. Adjustable wrench for turning off gas and water.
7. Smoke detectors properly installed.
8. Portable fire escape ladder for homes/apartments with multiple floors.
9. Bottled water - sufficient for the number of members in your household.
10. A one-week supply of food for each member of your household - made up of water, canned and dried food. NOTE: food and water have a normal shelf life of one year.
11. Non-electric can opener.
12. Portable stove such as; butane and/or charcoal stove. NOTE: use of such stoves should not take place until it is determined that there are no gas leaks in the area, charcoal should only be burned outside. Use of charcoal indoors will lead to carbon monoxide poisoning.
13. Matches.
14. Extra clothing and blankets.
15. Telephone numbers of police, fire department and local emergency.

DURING AN EARTHQUAKE

1. Remain calm.
2. If you are indoors, stay away from windows or glass doors and move into a structural doorway.
3. If you are outside, stay away from buildings and electrical wires move into an open space.

AFTER AN EARTHQUAKE

1. If you are in danger or immediate need of medications, contact your closest emergency department or call 911.
2. DO NOT SMOKE, light matches or candles. Movement of the earth may break natural gas lines and leakage may spread into your house or other areas.
3. Do not use the telephone except to report a real emergency.
4. Turn on the radio if possible to receive information on what to do.
5. If you are in no immediate danger, stay where you are. We will attempt to contact you.

HOME SAFETY INFORMATION

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

Medication

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

Mobility Items

- When using mobility items to get around such as; canes, walkers, wheelchairs or crutches you should use extra care to prevent slips and falls.
- Use extreme care to avoid using walkers, canes or crutches on slippery or wet surfaces.
- Always put the wheelchairs or seated walkers in the lock position when standing up or before sitting down
- Wear shoes when using these items and try to avoid obstacles in your path and soft and uneven surfaces.

IV Poles

- The risk of falls might increase with IV poles, infusion pumps, and certain infusion medications. Always review the educational material received with your first shipment of medication and supplies. If you have any questions regarding your medication or supplies, please do not hesitate to contact our pharmacist.
- Always be aware when walking with IV poles and infusion pumps. Make sure the area is clear by removing rugs and clutter. Use two hands or ask for assistance. Remember, the pole will be more difficult to roll over carpet or resistance may vary with change in flooring. Always watch for slippery or wet surfaces.
- When infusion pumps are plugged in, make sure that the electrical cord is clear of any walk-through. When the pump is on battery, keep it out of your way by placing the cord through the hook on the IV pole or rolling it up and securing it with Velcro strap.

Slips and Falls

Slips and falls are the most common and often the most serious accidents in the home. Here are some things you can do to prevent them in your home.

- Arrange furniture to avoid an obstacle course
- Install handrails on all stairs, showers, bathtubs and toilets.
- Keep stairs clear and well lit.
- Place rubber mats or grids in showers and bathtubs.
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath or dizziness.
- Wipe up all spilled water, oil or grease immediately.
- Pick up and keep surprises out from under foot including electrical cords & rugs.
- Keep drawers and cabinets closed
- Install good lighting to avoid groping in the dark.

Lifting

If it is too big, too heavy, or too awkward to move alone – GET HELP. Here are some things you can do to prevent low back pain or injury.

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

Electrical Accidents

Watch for early warning signs; overheating, a burning smell, sparks. Unplug the appliance and get it checked right away. Here are some things you can do to prevent electrical accidents.

- Keep cords and electrical appliances away from water.
- Do not use lamps or appliances that appear to have a “short” when operated.
- Do not plug cords under rugs, through doorways or near heaters. Check cords for damage before use.
- Extension cords must be properly sized for larger appliances.
- If you have a broken plug outlet or wire, get it fixed right away.
- Use a ground on 3-wire plugs to prevent shock in case of electrical fault.
- Do not overload outlets with too many plugs.
- Use three-prong adapters when necessary.
- Do not plug multiple appliances into one outlet; it will prevent the plug from overheating.

Smell Gas?

- Open windows and doors.
- Shut off the appliance involved. You may be able to refer to the front of your telephone book for instructions regarding turning off the gas to your home.
- Don’t use matches or turn on electrical switches.
- Don’t use telephone – dialing may create electrical sparks.
- Don’t light candles.
- Call Gas Company from a neighbor’s home.
- If your gas company offers free annual inspections, take advantage of them.

Fire

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

- Install smoke detectors. They are your best early warning. Test frequently and change the battery every year.
- If there is oxygen in use, place a “No Smoking” sign in plain view of all persons entering the home.
- Throw away old newspapers, magazines and boxes.
- Empty wastebaskets and trashcans regularly.
- Do not allow ashtrays or toss matches into wastebaskets unless you know they are out. Wet down first or dump into toilet.

