



Mail-Meds
CLINICAL PHARMACY



JTJ MEDICAL SUPPLY, INC.

Welcome Packet

Fulfilling Your Specialty Pharmacy Needs

Corporate Headquarters:

2692 Oak Ridge Court, Fort Myers, FL 33901
Phone: 800-939-2022 Fax: 855-523-0910



WELCOME!

Dear Patient,

Welcome to JTJ Medical Supply, Inc. which operates all Mail-Meds Clinical Pharmacy locations.

The staff at Mail-Meds Clinical Pharmacy understands your health care needs are complex and require individual care and attention. We focus on person-centered care services, not just the disease. We partner with you, as part of your care team, providing care that is respectful of and responsive to your preferences, needs, and values. We are here to support you in achieving the most benefit from your medication by:

- Listening to you about how well your medication is working for you.
- Monitoring the effectiveness of and your adherence to your medication.
- Providing support for other conditions and symptoms you may have.
- Providing you education on your medication needs and medical conditions.
- Coordinating services with your doctor.
- Verifying and explaining your insurance benefits.
- Coordinating with your insurance company benefits and obtaining additional financial assistance for you when available.
- Offering access to clinical Pharmacists 24 hours a day, 7 days a week.
- Enrollment in our Patient Management Program.
- Development of personal Care Plans.
- Providing you with courteous and compassionate staff members who will make the ordering process and medication management easier.
- Offering specialty packaging and convenient delivery.

In addition, you can access our website at www.mailmeds.com 24 hours a day for further information about the programs that we offer.

Our business hours vary by location. Please refer to page 5 of this Welcome Packet for each location's hours of operations and local phone numbers or contact us on our toll-free numbers below:

- Toll Free Number: (800) 939-2022
- Fax Number: (855) 523-0910

Enclosed is your patient welcome packet containing information on Mail-Meds Clinical Pharmacy, our services, patient safety, and other important patient information. Please take a few minutes to read through this information and keep this packet in a safe place for future reference. If you have any questions please call our Health Benefits Coordinators, your assigned patient advocate, at (800) 939-2022, option 3.

We understand you have choices for your medication needs. We are honored to have been chosen as your specialty pharmacy provider!

Sincerely,

The Mail-Meds Clinical Pharmacy Team

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ABOUT JTJ MEDICAL SUPPLY, INC.

MAIL-MEDS CLINICAL PHARMACY AT A GLANCE

Mission Statement

JTJ Medical Supply, Inc.'s mission is to be the industry leader in improving medication adherence for persons with chronic illnesses who are prescribed multiple medications. In a healthcare industry focused on improved outcomes to reduce costs, medication adherence is and will continue to be a key factor in meeting these goals. JTJ Medical Supply, Inc. utilizes exciting innovative technologies that will improve medication adherence for customers who have confusing and complicated drug regimens. Our proven and focused approach to medication adherence should be an integral part of any managed care or disease management initiative striving to improve patient medication adherence and persistence rates resulting in improved patient health and quality of life.

JTJ Medical Supply, Inc.'s vision is the manageability of complex pharmaceutical regimes that promotes the safe, effective and consistent use of medication tailored to all people's unique health and wellness needs.

Notice of Nondiscrimination

JTJ Medical Supply, Inc. DBA Mail-Meds Clinical Pharmacy does not discriminate on the basis of race, color, religion (creed), gender, gender expression or identity, age, national origin (ancestry), disability, marital status, sexual orientation, military obligation, veteran status or any other trait protected under federal, state or local law, in any of its activities or services. These activities include, but are not limited to, hiring and firing of staff, choice of interns and vendors, and provision of services. We are committed to providing an inclusive and welcoming setting for all members of our staff, customers, interns, vendors, consultants and business partners.

Hours of Operations

Our **business hours** vary by location.

- Please see page 5 for each location's hours
- All locations are closed on Saturdays and Sundays

Holidays:

- New Year's Day (January 1st)
- Martin Luther King Day (Third Monday in January)
- Good Friday
- Memorial Day (The last Monday in May)
- Independence Day (July 4th)
- Labor Day (The first Monday in September)
- Thanksgiving Day (The fourth Thursday in November)
- Friday after Thanksgiving (The fourth Friday in November)
- Christmas Eve (December 24th)
- Christmas Day (December 25th)
- New Year's Eve (December 31st)

Toll Free Number: (800) 939-2022

- Customer Care including questions about your order, **press 3**
- Billing or account questions, **press 4**

Fax Number: (855) 523-0910

Website: www.mailmeds.com

Our Locations

ARIZONA

2331 W Royal Palm Road

Phoenix AZ 85015

(800) 939-2022 Toll Free

(602) 600-0813 **Local**

Open Monday – Friday 8:30 AM – 5:30 PM

Closed Saturdays and Sundays

4350 N. 19th Ave., Ste. 2

Phoenix, AZ 85015

(800) 939-2022 Toll Free

(602) 806-6239 **Local**

Open Monday – Friday 8:30 AM – 5:30 PM

Closed Saturdays and Sundays

SOUTH CAROLINA

1911 Hampton St

Columbia, SC 29201

(800) 939-2022 Toll Free

(803) 250-5520 **Local**

Open Monday – Thursday 8:30 AM – 5:30 PM

Friday 8:30 AM – 12:30 PM

Closed Saturdays and Sundays

VIRGINIA

1001 Monticello Ave, Suite 100

Norfolk VA 23510

(800) 939-2022 Toll Free

(757) 998-8221 **Local**

Open Monday – Friday 8:30 AM – 5:30 PM

Closed Saturdays and Sundays

FLORIDA

2692 Oak Ridge Court

Ft. Myers, Florida 33901

(800) 939-2022 Toll Free

(239) 939-9226 **Local**

Open Monday – Friday 9:00 AM – 5:30 PM

Closed Saturdays and Sundays

1435 Dunn Ave., Suite #102

Daytona Beach, Florida 32114

(800) 939-2022 Toll Free

(386) 675-1035 **Local**

Open Monday – Thursday 8:00 AM – 6:00 PM

Closed on Fridays, Saturdays and Sundays

1301 West Colonial Dr

Orlando, Florida 32804

(800) 939-2022 Toll Free

(407) 768-1281 **Local**

Open Monday – Friday 8:30 AM – 5:30 PM

Closed Saturdays and Sundays

3251 3rd Ave. N, Suite 125

St. Petersburg, Florida 33713

(800) 939-2022 Toll Free

(727) 440-8038 **Local**

Open Monday – Friday 9:00 AM – 5:30 PM

Closed Saturdays and Sundays

2200 South Monroe St.

Tallahassee, Florida 32301

(800) 939-2022 Toll Free

(850) 895-1933 **Local**

Open Monday – Friday 8:30 AM – 5:30 PM

Closed on Saturdays and Sundays

After-Hours Services

Staff is available 24/7/365 by calling our toll-free phone number. Our answering service will answer all Mail-Meds Clinical Pharmacy telephone calls after normal business hours. You may leave a message with the answering service and have your call returned by a staff member the next business day. Should your after-hours call need our fast attention you may ask to speak with a pharmacist who will return your call within 30 minutes.

Emergency Preparedness Plan

JTJ Medical Supply, Inc. DBA Mail-Meds Clinical Pharmacy have full emergency preparedness plan in case a disaster occurs. Disasters may include fire, flood, hurricanes, tornadoes and community evacuations. We will contact you to assess your medication needs as we track impending storm. Our primary goal is to continue to service your prescription and health care needs. Please contact us about any medications you may need when there is a threat of disaster or inclement weather in your area so that you have enough medication to sustain you.

If a disaster occurs, follow instructions from the civil leaders in your area. Mail-Meds Clinical Pharmacy will utilize every resource available to continue to service you. However, there may be circumstances where Mail-Meds Clinical Pharmacy cannot meet your needs due to the scope of the disaster. In that case, you must utilize the resources of your local area.

WHAT TO EXPECT FROM MAIL-MEDS CLINICAL PHARMACY

We recognize that managing a chronic disease or serious illness can feel overwhelming at times. We are here for you. At Mail-Meds Clinical Pharmacy, our caring staff is dedicated to working with you, your doctors and nurses, and family and friends as a member of your health care team. You are our primary purpose. **You can expect:**

- **Personalized patient care:** Our staff members will work with you to discuss your treatment plan, and we will answer any questions or concerns you may have. We are here for you 24/7.
- **Collaboration with your Doctor:** We will always keep the open lines of communication with you, your doctors and caregivers. We are here to make sure any worries or problems you may be having with your treatment are addressed as quickly as possible with your doctor.
- **Regular follow-up:** Receiving your medications and medical supplies quickly and easily is paramount to us. We will stay in contact with you and will be your healthcare advocate.
- **Benefits:** Treatment can be costly, and we will help you navigate the complex healthcare system to explore every choice available to you. Our relationships with insurers, foundations and knowledge of co-pay assistance programs will help you with information and explanations of your drug and medical benefits. Your care and health are our highest priority.
- **Delivery:** We offer fast and convenient delivery to your home, workplace, or the location you prefer. A staff member will contact you five to seven days before your refill due date to coordinate the medication you need, update your medical and insurance records, and to set up and confirm a delivery date and address.
- **24/7 Support:** You can contact our pharmacy staff 24 hours a day, 7 days a week. We are always here to answer any questions or concerns you may have.

Here at Mail-Meds Clinical Pharmacy, **we encourage you to call our team if:**

- You have questions about medication procedures.
- You need to order supplies or a medication refill.
- You are having problems with supplies, medications, or experience a change in your condition.
- You go to the hospital, your condition worsens, or your therapy is interrupted for any reason.

- There is a change in your prescription and/or supply needs.
- Your therapy ends.
- Anything that causes your concern for safety.
- You have a billing question or need to provide us with a new address, contact number or health plan **information.**

DEFINING SPECIALTY PHARMACY

Specialty pharmacy is defined as the service created to manage the handling and service needs of specialty drugs, including dispensing, delivery, financial assistance with out-of-pocket expenses and other services specific to patients with rare and/or chronic diseases.

