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WELCOME TO LIFECARE PHARMACY

LifeCare Pharmacy is a home care organization dedicated to providing comprehensive home care services to referred patients/clients with utmost quality and professionalism. LifeCare Pharmacy accepts only patients whose home healing needs, as identified by the referring source, can be met by the treatment and/or services offered by this organization.

Our Mission Statement: Lifecare pharmacy will be our health care community's provider of the therapy and treatment needs of the acute and chronically ill through demonstrated excellence in patient care. We Will provide the highest quality care and services through strict adherence to Medicare guidelines, ACHC standards and our own policies and procedures. We will continue to educate our patients, the medical communities and ourselves with any advances made in the field in which we service. We will continue to grow and provide a desirable return to investors by acquiring and developing services based on the needs of the community.

Our services include: LifeCare Specialty and Retail Dispensing Pharmacy services as well as clinical patient support. We serve patients throughout Southern Nevada & Clark County based on contract and availability.

LifeCare Pharmacy consists of a staff of specialists who are dedicated professionals, taking exceptional pride in the care and service they provide. These include: certified pharmacy technicians, registered pharmacists, registered nurses and delivery driver. We can also be a source of information regarding other community resources.

LifeCare Infusion Therapy employ only nurses who have met the highest professional standards. Your infusion therapy nurse will visit you to 1) Schedule all health care team members in your home 2) Ensure appropriate and high quality health care services. 3) Provide nursing guidance, information and additional services for all aspects of your care 4) Coordinate services with your physician, pharmacist and other member of your healthcare team.

For questions on your therapy/medication, obtaining prescription order status, claim related information please call our 24 hour toll free Pharmacy assistance line at 1-833-661-7895 or contact our office at 702-697-2105.

In case of complaint, concern or error, patient/caregiver are encouraged to contact our Pharmacy Manager by phone at 702-697-2105 or 1-833-661-7895 or by email at: complaint@lifecaremedicalrx.com. It is the policy of LifeCare Pharmacy to address all concerns in a timely manner. You may also contact the following agencies to report a complaint:

- NV State Board of Pharmacy : 775-850-1440
- NV State Board of Nursing: 702-486-5800
- ACHC – Accreditation Commission for Health Care - 919-785-1214

Our hours of operation are Monday through Friday 9:00am to 6:00pm and closed on weekends. Afterhours, weekends and holidays please call our 24 hour toll free Pharmacy assistance line at 1-833-661-7895 or contact our office at 702-697-2105.

In case of life threatening emergency such as bleeding or difficulty in breathing please dial 911.

LifeCare pharmacy accepts the following sources of payment for services: Medicare, Medicaid, third party insurances, Visa, MasterCard, discover, ATM/debit cards, cash and personal checks.

We will be providing you with counseling and instructions on the medication ordered by your physician. Please keep your paperwork in an accessible area where you can reference if need to.

Thank you for using LifeCare pharmacy.

Your pharmacist:Cletus Onye Amadi, RPh-license No. 10341 (State of NV-Board of pharmacy)



SCOPE OF SERVICES

LifeCare Pharmacy and Medical Supplies specializes in providing a comprehensive line of specialty drugs. Quality patient care, service and our patient's satisfaction are our primary concerns. The trademark of LifeCare Pharmacy and Medical Supplies is the dedicated attention to each patient's needs in order to maintain and improve his or her quality of life.

LifeCare Pharmacy and Medical Supplies offers specialty drugs and will maintain a formulary for all drugs it provides. LifeCare Pharmacy and Medical Supplies provide the following medications:

- Oncology
- Anti-inflammatory
- Multiple Sclerosis
- HIV
- Anticoagulants
- Hepatitis
- Immune Deficiency
- Factor/Hemophilia

We provide the following DMEPOS items:

- DM02 Commodes/Urinals/Bedpans
- M01 Canes and Crutches
- M03 Power Operated Vehicles (Scooters)
- M05 Walkers
- M06 Wheelchairs-Standard Manual
- R01 Continuous Positive Airway Pressure (CPAP) Devices
- R07 Nebulizer Equipment and Supplies
- R08 Oxygen Equipment and Supplies (Portable Oxygen Concentrators)

These products may be delivered by pharmacy vehicle, courier or by commercial shipping such UPS, FedEx or US mail.