- Have your chimney and fireplace checked frequently. Look for and repair cracks and loose mortar. Keep paper, wood and rugs away from area where sparks could hit them.
- Follow instructions when using heating pad to avoid serious burns.
- Check your furnace and pipes regularly. If nearby walls or ceilings feel hot, add insulation.
- Keep a fire extinguisher in your home and know how to use it.
- Keep space heaters away from furniture, cords curtains and other items that could ignite.

If you have a fire or suspect fire

- Take immediate action per plan - Escape is your top priority.
- Get help on the way - with no delay. CALL 9-1-1.
- If your fire escape is cut off, close the door and seal the cracks to hold back smoke. Signal help from the window.

ASEPTIC TECHNIQUES

Aseptic techniques refer to the method of performing a procedure that will keep the materials used free from bacteria. There are a number of areas in the human body where it is normal to find germs (bacteria). There are bacteria on the skin, which is not harmful as long as it remains on the skin. Bacteria that help digest food are found in the mouth, stomach and intestines. Most areas inside the body are free of bacteria, that is, they are sterile. If bacteria enter these areas, an infection may occur. Bacteria can enter into sterile body areas through contaminated solutions or supplies and can cause infection. Touching sterile parts of supplies may cause contamination. Using aseptic techniques when working with your supplies, solutions and equipment can prevent infection. Aseptic technique is the most important procedure you will learn. It cannot be stressed enough. Again, this is the most important thing you can do to prevent infection.

Hand Washing:

Hands that are not visibly dirty need to be washed just as thoroughly as dirty hands. Bacteria normally found on the skin of hands are collected during daily activity, and can cause infection.

REMEMBER- Always wash your hands before handling equipment or doing any procedure.

Procedure

1. Remove all jewelry, as this is a hiding place for bacteria.
2. Turn water on, adjust to hot. Water should remain running while washing your hands.
3. Rinse hands with water; apply enough soap to thoroughly lather hands.
4. Scrub for a minimum of 20 seconds, including cleaning out under fingernails.
5. Rinse hands well, ensuring all soap is washed off.
6. Dry hands thoroughly with paper towel; turn off faucet with paper towel.

Handling Sterile Equipment and Supplies:

Most of the supplies you will use for your therapy have been sterilized, packaged and

sealed. All solutions you will use are prepared and sealed using sterile techniques. To keep solutions, equipment and supplies sterile, carefully follow these instructions:

1. Always wash your hands when handling supplies and before all procedures
2. Utilize a quiet place to do your procedure to decrease traffic and distraction through the area.
3. Do not use any solution if:
 - The expiration date has passed.
 - The solution is cloudy, discolored or if particles are floating in it.
 - The solution container has cracks, chips, tears, leaks or a damaged cap.
4. Make sure all packages are sealed. Discard anything with a broken seal. If there is moisture inside packages that are supposed to be dry, discard the item.
5. Do not touch the sterile item with your fingers. Do not let the item touch any non-sterile surface.
6. After removing protective caps, do not touch the exposed area with your fingers or any non-sterile items.
7. Do not touch the shaft of the syringe plunger with your fingers or any non-sterile surface.
8. When in doubt, throw it out! Do not use anything you think may be contaminated. It is much more expensive to be hospitalized, than to obtain extra supplies.
9. Work with solutions and supplies in front of you at waist level. This enables a better view and prevents contamination.
10. Do not take shortcuts in your procedure. If you think that you have found a faster, easier way to do a procedure, discuss it with your physician.
11. Please follow the pharmacy/mmanufacturer recommendation for proper storage.
 - Room Temperature is defined as 25°C (72°F)
 - Refrigerator Temperature is defined as 4-6°C (40-42°F)
 - Freezing Temperature is defined as -20°C (8°F)

NOTE: ALWAYS CHECK THE EXPIRATION DATE

AUTHORIZATION - FOR RELEASE OF INFORMATION TO PERSONAL REPRESENTATIVE

The authorization form must be completed and signed in order for the authorization to be valid as defined by the HIPAA privacy rules (45 CFR Parts 160 and 164).

Section 1: This section contains your information. This means that it is your information that would be released in accordance with your authorization.

Section 2: Provide the information of the person who you are authorizing to receive your protected health information (“PHI”).

Please note that this may not always be a company. It may also be a specific person or class of persons. For example, your spouse, a specific family member, pharmacy, etc.

Section 3: This section requires that you list the information that you are authorizing River’s Edge Pharmacy to release. This section must be specific enough for River’s Edge Pharmacy to understand the nature of your authorization.