Specialty pharmacies are designed to improve health outcomes for patients with complex health conditions, by having regular and ongoing contact with healthcare specialists. Health care specialists employed by specialty pharmacies offer patient education, help ensure correct medication use, promote adherence, and try to avoid unnecessary costs. Specialty pharmacies are support systems work together and share information with other members of a patient's healthcare team. Specialty pharmacies help patients find resources that offer financial assistance with out-of-pocket expenses.

The areas of specialty medication provided by Mail-Meds Clinical Pharmacy include:

- Hepatitis C
- HIV/AIDS

PATIENT MANAGEMENT PROGRAM

The services and care offered by Mail-Meds Clinical Pharmacy goes beyond having prescriptions filled. Mail-Meds Clinical Pharmacy offer a Patient Management Program that assists our patients to achieve the best outcomes from their medication therapies while helping both the payer and provider manage cost.

Mail-Meds Clinical Pharmacy offer a person first approach with services that have been shown to help improve health outcomes. These services are offered under the direction of senior clinical pharmacists and trained competent staff and offer the highest quality of care possible.

Mail-Meds Clinical Pharmacy trained clinicians help each patient with their individual and unique needs, offering free consultations while communicating with other members of your healthcare team. The Mail-Meds Clinical Pharmacy pharmacists who have oversight of the Patient Management Program hold a doctorate degree in pharmacy.

Our Patient Management Program includes several components:

- Medication Adherence Program
- Medication Therapy Management (MTM)
- Drug Utilization Review (DUR)
- Patient Education
- Coordination of Care and Services
- Ongoing Performance Quality Improvement Program

At the time of your referral or first doctor's order, our clinical pharmacist will assess your current health status as it relates to the medication you are being prescribed. Based on their finding, our clinical pharmacist will develop with you an individualized care management plan based on proven medical standards. This care management plan will have steps and goals that will address your strengths and needs.

Our staff will conduct ongoing reassessments with you. These assessments look for needed changes in your service, treatment or care and your care management plan will be updated as needed. Reassessments will be conducted at least every three (3) months.

Our Patient Management Program is based on evidence-based standards of care and best practice to improve patient health outcomes. Clinical services provided include:

- Personalized health history and medication review
- Prior authorizations for medical necessity
- Comprehensive assessment and reassessments
- Consultations based on the patient's needs and request
- Maintenance of current medication profile
- Quantity dose review
- Drug Utilization Review (DUR)
- Co-pay assistance program
- Coordination of Care Referrals

Medication Adherence Program

Mail-Meds Clinical Pharmacy are the industry leader in Adherence Pharmacy. Adherence Pharmacy is defined as the clinical practice of improving medication adherence for patients that are prescribed complex medication regimens. Pharmacies that practice Adherence Pharmacy offer patients with a complete pharmacy care program that includes patient education, refill reminders and adherence tools inclusive of pre-organized medication packaging and dose time reminders. In more complex cases, technologies can be used to provide patients with dose prompts and administration reminders. These services also offer a caregiver with the ability to remotely monitor medication adherence progress.

Mail-Meds Clinical Pharmacy have brought together these state-of-the-art technologies with personalized patient care to develop our Six-Step Adherence Pharmacy Program.

This program includes:

- Step 1: Telephonic or In-Home Enrollment
- Step 2: Medication Therapy Review
- Step 3: Dispensing Date Alignment
- Step 4: Adherence Tools
- Step 5: Product Training & Delivery
- Step 6: Adherence Monitoring & Refill Services

Medication adherence is crucial to the health outcomes of each patient's therapy program for a chronic disease. Poor medication adherence increases the risk of poor health outcomes and has a significant negative economic impact on healthcare resources and a person's quality of life.

The goal of Mail-Meds Clinical Pharmacy is to maintain the highest standards for patient medication adherence. Our Adherence Pharmacy program quickly identifies patients who don't adhere to their prescribed medication therapy. When a patient's non-adherence is identified, Mail-Meds Clinical Pharmacy work with the patient, their healthcare team and available resources to implement interventions that will improve a patient's medication adherence. Mail-Meds Clinical Pharmacy also uses data that is collected and checked for patient medication adherence by one of two methods:

- Medication Possession Ratio or
- Proportion Days Covered

The results are reviewed at least quarterly by the Mail-Meds Clinical Pharmacy Continuous Quality Improvement Committee (CQIC).

Mail-Meds Clinical Pharmacy provides medication adherence services that not only improve the coordination and communication of health services between providers and the patient but also empowers our patients to manage their difficult medication regimen while improving their health and quality of life.

Medication Therapy Management (MTM)

Medication Therapy Management, also referred to as MTM, is medical care provided by pharmacists whose aim is to optimize drug therapy and improve health outcomes for patients.

You may be eligible to get these services, at no cost to you, through the Medication Therapy Management (MTM) program provided by Mail-Meds Clinical Pharmacy if these apply:

- You're in a Medicare Part-D drug plan
- You're taking medications for 2 or more medical conditions

This program helps you and your doctor make sure that your medications are working to improve your health. A Mail-Meds Clinical Pharmacy pharmacist will contact you to conduct a Comprehensive Medication Review (CMR) of all your medications and talk with you about:

- How well your medications are working
- Possible medication side effects
- If there might be interactions between the drugs you're taking and
- If your copay costs can be lowered

You'll receive a written summary of this discussion, including an action plan that recommends what you can do to make the best use of your medications. You'll also get a Personal Medication List (PML) that will include all the medications you're taking and why you take them.

It's a good idea to schedule your medication review before your yearly wellness visit, so you can talk to your doctor about your action plan and medication list. Bring your action plan and medication list with you to your visit or anytime you talk with your doctors, pharmacists, and other health care providers. Also, take your medication list with you if you go to the hospital.

Drug Utilization Review (DUR)

Mail-Meds Clinical Pharmacy have a Drug Utilization Review (DUR) program that is designed to check the appropriate and effective use of medications which, in turn, promotes patient safety and care and can reduce drug cost to the patient, payer and the provider.

Drug Utilization Review is an ongoing process. Our pharmacy software compares varying drug use standards during pharmacy claims processing to find potential drug therapy problems. Problem areas looked at include:

- Drug-allergy concerns
- Drug-disease concerns
- Drug-drug concerns
- Drug duplications
- Incorrect dosage or duration of therapy
- Overutilization
- Underutilization
- Clinical abuse or misuse

Our pharmacy software alerts our pharmacist to possible problems. Our pharmacist will then look at each area, measure, and track DURs to prevent the use of unnecessary or inappropriate drug therapy, prevent adverse drug reactions and improve overall drug effectiveness.

Communication and Patient Education

At Mail-Meds Clinical Pharmacy relationship building is central to our work with you. We believe communication is a requirement of that process. Without exception, a patient's experience is influenced by how care is provided. Our staff are trained to use of non-medical jargon, and our communication is tailored to each individual patient's age, primary language and ability to understand the treatment, teaching and concerns related to their health care. Through communication with our team you will:

- Be reassured
- Be put at ease
- Be taken seriously
- Understand your illness more fully
- Voice your fears and concerns
- Feel empowered
- Be motivated to follow your medication regimen
- Be given time and treated with respect

Effective communication is more than delivering quality, person-centered care. It is also the vehicle through which patient's participation in care is improved.

We are aware a patient's language, cultural, religious practices, social/economic, literacy level and cognitive or physical difficulties may affect communication. Mail-Meds Clinical Pharmacy staff is trained to be sensitive to literacy, cultural and language needs of each patient and brings these together in individual patient care plans.

When communication barriers exist such as non-English speaking patients, visual or hearing concerns, Mail-Meds Clinical Pharmacy offers the use of special devices, interpreters, literacy appropriate materials, visual aids, or other communication aids. We have onsite staff available who speak fluent Spanish, Hattian Creole, Russian and Vietnamese. We offer translation services in over 115 languages and can provide medication

education resources in your preferred language. Our website (www.mailmeds.com) can be translated in 100+ languages by selecting the “Select Language” drop down box. For our patients with visual impairments we offer labels and medication education materials in braille, large print and talking/audible (voice enabled) labels.

Our Health Benefits Coordinators assess the educational needs of each patient and care giver at the time of referral. An individual Care Plan is developed to include training and education based on patient and caregiver needs and choices. Any barriers or limitations are taken into consideration. If your needs or preferences change at any time let us know. We will do all we can to get you oral and written educational materials based on your needs and preferences.

Coordination of Care and Services

Mail-Meds Clinical Pharmacy will coordinate managing medication problems or issues that are identified through any means. When necessary, we will consult the patient, the payer and/or the prescriber. Also, we may coordinate for the provision of care, treatment and services whether the service is provided by internal or external resources, which may be contracted for or referred to the appropriate resource. Service providers contracted by Mail-Meds Clinical Pharmacy are given information that will enable them to provide appropriate care and/or services. Information provided to contracted providers adheres to HIPAA regulations.

Program Benefits and Limitations

As a Specialty Pharmacy, Mail-Meds Clinical Pharmacy offer consistent patient care management, specialized clinical staff that offer patient support and focus on patient adherence to therapy. Our program promotes enhanced patient understanding, increased adherence to medication regimens and detection and prevention of adverse drug events and patterns of over-use and under-use of prescription drugs. Mail-Meds Clinical Pharmacy have developed proactive medication adherence services inclusive of prescription refill monitoring and refill management. Prescription refill reminder calls are provided to patients before their refill date. Our pharmacist and/or support staff will contact the patient if an issue is identified pertaining to obtaining your prescription.

By taking part in our Patient Management Program patients can increase medication adherence resulting in improved health. By maintaining medication adherence, patients may reduce consequences of disease progression, experience fewer hospital visits and experience improved well-being. Greater knowledge, tools and clinical follow-up empowers our patients to manage their difficult medication regimen while improving their health and quality of life.