It is our goal to provide our highest quality of pharmacy services and products, in a cost-effective manner, to all our patients in our geographical coverage area. If you can not afford your medications, we can assist you with researching any options for consumer support programs. We can also provide you contact information regarding consumer advocacy programs applicable to your therapy or diagnosis.

LifeCare Patient Management Program

Our Patient Management Program is one example of how we strive to ensure every patient receives the highest quality of care. The goal of the LifeCare Patient Management Program LPMP is to ensure positive outcomes and minimize complications from the medications provided. Participation in the LPMP allows our clinicians work more closely with your prescribers to keep them on top of your clinical progress or make changes in therapy if a problem arises. You will be automatically enrolled in the LPMP with your first prescription. You may choose to “opt-out” of the program if you choose. You may also “opt-in” to the program at any point in therapy if you have “opted-out”. If you have any questions about the LPMP you can contact our Pharmacist In Charge. He will be happy to answer any questions you may have.

The expected clinical benefits for the patient from participating in the LPMP are improved adherence and outcomes, reduced complications and adverse events due to more frequent monitoring, patient interaction and the potential for earlier interventions with the prescriber by the clinical pharmacy team. Additional benefits would include assistance with the improved ability to assist with prior authorizations, benefits investigations and financial assistance through assistance with enrollment in appropriate patient assistance programs based on the patient's insurance coverage. The Limitations of the program are the same as those inherent in any patient self-reporting program and are based on the patient's motivation. The program can only be as strong and beneficial as the accurate and active participation of the patient

As a participant of the Patient Management Program you have the following rights and responsibilities:

1. The right to know about philosophy and characteristics of the patient management program
2. The right to have personal health information shared with the patient management program only in accordance with state and federal law
3. The right to identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
4. The right to speak to a health professional
5. The right to receive information about the patient management program
6. The right to receive administrative information regarding changes in, or termination of, the patient management program
7. The right to decline participation, revoke consent, or disenroll at any point in time
8. The responsibility to submit any forms that are necessary to participate in the program, to the extent required by law
9. The responsibility to give accurate clinical and contact information and to notify the patient management program of changes in this information
10. The responsibility to notify their treating provider of their participation in the patient management program, if applicable.

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.

22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

MEDICARE DMEPOS SUPPLIER STANDARDS

DMEPOS suppliers have the option to disclose the following statement to satisfy the requirement outlined in Supplier Standard 16 in lieu of providing a copy of the standards to the beneficiary.

The products and/or services provided to you by (supplier legal business name or DBA) are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://ecfr.gpoaccess.gov>. Upon request we will furnish you a written copy of the standards.



PATIENT BILLS OF RIGHTS AND RESPONSIBILITIES

We believe that all patients receiving services from LifeCare Pharmacy and Medical Supplies should be informed of their rights and responsibilities. These Rights and Responsibilities may have some overlap with the Patient Management Programs Rights and Responsibilities. Therefore, you are entitled to:

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as modifications in the plan of service.
- 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 changes for which the patient will be responsible.
- Receive information about the scope of services that the organization will provide and specific limitations on those services.
- Participate in the development and periodic revision of the plan of services
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
- Be informed of patient rights under state law to formulate in Advanced Directive, if applicable
- Have one's property and person treated with respect, consideration and recognition of patient dignity and individuality
- Be able to identify visiting personnel members through proper identification.
- Be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of patient property
- Voice grievances/complaints regarding treatment or care, lack of respect of property or recommended changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination or reprisal
- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished, or lack of respect of property investigated
- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information
- Be advised on pharmacy's policies and procedures regarding the disclosure
- Choose a health care provider, including choosing an attending physician, if applicable
- Receive appropriate care without discrimination in accordance with physician orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed on one's responsibilities

PATIENT RESPONSIBILITIES

- Patient submits forms that are necessary to receive services
- Patient provides accurate medical and contact information and any changes
- Patient notifies the treating provider of participation in the services provided by the pharmacy
- Patient notifies the pharmacy of any concerns about the care or services provided



HIPAA PRIVACY NOTICE

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.