Section 4: The purpose for requesting the information should be provided. For example, “maintenance/management of family health care,” etc.

Section 5: The authorization must include an expiration date or event. The expiration date or event must either be a specific date in the future (e.g., 01/01/2020), a specific time period (e.g., one year from the date of signature), or an event directly relevant to the

individual or the purpose of the use or disclosure (upon death, 4 months after my death). The authorization cannot contain an indeterminate expiration date such as “when I revoke it,” “never,” N/A, upon notification or leaving the line blank.

Section 6: This section includes information regarding the authorization that you should read.

Section 7: Must be signed and dated.

Section 8: If you are signing the authorization as the legal representative of the individual listed in Section 1, and are other than the parent of the minor child whose information you are authorizing River’s Edge Pharmacy to release, you must also 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.

If you have any questions regarding this form, you can contact:

River’s Edge Pharmacy: Irvine, CA
17332 Von Karman Ave. • Suite 110 • Irvine, CA 92614
Phone: 949-393-5780
Monday - Friday: 9:00am - 5:30pm
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River’s Edge Pharmacy: Palm Desert, CA
36919 Cook St. • Suite 102 • Palm Desert, CA 92211
Phone: 949-393-5780
Monday - Friday: 9:00am - 5:30pm
Saturday & Sunday: Closed
(24/7 on-call pharmacist available)

In order to ensure your personal information remains confidential we encourage you to complete the following pages and return to River’s Edge Pharmacy in the enclosed envelope.

Thank you for your cooperation,
River’s Edge Pharmacy

**Please complete the forms on the following pages,
and return to River's Edge Pharmacy in the enclosed envelope.**

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION TO PHARMACY
REPRESENTATIVE**

This authorization is for use, pursuant to the HIPAA privacy rules, if you are authorizing the release of medical or 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 main contain information created by other persons or entities, including physicians or any other health care professionals, 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 the treatment of sexually transmitted diseases.

Section 1: Patient Information

First Name, Middle Initial, Last Name: _____

Date of Birth MM/DD/YEAR: _____ / _____ / _____

Street Address: _____ City: _____

State/Zip code: _____ Telephone: (_____) _____

Section 2: Person Authorized to Receive Information from River's Edge Pharmacy

First Name, Middle Initial, Last Name: _____

Date of Birth MM/DD/YEAR: _____ / _____ / _____

Street Address: _____ City: _____

State/Zip code: _____ Telephone: (_____) _____

Email Address: _____

Relation to Patient: _____

Section 3: Information to be Released

Describe or list the information that you are asking us to release to the above named person. Initial here if any and all prescription information related to medical and health services received by River's Edge Pharmacy

Patient Initials: _____

Section 4: List the Specific Purpose for Requesting this Information

To assist with the management of care, maintenance of information, and administrative functions on my behalf relating the service and/or products received from River's Edge Pharmacy. If any additional reason for this release please list:

Section 5: Expiration Required

This authorization expires MM/DD/YEAR: _____/_____/_____

Patient Initials: _____

Or if specific event occurs: _____

Patient Initials: _____

For Maryland residents only: This authorization expires 1 year from the date listed below in Section 7

Section 6: Information Regarding this Authorization

- You have the right to revoke the authorization, in writing, to River's Edge Pharmacy Privacy Office at any time. The revocation is only effective after it is received and logged by River's Edge Pharmacy. Any use or disclosure made prior to a revocation is not included as part of the revocation.
- Refer to our Notice of Privacy Practices for permitted use and disclosures of Protected Health Information (PHI). You may obtain a copy of this notice from the Privacy Office. Please keep a copy of the authorization for your records.
- Once PHI is disclosed to others, it may be re-disclosed to them to persons or entities that are not subject to the privacy regulations, which means that the PHI may no longer be protected by regulations.
- Privacy regulations prohibit the conditioning of treatment, payment, enrollment or eligibility for benefits on signing this authorization.
- This authorization must be signed and dated by the patient or signed and dated by the patient's personal representative to include a description of that person's ability to act on behalf of the patient.

Section 7: Patient Signature and Date

I, _____, by signing below, authorize River's Edge Pharmacy to use or disclose my protected health information as described above.

Signature and Date: _____ / _____ / _____

Section 8: Patient Representative Signature and Date

If this authorization is signed by the patient's personal representative, please explain your authority to act below.

Section 9: Authorization for various communications

I consent to receive SMS messages (including text messages) and telephone calls from River's Edge pharmacy and its affiliates regarding service-related information, questions about the services, account and marketing information. .etc. I certify that the telephone number I provided is my contact number and not someone else's. I am permitted to receive calls and text messages at the telephone number I provided to the pharmacy. I agree to promptly alert the pharmacy whenever I stop using or change the current telephone number. I can choose to opt out of this service at any time and will notify the pharmacy promptly.

