



Welcome to UCLA Specialty Pharmacy. We are excited about the opportunity to serve you for all of your pharmacy needs.

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

- Access to clinically-trained pharmacists 24 hours a day, 7 days a week
- 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
- Coordination of prior authorization with your insurance company
- Providing you up to date information on your order status, order delays, and the required submission time to place orders **[URAC CSCD 1 (d-iii, d-v, d-vi)]**
- Free mailing of medication
- Refill reminders
- Auto enrollment in the Patient Management Program which provides benefits such as managing side effects, increasing compliance to drug therapies and overall improvement of health when the patient is willing to follow directions and is compliant to therapy. **[URAC PM 10 (b-i)]**

In addition, you can access our website at uclahealth.org/specialty-pharmacy and search for Pharmacy 24-hours a day for further information about the services we provide and your condition.

Our business hours are: 8:00AM-6:00 PM**[URAC CSCD 1(a-i, a-ii)]**

Monday through Friday 8:00 AM-6:00 PM PST

Phone: 310-206-3784 option #5

Fax: 424-291-4442

Email: uclspecialtypharmacy@mednet.ucla.edu

Address: 200 Medical Plaza

Los Angeles, CA 90095

We look forward to providing you with the best service possible. We know you have many options, and we thank you for choosing UCLA Specialty Pharmacy.

Sincerely,

The UCLA Specialty Pharmacy Team

What to expect:

We recognize that managing a chronic disease or serious illness can feel overwhelming at times. We are here for you. At UCLA Specialty Pharmacy, our staff is dedicated to working with you, your doctors and nurses, and family and friends to achieve a fully integrated health care team. You are our primary purpose.

You can expect:

- ✓ **Personalized patient care**
Our specialty trained staff members will work with you to discuss your treatment plan, and we will address any questions or concerns you may have. We are available for you 24/7.
- ✓ **Collaboration with your Doctor**
We will always keep the lines of communication open between you and your doctors and caregivers. We are here to make sure any difficulties you may be having with your treatment are addressed immediately with your physicians.
- ✓ **Regular follow-up**
Getting your medications and medical supplies quickly and efficiently is paramount. We will be in close contact with you during your treatment, and will be your healthcare advocate.
- ✓ **Benefits**
Treatment can be costly, and we will help you navigate through the complexities of the healthcare system to explore every option available to you. Our relationships with insurers will help provide you with information and explanations of your drug and medical benefits. Your quality of care is our highest mission.
- ✓ **Delivery**
We offer fast and convenient delivery to your home, workplace, or the location you prefer. A staff member will contact you 5 to 7 days prior to your refill due date to coordinate the medications you need, update your medical and insurance records, and to set up and confirm a delivery date and address
- ✓ **24/7 Support**
Our Specialty Pharmacy staff is available 24 hours a day, 7 days a week. We are always here to answer any questions or address any concerns you may have.



Financial Obligation and Financial Assistance

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

Insurance claims

Staff will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you so that we can work together to resolve the issue. There may be financial obligations if your health benefit plan is an out of network pharmacy, if that happens the organization will provide notice of this in writing. **[URAC CSCD 1 (c)]**

Co-payments

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

Co-pay Assistance Referral Program

We have access to financial assistance program to help with co-payments to ensure 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.

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 [URAC CSCD 1 (e-i)]

- To select those who provide you with Pharmacy services
- To receive information about product selection, including suggestions of methods to obtain medications not available at the pharmacy where the product was ordered [URAC CSCD 1 (d-i)]
- To 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 receive information about health plan transfers to a different facility or Pharmacy Benefit Management organization that includes how a prescription is transferred from one pharmacy service to another. [URAC CSCD 1 (d-viii)]
- 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 your Pharmacy in regard to services or care, without fear of discrimination or reprisal [ACHC Standard DRX2-2A.01]
- To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risk of treatment or care plans [URAC CSCD 1 (e-ii)]
- To receive treatment and services within the scope of your plan of care, promptly and professionally, while being fully informed as to our Pharmacy's policies, procedures and charges
- To request and receive data regarding treatment, services, or costs thereof, privately and with confidentiality
- To be given information as it relates to the uses and disclosure of your plan of care
- To receive information to assist in interactions with the organization [URAC CSCD 1 (a-iii)]
- To have your plan of care remain private and confidential, except as required and permitted by law
- To receive instructions on handling drug recall [URAC CSCD 1 (e-iii)]
- To confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information; PHI will only be shared with the Patient Management Program in accordance with state and federal law

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

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

Patient Responsibilities

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

If you have questions, concerns or issues that require assistance, please call 310-206-3784



