

SPECIALTY PHARMACY

WELCOME PACKET

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Welcome

We'd like to take a moment to welcome you as a new patient of WVU Medicine Specialty Pharmacy. Thank you for choosing us. We look forward to partnering with you to provide specialty medications and programs specifically designed for certain disease states. We will do all we can to ensure you achieve the most successful result possible.

The trust and confidence you have placed in WVU Medicine Specialty Pharmacy is most appreciated. WVU Medicine Specialty Pharmacy provides you with timely specialty medications as prescribed by your physician. Our mission is to help you better understand your specific disease state so you can achieve the best results and maintain optimal health over the long-term. Through our unique specialty programs, we educate every patient on how to safely take your prescribed specialty medications while monitoring all the medications you are taking to make sure there are no inappropriate drug interactions.

The specialized programs developed by WVU Medicine Specialty Pharmacy are used to provide these key benefits:

1. Help educate you on your unique disease state.
2. Provide support for other conditions and symptoms you may have.
3. Provide you with courteous, educated staff members, who will make the ordering process easy and positive.
4. Provide your physician with very important details of your care for faster intervention, as required.

It is a great pleasure to welcome you to WVU Medicine Specialty Pharmacy, and we look forward to being your specialty medication provider.

Sincerely,
The WVU Medicine Specialty Pharmacy Team

FAQ Frequently Asked Questions

Q: What is a specialty pharmacy?

A specialty pharmacy fills prescriptions for specialty medications, which are often expensive and require special handling and expert knowledge from healthcare providers. Specialty medications are used to treat complex, life-threatening, or rare conditions. Additionally, specialty pharmacies offer a number of personalized services to assist you based on your medical needs. For example, specialty pharmacists provide education about specific conditions, as well as how to take your medications, manage your symptoms, and avoid complications with your medications. Our team also works closely with your healthcare provider and your prescription insurance company to be sure you have access to the right drug, ensure your medication is covered by your insurance plan, and obtain financial assistance, if available, to reduce the costs of your medication.

WVU Medicine Specialty Pharmacy offers services for conditions like: Ankylosing Spondylitis, Asthma, Atopic Dermatitis, Crohn's Disease and Ulcerative Colitis, Cystic Fibrosis, Growth Hormone Deficiency, Hematology, Hepatitis C, HIV, Hyperlipidemia, Multiple Sclerosis, Oncology, Osteoporosis, Psoriasis, Psoriatic Arthritis, Respiratory Syncytial Virus, and Rheumatoid Arthritis.

Q: Why is my medication considered a specialty medication?

Specialty medications are often expensive and require special handling and expert knowledge from healthcare providers. Specialty medications are used to treat complex, life-threatening, or rare conditions and usually cannot be dispensed from a community pharmacy.

Common characteristics of specialty medications include:

- Infusion or injection based
- Medications that require special handling and storage (e.g. refrigeration)
- High cost
- Medications used for treatment of complex or rare conditions
- Medications that must be given by a healthcare provider
- Very strict monitoring by a healthcare provider

Q: What kind of services does WVU Medicine Specialty Pharmacy provide?

WVU Medicine Specialty Pharmacy provides a variety of services in addition to filling your specialty medications. Our team of clinical pharmacists has experience with complex conditions and works to provide services to help monitor your therapy, manage side effects, and provide education about your medications. **Other services we provide include:**

- Coordination of the insurance approval process
- Evaluation of eligibility for financial assistance to reduce medication costs
- Constant communication with your healthcare provider
- Verbal and/or written education about medications and medical conditions by clinically trained pharmacists
- Training for self-administration of injectable medications
- Enrollment in the Patient Management Program
- Free delivery for all medications and supplies
- Monthly phone calls to discuss any questions about your medication
- Monthly refill reminders
- Pharmacists available or "on call" 24 hours a day, seven days a week to answer any questions

Q: How do I contact WVU Medicine Specialty Pharmacy?

NORMAL BUSINESS HOURS: Monday-Friday: 8:00 am – 6:00 pm, Saturday and Sunday: Closed

IN PERSON/BY MAIL: 3040 University Ave, Suite 1400, Morgantown, WV 26506

PHONE: 304-285-7216 or toll free at: 844-988-7216. A member of our team will be happy to help answer your questions about order status, benefits and copay information, and complaint resolution.

EMAIL: SPHIRX@wvumedicine.org

A clinical pharmacist is available 24 hours a day, seven days a week to answer any questions you may have. Pharmacists are available for emergency and clinical situations (side effects, adverse reactions), complaint resolution, order status inquiry, and benefit/copay information.

Q: How will I know if my drugs are covered by insurance?

Specialty medications often require a prior authorization through your insurance provider. This means the insurance company requires documentation of your condition before it will cover a high-cost medication. An WVU Medicine Specialty Pharmacy team member will immediately let you know if there are any issues that may delay fulfillment, such as prior authorizations or quantity limits imposed by your insurance company. WVU Medicine Specialty Pharmacy will work with you, your healthcare provider, and your insurance company to complete this process. Our team will work to complete any prior authorizations as quickly as possible. Once we receive notification from your insurance company, we will inform you and your healthcare provider of the results of this process.

Because drug pricing and benefits coverage can change on a daily basis, a final determination of your coverage and co-pay cost cannot be made until your claim is processed. You may also call the member services phone number on your prescription insurance card to get the most current information from your insurance provider.

If you have Medicare Part D drug coverage, the cost of your prescription will change significantly as you meet your deductible and initial co-pay, progress through the "donut hole," and reach total out-of-pocket expense. Patient Care Coordinators can assist you in determining and understanding your options.

Q: What if my prescription insurance does not cover my medication?

Our team will contact you if your insurance company denies coverage of your medication. We will inform you and your physician about potential options to cover part or full cost of your medication.

Some possibilities include:

- Patient assistance programs available through manufacturer (e.g. copay cards, coupons, etc.), financial assistance foundations, and local non-profit organizations associated with the disease state. Our team will help you enroll in financial assistance programs, when available.
- Utilizing a pharmacy within the insurance company's preferred network
- Contacting the physician regarding alternative therapies that are covered by the insurance company, if applicable.