The Mail-Meds Clinical Pharmacy Patient Management Program cannot assist you in achieving these benefits alone. The program may have limits without your active involvement and participation. Patient non-adherence to their prescribed medications, not following medication directions properly, unwillingness to provide updates on your health status and/or limited communication with the pharmacy can take away from the benefits of the program. Patient Management services are not a substitute for and do not replace doctor appointments.

During the enrollment process our Health Benefits Coordinators or Pharmacy Manager reviewed the program with you and advised you of automatic enrollment in our patient management services.

These services are provided to you at no cost, and your participation is completely voluntary. You may contact our Health Benefits Coordinators any time about our Patient Management Program by calling at (800) 939-2022, option 3 and they will assist you or connect you directly with a clinical pharmacist or assist if you:

- Wish to opt out of our Patient Management Program being aware you can re-enroll at any time.
- Chose to not to be enrolled but have changed your mind and wish to enroll now.

CUSTOMER INFORMATION

How to Place an Order

Mail-Meds Clinical Pharmacy will work with your prescriber when you need a new prescription drug. In many cases, your prescriber will electronically send or fax us a new copy of your prescription. However, you may also call one of our Health Benefits Coordinators at (800) 939-2022 Option 3 and ask that we contact your doctor to obtain a new prescription. We will ensure your new medication is available within 48 hours of receiving your order. If your medication is a stat order (you must receive the prescribed drug immediately) our pharmacists will work with you and your prescriber to get it out to you the same day when possible. A prescription for a controlled substance listed in Schedule II may be dispensed only upon the receipt of a written prescription from a licensed practitioner, except that in an emergency, as defined by regulation of the Florida Department of Health, such controlled substance may be dispensed upon a licensed doctor calling our pharmacist with a verbal prescription, which is limited to a 72-hour supply. A prescription for a controlled substance listed in Schedule II may not be refilled without a new hardcopy prescription on file at our pharmacy. Mail-Meds Clinical Pharmacy's and 's pharmacy software complies with all DEA requirements for accepting electronic prescriptions for controlled substances.

Ordering Refills

Prescription refills are easy with Mail-Meds Clinical Pharmacy. Our Refill Coordinator coordinates the refills with your prescriber so there is no lapse in your drug regimen. Prior to each refill, a member of our staff will contact you to assess any current needs and review your adherence to your prescribed treatment, side effects, changes in your medical condition, changes in your drug regimen and any issues with benefits limits that we can assist you with.

If you need a refill before your scheduled refill time, please contact the staff at Mail-Meds Clinical Pharmacy for assistance.

For prescription refills, a Mail-Meds Clinical Pharmacy staff member will contact you five (5) to seven (7) days before your scheduled refill due date to coordinate the following;

1. Update your patient record
2. Set up a delivery date
3. Confirm the address where your delivery can be accepted, and have a receipt signed unless you have requested a signature waiver
4. Collection of your co-payment (if applicable)

If we are unable to reach you to coordinate your refill, please call our Health Benefits Coordinators at (800) 939-2022 option 3.

Order Delays

On occasion your insurance plan may reject a claim which may delay your order. Reasons for these rejections may include:

- **Refill-Too-Soon:** Your insurance plan will usually allow a refill on a prescription to 5-7 before you are out of medication for a 30-day supply. If a refill is requested early the insurance plan will send the pharmacy a message of “Refill-Too-Soon”. Some insurance companies allow pharmacy staff to enter an override code, indicating that there was a need for either a vacation exception, emergency exception due to pending weather event/natural disaster, or dosage increase exception.
- **Prior Authorization:** Your Insurance plan needs extra information about why you need the prescribed medication to determine if they will approve it or suggest your doctor order a different medication.
- **Step Therapy:** Your Insurance plan may like you to try a medication that is different than the one your doctor ordered because the plan has seen it worked well in some cases for other patients and could be more affordable. Your doctor may already know the alternative medication was available but believes you will respond best to what they have already prescribed. Your insurance plan will need more information to make a decision.
- **Quantity Limit:** This is when you have been taking the recommended dosage of a medication for a while, but you have acquired a slight tolerance to it. Your doctor feels you could benefit from keeping the same exact medication, but you need more than the recommended dosage to maintain consistent results. The insurance plan needs to understand this in order to approve coverage.

A pharmacy Health Benefits Coordinator and/or Prior Authorization Specialist and our Clinical Pharmacists will work with your doctor and insurance plan to address these issues. In most cases these issues can be resolved with the insurance plan in a day or two but could take longer and result in delays with your order. We will contact you about any issues. We will let you know if your order will be delayed, the steps we are taking to get this resolved and how long the process may take.

Refills for Delivery to the Healthcare Provider

Mail-Meds Clinical Pharmacy will coordinate office administrated prescriptions five (5) to seven (7) days prior their refill due date. We will fax or e-scribe a refill request to your doctor’s office requesting a new prescription if there are no refills remaining. If your doctor requires that you make an appointment with them before issuing a refill prescription, we will contact you.

Order Status and Deliveries

Mail-Meds Clinical Pharmacy will deliver all refrigerated medications by overnight delivery. All non-refrigerated medications will be delivered within three (3) days of your next start date (unless the medication is needed right away). All deliveries require an adult’s signature (18 years or older) for receipt unless you have requested a signature waiver.

Mail-Meds Clinical Pharmacy pack and deliver all medications to maintain constant manufacturer temperature guidelines in accordance with FDA safety Guidelines and Cold Chain Supply requirements. Our packaging is tested to be sure it keeps your medication at the required temperature, and it does not get too hot or too cold. Most injectable medications require refrigeration, so it is important that you open your medication when you receive it and store it properly until use.

If you have any question about your order status, please contact a pharmacy Customer Care Coordinator at (800) 939-2022 option 3. A pharmacy Customer Care Coordinator is there to address any delivery question you might have and contact you if there is delay in the delivery processes.

If your delivery appears to be damaged, the security tape has been tampered with or your medication is outside of the appropriate temperature range, please call us immediately.

Guidelines on delivery of your medications include:

- We will schedule a delivery to you at regular intervals.
- We encourage you to keep track of your supplies and contact our pharmacy when your supplies are low. Make sure that you have enough time for supplies to be delivered.
- If you are going out of town, please call us with an alternate delivery address.
- Be sure you have received your complete delivery and that everything is in good condition.
- Please inform our delivery representative at the time of the delivery if the supplies are damaged, incorrect or incomplete. The delivery representative can return the damaged supplies and we will arrange for replacements.
- If you receive your delivery from one of our contracted courier services companies and your order is damaged or missing, please call our Customer Care Coordinator as soon as possible at (800) 939-2022 option 3.
- Sign and date the delivery receipt after making sure your order is correct and return to us in the pre-paid postage envelope included with your delivered prescriptions.
- Our delivery personnel are not CPR certified. If an emergency occurs, they are instructed to call 911.

Emergencies and Deliveries

In the event of a patient emergency, Mail-Meds Clinical Pharmacy will make accommodations for same-day delivery when possible. Should there be an emergency or natural disaster in your area that could prevent the timely delivery of your medication, please contact us and we will work with you to assist in getting your order to you.

Mail-Meds Clinical Pharmacy have four locations. In the event of a natural disaster or emergency in one of our location, our other three locations will ensure your medications are filled and you do not experience service interruptions.

Generic Medication Substitution

Whenever possible, the pharmacy will substitute a lower-cost generic medication for a brand-name medication unless you or your doctor has asked for a specific brand-name drug.

Drug substitutions may occur if your insurance company prefers a specific brand or generic to be dispensed or to reduce your co-pay. Many states require the generic to be dispensed if the prescribing doctor does not specifically require the brand name medication. If a substitution needs to be made a member of our staff will contact you prior to your delivery to inform you of the substitution. Substitution may occur for new prescriptions, refills, therapy changes and prescription transfers.

Medications Not Available at Mail-Meds Clinical Pharmacy

Some drug companies and/or insurance plans limit who can dispense your medication. This is called Limited distribution drugs (LDDs). These are used to treat conditions affecting only a small number of patients with specific requirements. Your insurance plan may also require you to use a specific pharmacy as part of your plan benefits for some medications. On the rare occasion, if you cannot obtain a medication at Mail-Meds Clinical Pharmacy our Health Benefits Coordinator will work with your insurance plan, you and another pharmacy to ensure you receive your prescribed drug. Mail-Meds Clinical Pharmacy are also part of a specialty pharmacy network who assists us with identifying a pharmacy that can dispense this medication for you so you will not have to worry about how to get it filled. We are here to help.

If you want your prescription transferred to another pharmacy, please contact your Health Benefits Coordinator at 800-939-2022 option 3 and we will transfer your prescription on your behalf.

Report a Suspected Medication Issues

, or possible error please contact one of our pharmacists immediately but calling (800) 939-2022 option 1, then option 3 to speak with a pharmacist. If you are experiencing an adverse even of medical emergency, please call 911 immediately.

Adverse Drug Reactions

Mail-Meds Clinical Pharmacy instruct patients and caregivers how to identify harmful reactions that may occur with their medications and to report them to Mail-Meds Clinical Pharmacy as soon as possible.

If you suspect a reaction/side effect related to a medication, please contact a pharmacist at Mail-Meds Clinical Pharmacy and please contact your doctor.

Definition

An adverse drug reaction is something bad that happens, bad reaction, unexpected or unwanted effects from taking a medication (National Center for Health Marketing: Plain Language Thesaurus for Health Communications).

Medical Emergency

In the case of medical emergency please call 911 or your local emergency service for immediate assistance.

Upon notifying 911 or your local emergency service please contact Mail-Meds Clinical Pharmacy and your doctor when you are safe and no longer in immediate danger.

Controlled Substances

Mail-Meds Clinical Pharmacy handle and store-controlled substances according to state and federal laws and regulations to prevent diversion and abuse. A prescription for a controlled substance listed in Schedule II may be dispensed only upon the receipt of a written prescription of a physician. A prescription for a controlled substance listed in Schedule II may not be refilled without a new hardcopy prescription on file at our pharmacy.