NOTICE OF PRIVACY PRACTICES

UNIVERSITY OF CALIFORNIA LOS ANGELES (UCLA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

UCLA HEALTH SYSTEM

UCLA Health System is one of the health care components of the University of California. The University of California health care components consist of the UC medical centers, the UC medical groups, clinics and physician offices, the UC schools of medicine and other UC health professions schools engaged in clinical care, the student health service areas on some campuses, employee health units on some campuses, and the administrative and operational units that are part of the health care components of the University of California.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

UCLA Health System is committed to protecting medical, mental health and personal information about you ("Health Information"). We are required by law to maintain the privacy of your Health Information, provide you information about our legal duties and privacy practices, inform you of your rights and the ways in which we may use Health

Information and disclose it to other entities and persons.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following sections describe different ways that we may use and disclose your Health Information. Some information, such as certain drug and alcohol information, HIV information, genetic information and mental health information is entitled to special restrictions related to its use and disclosure. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories. Other uses and disclosures not described in this Notice will be made only if we have your written authorization.



For Treatment. We may use Health Information about you to provide you with medical and mental health treatment or services. We may disclose Health Information about you to doctors, nurses, technicians, students, or other health system personnel who are involved in taking care of you in the health system. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. A doctor treating you for a mental condition may need to know what medications you are currently taking, because the medications may affect what other medications may be prescribed to you. We may also share Health Information about you with other non- UCLA Health System providers. The disclosure of your Health Information to non-UCLA Health System providers may be done electronically through a health information exchange that allows providers involved in your care to access some of your UCLA Health System records to coordinate services for you.

For Payment. We may use and disclose Health Information about you so that the treatment and services you receive at UCLA Health System or from other entities, such as an ambulance company, may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give information to your health plan about surgery or therapy you received at UCLA Health System so your health plan will pay us or reimburse you for the surgery or therapy. We may also tell your health plan about a proposed treatment to determine whether your plan will pay for the treatment.

For Health Care Operations. We may use and disclose Health Information about you for our business operations. For example, your Health Information may be used to review the quality and safety of our services, or for business planning, management and administrative services. We may contact you about alternative treatment options for you or about other benefits or services we provide. We may also use and disclose your health information to an outside company that performs services for us such as accreditation, legal, computer or auditing services. These outside companies are called “business associates” and are required by law to keep your Health Information confidential. We may also disclose information to doctors, nurses, technicians, medical and other students, and other health system personnel for performance improvement and educational purposes.

Appointment Reminders. We may contact you to remind you that you have an appointment at UCLA Health System.

Fundraising Activities. We may contact you to provide information about UCLA Health System sponsored activities, including fundraising programs and events. We may use contact information, such as your name, address and phone number, date of birth, physician name, the outcome of your care, department where you received services and the dates you received treatment or services at UCLA Health System. You may opt-out of receiving fundraising information for the UCLA Health System by contacting us at 1-855-364-6945 or by email at OptOutUCLAHSD@Support.ucla.edu.



Hospital Directory. If you are hospitalized, we may include certain limited information about you in the hospital directory. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. This information may include

your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to members of the clergy, such as ministers or rabbis, even if they don't ask for you by name. You have the opportunity to limit the release of directory information by telling UCLA Health System at the time of your hospitalization.

Our disclosure of this information about you if you are hospitalized in a psychiatric hospital will be more limited.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information to anyone involved in your medical care, e.g., a friend, family member, personal representative, or any individual you identify. We may also give information to someone who helps pay for your care. We may also tell your family or friends about your general condition and that you are in the hospital.

Disaster Relief Efforts. We may disclose Health Information about you to an entity assisting in a disaster relief effort so that others can be notified about your condition, status and location.

Research. The University of California is a research institution. We may disclose Health Information about you for research purposes, subject to the confidentiality provisions of state and federal law. All research projects involving patients or the information about living patients conducted by the University of California must be approved through a special review process to protect patient safety, welfare and confidentiality.

In addition to disclosing Health Information for research, researchers may contact patients regarding their interest in participating in certain research studies. Researchers may only contact you if they have been given approval to do so by the special review process. You will only become a part of one of these research projects if you agree to do so and sign a specific permission form called an Authorization. When approved through a special review process, other studies may be performed using your Health Information without requiring your authorization. These studies will not affect your treatment or welfare, and your Health Information will continue to be protected.

As Required by Law. We will disclose Health Information about you when required to do so by federal or state law.



To Prevent a Serious Threat to Health or Safety. We may use and disclose Health Information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.

Organ and Tissue Donation. If you are an organ donor, we may release your Health Information to organizations that obtain, bank or transplant organs, eyes or tissue, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are or were a member of the armed forces, we may release Health Information about you to military command authorities as authorized or required by law.