Q: How do I fill a specialty medication prescription at WVU Medicine Specialty Pharmacy for the first time?

Generally, your doctor will contact WVU Medicine Specialty Pharmacy and fax or e-prescribe a new prescription. You may also drop off a paper prescription at our Morgantown, WV, location. Once we receive a prescription, our team will contact you to gather insurance information and potentially schedule pickup or delivery.

An WVU Medicine Specialty Pharmacy employee will let you know if our pharmacy is unable to fulfill the prescription. Suggestions and guidance on where the medication may be available will be given upon request.

Your prescription may be substituted with a generic equivalent based on state law, equivalency rating, and in accordance with company policy. Please ask a pharmacist if you have any questions or concerns.

Q: How can I transfer my current specialty prescriptions to WVU Medicine Specialty Pharmacy?

Call us today at: 304-285-7216 or toll free at: 844-988-7216. Our team will coordinate with your healthcare provider or current specialty pharmacy to transfer your prescription and set up pick up or delivery.

Q: How do I refill my specialty medications?

Approximately one week before your next refill is due, one of our team members will contact you via telephone to schedule your next fill. He or she will also ask you a few questions to see how you are feeling and note any changes to your medications or allergies.

If you need a refill before WVU Medicine Specialty Pharmacy contacts you, you may contact us by phone at: 304-285-7216 or toll free at: 844-988-7216 or by email at: SPHIRX@wvumedicine.org.

Please have your prescription numbers ready when you place your refill order.

Q: How do I receive my specialty medications from WVU Medicine Specialty Pharmacy? Do I pick up my prescription in person like I do at a regular community pharmacy?

Each month, approximately a week before your refill is due, our team will reach out to you by phone to see how you are feeling and set up your next specialty medication refill.

We offer free delivery services using experienced couriers, as well as carriers, such as FedEx and UPS, to ensure your medications are shipped appropriately. Prescriptions are shipped Monday through Friday. We deliver to the most convenient location for you, whether it is your home, workplace, or another location. We also have a physical location in Morgantown, WV, just like a regular retail pharmacy, where you may pick up your prescription.

Q: Do I have to sign for my prescription when it is delivered?

Yes. Before shipping any order (new or refill) a member of our team will contact you via telephone to agree on a date, time, and location for delivery that is convenient for you, so you can easily receive your medication on time.

Q: How can I pay for my specialty prescriptions?

Once WVU Medicine Specialty Pharmacy has fully processed your prescription, a member of our team will notify you of your co-pay. We will be happy to answer questions related to the cost of your prescription, including your co-payment, co-insurance, deductible, etc. We accept Visa, MasterCard, Discover, and American Express. Cash will be accepted if you visit our pharmacy in Morgantown, WV, **but please do not mail cash.**

Some patients may qualify for financial assistance to help reduce their out-of-pocket cost for specialty medications. Our team can also assist with this process. If you have questions about financial assistance, **please call us at: 304-285-7216 or toll free: at 844-988-7216.**

Q: What should I do if my insurance changes?

Contact WVU Medicine Specialty Pharmacy as soon as possible at: 304-285-7216 or toll free at: 844-988-7216 if there are any changes to your prescription insurance. Our team will communicate with your insurance company to determine if your specialty medication is covered and if a new prior authorization is needed. Please keep in mind that this process can take as long as 30 days, so it is important to contact us as soon as possible to avoid delays in getting your medication.

If your medication is not covered by your new insurance company, our team will work with your healthcare provider and insurance company to evaluate options, such as alternate medications or financial assistance programs to cover part or full cost of your medication.

If your new insurance requires that you use a pharmacy within its preferred network, our team will coordinate the transfer of your prescription to a preferred pharmacy while keeping you and your provider informed.

Q: What is the Patient Management Program?

The Patient Management Program is included at no cost to you, and you are automatically enrolled as a patient of WVU Medicine Specialty Pharmacy. You may opt out at any time.

Clinical pharmacists will work with you on any problems, concerns, or questions you may have regarding your medication therapy. Topics discussed may include disease overview, medications, dosing, drug or food interactions, side effects, and coordination of care with your physician, when appropriate. **You may contact a pharmacist by calling: 304-285-7216 or toll free at 844-988-7216.**

The potential benefits of this program include side-effect management, medication and disease-state education, increased medication compliance, and improved overall health. Also, when coordination of care with your physician is necessary, your pharmacist will have all the information needed to help make informed decisions regarding what is best for you as the patient.

The potential limitations of this program are dependent on you as the patient. You must follow the directions of your physician and pharmacist, comply with your medication instructions, and be willing to discuss the details of your disease, medical history, and current practices with your pharmacist so he/she can have a full understanding of the situation.

Please let your physician know you are a patient of WVU Medicine Specialty Pharmacy and are enrolled in its Patient Management Program. A good relationship between your physician and your pharmacist will benefit everyone involved in your care.

Q: What is your complaint process?

WVU Medicine Specialty Pharmacy is committed to providing the highest quality of care to our patients. If you have any concerns or would like to file a complaint about the service you are receiving, please contact WVU Medicine Specialty Pharmacy.

You may call us at: 304-285-7216 or toll free at: 844-988-7216, or fill out the complaint form provided on our website and in your Welcome Packet.

Q: How should I handle my medication during times of natural disaster or personal disaster?

Call us as soon as possible at: 304-285-7216 or toll free at: 844-988-7216 for guidance when unsure how to safely manage medications during these times.

Q: How do I properly dispose of my medications?

It's important to properly dispose of unused or expired medications to prevent accidental ingestion or misuse of medications.

For the most up-to-date recommendations for how to properly dispose of expired or unused medications, please visit the following website:

[fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm](https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm)

If your medication is not on this list, please see the handout included in your Welcome Packet on how to properly dispose of your unwanted or expired medications.

You will be notified by an WVU Medicine Specialty Pharmacy employee if there is a recall on your medication and given instructions on what to do.

If you are unsure how to dispose of a medication or if a medication may be flushed or thrown in the trash, ask your pharmacist.

Contact WVU Medicine Specialty Pharmacy: **304-285-7216** or **844-988-7216 TOLL-FREE**

TIPS

for proper drug disposal

It is important to remove unused or expired medications from your home to prevent accidental ingestion by children or pets and misuse of prescription medications. In addition, disposal of unused medications is an environmental concern and proper disposal will prevent medications from getting into the soil and groundwater.