☐ I agree to receive messages from River's Edge Pharmacy. Signature: Date:

☐ I don't agree to receive messages from River's Edge Pharmacy. Signature: Date:

NOTICE OF PRIVACY PRACTICE ACKNOWLEDGMENT

We recognize that each of our customers comes to us with individualized medication needs. We respect the privacy of each of our customer's personal information and understand the importance of keeping this information confidential and secure. We are committed to maintaining the privacy and security of our customer's personal information.

River's Edge Pharmacy is a fully licensed pharmacy that operates under state and federal laws. The records we create and maintain related to patients and medication dispensing history are considered to be medical records. Consistent with privacy laws, personally identifiable information may be provided to patients, doctors or healthcare providers, as well as to patients insurance companies as part of the billing process.

What is HIPAA?

The Health Insurance Portability and Accountability Act (HIPAA) are meant to provide patients with an additional level of privacy and accountability in the healthcare service they receive from their providers. The privacy rule of HIPAA affects the way your doctor(s), pharmacy, and other healthcare team members communicate and use your health information. HIPAA is meant to better protect your right to the privacy of your information.

The information included with this acknowledgment will better detail for you how we are committed to protecting your privacy. Please take a moment to review the Notice, then sign and send back your acknowledgment of receipt of our privacy practices. The quality care that we provide, respect for your right to privacy, and our top-notch service standards are just a few of the ways you can count on us to deliver for you.

Contacting Our Facility

If you have any questions or concerns regarding our practices or services that you have received from this facility, please contact the Pharmacist at:

Acknowledgment of Receipt of Notice of Privacy Practices

Please sign your name and date on this acknowledgment form. Return your signed acknowledgment in the postage-paid envelope. Or send it independently to the Privacy Officer at the address listed above.

First Name, Middle Initial, Last Name: _____

Date of Birth MM/DD/YEAR: _____ / _____ / _____

Parent or Guardian Name: _____

Relationship to Patient: _____

Signature and Date: _____ / _____ / _____

RIVER'S EDGE PHARMACY SERVICES AGREEMENT

CONSENT TO SERVICES

I understand that I have my choice of pharmacy provider. I agree to the provision of services by River's Edge Pharmacy. These services may include dispensing and delivery of prescription medications ordered by my doctor, and coordination of nursing services. I understand that my care is directed and monitored by my doctor, and River's Edge Pharmacy is not liable for any act of omission when following neither the instructions of my doctor who is neither the employee nor the agent of River's Edge 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 River's Edge Pharmacy.
- Private Insurance: I authorize River's Edge Pharmacy to bill my insurance carrier directly for services provided on my behalf.

I authorize payment for any services provided to me by River's Edge Pharmacy to be paid directly to River's Edge Pharmacy. I understand that I am financially responsible to River's Edge Pharmacy for any co-payment or non-covered medications not paid by my insurance company. In the event that 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 River's Edge Pharmacy at 760-340-3248 to request an estimated amount of my financial responsibility for services provided by River's Edge Pharmacy.

RETURNED GOODS POLICY

I understand that it is River's Edge Pharmacy goal to provide its clients with the finest quality products and support services. I understand that River's Edge Pharmacy dispenses and delivers to patients only those medications, solutions, supplies, and equipment that

are prescribed by respective patient's doctor for the individual patient or reflect usual and customary items and quantities for the specific therapy ordered by the doctor.

I understand that quantities are generally determined and ordered by the patient or his/her representative. I further understand that River's Edge Pharmacy policy does not allow it to return medications and/or medical supply merchandise to its inventory for reissue to another patient because it cannot guarantee the sterility or integrity of these products once they have been dispensed and are out of pharmacy oversight. It is against pharmacy law to return any drugs once they've been issued from River's Edge Pharmacy.

RELEASE OF INFORMATION

I authorize all healthcare providers, insurers, or other parties with healthcare information about me to release to River's Edge 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 River's Edge Pharmacy is providing services to me (hereafter referred to as "My Records").

I authorize River's Edge Pharmacy to release any and all information for My Records as may be necessary for River's Edge Pharmacy to receive payments of benefits on my behalf, to comply with audit requests of accrediting bodies or government agencies.

I understand that River's Edge Pharmacy may use information from My Records that does not identify me personally for data collection, statistical analysis, and other purposes undertaken in River's Edge Pharmacy normal course of business. I hereby release, on my behalf and on behalf of my successors and assigns, River's Edge 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.