Drug Recalls

A drug recall occurs when a prescription or over-the-counter medicine is removed from the market because it is found to be either defective or potentially harmful. Mail-Meds Clinical Pharmacy follow drug recall guidelines created by the FDA, drug manufacturers, distributors, and/or state and federal regulatory agencies. We will contact you and your doctor if there is an FDA Class I recall. For lesser recalls, the pharmacy will contact your prescriber or your health plan accordingly. A pharmacist will work with your doctor to recommend an alternative medicine to use during the recall and discuss the alternative medication with you. If the pharmacy contacts you about a medicine you are taking that has been recalled:

- Stop taking it.
- Discard it safely or return it to the pharmacy.

Most drugs can be safely disposed of in the trash after mixing it with a substance like coffee grounds or kitty litter and then sealing it in a container or plastic bag. If you have kids in the house, make sure you dispose of the medicine in a way that they cannot get to it. Only in rare circumstances should medicine be flushed down the toilet. See instructions for disposal on the medicine's label or the package's patient information.

If you have taken a drug that has been recalled and have any unusual symptoms that you suspect may be linked to the medicine, call your doctor immediately.

To find out more about drug recalls, visit the FDA web site. You can sign up to receive alerts on product recalls and market withdrawals.

Returned Goods and/or Supplies

State Board of Pharmacy regulations forbids the resale or reuse of a prescription item that has been dispensed. Once supplies have been delivered to your home, the pharmacy cannot reuse them. As a result, no credit can be issued for any unused or excess products.

Regulatory Changes

If state or federal regulations change the way we provide your care, Mail-Meds Clinical Pharmacy will notify you of the change and our plan of care.

Patient Bill of Rights and Responsibilities

The Patient Bill of Rights and Responsibilities, found on page 19, outlines the rights that you, the patient, have when receiving medications and services from Mail-Meds Clinical Pharmacy.

Notice of Privacy Practices

Our top priority is protecting the privacy and security of your health information. The Notice of Privacy Practices, found on page 21, describes our privacy practices in relation to your protected health information. The notice also describes how your health information may be used and disclosed and how you can access this information.

Pharmacist Assistance

Our pharmacists are specially trained on the medication you are taking, and they are here to answer your questions about your care plan. Please call a pharmacist at (800) 939-2022 option 3 if you have any questions about your treatment. In the case of an emergency, call 911. A licensed pharmacist is available 24 hours a day, 7 days a week, for any urgent needs relating to your medication. Please leave your contact information with our after-hours answering service, and the on-call pharmacist will promptly return your call.

Consumer Advocacy

To learn more about consumer protection and advocacy services, please visit the National Association of Consumer Advocates <http://www.consumeradvocates.org/for-consumers> or at the state level: for Florida Department Consumer Services at <http://www.freshfromflorida.com/Divisions-Offices/Consumer-Services>, For South Carolina Department Consumer Services at <https://www.consumer.sc.gov/about-us/contact-us>, for Virginia at <https://www.consumeraffairs.com/resources/va/>; for Arizona at <https://www.azag.gov/consumer>

If you are feeling distressed prevention and crisis resources are available to you free. Lifeline provides 24/7 free and confidential support by calling 1-800-273.8255. Prefer to text? Crisis Text Line serves anyone, in any type of crisis, providing access to free, 24/7 support and information via text. Text HOME to 741741 from anywhere in the USA, anytime, about any type of crisis. A live trained Crisis Counselor receives the text and responds quickly. The volunteer Crisis Counselor will help you move from a hot moment to a cool moment. Crisis Text Line is free, but messaging rates apply if you're NOT on Verizon, Sprint, AT&T, or T-Mobile.

Our staff members are obligated to report known or suspected cases of patient abuse, neglect or exploitation. When required by law and regulation, these cases must be reported to the appropriate State agency. If you have concerns about abuse, neglect or exploitation and are in the State of Florida please call 1-800-96-ABUSE or your local State agency for Children and Families affairs.

Customer Satisfaction

We are here to serve you. We would like to continue serving you in a manner in which you would like to be served. In order for us to do that, we need your input. We value your opinion and welcome any suggestions you may have to improve our services. Please take a moment and tell us how we are doing. Complete the survey on the following page or online at:

<https://www.cognitofirms.com/MailMedsClinicalPharmacy/customersatisfactionsurvey>



JTJ MEDICAL SUPPLY, INC.
DBA Mail-Meds Clinical Pharmacy
 2692 Oak Ridge Court, Fort Myers, FL 33901
 Phone 800-939-2022 Fax 855-523-0910

Customer Satisfaction Survey

Patient's Name (Optional): _____ **Date:** _____
City, State: _____

Survey was completed for

- Mail-Meds Clinical Pharmacy - Fort Myers, FL
- Mail-Meds Clinical Pharmacy - St Petersburg, FL
- Mail-Meds Clinical Pharmacy - Daytona Beach, FL
- Mail-Meds Clinical Pharmacy - Tallahassee, FL
- Mail-Meds Clinical Pharmacy - Orlando, FL
- Mail-Meds Clinical Pharmacy - Columbia, SC
- Mail-Meds Clinical Pharmacy - Norfolk, VA
- Mail-Meds Clinical Pharmacy - Phoenix, AZ

It is our desire to provide you with the best quality specialty pharmacy services available. To help us maintain our high standards, please take a few moments to tell us how we are doing. Please complete this form and note the response that most closely matches your experience. Upon completion please return this form to us in the self-addressed stamped envelope provided

If you prefer to complete this survey on-line it can be accessed via the link below.
<https://www.cognitofrms.com/MailMedsClinicalPharmacy/customersatisfactionsurvey>

Regarding Mail-Meds Clinical Pharmacy / Services	Extremely Satisfied	Satisfied	Dissatisfied	Extremely Dissatisfied
Timeliness of receiving your medications				
My pharmacy needs were met through the services/equipment provided.				
The staff discussed my rights, responsibilities and financial obligations				
The staff informed me how to contact the office during and after-hours.				
If enrolled in The Patient Management Program: services help me with understanding my medications and remind me to take my medication for improving health and wellbeing.				
The written material I receive (Welcome Packet, patient education, labels) is easy to understand. I am easily able to find and use the information I need.				
The pharmacy's website is easy to navigate and understand. I can easily able to find and use the information I need.				
Regarding the staff of Mail-Meds Clinical Pharmacy /	Extremely Satisfied	Satisfied	Dissatisfied	Extremely Dissatisfied
The representatives were courteous and professional.				
Explanations and instructions offered by representatives were adequate.				
Ease of getting in touch with the pharmacy by phone				
Ease of getting answers to your questions, follow-up, or help with any concerns you have				
Your overall experience with our pharmacy staff and Services				

Comments:

Thank you for choosing Mail-Meds Clinical Pharmacy for your specialty pharmacy needs.

CUSTOMER RIGHTS & RESPONSIBILITIES

**JTJ MEDICAL SUPPLY, INC
DBA MAIL-MEDS CLINICAL PHARMACY
PATIENT BILL of RIGHTS and RESPONSIBILITIES**

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

Patient Rights

- To select those who provide you with pharmacy services.
- To receive the appropriate or prescribed services in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.
- To be treated with friendliness, courtesy and respect by each and every individual representing our pharmacy, who provided treatment or services for you and be free from neglect or abuse, be it physical or mental.
- To assist in the development and preparation of your Plan of Care that is designed to satisfy, as best as possible, your current needs, including management of pain.
- To be provided with adequate information from which you can give your informed consent for commencement of services, the continuation of services, the transfer of services to another health care provider, or the termination of services.
- To express concerns, grievances, or recommend modifications to our pharmacy in regard to services or care, without fear of discrimination or reprisal.
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or Plan of Care.
- To receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our pharmacy's policies, procedures and charges.
- To request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality.
- To be given information as it relates to the uses and disclosure of your Plan of Care.
- To have your Plan of Care remain private and confidential, except as required and permitted by law.
- To receive instructions on handling a drug recall.
- To confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI);
- To receive information on how to access support from consumer advocates groups.
- To receive instructions on the safety disposal of drugs that are in compliance with state and federal laws and regulations.
- To know about philosophy and characteristics of the Patient Management Program.

- To have *personal health information* shared with the Patient Management Program only in accordance with state and federal law.
- The right to request the program's staff members name, including their job title, and to speak with a supervisor of the staff member if requested.
- The right to speak to a health professional.
- To receive information about the Patient Management Program.
- To receive administrative information regarding changes in or termination of the Patient Management Program.
- Receive instructions on how to contact the patient management program
- To decline participation, revoke consent (Opt-Out) or disenroll at any point in time.
- Be fully informed in advance about services to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the Plan of Care.
- Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for service expected from third parties and any charges for which the client/patient will be responsible.
- Receive information on the potential health benefits and limitations of participating in the patient management program.
- Receive information about the scope of services that the pharmacy will provide and specific limits on those services.
- Participate in the development and periodic revision of the Plan of Care.
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Be informed of client/patient rights under state law to formulate an Advanced Directive, if applicable.
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.
- Be able to identify visiting personnel members through proper identification.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
- Voice complaints about services or care, lack of respect of property or recommend changes in policy, personnel, care or service without restraint, interference, coercion, discrimination, or reprisal.
- Have complaints about treatment or care that is (or fails to be) furnished, or lack of respect of property investigated.
- Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information (PHI).
- Be advised on agency's policies and procedures regarding the disclosure of clinical records.
- Receive appropriate care without discrimination in accordance with physician orders, if applicable.

- Be informed of any financial benefits when referred to an organization.
- Be fully informed of one's responsibilities.