Medicine take-back programs are a good way to safely dispose of most medications. Contact your local law enforcement agency to see if it sponsors medication take-back programs in your community.

If you are unable to locate a medication take-back program in your area, the Food and Drug Administration (FDA) recommends the following for disposing of most medications:



1. **Do NOT flush most medications** whenever possible.



2. **Read the packaging on the medication** or the patient information that is provided with the medication. Follow any specific instructions for disposal.



3. **Remove all medications from their original containers.** Mix the medications with an undesirable substance, such as used coffee grounds or kitty litter. This will make the medication less appealing to children and pets and unrecognizable to people who may go through your trash.



4. **Place the mixture in a sealable bag or an empty container with a lid,** such as a coffee can or butter tub. Tightly seal the bag or container and throw it away in the trash. Always check with local trash services to make sure medicines can legally be thrown in the trash.



5. **Some medications are considered too harmful to throw away in the trash.** The FDA has a list of medications that may be disposed of by flushing if another method of disposal, such as a take-back program, is unavailable. A list of these medications is located on the next page.



6. **Scratch out or remove all identifying information** on the prescription label so that it is unreadable. This helps to protect your identity and the privacy of your personal health information before throwing it away.



THE FOLLOWING MEDICATIONS **MAY** BE DISPOSED OF BY FLUSHING:

Active Ingredient:	
Abstral, oral tablets (sublingual)	Fentanyl
Actiq, oral transmucosal lozenge*	Fentanyl Citrate
Arymo ER, tablets (extended release)	Morphine Sulfate
Avinza, capsules (extended release)	Morphine Sulfate
Belbuca soluble film (buccal)	Buprenorphine Hydrochloride
Buprenorphine Hydrochloride, tablets (sublingual)*	Buprenorphine Hydrochloride
Buprenorphine Hydrochloride; Naloxone Hydrochloride, tablets (sublingual)*	Buprenorphine Hydrochloride; Naloxone Hydrochloride
Butrans, transdermal patch system	Buprenorphine
Daytrana, transdermal patch system	Methylphenidate
Demerol, tablets*	Meperidine Hydrochloride
Demerol, oral solution*	Meperidine Hydrochloride
Diastat/Diastat AcuDial, rectal gel	Diazepam
Dilaudid, tablets*	Hydromorphone Hydrochloride
Dilaudid, oral liquid*	Hydromorphone Hydrochloride
Dolophine Hydrochloride, tablets*	Methadone Hydrochloride
Duragesic, patch (extended release)*	Fentanyl
Embeda, capsules (extended release)	Morphine Sulfate; Naltrexone Hydrochloride
Exalgo, tablets (extended release)	Hydromorphone Hydrochloride
Fentora, tablets (buccal)	Fentanyl Citrate
Hysingla ER, tablets (extended release)	Hydrocodone Bitartrate
Kadian, capsules (extended release)	Morphine Sulfate
Methadone Hydrochloride, oral solution*	Methadone Hydrochloride
Methadose, tablets*	Methadone Hydrochloride
Morphabond (extended release)	Morphine Sulfate

Active Ingredient:	
Morphine Sulfate, tablets (immediate release)*	Morphine Sulfate
Morphine Sulfate, oral solution*	Morphine Sulfate
MS Contin, tablets (extended release)*	Morphine Sulfate
Nucynta ER, oral tablets (extended release)	Tapentadol
Onsolis, oral soluble film (buccal)	Fentanyl Citrate
Opana, oral tablets (immediate release)	Oxymorphone Hydrochloride
Opana ER, oral tablets (extended release)	Oxymorphone Hydrochloride
Oxecta, oral tablets (immediate release)	Oxycodone Hydrochloride
Oxycodone Hydrochloride, oral capsules	Oxycodone Hydrochloride
Oxycodone Hydrochloride, oral solution	Oxycodone Hydrochloride
Oxycontin, oral tablets (extended release)	Oxycodone Hydrochloride
Percocet, oral tablets*	Acetaminophen; Oxycodone Hydrochloride
Percodan, oral tablets*	Aspirin; Oxycodone Hydrochloride
Suboxone, oral film (sublingual)	Buprenorphine Hydrochloride; Naloxone Hydrochloride
Targiniq ER (extended release)	Oxycodone Hydrochloride; Naloxone Hydrochloride
Vantrela ER, tablets (extended release)	Hydrocodone Bitartrate
Xartemis XR, oral tablets	Oxycodone Hydrochloride; Acetaminophen
Xtampza ER capsules (extended release)	Oxycodone
Xyrem, oral solution	Sodium Oxybate
Zohydro ER, oral capsules (extended release)	Hydrocodone Bitartrate
Zubsolv, oral tablets (sublingual)	Buprenorphine Hydrochloride; Naloxone Hydrochloride

*These medicines have generic versions available or are only available in generic formulations.

This list is supplied by the FDA and is often updated. **Please visit:** fda.gov for more information.

Always refer to printed materials supplied with your medication for specific disposal instructions.

SHARPS

Disposal



ALWAYS USE A SHARPS CONTAINER

Used sharps are hazardous waste. When not discarded properly, they can cut and infect others. Protect your community by always discarding your used sharps in a sharps disposal container.

FREE sharps containers may be available from your doctor, hospital, health insurance, or medication supplier. You can also buy a sharps container from your pharmacist or online.



IF YOU CANNOT GET AN FDA-CLEARED SHARPS CONTAINER, FOLLOW THESE GUIDELINES:

Use an empty household container with these features:

- Stays upright
- Made of heavy-duty plastic
- Tight-fitting lid that cannot be punctured
- Does not leak

DO NOT USE: milk containers, water bottles, glass containers, or soda cans. These containers can break or puncture easily.



Discarding a household container:

1. Close lid and tape shut. Label container.
2. Bring container to a sharps disposal program.

If you cannot find a disposal program, put container in center of full trash bag and discard in regular trash.*

*In some areas, it is illegal to dispose of sharps in the trash. **Please follow your community guidelines.**

ALWAYS REMEMBER

- **DO NOT** throw loose sharps in trash
- **DO NOT** put sharps in recycling
- **DO NOT** flush sharps down toilet
- **KEEP OUT** of reach of children

For information about rules and laws in your community, contact the Coalition for Safe Community Needle Disposal at: 800-643-1643.