Workers' Compensation. We may use or disclose Health Information about you for Workers' Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

Public Health Disclosures. We may disclose Health Information about you for public health activities such as:

- preventing or controlling disease (such as cancer and tuberculosis), injury or disability;
- reporting vital events such as births and deaths;
- reporting child abuse or neglect;
- reporting adverse events or surveillance related to food, medications or defects or problems with products;
- notifying persons of recalls, repairs or replacements of products they may be using;
- notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;

Abuse and Neglect Reporting. We may disclose your Health Information to a government authority that is permitted by law to receive reports of abuse, neglect or domestic violence.

Health Oversight Activities. We may disclose Health Information to governmental, licensing, auditing, and accrediting agencies as authorized or required by law.



Lawsuits and Other Legal Proceedings. We may disclose Health Information to courts, attorneys and court employees in the course of conservatorship, writs and certain other judicial or administrative proceedings. We may also disclose Health Information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, or other lawful process.

Law Enforcement. If asked to do so by law enforcement, and as authorized or required by law, we may release Health Information:

- To identify or locate a suspect, fugitive, material witness, certain escapees, or missing person;
- About a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death suspected to be the result of criminal conduct;
- About criminal conduct at UCLA Health System; and
- In case of a medical emergency, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose medical information about patients of UCLA Health System to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. As required by law, we may disclose Health Information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities.

Protective Services for the President and Others. As required by law, we may disclose Health Information about you to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons or foreign heads of state.

Inmates. If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release Health Information about you to the correctional institution as authorized or required by law.



Psychotherapy Notes. *Psychotherapy notes* means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record.

Psychotherapy notes have additional protections under federal law and most uses or disclosures of psychotherapy require your written authorization.

Marketing or Sale of Health Information. Most uses and disclosures of your Health Information for marketing purposes or any sale of your Health Information would require your written authorization.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Other uses and disclosures of Health Information not covered by this Notice will be made only with your written authorization. If you authorize us to use or disclose your Health Information, you may revoke that authorization, in writing, at any time. However, the revocation will not be effective for information that we have already used and disclosed in reliance on the authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Your Health Information is the property of UCLA Health System. You have the following rights regarding the Health Information we maintain about you:

Right to Inspect and Copy. With certain exceptions, you have the right to inspect and/or receive a copy of your Health Information. If we have the information in electronic format then you have the right to get your Health Information in electronic format if it is possible for us to do so. If not we will work with you to agree on a way for you to get the information electronically or as a paper copy.

To inspect and/or to receive a copy of your Health Information, you must submit your request in writing to UCLA Health System, Health Information Management Services, 10833 Le Conte Avenue, CHS BH921, Los Angeles CA 90095-7305. If you request a copy of the information, there is a fee for these services.

We may deny your request to inspect and/or to receive a copy in certain limited circumstances. If you are denied access to Health Information, in most cases, you may have the denial reviewed. Another licensed health care professional chosen by UCLA Health System will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Request an Amendment or Addendum. If you feel that Health Information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record). You have the right to request an amendment or addendum for as long as the information is kept by or for UCLA Health System.

Amendment. To request an amendment, your request must be made in writing and submitted to the UCLA Health System, Health Information Management Services, 10833 Le Conte Avenue, CHS BH921, Los Angeles CA 90095-7305. You must be specific about the information that you believe to be incorrect or incomplete and you must provide a reason that support the request.

We may deny your request for an amendment if it is not in writing, we cannot determine from the request the information you are asking to be changed or corrected or your request does not include a reason to support the change or addition. In addition, we may deny your request if you ask us to amend information that:

- Was not created by UCLA Health System
- Is not part of the Health Information kept by or for UCLA Health System;
- Is not part of the information which you would be permitted to inspect and copy; or
- UCLA Health System believes to be accurate and complete.

Addendum. To submit an addendum, the addendum must be made in writing and submitted to the UCLA Health System, Health Information Management Services, 10833 Le Conte Avenue, CHS BH921, Los Angeles CA 90095-7305. An addendum must not be longer than 250 words per alleged incomplete or incorrect item in your record.

Right to an Accounting of Disclosures. You have the right to receive a list of certain disclosures we have made of your Health Information.

To request this accounting of disclosures, you must submit your request in writing to UCLA Health System, Health Information Management Services, 10833 Le Conte Avenue, CHS BH921, Los Angeles CA 90095-7305. Your request must state a time period that may not be longer than the six previous years. You are entitled to one accounting within any 12-month period at no cost. If you request a second accounting within that 12-month period, there will be a charge for the cost of compiling the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.



Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend.