Patient Responsibilities

- To provide accurate and complete information regarding your past and present medical history and contact information and any changes.
- 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 from, or not complying with, the prescribed treatment and services.
- To respect the rights of pharmacy personnel.
- To notify your doctor and the pharmacy of any potential side effects and/or complications.
- To notify the pharmacy via telephone when your medication supply is running low, so a refill maybe delivered to you promptly.
- To submit any forms that are necessary to participate in the Patient Management Program to the extent required by law.
- To give accurate medical and contact information and to notify the Patient Management Program of changes in this information.
- To notify your treating doctor of their participation in the Patient Management Program, if applicable.
- To maintain any equipment provided by pharmacy, if applicable.

Personnel honor the client/patients' rights to:

- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.
- Be able to identify visiting personnel members through proper identification.
- Choose a health care provider, including choosing an attending physician (NA in this setting).
- Receive appropriate care without discrimination in accordance with physician's orders.
- Be informed of any financial benefits when referred to an organization.
- Be fully informed of one's responsibility.

If you have questions, concerns or issues that require assistance, please call (800) 939-2022 option 3 for Customer Care. Complaints will be forwarded to management and you will receive a response the next business day.

Notice of Privacy Practices
JTJ MEDICAL SUPPLY, INC

Doing Business As

MAIL-MEDS CLINICAL PHARMACY

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

As part of the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, JTJ Medical Supply, Inc. has created this Notice of Privacy Practices (Notice). This Notice describes JTJ Medical Supply, Inc.'s privacy practices and the rights you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you, as it relates to your past and present physical and mental health care services. The HIPAA regulations require that JTJ Medical Supply, Inc. protect the privacy of your PHI that JTJ Medical Supply, Inc. has received or created.

JTJ Medical Supply, Inc. will abide by the terms presented within this Notice. For any uses or disclosures that are not listed below, JTJ Medical Supply, Inc. will obtain a written authorization from you for that use or disclosure, which you will have the right to revoke at any time, as explained in more detail below. Individually identifiable health information is used only for the purposes necessary for conducting the business of JTJ Medical Supply, Inc., including evaluation activities. **JTJ Medical Supply, Inc. reserves the right to change JTJ Medical Supply, Inc.'s privacy practices and this Notice.**

HOW JTJ MEDICAL SUPPLY, INC. MAY USE AND DISCLOSE YOUR PHI

The following is an accounting of the ways that JTJ Medical Supply, Inc. is permitted, by law, to use and disclose your PHI.

- **Uses and disclosures of PHI for Treatment:** We will use the PHI that we receive from you to fill your prescription(s) and coordinate or manage your health care.
- **Uses and disclosures of PHI for Payment:** JTJ Medical Supply, Inc. will disclose your PHI to obtain payment or reimbursement from insurers for your health care services.
- **Uses and disclosures of PHI for Health Care Operations:** JTJ Medical Supply, Inc. may use the minimum necessary amount of your PHI to conduct quality assessments, improvement activities, and evaluate JTJ Medical Supply, Inc.'s workforce.

The following is an accounting of additional ways in which JTJ Medical Supply, Inc. is permitted or required to use or disclose PHI about you without your written authorization.

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

- **Uses and disclosure about victims of abuse, neglect or domestic violence:** JTJ Medical Supply, Inc. may use or disclose PHI about you to a government authority if it is reasonably believed you are a victim of abuse, neglect or domestic violence.
- **Uses and disclosures for health oversight activities:** JTJ Medical Supply, Inc. may use or disclose PHI about you to a health oversight agency for oversight activities which may include audits, investigations, inspections as necessary for licensure, compliance with civil laws, or other activities the health oversight agency is authorized by law to conduct.
- **Disclosures for judicial and administrative proceedings:** JTJ Medical Supply, Inc. may disclose PHI about you in the course of any judicial or administrative proceedings, provided that proper documentation is presented to JTJ Medical Supply, Inc.
- **Disclosures for law enforcement purposes:** JTJ Medical Supply, Inc. may disclose PHI about you to law enforcement officials for authorized purposes as required by law or in response to a court order or subpoena.
- **Uses and disclosures about the deceased:** JTJ Medical Supply, Inc. may disclose PHI about a deceased, or prior to, and in reasonable anticipation of an individual's death, to coroners, medical examiners, and funeral directors.
- **Uses and disclosures for cadaveric organ, eye or tissue donation purposes:** JTJ Medical Supply, Inc. may use and disclose PHI for the purpose of procurement, banking, or transplantation of cadaveric organs, eyes, or tissues for donation purposes.
- **Uses and disclosures for research purposes:** JTJ Medical Supply, Inc. may use and disclose PHI about you for research purposes with a valid waiver of authorization approved by an institutional review board or a privacy board. Otherwise, JTJ Medical Supply, Inc. will request a signed authorization by the individual for all other research purposes.
- **Uses and disclosures to avert a serious threat to health or safety:** JTJ Medical Supply, Inc. may use or disclose PHI about you, if it believed in good faith, and is consistent with any applicable law and standards of ethical conduct, to avert a serious threat to health or safety.
- **Uses and disclosures for specialized government functions:** JTJ Medical Supply, Inc. may use or disclose PHI about you for specialized government functions including; military and veteran's activities, national security and intelligence, protective services, department of state functions, and correctional institutions and law enforcement custodial situations.
- **Disclosure for Workers' Compensation:** JTJ Medical Supply, Inc. may disclose PHI about you as authorized by and to the extent necessary to comply with Workers' Compensation laws or programs established by law.
- **Disclosures for disaster relief purposes:** JTJ Medical Supply, Inc. may disclose PHI about you as authorized by law to a public or private entity to assist in disaster relief efforts.
- **Disclosures to business associates:** JTJ Medical Supply, Inc. may disclose PHI about you to JTJ Medical Supply, Inc.'s business associates for services that they may provide to, or for, JTJ Medical Supply, Inc. to assist JTJ Medical Supply, Inc. to provide quality health care. To ensure the privacy of your PHI, we require all business associates to apply appropriate safeguards to any PHI they receive or create.

OTHER USES AND DISCLOSURES

JTJ Medical Supply, Inc. may contact you for the following purposes:

- **Information about treatment alternatives:** JTJ Medical Supply, Inc. may contact you to notify you of alternative treatments and/or products.
- **Health related benefits or services:** JTJ Medical Supply, Inc. may use your PHI to notify you of benefits and services JTJ Medical Supply, Inc. provides.
- **Fundraising:** If JTJ Medical Supply, Inc. participates in a fundraising activity, JTJ Medical Supply, Inc. may use demographic PHI to send you a fundraising packet, or JTJ Medical Supply, Inc. may disclose demographic PHI about you to its business associate or an institutionally related foundation to send you a fundraising packet. No further disclosure will be allowed by the business associates or an institutionally related foundation without your written authorization.

FOR ALL OTHER USES AND DISCLOSURES

JTJ Medical Supply, Inc. will obtain a written authorization from you for all other uses and disclosures of PHI, and JTJ Medical Supply, Inc. will only use or disclose pursuant to such an authorization. In addition, you may revoke such an authorization in writing at any time. To revoke a previously authorized use or disclosure, please contact our Privacy Officer to obtain a *Request for Restriction of Uses and Disclosures* form.

YOUR HEALTH INFORMATION RIGHTS

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

The Right to request restrictions on certain uses and disclosures of your PHI: You have the right to request additional restrictions of JTJ Medical Supply, Inc.'s uses and disclosures of your PHI; however, we are not required to agree to your request, and we may say "no" if it would affect your care. The right to choose to pay for a prescription or service in full, out of pocket, and restrict disclosure of PHI to a health plan for payment. We will say "yes" unless the law requires us to share the information.

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

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

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

The right to receive an accounting of disclosures of your PHI: You have the right to receive an accounting of certain disclosures of your PHI made by JTJ Medical Supply, Inc.

The right to receive additional copies of JTJ Medical Supply, Inc.'s Notice of Privacy Practices: You have the right to receive additional paper copies of this Notice, upon request, even if you initially agreed to receive the Notice electronically.

ARIZONA STATE SPECIFIC PROVISIONS

Disclosure – Pharmacy Records

We will not disclose your pharmacy records without your written authorization, except to:

- a. You;
- b. Your legal representative;
- c. The Department of Health pursuant to existing law;
- d. In the event that you are incapacitated or unable to request your records yourself;
- e. In any civil or criminal proceeding, upon the issuance of a subpoena from a court of competent jurisdiction and proper notice to you or your legal representative, by the party seeking the records, and
- f. As otherwise authorized by state law.

REVISIONS TO THE NOTICE OF PRIVACY PRACTICES

JTJ Medical Supply, Inc. reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. JTJ Medical Supply, Inc. will also post the revised version of the Notice in all JTJ Medical Supply, Inc. locations.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with JTJ Medical Supply, Inc. and/or to the Secretary of HHS, or his designee. If you wish to file a complaint with JTJ Medical Supply, Inc., please contact our Privacy Officer. If you wish to file a complaint with the Secretary of HHS, please write to:

Pacific Region

(Alaska, Arizona, California, Hawaii, Idaho, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, Republic of Palau, Oregon and Washington)

Michael Leoz, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
90 7th Street Suite 4-100
San Francisco, CA 94103
Customer Response Center: (800) 368-1019
FAX (202) 619-3818
TDD (800) 537-7697
Email: ocrmail@hhs.gov

JTJ Medical Supply, Inc. will not take any adverse action against you as a result of your filing of a complaint.

CONTACT INFORMATION

If you have any questions on JTJ Medical Supply, Inc.'s privacy practices or for clarification on anything contained within the Notice, please contact:

JTJ Medical Supply, Inc
DBA Mail-Meds Clinical Pharmacy
ATT: Privacy Officer
2692 Oak Ridge Court
Fort Myers, FL 33901
(800) 939-2022

FLORIDA AND SOUTH CAROLINA STATE SPECIFIC PROVISIONS

Disclosure – Pharmacy Records

We will not disclose your pharmacy records without your written authorization, except to:

- a. You;
- b. Your legal representative;
- c. The Department of Health pursuant to existing law;
- d. In the event that you are incapacitated or unable to request your records yourself;
- e. In any civil or criminal proceeding, upon the issuance of a subpoena from a court of competent jurisdiction and proper notice to you or your legal representative, by the party seeking the records, and
- f. As otherwise authorized by state law.