Information gathered from **FDA.GOV**.



What is the right way to

WASH YOUR HANDS?



1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.

2. Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.

3. Scrub your hands for at least 20 seconds.

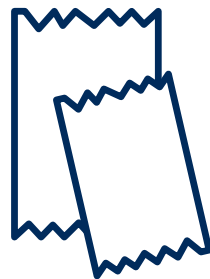
Need a timer? Hum the “Happy Birthday” song from beginning to end twice.



4. Rinse your hands well under clean, running water.

5. Dry your hands using a clean towel or air dry them.

Pat your skin rather than rubbing to avoid chapping and cracking.



6. Use a paper towel (or elbow) to turn off the faucet.

7. Use hand sanitizer if soap and clean, running water is unavailable.

Washing hands with soap and water is the best way to reduce the number of germs on them in most situations. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do not eliminate all types of germs and might not remove harmful chemicals.

Information gathered from [CDC.GOV](https://www.cdc.gov)

PATIENT Bill of Rights

As a patient, you have the right to:

1. Obtain correct and understandable information from your WVU Medicine Specialty Pharmacy pharmacist concerning your treatment and/or drug therapy.
2. Discuss your medication therapy, including any possible side effects and drug interactions, and to receive counseling and education from your WVU Medicine Specialty Pharmacy pharmacist.
3. Expect that all prescribed medications dispensed to you are accurate, effective, and in useable condition.
4. Select a pharmacy of your choice.
5. Be fully informed in advance about services/care to be provided.
6. Be treated with dignity, courtesy, and respect as a unique individual.
7. Be able to identify WVU Medicine Specialty Pharmacy representatives through name and job title (name badge, job title) and to speak with a pharmacist if requested.
8. Choose a healthcare provider.
9. Receive information about the scope of care/ services that are provided by WVU Medicine Specialty Pharmacy, as well as any limitations to the company’s care/service capabilities.
10. Receive, upon request, evidence-based practice information for clinical decisions (manufacturer package insert, published practice guidelines, peer-reviewed journals, etc.), including the level of evidence or consensus describing the process for intervention in instances where there is no evidence-based research, conflicting evidence, or no level of evidence.
11. Coordination and continuity of services from WVU Medicine Specialty Pharmacy; timely response when care, treatment, services, and/or equipment is needed or requested; and to be informed in a timely manner of impending discharge/transfer.
12. Receive in advance of services being provided, complete verbal or written explanations of expected payments from Medicare or any other third-party payer, charges for which you may be responsible, and explanation of all forms you are requested to sign.
13. Receive quality medications and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, sexual orientation, gender identity, gender identity, marital status, veteran status, ancestry, political affiliation, social or economic status, age, disease process, DNR status, disability in accordance with physician orders, or other characteristic protected by federal or state law.
14. Receive medications and services from qualified personnel and to receive instructions and education on safely handling and taking medications.
15. Receive information regarding your order status. **Patients or caregivers can call: 304-285-7216 or toll free at: 1-844-988-7216** and speak with a pharmacy employee.
16. Participate in decisions concerning the nature and purpose of any technical procedure that will be performed and who will perform it; the possible alternatives and/or risks involved; your right to refuse all or part of the services; and to be informed of expected consequences of any such action based on the current body of knowledge.
17. Confidentiality and privacy of all the information contained in your records and of protected health information (except as otherwise provided for by law or third-party payer contracts).
18. If desired, to be referred to other healthcare providers within an external healthcare system (ex. dietitian, pain specialist, mental health services, pharmacy, etc.). You may also be referred back to your own prescriber for follow up.
19. Receive information about to whom and when your personal health information was disclosed, as permitted under applicable law and as specified in the company’s policies and procedures.
20. Express dissatisfaction/concerns/complaints for lack of respect, treatment, or service and to suggest changes in policy, staff, or services without discrimination, restraint, reprisal, coercion, or unreasonable interruption of services. **Patients or caregivers can call: 304-285-7216 or toll free at: 1-844-988-7216** and ask to speak with a pharmacist or supervisor.

21. Have concerns/complaints/dissatisfaction about services that are (or fail to be) resolved in a timely manner.
22. Be informed of any financial relationships of the pharmacy.
23. Be offered assistance with any eligible internal programs that help with patient management services, manufacturer co-pay and patient assistance programs, health plan programs (tobacco cessation programs, disease management, pain management, suicide prevention/behavioral health programs).
24. **Be advised of pharmacy number: 304-285-7216 or toll free at: 1-844-988-7216** for after hours as well as normal business hours of Monday through Friday 8:00 am to 6:00 pm EST.
25. Be advised of any change in the plan of service before the change is made.
26. Participate in the development and periodic revision of the plan of care/service.
27. Receive information in a manner, format, and/or language that you understand.
28. Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, involved in care, treatment, and/or service decisions.
29. Be fully informed of your responsibilities.
30. Have the right to decline participation, revoke consent, or disenrollment in any services of WVU Medicine Specialty Pharmacy at any point in time.
31. To be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of client/patient property.

As a patient, it is your responsibility to:

1. Adhere to the plan of treatment or service established by your physician and to notify him/her of your participation in WVU Medicine Specialty Pharmacy's Patient Management Program.
2. Adhere to WVU Medicine Specialty Pharmacy's policies and procedures.
3. Submit any forms necessary to participate in the program, to the extent required by law.
4. Participate in the development of an effective plan of care/treatment/services.
5. Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services.
6. Ask questions about your care, treatment, and/or services.
7. Have clarified any instructions provided by company representatives.
8. Communicate any information, concerns, and/or questions related to perceived risks in your services and unexpected changes in your condition.
9. Be available to receive medication deliveries, notify WVU Medicine Specialty Pharmacy if you are unavailable for scheduled delivery times, and coordinate with WVU Medicine Specialty Pharmacy during times you will be unavailable.
10. Treat pharmacy personnel with respect and dignity without discrimination regardless of race, religion, political belief, sex, sexual orientation, sexual identity, gender identity, marital status, veteran status, ancestry, political affiliation, social or economic status, age, disease process, DNR status, disability in accordance with physician orders, or other characteristic protected by federal or state law.
11. Provide a safe environment for the organization's representatives to provide services.
12. Use medications according to instructions provided, for the purpose it was prescribed, and only for/on the individual to whom it was prescribed.
13. Communicate any concerns on ability to follow instructions provided.
14. Pay all co-pays as required by insurance coverage and promptly settle unpaid balances except where contrary to federal or state law.
15. Notify WVU Medicine Specialty Pharmacy of change in prescription or insurance coverage, physician, or physical condition.
16. Notify WVU Medicine Specialty Pharmacy immediately of address or telephone changes, temporary or permanent.