OUR COMMITMENT TO YOUR PRIVACY

It is our duty to maintain the privacy and confidentiality of your protected health information (PHI). We will create records regarding the treatment and service we provide to you. We are required by law to maintain the privacy of your PHI, which includes any individually identifiable information that we obtain from you or others that relates to your past, present, or future physical or mental health, the health care you have received or payment for your health care. We will share protected health information with one another, as necessary to carry out treatment, payment or health care operations relating to the services to be rendered at the pharmacy.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of PHI. This notice also discusses the uses and disclosures we will make of your PHI. We must comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI we maintain. You can always request a written copy of our most written copy of our most current privacy notice from our Privacy Officer.

PERMITTED USES AND DISCLOSURES

We can use or disclose your PHI for purposes of treatment, payment and health care operations. For each of these categories of uses and disclosures, we have provided a description and an example below. However, not every particular use or disclosure in every category will be listed.

Treatment means providing services as ordered by your physician. Treatment also includes coordination and consultations with other health care providers relating to your care and referrals for health care from one health care provider to another. We may also disclose PHI to outside entities performing other services related to your treatment such as hospital, diagnostic laboratories, home health or hospice agencies, etc.

Payment means the activities we undertake to obtain reimbursement for the health care provided to you, including billing, collections, claims management, prior approval, determinations of eligibility and coverage and other utilization review activities. Federal or state law may require us to obtain a written release from you prior to disclosing certain specially protected PHI for payment purposes and we will ask you to sign a release when necessary under applicable law.

Health care operations means the support functions of the pharmacy, related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient comments and complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. We may use your PHI to evaluate the performance of our staff when caring for you. We may also combine PHI about many patients to decide what additional services we should offer, what services are needed and whether certain new treatments are effective. We may also disclose your PHI to notify, or assist in the notification of a family member, a personal representative or another person responsible for your care, of your location, general condition or death. If you are available, we will give you an opportunity to object to these disclosures and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest taking into account the circumstances and based upon our professional judgement.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We may also use your PHI in the following ways:

- To provide appointment reminders for treatment or medical care
- To tell you about our recommended possible treatment alternatives or other health-related benefits and services that may be of interest to you.
- To disclose to your family or friends or any other individual identified by you to the extent directly related to such person's involvement in your care or the payment for your care. We may use or disclose your PHI to notify or assist in the notification of a family member, a personal care or the payment for your care of your location, general condition or death. If you are available, we will give you an opportunity to object these disclosures and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon our professional judgement.

When permitted by law, we may coordinate our uses and disclosures of PHI with public or private entities authorized by law or by charter to assist in disaster relief efforts.

We will allow your family and friends to act on your behalf to pick up filled prescriptions, medical supplies, X-rays and similar forms of PHI when we determine in our professional judgement that it is in your best interest to make such disclosures.

We may contact you as part of our fundraising and marketing efforts as permitted by applicable law. You have the right to opt out of receiving such fundraising communications.

We may use or disclose your PHI for research purposes, subject to the requirements applicable by law. For example, a research project may involve comparisons of the health and recovery of all patients who received a particular medication. All research projects are subject to a special approval process which balances research needs with a patient's need for privacy. When required, we will obtain a written authorization from you prior to using your health information for research.

We will use or disclose PHI about you when required to do so by applicable law.

In accordance with applicable law, we may disclose your PHI to your employer if we are retained to conduct an evaluation relating to medical surveillance of your workplace or to evaluate whether you have a work-related illness or injury. You will be notified of these disclosures by your employer of the pharmacy as required by applicable law.

Note: incidental uses and disclosures of your PHI sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonable prevented.

SPECIAL SITUATIONS

Subject to the requirements of applicable law, we will make the following uses and disclosures of your PHI:

- Organ and Tissue Donation. If you are an organ donor, we may release PHI to organizations that handle organ procurement or transplantation as necessary to facilitate organ or tissue donation and transplantation.
- Military and Veterans. If you are a member of the Armed Forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- Workers Compensation. We may release PHI about you for programs that provide benefits for work-related injuries or illnesses.
- Public Health Activities. We may disclose PHI about you for public health activities, including disclosures:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;

- to report child abuse or neglect;
- to persons subject to the jurisdiction of the Food and Drug Administration (FDA) for activities related to the quality, safety or effectiveness of FDA-regulated products or services and to report reactions to medications or problems with products.
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that an adult patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if the patient agrees or when required by authorized law.