REVISIONS TO THE NOTICE OF PRIVACY PRACTICES

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COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with JTJ Medical Supply, Inc. and/or to the Secretary of HHS, or his designee. If you wish to file a complaint with JTJ Medical Supply, Inc., please contact our Privacy Officer. If you wish to file a complaint with the Secretary of HHS, please write to:

Southeast Region – Atlanta
(Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee)
Barbara Stampul, Acting Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
Customer Response Center (800) 368-1019
FAX (202) 619-3818
TDD (800) 537-7697
Email: ocrmail@hhs.gov

JTJ Medical Supply, Inc. will not take any adverse action against you as a result of your filing of a complaint.

CONTACT INFORMATION

If you have any questions on JTJ Medical Supply, Inc.'s privacy practices or for clarification on anything contained within the Notice, please contact:

JTJ Medical Supply, Inc
DBA Mail-Meds Clinical Pharmacy
ATT: Privacy Officer
2692 Oak Ridge Court
Fort Myers, FL 33901
(800) 939-2022

VIRGINIA STATE SPECIFIC PROVISIONS

Disclosure – Pharmacy Records

We will not disclose your pharmacy records without your written authorization, except to:

- a. You;
- b. Your legal representative;
- c. The Department of Health pursuant to existing law;
- d. In the event that you are incapacitated or unable to request your records yourself;
- e. In any civil or criminal proceeding, upon the issuance of a subpoena from a court of competent jurisdiction and proper notice to you or your legal representative, by the party seeking the records, and
- f. As otherwise authorized by state law.

REVISIONS TO THE NOTICE OF PRIVACY PRACTICES

JTJ Medical Supply, Inc. reserves the right to change and/or revise this Notice and make the new revised version applicable to all PHI received prior to its effective date. JTJ Medical Supply, Inc. will also post the revised version of the Notice in all JTJ Medical Supply, Inc. locations.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with JTJ Medical Supply, Inc. and/or to the Secretary of HHS, or his designee. If you wish to file a complaint with JTJ Medical Supply, Inc., please contact our Privacy Officer. If you wish to file a complaint with the Secretary of HHS, please write to:

**Mid-Atlantic Region
(Delaware, District of Columbia, Maryland, Pennsylvania, Virginia and West Virginia)**

Jamie Rahn Ballay, Acting Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
801 Market Street, Suite 9300
Philadelphia, PA 19107-3134
Customer Response Center: (800) 368-1019
FAX (202) 619-3818
TDD (800) 537-7697
Email: ocrmail@hhs.gov

JTJ Medical Supply, Inc. will not take any adverse action against you as a result of your filing of a complaint.

CONTACT INFORMATION

If you have any questions on JTJ Medical Supply, Inc.'s privacy practices or for clarification on anything contained within the Notice, please contact:

JTJ Medical Supply, Inc
DBA Mail-Meds Clinical Pharmacy
ATT: Privacy Officer
2692 Oak Ridge Court
Fort Myers, FL 33901
(800) 939-2022

JTJ MEDICAL SUPPLY, INC.
Acknowledgement of Receipt of Privacy Notice

As required by HIPAA, all Patients who receive pharmacy services from JTJ Medical Supply, Inc. must:

- **Sign the “Acknowledgement” Form below and return it to us for our records.**

Please note that the attached Notice is not a consent form that must be read in full and signed before services can be provided; rather, the Notice provides our Patients with a summary description of (1) How our office will use and disclose medical and billing information for legitimate business purposes, and (2) How our Patients can exercise their rights with regard to his/her health information. This notice is similar to the one that you receive from your physician’s office and other institutions that provide medical care and services.

Please confirm you have received the JTJ Medical Supply, Inc. *Notice of Privacy Practices* by signing below then returning this form in the enclosed postage-paid envelope.

Thank you!

I have received the JTJ Medical Supply, Inc. *Notice of Privacy Practices* in the Enrollment/Welcome Package/Handbook.

Patient Signature: _____ Date: _____

Print Name: _____

Address- Street: _____

City

State

Zip Code

Patient Contact and Communication Consent to Share Information

Mail-Meds Clinical Pharmacy are required by the new HIPAA Privacy Rules to obtain your consent in order to share your medical information for certain reasons.

The Patient Contact and Communications Consent form on page 27 below will be in effect for as long as Mail-Meds Clinical Pharmacy /or supply your medication to you. You may withdraw this consent at any time by contacting our Health Benefits Coordinators at (800) 939-2022 option 3.

Mail-Meds Clinical Pharmacy /or will share this information with the people that you choose to arrange for delivery of your medication, discuss your treatment or discuss payment. This information may then be further disclosed in order to avoid any delay in delivering your medication delivery.

To inform us on how you would like us to communicate with you and to whom we may give information to please complete the form below and return it to us in the enclosed postage-paid envelope.

Thank you!

Patient Contact and Communications Consent

Please complete this form by placing a check (✓) mark in each section and sub-section for contacting and corresponding with you:

Please contact me **at my home phone**: (____) _____ - _____

- Pharmacy may leave a name and call back phone number only when they call.
- Pharmacy may leave a detailed message when calling.

Pharmacy may share information with anyone that answers my home telephone.
Please contact me **at my cell phone**: (____) _____ - _____

- Pharmacy may leave a name and phone number only when they call.
- Pharmacy may leave a detailed message when they call.

Please contact me **at my work telephone**: (____) _____ - _____

- Pharmacy may leave a name and phone number only.
- Pharmacy may leave a detailed message.

Pharmacy can **deliver** my medications and information about my medications.

- Pharmacy may deliver my medications and information about my medications to my home address.
- Pharmacy may deliver my medications and information about my medications to my work address.
- Pharmacy may deliver my medications and information about my medications to: _____

The pharmacy may contact the following person with my consent as my **emergency contact** if they cannot reach me.

Name: _____ Relationship: _____ Phone: (____) _____ - _____

The pharmacy may share my information with the following people:

Name: _____ Relationship: _____ Phone: (____) _____ - _____
Name: _____ Relationship: _____ Phone: (____) _____ - _____

Although **SMS/text messages** communicated wirelessly are usually encrypted by the carrier, interception and decryption of such messages can be done. Text messages reside on a mobile device and carrier's server indefinitely where the information can be exposed to unauthorized third parties due to theft, loss, or recycling of the device. However, you may consent to receive text messages from us regarding your medications. We will use the minimum necessary amount of protected health information in any communication. Our first text to you will verify the cell phone number you provide. With full knowledge that texting is not a secure form of communication I agree to the following (check ✓ one):

- I consent to and accept the risk in receiving information via SMS/Text Messaging. I understand I may withdraw my consent at any time. The cell phone number that I authorize to receive text messages about my medications is (____) _____ - _____
- I do not consent to receiving any information via text messaging. I understand that I may change my mind and provide written consent at a later date.

Encrypted **email** through Microsoft Office 365 Message is a secure form of communication. There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in any email may be misdirected, disclosed to or intercepted by unauthorized third parties. However, you may consent to receive email from us regarding your medications. We will use the minimum necessary amount of protected health information (PHI) in any communication. Our first email to you will verify the email address you provide to us.

With full knowledge that email is not a 100% secure form of communication I agree to the following (check ✓ one):

- I consent to and accept the risk in receiving information via email. I understand I may withdraw my consent at any time. My email address is _____.
- I consent only to receiving medication reminders via email. I understand I may withdraw my consent at any time. My email address is _____.

I do not consent to receiving any information via email. I understand that I may change my mind and provide written consent at a later date.

Patient Name (please print)

Signature
(Patient, Parent, Legal Guardian or Authorized Agent)

Date

Patient Concerns and Complaints

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.

JTJ Medical Supply, Inc.'s corporate office telephone number is (800) 939-2022. Should you call during regular business hours, please ask to speak with the General Manager of Pharmacy Operations at extension 3032. If you are calling outside of regular business hours (including weekends and holidays) please ask to speak to the on-call staff pharmacist. A formal written complaint may be filed as well. Please see page 32 below for a copy of our Patient Concern and Complaint form.

Mail-Meds Clinical Pharmacy have a formal complaint process that ensures that your concerns/complaints will be reviewed and investigated. Every attempt shall be made to resolve all grievances within five (5) business days of receipt of the concern/complaint. You will be informed by phone, and in writing if we cannot reach you by phone, of the resolution of the complaint. If more time is needed to resolve the concern/complaint, you will also be informed verbally and in writing.

If you feel the need to discuss your concerns, dissatisfaction or complaints with anyone other Mail-Meds Clinical Pharmacy /or , you have the right to express complaints to the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20201; or you may call (202) 619-0257 or 1-877-696-6775 (toll free); or you may log on to their internet address.

If you wish, you may also file a complaint with URAC (Utilization Review Accreditation Commission) at (202) 216-9010 or with ACHC (The Accreditation Commission for Health Care) at 1-855-937-2242 or 919-785-1214 and request the Complaints Department.

If you need to file a complaint against the pharmacy or one of our employees, please visit:

For Florida: <http://www.floridahealth.gov/licensing-and-regulation/enforcement/report-unlicensed-activity/file-a-complaint.html> or call (877) 425-8852.

For South Carolina: <https://www.sciway.net/consumer/contacts.html> or call (803) 896-4700

For Virginia: <https://www.dhp.virginia.gov/pharmacy/> or call (800) 533-1560

For Arizona: <https://pharmacy.az.gov/complaint> or call (602) 771-2727

JTJ MEDICAL SUPPLY, INC.