Customer Information:

After-Hour Services:

WVU Medicine Specialty Pharmacy's normal business number **(304-285-7216)** or toll-free number **(1-844-988-7216)** will direct you to a voicemail box for after hour emergency questions or situations. A pharmacist will return your call 24 hours/7 days a week. You may leave a message for non-urgent matters or refill request at any time by following designated prompts.

Complaint Procedure:

1. You have the right and responsibility to express concerns, complaints, or dissatisfaction about services you receive or fail to receive without fear of reprisal, discrimination, or unreasonable interruption of services. **Call WVU Medicine Specialty Pharmacy at: 304-285-7216 or toll free at: 1-844-988-7216**, and ask to speak with a supervisor or pharmacist during regular business hours or the company representative if you are calling outside of regular business hours, including weekends and holidays.
2. The formal grievance procedure of WVU Medicine Specialty Pharmacy ensures that your concerns/complaints will be reviewed and an investigation started within 5 business days of receipt of the concern/complaint. Every attempt shall be made to resolve all grievances within 14 days. You will be informed in writing of the resolution of the grievance. If more time is needed to resolve the concern/complaint, you will also be informed verbally and in writing.
3. If you feel the need to discuss your concerns, dissatisfaction, or complaints with a party other than WVU Medicine Specialty Pharmacy staff, you may file a complaint with Consumer Services with the West Virginia Board of Pharmacy, Accreditation Commission for Health Care or the Utilization Review Accreditation Commission.

**A signed complaint should be mailed or faxed to:
West Virginia State Board of Pharmacy**

2310 Kanawha Blvd E.
Charleston, WV 25311
Phone: 304-558-0558
Fax: 304-558-0572
Monday – Friday 8 am – 4 pm
Email: boardofpharmacy@wv.gov

For the complaint form, visit: www.WVBOP.com

Accreditation Commission for Health Care

139 Weston Oaks Ct.
Cary, NC 27513
Phone: 855-937-2242
Fax: 919-785-3011
www.ACHC.org



Our Infusion Pharmacy Services are proudly accredited by Accreditation Commission for Health Care (ACHC).

Utilization Review Accreditation Commission

1220 L Street NW, Suite 900
Washington, DC 20005
Phone: 202-216-9010
www.URAC.org



ACCREDITED
Specialty Pharmacy

Notice of PRIVACY PRACTICES

WVU Medicine Specialty Pharmacy

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.

If you have any questions about this Notice of Privacy Practices, please ask a member of our staff. **You may contact WVU Medicine Specialty Pharmacy by calling: 304-285-7216 or toll free at: 1-844-988-7216.**

This is your Notice of Privacy Practices (NOPP) from WVU Medicine Specialty Pharmacy. Please read it carefully. This notice describes how we may use and disclose your protected health information (PHI) in order to carry out treatment, payment, and healthcare operations and for other specified purposes that are permitted or required by law. This notice also describes your rights with respect to your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related healthcare services. There are special protections for HIV, alcohol and substance abuse, mental health, and genetic information. This Notice is required by privacy regulations (the "HIPAA Privacy Rules") issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with an additional copy of our NOPP upon request;
- abide by the terms of this notice; and
- communicate any changes to the NOPP to you.

Use and Disclosure of Protected Health Information Without Your Authorization

The following categories describe different ways that WVU Medicine Specialty Pharmacy may use and disclose your protected health information without getting a special form of written permission from you called an "authorization" under the HIPAA Privacy Rules.

TREATMENT: We will use and disclose your protected health information in order to provide treatment to you. For example, protected health information will be used by your pharmacist to dispense prescription medications to you. We will document in your record information related to the medications dispensed to you and services provided to you.

PAYMENT: We will use and disclose your protected health information in order to obtain payment for healthcare services provided to you. For example, we may contact your insurer to determine whether it will authorize payment for your prescription and to determine the amount of your co-payment or co-insurance. We may bill you or your insurer for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the prescriptions you are taking. In the event coverage for a particular prescription is denied, we may contact your physician or insurer to obtain a prior authorization or confirm medical necessity.

HEALTHCARE OPERATIONS: We will use and disclose your protected health information in order to carry out our general business operations as a healthcare provider. For example, we may use information in your health record to monitor the performance of the pharmacists providing treatment to you. We will share your protected health information with third party business associates that perform various activities for us.

LAW ENFORCEMENT: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law, including laws that require the reporting of certain types of wounds or other physical injuries; pursuant to court order, court-ordered warrant, subpoena, summons, administrative request, or other similar process; for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person; when you are the victim or suspected to be the victim of a crime; when we suspect that the information relates to criminal conduct that occurred on our premises; to alert law enforcement officials regarding a death; and in an emergency to report a crime.

PUBLIC HEALTH: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information for the purpose of preventing or controlling disease, injury, or disability, including the FDA. We may also disclose your protected health information to a public health authority authorized by law to receive reports of child abuse or neglect. We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition. In certain instances, we may also report work-related illnesses and injuries to employers for workplace safety purposes.

FOOD AND DRUG ADMINISTRATION: We may disclose your protected health information to a person or company subject to the jurisdiction of the Food and Drug Administration ("FDA") to report adverse events, product defects or problems, biologic product deviations, or track FDA-regulated products; to enable product recalls; to make repairs or replacements; to conduct post-marketing surveillance; or for other purposes related to the quality, safety, or effectiveness of a product or activity regulated by the FDA.