EMERGENCY MEDICAL SERVICES/ TRANSFER

I understand that during the course of my treatment the need for emergency treatment and/or transfer to the hospital may become necessary and appropriate. I understand that the agency does not provide emergency medical care and therefore should the need for such treatment and/or transfer be deemed necessary and appropriate by my physician, the agency will call 911. I consent to such emergency treatment and /or transfer to a hospital and I hereby indemnify the agency and its owners, staff, and physician who may be in attendance from any loss resulting from such emergency treatment and/or transfer. I agree to assume sole responsibility for all charges incurred for such treatment.

PERMISSION FOR SUPERVISORY VISITS

I hereby give permission for River's Edge Pharmacy to perform supervisory visits for aides and/or other disciplines providing care.

ONE AGENCY ONLY TO PROVIDE SERVICES

I have voluntarily chosen River's Edge Pharmacy as my sole provider for my home infusion services. I am aware that Medicare/ _____ will only pay for services to one agency during any period of time.

I will not enter into any agreement for services with any other home care provider while receiving services from River's Edge Pharmacy. I will notify River's Edge Pharmacy if I choose to transfer to another provider. Failure to do so may result in my being responsible for any charges denied by my insurer to River's Edge Pharmacy due to the fact another Agency was providing home care services simultaneously.

ADVANCED DIRECTIVES/ LIVING WILLS

I have received written information regarding my rights to make decisions concerning medical care, including the right to accept or refuse medical treatment and the right to formulate advanced directives under state law.

I have a living will: Yes No

If yes, location of living will: _____

I have a "Patient Advocate/Proxy": Yes No

My patient advocate/proxy is:

Name _____

Address _____

City, State, Zip: _____

AUTHORITY TO SIGN ON BEHALF OF PATIENT

Patient is unable to sign documents because: _____

Relationship to patient: _____

Guardianship (Attach copy of order) Other (Specify authority empowering signature):

**Acknowledgment of Receipt of Pharmacy Services Agreement and Rights and
Responsibilities**

Please sign your name and date on this acknowledgment form.

By signing below, I certify that I have read and accepted the terms of this River's Edge 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.

First Name, Middle Initial, Last Name: _____

Date of Birth MM/DD/YEAR: _____ / _____ / _____

Parent or Guardian Name: _____

Relationship to Patient: _____

Signature and Date: _____ / _____ / _____

Initial here if you authorize the following: _____

River's Edge Pharmacy has my permission to leave messages on my home answering machine or cell phone voicemail (_____) _____

River's Edge Pharmacy has permission to contact me at my place of employment:

ACKNOWLEDGMENT OF PATIENT HANDBOOK

Please confirm that you have received River's Edge Pharmacy by signing and returning this form, and the preceding 5 pages, in the enclosed postage paid envelope. Completed forms may be mailed to or dropped off at:

I confirm that I have received River's Edge Pharmacy Patient Handbook, which includes Hours of Operation, Contact Information, Patient Bill of Rights and Responsibilities, Notice of Privacy Practices, Financial Obligation and Assistance Programs and Complaint Process.

Name (Please Print): _____

Signature: _____

Billing Address: _____

City, State, Zip: _____

Phone Number: (_____) _____

Date: _____ / _____ / _____

Thank you for choosing River's Edge Pharmacy to service all of your pharmacy needs.

End of forms

Please return completed forms to River's Edge Pharmacy in the enclosed envelope.

RIVER'S EDGE PHARMACY INFUSION CENTERS:

ARCADIA, CA

4177 E. Live Oak Ave.

Arcadia, CA 91006

PHONE: 949-783-7023

MURRIETA, CA

39755 Murrieta Hot Springs Rd. • #F110

Murrieta, CA 92563

PHONE: 951-696-4600

BEVERLY HILLS, CA

9001 Wilshire Blvd • #308

Beverly Hills, CA 90211

PHONE: 949-783-7024

IRVINE, CA

17332 Von Karman Ave. • # 110

Irvine, CA 92614

PHONE: 866-413-3156

River's Edge Pharmacy: Irvine, CA

17332 Von Karman Ave. • Suite 110 • Irvine, CA 92614

Phone: 949-393-5780

Monday - Friday: 9:00am - 5:30pm

Saturday & Sunday: Closed

(24/7 on-call pharmacist available)

River's Edge Pharmacy: Palm Desert, CA

36919 Cook St. • Suite 102 • Palm Desert, CA 92211

Phone: 949-393-5780

Monday - Friday: 9:00am - 5:30pm

Saturday & Sunday: Closed

(24/7 on-call pharmacist available)