Patient Concern and Complaint Form

JTJ Medical Supply, Inc.'s staff strives to ensure that quality products/services are consistent with our philosophy. As stated in the Patient Bill of Rights and Responsibilities, you have the right to be given appropriate and professional quality pharmacy services without discrimination. You also have the right to voice your concerns, grievances, or complaints about your service without being retaliated or discriminated against.

If you are unhappy with our service or have concerns about safety and quality of care, we would like you to contact our management. You may either complete this form or call us at the number (800) 939-2022 or visit our website at www.mailmeds.com to submit your concerns.

Within one (1) business day of receiving your concern, we will notify you by telephone, email, fax or letter format that the matter is under investigation. No later than five (5) business days of receiving your concern, JTJ Medical Supply, Inc. will provide verbal or written notification to you with the results of its investigation and response.

Mail this Form to:
JTJ Medical Supply, Inc., P.O. Box 62134, Fort Myers, FL 33906-9987
or Fax to (855) 523-0910

Thank you in advance for bringing your concern to our attention as it will assist us in our continuing effort to improve the quality of our services.

Your Name: _____ Date of Birth: _____
Please Print Clearly

Description of the Problem, Concern, or Complaint (include dates, times and names, if possible):

Completed By (signature): _____ Date: _____

Relationship to Patient (if applicable): _____

FINANCIAL OBLIGATIONS AND FINANCIAL ASSISTANCE

OUT OF POCKET COSTS

Insurance Claims / Deductibles / Cash Price Option

Mail-Meds Clinical Pharmacy will automatically submit prescription claims to your health insurance carrier based on the date your prescription is filled. We ensure transparent financial information is provide to you. You will receive a phone call from us on any out-of-pocket costs before we fill your medication. Out-of-pocket costs may include deductibles, co-pays and co-insurance as available. We will process the claim through cash price and compare the cost to your insurance deductible and/or co-pay as an alternative price option for you. We will provide you with monthly statements if you are financially responsible for any portion of the prescribed medication. Please notify Mail-Meds Clinical Pharmacy of any change in your billing address or insurance information. If the prescription claim is rejected, the staff of Mail-Meds Clinical Pharmacy will notify you so that we can work together to resolve the issue. If we are unable to resolve the issue, our staff will provide you with information on how to file a claim. You may be responsible for paying a coinsurance and/or deductible amount. Please see “Assignment of Benefits” on page 35 (below) for further information on payments and responsible parties.

Co-Payments

In almost all cases, Mail-Meds Clinical Pharmacy are required to collect all insurance co-payments and deductibles as applicable, prior to the delivery or pick-up of your prescription medication(s). Mail-Meds Clinical Pharmacy accepts all major credit and debit cards (over the telephone or in-person), FSA/HSA Cards and personal checks and money orders at prescription pick-up or as payment in advance through the mail.

Outstanding Balances

If for any reason you owe a balance, the balance must be paid prior to your next prescription refill. Mail-Meds Clinical Pharmacy accepts all major credit and debit cards (Visa, MasterCard, American Express and Discover), FSA/HSA Cards and also accepts personal checks and money orders.

Payment Plan

If you need help in arranging a payment plan for the money you owe, please contact our Billing Department at (800) 939-2022 option 4. If you receive a check directly from your insurance provider or prescription plan for prescriptions dispensed to you by either Mail-Meds Clinical Pharmacy or , you should immediately endorse the check (sign the back) and mail it to: Mail-Meds Clinical Pharmacy, Attn: Billing Dept., P.O. Box 62134, Ft. Myers, FL 33906-9987. Please include a copy of the Explanation of Benefits (also known as the EOB) that accompanied the check when you received it.

Out of Network Notification and Co-pay Assistance Referral Program

Mail-Meds Clinical Pharmacy submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected for out of network or there is a high out-of-pocket cost such as deductibles, co-pays, co-insurance, and out-of-network information a pharmacy staff member will notify you so that we can work together to resolve the issue. We will also provide you whether the pharmacy is in or out of network and the differences in cost. A claim print out (Medical Expense Report) will be provided to you in writing and inform you of the differences in cost based on your insurance plan.

Mail-Meds Clinical Pharmacy will attempt to identify any possible Co-pay Assistance Referral Programs that may offer financial assistance to help you with out-of-pocket costs such as deductibles, co-pays, and/or co-insurance to ensure there is no interruptions in your therapy. These programs include discount coupons from drug manufacturers, co-payment vouchers, and assistance from various disease management foundations and pharmaceutical companies.

You will always be informed of high co-payments prior to filling of the medication. We will explore all additional resources to help address these. If there are no financial resources available, we will work with your physician to explore alternatives for you.

If you are in need of co-pay assistance, please complete the following form on page 36 below and return it to your Health Benefits Coordinator who will work with you to identify any possible programs. Completion of this form is no guarantee of benefits.



**JTJ MEDICAL SUPPLY, INC.
DBA MAIL-MEDS CLINICAL PHARMACY
ASSIGNMENT OF BENEFITS**

Dear Mail-Meds Clinical Pharmacy Patient,

Thank you for choosing us for your medication needs.

We are pleased to offer you complete insurance billing services, including coordination of benefits, to lessen the amount of paperwork you need to complete. To allow us to file your prescription benefits forms for you, your insurance company requires that we have a signed "Assignment of Benefits Statement" on file. We ask that you complete the form, sign at the bottom, and return it in the pre-paid postage envelope provided within seven (7) days after receipt.

Assignment of Benefits

I hereby authorize Medicare, Medicaid or my private health insurance plan to pay my drug and supplies benefit directly to JTJ Medical Supply, Inc. I authorize JTJ Medical Supply, Inc. to file an appeal on my behalf for any denial of payment and/or adverse benefit determination related to services and care provided. I further authorize any holder of medical information about me to release such information that may be required for JTJ Medical Supply, Inc. to file an insurance claim on my behalf. The original will be kept on file by JTJ Medical Supply, Inc. and a copy sent to my insurance plan when requested.

Patient Responsibility

I agree that my insurance company's verification of benefits does not release me from financial responsibility for services rendered. If my insurance company denies any claims, in part or whole, to include any deductible, co-insurance, co-payment or disallowance of payment, or the organization is an out-of-network provider, I am financially responsible for all charges not covered by my insurance. I understand the actual member financial responsibility will be determined when the claim is processed and I will be contacted by a JTJ Medical Supply, Inc. staff informing me of the cost prior to the delivery of the medication(s) and the costs will be provided to me both verbally and in writing.

In the event of non-coverage, or if my insurance should pay benefits directly to me for any merchandise provided by JTJ Medical Supply, Inc., I will either endorse all checks from my insurance company as "Pay to the order of JTJ Medical Supply, Inc." within seven (7) days of receipt of checks or provide payment to JTJ Medical Supply, Inc. in the form of a personal check or credit card.

I agree to inform JTJ Medical Supply, Inc. of any change in my status including, but not limited to: change in address, hospital or nursing home admissions and discharges, and any changes that affect my insurance coverage and payments or my own ability to pay for products and services rendered by JTJ Medical Supply, Inc. and prescribed by my physician. If you have any questions regarding this form, please contact JTJ Medical Supply, Inc. at 2692 Oak Ridge Court, Fort Myers, FL 33901, (800) 939-2022.

Name: _____ DOB: _____

Please Print Clearly

Policy #: _____

Member Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Request for Financial Assistance

Patient Information

Date: _____ Patient's Date of Birth _____ Male Female
 Patient's First Name _____ Patient's Middle Name _____ Patient's Last Name _____
 Address _____ City _____ State _____ Zip _____
 Best Phone Number _____ Alternate Phone Number _____
 Email Address _____
 What is the patient's medical condition/diagnosis relative to this application?

What drug/treatment is the patient being prescribed?

Funding Criteria Qualification

Number of people in patient's household (including patient): _____

What is patient's approximate annual gross HOUSEHOLD income? _____

Is patient a legal US resident? Yes No

Does patient have insurance coverage? Yes No

Insurance Information

Primary Insurance: _____ Primary Health Insurance Phone #: _____

Primary Health Insurance ID #: _____ Primary Health Insurance GROUP #: _____

Name of Prescription Insurance (if different than above): _____

Prescription Insurance Phone #: _____

Prescription Insurance ID #: _____ Prescription Insurance GROUP #: _____

Physician Information

Physician's Name: _____ Contact Person: _____

Phone #: _____ Fax #: _____ DEA #: _____

Office Address: _____ City _____ State _____ Zip _____

Requestor Information

Your First Name: _____ Your Middle Name: _____ Your Last Name: _____

Address: _____ City _____ State _____ Zip _____

Best Phone Number: _____ Alternative Phone Number: _____

Email Address: _____ Relationship to Patient: _____

Authorization:

Requestor Signature _____ Date _____

Relationship to Patient _____

Please Print Patient Name _____

PATIENT SAFETY AND EDUCATION

Emergency Preparedness

Should there be an emergency in your own area that would prevent the delivery of your medication, please contact your doctor or go to your local hospital to receive your medication.

Develop a plan of action

In case of a fire, create an escape plan and pass that information on to all the members of the household. Choose a room with two (2) exits and plan for everyone to meet at one place outside the house. Locate ramps or other special exits for the time of need.

If you are bedridden, you may notify the local fire department about which room you occupy within your dwelling. Bedrooms should be on the ground floor, if possible, for easy exit in case of fire.

Smoke detectors are a must.

There should be at least one detector in working order on each floor. A smoke detector should be placed near the kitchen and living room because most fires start in those rooms. If you do not have a smoke detector, there are community resources that supply smoke detectors at no charge. Please talk to your social worker or case manager.

Keep a fire extinguisher nearby.

In case of fire, call the fire department. Fight a fire only if the fire is small and everyone has been evacuated. Always leave yourself an escape route. If children are in the home, performing a fire drill can educate them about safety in case of a fire. Remind everyone to stay low because smoke rises. Don't open any door unless the door feels cool to the back of your hand. If clothing catches fire: STOP, DROP and ROLL.