HEALTH OVERSIGHT ACTIVITIES: We may disclose your protected health information to health oversight agencies during the course of audits, investigations, inspections, licensure, and other proceedings required by the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS: We may disclose protected health information about you in response to an order of a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

TO CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS: We may disclose your protected health information to a coroner or medical examiner for identification purposes, to determine cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, consistent with applicable law, in order to permit the funeral director to carry out his or her duties.

ORGAN OR TISSUE DONATION: Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

RESEARCH: We may use and disclose your protected health information for medical research purposes following IRB guidelines. We will obtain your authorization prior to using your information in research studies, if information that directly identifies you is disclosed. The only exception would be granted under rare circumstances when the IRB is permitted by federal regulations to grant a waiver of authorization.

MILITARY AND VETERANS: If you are a member of the armed forces, including a foreign military, we may use and disclose protected health information about you as required by military command authorities.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES, PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS: We may release protected health information about you to authorized federal officials for the conduct of intelligence, counterintelligence, protection of the President, and other national security activities authorized by law.

CORRECTIONAL INSTITUTION: If you are or become an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose to the institution or law enforcement official protected health information necessary for the provision to you of healthcare services, your health and safety, the health and safety of others, law enforcement on the premises of the correctional institution and the administration, and maintenance of the safety, security, and good order of the correctional institution.

WORKERS' COMPENSATION: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar programs established by law.

VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE: We may disclose protected health information about you to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

REFILL AND APPOINTMENT REMINDERS; HEALTH-RELATED BENEFITS AND SERVICES: We may contact you to provide refill or appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information to encourage you to purchase or use a product or service through a face-to-face communication or by giving you a promotional gift of nominal value.

DISCLOSURES TO YOU OR FOR HIPAA COMPLIANCE INVESTIGATIONS: We may disclose your protected health information to you or to your personal representative, and we are required to disclose your protected health information in certain circumstances described on the next page in connection with your rights of access to your protected health information and to an accounting of certain disclosures of your protected health information. We must also disclose your protected health information to the Secretary of the United States Department of Health and Human Services (the "Secretary") when requested by the Secretary in order to investigate our compliance with the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996.

Other Uses and Disclosures That May Be Made Without Your Authorization

We also may use and disclose your protected health information in the three instances set forth below without getting your authorization under the HIPAA Privacy Rules, although you may in certain circumstances have the opportunity to agree or object

to these uses and disclosures. If you are not present or able to agree or object to the use or disclosure of the protected health information, then we may, using our professional judgment, determine whether the disclosure is in your best interest.

OTHERS INVOLVED IN YOUR HEALTHCARE: We may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information directly related to that person's involvement in your care or payment related to your care.

NOTIFICATION: We may use or disclose your protected health information to notify or assist in notifying a family member, personal representative, or caregiver about your location, general condition, or death.

DISASTER RELIEF: We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts. You may have the opportunity to object unless we determine that to do so would impede our ability to respond to emergency circumstances.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITH YOUR AUTHORIZATION: Other uses and disclosures of your protected health information will be made only with your written authorization as required under the HIPAA Privacy Rules, unless otherwise permitted or required by law as described above. You may revoke this authorization in writing at any time except to the extent that we have taken an action in reliance on the authorization.

Your Health Information Rights

YOU HAVE THE FOLLOWING RIGHTS REGARDING YOUR HEALTH INFORMATION.

For more information about these rights or to request copies, amendments, or restrictions of your records, **contact:**

WVU Hospitals Health Information Management Department (WVUH HIM Department)
PO Box 8049, Morgantown, WV 26506

or call: 304-598-4109.

NOTIFICATION OF BREACH: You have the right to be notified when your PHI has been disclosed to or accessed by a person who was not authorized to receive the information. We will notify you of any breach of your protected information within 60 days of our becoming aware of the breach.

OBTAIN A PAPER COPY OF THE NOTICE UPON REQUEST: You may request a copy of this notice from us at any time, even if you have agreed to receive it electronically. You may obtain a paper copy at the site where you obtain healthcare services or by contacting the WVUH HIM Department.

RIGHT TO REQUEST A RESTRICTION ON CERTAIN USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION: You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request to the WVUH HIM Department. We are not required to agree to the restrictions, except in the case where the disclosure is to a health plan for purposes of carrying out payment or healthcare operations, is not otherwise required by law, and the PHI pertains solely to a healthcare item or service for which you, or a person on your behalf, has paid in full.

RIGHT TO INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION: With a few exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of protected health information we maintain about you. **To inspect or copy your protected health information, you must send a written request to:** WVUH Health Information Management Department at PO Box 8049, Morgantown, WV 26506. We may charge you a fee for the costs of copying, mailing, or other supplies that are necessary to grant your request. If you wish other parties to receive copies of your records, you must designate the individual(s) by signing an authorization or submitting a signed request, including information regarding the designated recipient and where to send the copy.

REQUEST AN AMENDMENT OF PROTECTED HEALTH INFORMATION. You may request that your health information be amended if you feel that the information is not correct. Your request must be in writing and provide rationale for the amendment. We will consider your request and will make amendments based on the medical opinion of the healthcare provider who originated the entry. However, if the healthcare provider believes the entry should not be amended, we are not required to make the amendment. We will inform you about the denial and how to can disagree with the denial. **To request an amendment, you must send a written request to:** WVU Health Information Management Department at PO Box 8049, Morgantown, WV 26506.

RECEIVE AN ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION: You have the right to receive an accounting of certain disclosures we have made of your protected health information. This list will not include many types of disclosures, including those made for treatment, payment, or healthcare operations; disclosures we have made directly to you or your personal representative; disclosures to friends

or family members involved in your care; disclosures for notification purposes; and disclosures made with your authorization. To request an accounting of disclosures, contact the Health Information Management Department as indicated above.

REQUEST CONFIDENTIAL COMMUNICATIONS OF PROTECTED HEALTH INFORMATION: You have the right to request that we communicate with you about protected health information in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. You must make your request in writing to the Health Information Management Department and explain how or where you wish to be contacted.