Health Oversight Activities. We may disclose PHI to federal or state agencies that oversee our activities (e.g. providing health care, seeking payment and civil rights).

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI subject to certain limitations.

Lawsuits Enforcement. We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim or a crime under certain limited circumstances;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct on our premises; or
- In emergency circumstances, to report a crime, the location of the crime of the victims or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release PHI to a coroner or medical examiner. We may also release PHI about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release PHI about you to authorize federal officials for intelligence, counterintelligence, other national security activities authorized by law or to authorized federal officials so they may provide protection to the President or foreign heads of state.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Serious Threats. As permitted by applicable law and standards of ethical conduct, we may use and disclose PHI if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or is necessary for law enforcement authorities to identify or apprehend an individual.

Note: HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information may enjoy certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.

OTHER USES OF YOUR HEALTH INFORMATION Certain uses and disclosures of PHI will be made only with your written authorization, including uses and/or disclosures: (a) of psychotherapy notes (where appropriate); (b) for marketing purposes; and (c) that constitute a sale of PHI under the Privacy Rule. Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization.

YOUR RIGHTS You have the right to request restrictions on our uses and disclosures of PHI for treatment, payment and health care operations. However, we are not required to agree to your request unless the disclosure is to a health plan in order to

receive payment, the PHI pertains solely to your health care items or services for which you have paid the bill in full, and the disclosure is not otherwise required by law. To request a restriction, you may make your request in writing to the Privacy Officer. You have the right to reasonably request to receive confidential communications of your PHI by alternative means or at alternative locations. To make such a request, you may submit your request in writing to the Privacy Officer.

You have the right to inspect and copy the PHI contained in our company records, except:

for psychotherapy notes, (i.e., notes that have been recorded by a mental health professional documenting counseling sessions and have been separated from the rest of your medical record); for information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; for PHI involving laboratory tests when your access is restricted by law; if you are a prison inmate, and access would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, any officer, employee, or other person at the correctional institution or person responsible for transporting you; if we obtained or created PHI as part of a research study, your access to the PHI may be restricted for as long as the research is in progress, provided that you agreed to the temporary denial of access when consenting to participate in the research; for PHI contained in records kept by a federal agency or contractor when your access is restricted by law; and for PHI obtained from someone other than us under a promise of confidentiality when the access requested would be reasonably likely to reveal the source of the information.

In order to inspect or obtain a copy your PHI, you may submit your request in writing to the Medical Records Custodian. If you request a copy, we may charge you a fee for the costs of copying and mailing your records, as well as other costs associated with your request.

We may also deny a request for access to PHI under certain circumstances if there is a potential for harm to yourself or others. If we deny a request for access for this purpose, you have the right to have our denial reviewed in accordance with the requirements of applicable law.

You have the right to request an amendment to your PHI but we may deny your request for amendment, if we determine that the PHI or record that is the subject of the request:

was not created by us, unless you provide a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment; is not part of your medical or billing records or other records used to make decisions about you; is not available for inspection as set forth above; or is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records. In order to request an amendment to your PHI, you must submit your request in writing to Medical Record Custodian at our company, along with a description of the reason for your request.

You have the right to receive an accounting of disclosures of PHI made by us to individuals or entities other than to you for the six years prior to your request, except for disclosures:

- (i) to carry out treatment, payment and health care operations as provided above;
- (ii) incidental to a use or disclosure otherwise permitted or required by applicable law;
- (iii) pursuant to your written authorization;

to persons involved in your care or for other notification purposes as provided by law; for national security or intelligence purposes as provided by law; to correctional institutions or law enforcement officials as provided by law; as part of a limited data set as provided by law.

To request an accounting of disclosures of your PHI, you must submit your request in writing to the Privacy Officer at our company. Your request must state a specific time period for the accounting (e.g., the past three months). The first accounting you request within a twelve (12) month period will be free. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

You have the right to receive a notification, in the event that there is a breach of your unsecured PHI, which requires notification under the Privacy Rule.

COMPLAINTS If you believe that your privacy rights have been violated, you should immediately contact the pharmacy's Privacy Officer. We will not take action against you for filing a complaint. You also may file a complaint with the Secretary of the US Department of Health and Human Services, 200 Independence Ave. S.W., Washington DC, 20201. PHONE (617) 573-1600.