To request a restriction, you must make your request in writing to the UCLA Health System, Health Information Management Services, 10833 Le Conte Avenue, CHS BH921, Los Angeles CA 90095-7305. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, only to you and your spouse. *We are not required to agree to your request* except in the limited circumstance described below. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency care.

We are required to agree to a request not to share your information with your health plan if the following conditions are met:

1. We are not otherwise required by law to share the information
2. The information would be shared with your insurance company for payment purposes;
3. You pay the entire amount due for the health care item or service out of your own pocket or someone else pays the entire amount for you.

Right to Request Confidential Communications. You have the right to request that we communicate with you about your Health Information in a certain way or at a certain location. For example, you may ask that we contact you only at home or only by mail.

To request confidential medical communications, you must make your request in writing to the UCLA Health System, Health Information Management Services, 10833 Le Conte Avenue, CHS BH921, Los Angeles CA 90095-7305. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

Copies of this Notice are available throughout UCLA Health System, or you may obtain a copy at our website, <http://www.uclahealth.org>.



Right to be Notified of a Breach. You have the right to be notified if we or one of our Business Associates discovers a breach of unsecured Health information about you.

CHANGES TO UCLA HEALTH SYSTEM'S PRIVACY PRACTICES AND THIS NOTICE

We reserve the right to change UCLA Health System's privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for Health Information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice throughout UCLA Health System. In addition, at any time you may request a copy of the current Notice in effect.

QUESTIONS OR COMPLAINTS

If you have any questions about this Notice, please contact the Office of Compliance Services – Privacy, 924 Westwood Boulevard , Suite 520, Los Angeles CA, 90024- 2929 or (310) 794 - 8638.

If you believe your privacy rights have been violated, you may file a complaint with UCLA Health System or with the Secretary of the Department of Health and Human Services, Office for Civil Rights. To file a written complaint with UCLA Health System contact: Office of Compliance Services – Privacy, 924 Westwood Boulevard, Suite 520, Los Angeles CA, 90024- 2929. You will not be penalized for filing a complaint.

Additional Information

- Patient Management Program **[URAC PM 10 (b-i, b-ii, b-iii)]**
 - Please call our pharmacy to get in touch with our Patient Management Program.
 - The Patient Management Program which provides benefits such as managing side effects, increasing compliance to drug therapies and overall improvement of health when the patient is willing to follow directions and is compliant to therapy.
 - Limitations of the program can be self-reporting, and participation
 - If you wish to opt out of the program please call and speak to our pharmacy staff.

- Adverse Effects to Medication **[URAC CSCD 1 (e-v)]**

- Call 911 or go to your local emergency room in the event of a medical emergency. If you are experiencing adverse effects to the medication please contact your Physician or the UCLA Specialty Pharmacy.
- Emergency or Disaster **[URAC CSCD 1 (d-iv)]**
 - Our pharmacy will ensure there is no interruption in therapy in case of emergency or disaster. Please call our pharmacy to for instructions and to make alternate plans to receive your prescription.
- Drug Substitution Protocols **[URAC CSCD 1 (d-vii) (e-vi)]**
 - Our Pharmacy will always use the most cost-efficient option for you. From time to time it is necessary to substitute generic drugs for brand name drugs. This could occur due to your insurance company preferring the generic be dispensed or to reduce your copay. If a substitution needs to be made a member of the specialty pharmacy staff will contact you prior to shipping the medication to inform you of the substitution. When available, our pharmacy will default to generic to save you money. We will use brand name medication at your or your prescriber's request.
- Complaints **[URAC CSCD 1 (f)]**
 - Patients and Caregivers have the right to voice complaints, concerns, errors and/or recommendation on services to the UCLA Specialty Pharmacy. Patients and caregivers can do so by phone. Fax, writing, email or web.
- Proper Disposal of unused Medications: **[URAC CSCD 1 (e-iv)]**
 - For instructions on how to properly dispose of unused medications please contact UCLA Specialty Pharmacy.

ACKNOWLEDGEMENT OF WELCOME PACKET INFORMATION

Please confirm that you have received the UCLA Specialty Pharmacy Welcome Packet by signing and returning this form in the enclosed postage paid envelope. Completed forms may be mailed to:

UCLA Specialty Pharmacy
200 Medical Plaza
Los Angeles, CA 90095



I confirm that I have received the UCLA Specialty Pharmacy Welcome packet, which includes Hours of Operation, Contact Information, Patient Bill of Rights and Responsibilities, Notice of Privacy Practices, Financial Obligation and Assistance Programs, and Complaint Process.

Name (Please Print) _____

Signature _____

Billing Address _____

City, State, Zip _____

Phone # _____

Date _____

Thank you for choosing UCLA Specialty Pharmacy to service all of your pharmacy needs.