Changes to This Notice

We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for protected health information we already have about you, as well as any protected health information we receive in the future. The effective date of this notice is December 2015. You may request a copy of the Notice by asking for one at your next visit to our organization, **by calling us at: 304-285-7216 or toll free at: 1-844-988-7216, or via our website at: WVUMedicine.org/Specialty-Pharmacy.**

For More Information or to Report a Problem

If you have questions or would like additional information about our privacy practices, you may contact the WVU Hospitals Privacy Officer at 304-598-4109.

If you believe your privacy rights have been violated, you may file a complaint with the Office for Civil Rights. We will provide you with the address to file your complaint upon request.

Information may also be found at OCR's website at: hhs.gov/ocr.

We support your right to protect the privacy of your medical information. You will not be treated differently or penalized for filing a complaint. We will not retaliate in any way if you choose to file a complaint with us or with the Office for Civil Rights.

EMERGENCY

resources and tips

MEDICARE PRESCRIPTION DRUG COVERAGE AND YOUR RIGHTS

You have the right to get a written explanation from your Medicare drug plan if:

- Your doctor or pharmacist tells you that your Medicare drug plan will not cover a prescription drug in the amount or form prescribed by your doctor.
- You are asked to pay a different cost-sharing amount than you think you are required to pay for a prescription drug.

The Medicare drug plan's written explanation will give you the specific reasons why the prescription drug is not covered and will explain how to request an appeal if you disagree with the drug plan's decision.

You also have the right to ask your Medicare drug plan for an exception if:

- You believe you need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a "formulary;" or
- You believe you should get a drug you need at a lower cost-sharing amount.

What you need to do:

- Contact your Medicare drug plan to ask for a written explanation about why a prescription is not covered or to ask for an exception if you believe you need a drug that is not on your drug plan's formulary or believe you should get a drug you need at a lower cost-sharing amount.
- Refer to the benefits booklet you received from your Medicare drug plan or call 1-800-MEDICARE to find out how to contact your drug plan.
- When you contact your Medicare drug plan, be ready to tell them:
 1. The prescription drug(s) that you believe you need.
 2. The name of the pharmacy or physician who told you that the prescription drug(s) is not covered.
 3. The date you were told that the prescription drug(s) is not covered.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0975. The time required to distribute this information collection once it has been completed is one minute per response, including the time to select the preprinted form, and hand it to the enrollee. If you have any comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

No. CMS-10147

Preparing your medications for an emergency to decrease the risk of a life-threatening situation:

Make a list – Keep a current list of medications you are taking, including dose and directions and phone numbers of your doctor and pharmacy.

Have your card – Keep your health insurance and drug card with you at all times.

Start a stockpile – Make sure you have at least 7-10 days of your medications and other medical supplies. Refill your prescriptions as soon as you are able so you can set aside a few extra days' worth in your emergency kit. Also, consider any over-the-counter medications that you may need (ex. pain relievers, cold medications, antacids).

Storage matters – Keep your pills in labeled, child-proof bottles in a secure place that does not experience extreme temperature changes or humidity. Consider placing medicine bottles in waterproof bags when flooding is a concern.

Check the date – Do not let medications in your emergency kit expire. Check dates twice a year.

Talk about a plan – Talk to your doctor or pharmacist about what you should do in case you run out of medicine during an emergency.

Plan ahead – Make sure you know the shelf-life and optimal storage temperature of your medications because some medications can only be at room temperature for certain periods of time.

Check before using – Before using medications in your emergency kit, check to make sure the look or smell hasn't changed. If you are unsure about the medication, ask your doctor or pharmacist.

During an emergency:

Call **WVU Medicine Specialty Pharmacy** for guidance on handling medications during times of natural disaster or personal emergencies.

To find an open pharmacy, visit [RxOpen.com](https://www.rxopen.com) (it maps open and closed pharmacies during disasters)

Medicare recipients who need dialysis treatment should contact the End-Stage Renal Disease Network (ESRD), or call 800-Medicare to get ESRD Network contact information.

People who need chemo and other cancer treatments should call 800-4CANCER to help locate cancer centers/providers.

References:

Preparing Your Medicine Cabinet for an Emergency: A Checklist – [cdc.gov](https://www.cdc.gov)
How to Get Your Prescription Drugs During a Disaster – [aarp.org](https://www.aarp.org)

Be Red Cross Ready

Get a kit. Make a plan. Be informed.

It's important to prepare for possible disasters and other emergencies. Natural and human-caused disasters can strike suddenly, at any time and anywhere. There are three actions everyone can take that can help make a difference ...

- Be Red Cross Ready Checklist**
- I know what emergencies or disasters are most likely to occur in my community.
 - I have a family disaster plan and have practiced it.
 - I have an emergency preparedness kit.
 - At least one member of my household is trained in first aid and CPR/AED.
 - I have taken action to help my community prepare.

Get a kit



At a minimum, have the basic supplies listed below. Keep supplies in an easy-to-carry emergency preparedness kit that you can use at home or take with you in case you must evacuate.

- Water—one gallon per person, per day (3-day supply for home)
- Food—non-perishable, easy-to-prepare items (3-day supply for home)
- Flashlight
- Battery-powered or hand-crank radio (NOAA Weather Radio, if possible)
- Extra batteries
- First aid kit
- Medications (7-day supply) and medical items
- Multi-purpose tool
- Sanitation and personal hygiene items
- Copies of personal medical information, proof of address, deed/lease to home, passports, birth certificates, insurance policies
- Cell phone with chargers
- Family and emergency contact information
- Extra cash
- Emergency blanket
- Map(s) of the area

Consider the needs of all family members and add supplies to your kit. Suggested items to help meet additional needs are:

- Medical supplies (hearing aids with extra batteries, glasses, contact lenses, syringes, cane)
- Baby supplies (bottles, formula, baby food, diapers)
- Games and activities for children
- Pet supplies (collar, leash, ID, food, carrier, bowl)
- Two-way radios
- Extra set of car keys and house keys
- Manual can opener

Additional supplies to keep at home or in your kit based on the types of disasters common to your area:

- Whistle
- N95 or surgical masks
- Matches
- Rain gear
- Towels
- Work gloves
- Tools/supplies for securing your home
- Extra clothing, hat and sturdy shoes
- Plastic sheeting
- Duct tape
- Scissors
- Household liquid bleach
- Entertainment items
- Blankets or sleeping bags

Make a plan



- Meet with your family or household members.
- Discuss how to prepare and respond to emergencies that are most likely to happen where you live, learn, work and play.
- Identify responsibilities for each member of your household and plan to work together as a team.
- If a family member is in the military, plan how you would respond if they were deployed.