Develop a tornado warning plan. If possible, move into an interior room without windows, have your windows covered with heavy blankets to prevent breaking glass from entering the room.

Keep a battery-operated flashlight and radio on hand. During a power outage, if you have an oxygen concentrator it should be turned off. Contact the company that supplies your oxygen for refills if a portable oxygen tank is preferred and needed. If you choose to stay with a friend or family member who has electricity in their home, please call your social worker or case manager to let them know your new location.

Prior to and during severe weather events and associated seasons, Mail-Meds Clinical Pharmacy will make arrangements to ensure adequate medications and supplies are available. Daily phone calls will be made to assess for issues as necessary.

Medication Safety

Mail-Meds Clinical Pharmacy recommend the following for general medication safety:

- Maintaining a current medication list helps you remember the names of your medications and how you are supposed to take them.
- For your own safety, always carry a current list of your medications with you. Everyone on your health care team should know what medications have been prescribed for you and what you take and use without a prescription.
- When you visit your doctors, nurses, dentists and pharmacists show your list to them. It is important to review your list with your healthcare team at every visit.
- Make sure you have a list of medications you are to take at home after you get discharged from the hospital. A medication dosage or frequency may change or be discontinued. Ask your physician any questions you have about your medication prior to discharge.
- The list of medications should contain prescribed medications and all over the counter (OTC) medications and herbals. These are medications you may purchase without a prescription like Tylenol, vitamins, CQ-10 and fish oil.

It is important for you to be informed about all your medications to include:

- ✓ What disease has the medication been prescribed for?
- ✓ General knowledge of how the medication works.
- ✓ Knowledge of possible side effects to prevent an injury to you or others, such as driving after taking a narcotic.
- ✓ How to take your medication such as frequencies, time, dose, and route (by mouth, SQ injection just under the skin).
- ✓ What your medication will interact with such as alcohol or grapefruit juice.
- ✓ Ability to administer medication as prescribed, or the ability to give yourself injections when ordered.
- ✓ Does the medication have any special warning like Black Box, take with food or take on an empty stomach? What to do if you miss a medication; sometimes you cannot take the missed dose.
- ✓ Can you chew or crush the medication?
- ✓ When to notify the pharmacist and the doctor.
- ✓ How to store your medication, i.e., do they need to be stored in the refrigerator or is it sensitive to light or the temperature range at which the medication needs to be stored?
- ✓ Inspect your medication after being filled: Does it look the medication you have taken before? Is the label correct? Does it have your name on the package?
- ✓ If you have QUESTIONS, call the pharmacist. Errors can occur when dispensing medication.
- ✓ How to properly and safely dispose of your medications. Inspect your medications when they are delivered for damage and appropriate temperature range. This is very important for medication that need to be refrigerated.

If you are concerned about the integrity of the medication call Mail-Meds Clinical Pharmacy /or. Also, check medications to make sure they stay out of the reach of children or out of the reach of cognitively impaired individuals. Medications are to be stored as recommended by the manufacturer, written information is provided with each shipment. It is important that you review the information, however, if you have questions please call the pharmacy at (800) 939-2022.


Hand Hygiene

Hand Hygiene is a general term that applies to either handwashing, antibacterial hand wash or alcohol-based hand rub. It is the best and easiest way to prevent the spread of microorganisms. Hand hygiene should be carried out as indicated below, either with soap and running water (if hands are visibly soiled) or with alcohol rub (if hands appear clean).


How to Wash Your Hands to Prevent Illness

Wash Your Hands:


- When they are dirty.
- After using the bathroom.
- After sneezing, coughing or using a tissue.
- Before and after making or serving food.
- Before and after eating.
- Before feeding a baby.
- Before and after changing a baby's diaper.
- After touching dirty laundry.
- After touching the garbage or trash.
- After taking off disposable gloves.
- After touching animals or animal waste.




Wet




Soap




Rub for 15 – 20 seconds.



Rinse



Dry



Turn off water with a paper towel.

Preparation for Injection

What to Do Before Any Injection:

1. Wash hands thoroughly with antibacterial soap for twenty (20) seconds and dry with paper towels. (Handout provided)
2. Set up a clean work area free of dust and dirt; wipe area with alcohol if necessary.
3. Gather all necessary supplies that you will need: syringe, medication, alcohol pads and a Sharps container and place them on a clean towel. Be sure that your work area has enough lighting and that you have your glasses, if necessary, to ensure that you fill syringe with correct amount of medication.
4. If you are not using a pre-filled syringe, prepare your medication and fill the syringe according to the drug makers guidelines found in the medication package insert.
5. Depending on the type of medication, you may be required to discard the needle used to draw up the medication and place a new needle on the syringe for injection. This known as an exchange needle; extra needles should be in the package with the medication. This may be necessary to avoid irritating the skin and tissues. Remember to discard all needles in a Sharps container.

Sharps Disposal and Biomedical Waste

You can prevent injury, illness, and pollution by following some simple steps when you dispose of the sharp objects and contaminated materials you use in administering health care in your home.

You should place the following objects in a hard-plastic or metal container with a screw-on or tightly secured lid.

- Needles
- Syringes
- Lancets
- Other sharp objects

We can give you a disposable Sharps container, or you may purchase containers specifically designed for the disposal of medical waste sharps. Before discarding a container, be sure to reinforce the lid with heavy-duty tape. Do not put sharp objects in any container you plan to recycle or return to a store, and do not use glass or transparent plastic containers (see additional information below). Make sure that you keep all containers with sharp objects out of the reach of children and pets.



We also recommend that the following items be placed in securely fastened plastic bags before you put them in the garbage can with your other trash.

- Soiled bandages
- Disposable sheets
- Medical gloves

Proper Disposal of Unused Medications

Transfer Unused Medicine to Authorized Collectors for Disposal

Consumers and caregivers should remove expired, unwanted, or unused medicines from their home as quickly as possible to help reduce the chance that others may accidentally take or intentionally misuse the unneeded medicine.



Medicine take-back programs are a good way to safely dispose of most types of unneeded medicines. The U.S. Drug Enforcement Administration (DEA) periodically hosts National Prescription Drug Take-Back events where collection sites are set up in communities nationwide for safe disposal of prescription drugs. Local law enforcement agencies may also sponsor medicine take-back programs in your community. Likewise, you can contact their local waste management authorities to learn about medication disposal options and guidelines for their area.

Another option to dispose of unneeded medicines is to transfer unused medicines to collectors registered with the DEA. DEA-authorized collectors safely and securely collect and dispose of pharmaceuticals containing controlled substances and other medicines. In your community, authorized collection sites may be retail pharmacies, hospital or clinic pharmacies, and law enforcement locations. Some authorized collection sites may also offer mail-back programs or collection receptacles, sometimes called “drop-boxes,” to assist consumers in safely disposing of their unused medicines.

You can visit the DEA’s website for more information about drug disposal, National Prescription Drug Take-Back Day events and to locate a DEA-authorized collector in their area. You may also call the DEA Office of Diversion Control’s Registration Call Center at 1-800-882-9539 to find an authorized collector in your community.

Disposal in Household Trash

If no medicine take-back programs or DEA-authorized collectors are available in your area, and there are no specific disposal instructions on the label, follow these simple steps to dispose of most medicines in the household trash:



Follow these simple steps to dispose of medicines in the household trash

MIX
Mix medicines (do not crush tablets or capsules) **with an unpalatable substance** such as dirt, kitty litter, or used coffee grounds;

PLACE
Place the mixture **in a container** such as a sealed plastic bag;

THROW
Throw the container **in your household trash**;

SCRATCH OUT
Scratch out **all personal information** on the prescription label of your empty pill bottle or empty medicine packaging to make it unreadable, then dispose of the container.

If you have kids in the house, make sure you dispose of the medicine in a way that they cannot get to it. Only in rare circumstances should medicine be flushed down the toilet. See instructions for disposal on the medicine's label or the package's patient information or see the FDA list of medicines recommended for disposal by flushing at:

<https://www.fda.gov/downloads/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm337803.pdf>

PLEASE DO NOT SEND USED MEDICATIONS OR SHARPS CONTAINERS THROUGH THE MAIL BACK TO MAIL-MEDS CLINICAL PHARMACY /OR

Containers with Sharps are Not Recyclable

EPA promotes all recycling activities and encourages you to discard medical waste sharps in a sturdy non-recyclable container when possible. If a recyclable container is used to dispose of medical waste sharps, make sure that you don't mix the container with other materials to be recycled. Since sharps impair the containers recyclability, a container holding your medical waste sharps properly belongs with the regular household trash. You may even want to label the container, "NOT FOR RECYCLING". In addition, make sure your sharps container is made of non-breakable material and has a lid that can be securely closed. These steps go a long way toward protecting workers and others from possible injury (Although disposing of recyclable containers removes them from the recycling stream, the expected impact is minimal.)





**JTJ MEDICAL SUPPLY, INC.
DBA MAIL-MEDS CLINICAL PHARMACY
RECORD OF ACKNOWLEDGEMENT**

Acknowledgement of Welcome Packet that contains at least the following information:

- ✓ Contact Information
- ✓ Hours of Operation
- ✓ Clinical Pharmacist After-Hours Availability
- ✓ Patient Clinical Management Program
- ✓ Patient Bill of Rights and Responsibility
- ✓ Patient Complaint Form
- ✓ Request of Financial Assistance Information
- ✓ Assignment of Benefits Form
- ✓ Patient Safety and Education to include Emergency Planning and Disposal of Sharps/Medical Waste
- ✓ Patient Contact and Communications Consent
- ✓ Notice of Privacy Practices
- ✓ Customer Satisfaction Form

Please confirm you have received JTJ Medical Supply, Inc. Specialty Pharmacy Welcome Packet by signing below and then returning this form in the enclosed postage-paid envelope.

Thank you!

Your Signature: _____

Your Name: _____ Date: _____

Please Print Clearly

Your Street Address: _____

City: _____ State: _____ Zip Code: _____