Plan what to do in case you are separated during an emergency

- Choose two places to meet:
 - Right outside your home in case of a sudden emergency, such as a fire
 - Outside your neighborhood, in case you cannot return home or are asked to evacuate
- Choose an out-of-area emergency contact person. It may be easier to text or call long distance if local phone lines are overloaded or out of service. Everyone should have emergency contact information in writing or programmed into their cell phones.

Plan what to do if you have to evacuate

- Decide where you would go and what route you would take to get there. You may choose to go to a hotel/motel, stay with friends or relatives in a safe location or go to an evacuation shelter if necessary.
- Practice evacuating your home twice a year. Drive your planned evacuation route and plot alternate routes on your map in case roads are impassable.
- Plan ahead for your pets. Keep a phone list of pet-friendly hotels/motels and animal shelters that are along your evacuation routes.

Be informed



Learn what disasters or emergencies may occur in your area. These events can range from those affecting only you and your family, like a home fire or medical emergency, to those affecting your entire community, like an earthquake or flood.

- Identify how local authorities will notify you during a disaster and how you will get information, whether through local radio, TV or NOAA Weather Radio stations or channels.
- Know the difference between different weather alerts such as watches and warnings and what actions to take in each.
- Know what actions to take to protect yourself during disasters that may occur in areas where you travel or have moved recently. For example, if you travel to a place where earthquakes are common and you are not familiar with them, make sure you know what to do to protect yourself should one occur.
- When a major disaster occurs, your community can change in an instant. Loved ones may be hurt and emergency response is likely to be delayed. Make sure that at least one member of your household is trained in first aid and CPR and knows how to use an automated external defibrillator (AED). This training is useful in many emergency situations.
- Share what you have learned with your family, household and neighbors and encourage them to be informed.

Emergency Contact Cards for All Household Members

- Get your cards online at <http://www.redcross.org/prepare/ECCard.pdf>.
- Print one card for each family member.
 - Write the contact information for each household member, such as work, school and cell phone numbers.
 - Fold the card so it fits in your pocket, wallet or purse.
 - Carry the card with you so it is available in the event of a disaster or other emergency.

Let Your Family Know You're Safe

Tell your loved ones about the American Red Cross Safe and Well Web site available through RedCross.org. This Internet-based tool should be integrated into your emergency communications plan. People within a disaster-affected area can register themselves as "safe and well" and concerned family and friends who know the person's phone number or address can search for messages posted by those who self-register. If you don't have Internet access, call 1-866-GET-INFO to register yourself and your family.

Patient Satisfaction Survey

Instructions:

- Mark a circle to indicate your level of satisfaction.
- Please explain any less-than-satisfied response(s) in the comment section below.

• Mail completed form to:

WVU Medicine Specialty Pharmacy
3040 University Ave, Suite 1400
Morgantown, WV 26505

Thank you for allowing WVU Medicine Specialty Pharmacy to provide your specialty pharmacy services. Please take a few minutes to give us your feedback on your experience. We value your comments and welcome any suggestions you may have to improve our services.

How would you rate your level of satisfaction with the following?

	Very Satisfied	Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied	NA
Overall satisfaction with WVU Medicine Specialty Pharmacy services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting your service expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of the delivery of your medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of your order	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helpfulness of the information you receive about your medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to reach a person by phone who could answer your questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explanation of what you personally will pay after your insurance pays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explanation of your insurance benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explanation on how you can refill your medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explanation of whom to call if there is an issue with your order	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How can we improve our services? _____

Comments: _____

Signature (Optional): _____ Date: _____

Phone: 304-285-7216 | Toll Free: 1-844-988-7216 | Fax: 304-598-4034



For more information on disaster and emergency preparedness, visit RedCross.org.

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Patient Concerns Form

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 listed below. You may report concerns about safety or the quality of care to the West Virginia Board of Pharmacy without retaliatory action from WVU Medicine Specialty Pharmacy at: 304-558-0558 from 8:30 am to 5:00 pm, Eastern time.

Within 7 calendar days of receiving your concern, we will notify the beneficiary by letter that the matter is under investigation. If the resolution will take longer than 7 days, the acknowledgment letter will inform the patient or the patient's representative that we are actively working with to resolve the grievance and will include the current progress and the time frame for future updates.

The WVU Medicine Specialty Pharmacy team strives to ensure quality products/ services that are consistent with our philosophy. As stated in your Bill of Rights and Responsibilities, you have the right to be given appropriate and professional quality services without discrimination. You also have the right to voice your concerns, grievances, or complaints about your service without being threatened, restrained, or discriminated against.

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.

Mail completed form to:

WVU Medicine Specialty Pharmacy
3040 University Ave, Suite 1400
Morgantown, WV 26505

Patient's Name: _____ Birth Date: _____

Description of the problem/concern/complaint (include dates, times, and names, if possible):

Completed by: _____ (print and sign) Date: _____

Relationship to patient (if applicable): _____



FOR OFFICE USE ONLY

Patient's Address: _____

Patient's Telephone Number: (____) ____ - _____ Patient's ID Number: _____

Form received by: _____

Follow-up by phone completed by: _____ Date: _____ Time: _____ AM/PM

Items discussed: _____

Resolution / Action taken to resolve the complaint: _____

Follow-up by letter completed by: _____ Date completed: _____ Date mailed: _____

Form completed by: _____ Date: _____

Phone: 304-285-7216 | Toll Free: 1-844-988-7216 | Fax: 304-598-4034



SPECIALTY PHARMACY

Monday – Friday: 8:00 am – 6:00 pm
Saturday and Sunday: Closed

3040 University Ave, Suite 1400
Morgantown, WV 26505

304-285-7216 or **844-988-7216** **TOLL-FREE**



Important Phone Numbers

Poison Control Center: 1-800-222-1222

West Virginia Board of Pharmacy: 304-558-0558



3042857216