EMERGENCY PLANNING

This pamphlet has been provided by LifeCare Pharmacy and Medical Supplies to help you plan your actions in case there is a natural disaster where you live. Many areas of the United States are prone to natural disasters like hurricanes, tornadoes, floods, and earthquakes.

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

Know What to Expect

If you have recently moved to this area, take the time to find out what types of natural emergencies have occurred in the past, and what types might be expected. Find out what, if any, time of year these emergencies are more prevalent. Find out when you should evacuate, and when you shouldn't. Your local Red Cross, local law enforcement agencies, local news and radio stations usually provide excellent information and tips for planning.

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

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

Know What to Take with You

If you are going to a shelter, there will be restrictions on what items you can bring with you. Not all shelters have adequate storage facilities for medications that need refrigeration. We recommend that you call ahead and find out which shelter in your area will let you bring your medications and medical supplies, in addition, let them know if you will be using medical equipment that requires an electrical outlet. During our planning for a natural emergency, we will contact you and deliver, if possible, at least one week's worth of medication and supplies. Bring all your medications and supplies with you to the shelter.

Reaching Us if There Are No Phones

How do you reach us during a natural emergency if the phone lines don't work? How would you contact us? If there is warning of the emergency, such as a hurricane watch, we will make every attempt to contact you and provide you with the number of our cellular phone. (Cellular phones frequently work even when the regular land phone lines do not.) If you have no way to call our cellular phone, you can try to reach us by having someone you know call us from his or her cellular phone. (Many times cellular phone companies set up communication centers during natural disasters. If one is set up in your area, you can ask them to contact us.) If the emergency was unforeseen, we will try to locate you by visiting your home, or by contacting your home nursing agency. If travel is restricted due to damage from the emergency, we will try to contact you through local law enforcement agencies.

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

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

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

Helpful Tips

Get a cooler and ice or freezer gel-packs to transport your medication. Get all of your medication information and teaching

modules together and take them with you if you evacuate. Pack one week's worth of supplies in a plastic-lined box or waterproof tote bag or tote box. Make sure the seal is watertight.

Make sure to put antibacterial soap and paper towels into your supply kit.

If possible, get waterless hand disinfectant from LifeCare Pharmacy and Medical Supplies or from a local store. It comes in very handy if you don't have running water. If you are going to a friend or relative's home during evacuation, leave their phone number and address with LifeCare Pharmacy and Medical Supplies and your home nursing agency. When you return to your home, contact your home nursing agency and LifeCare Pharmacy and Medical Supplies so we can visit and see what supplies you need.

For More information There is much more to know about planning for and surviving during a natural emergency or disaster. Review the information form FEMA [http://www.fema.gov/areyouready/emergency planning.shtm](http://www.fema.gov/areyouready/emergency%20planning.shtm). The information includes:

Get informed about hazards and emergencies that may affect you and your family. Develop an emergency plan. Collect and assemble disaster supplies kit, which should include: Three-day supply of non-perishable food. Three-day supply of water - one gallon of water per person, per day. Portable, battery-powered radio or television and extra batteries. Flashlight and extra batteries. First aid kit and manual. Sanitation and hygiene items (moist towelettes and toilet paper). Matches and waterproof container. Whistle. Extra clothing. Kitchen accessories and cooking utensils, including a can opener. Photocopies of credit and identification cards. Cash and coins. Special needs items, such as prescription medications, eye glasses, contact lens solutions, and hearing aid batteries. Items for infants, such as formula, diapers, bottles, and pacifiers. Other items to meet your unique family needs. Learn where to seek shelter from all types of hazards. Identify the community warning systems and evacuation routes. Include in your plan required information from community and school plans. Learn what to do for specific hazards. Practice and maintain your plan.

An Important Reminder!! During any emergency situation, if you are unable to contact our pharmacy and you are in need of your prescribed medication, lost/damaged medication, forgotten dose, delivery missed, equipment or supplies, you must go to the nearest emergency room or other treatment facility for treatment.

EARTHQUAKE SAFETY INFORMATION

BEFORE AN EARTHQUAKE:

15 SURVIVAL ITEMS TO KEEP ON HAND:

1. Portable radio with extra batteries
2. Flashlights with extra batteries
3. First Aid Kit (including specific medications for members of your household)
4. First Aid Book (recommend: Standard First Aid and Personal Safety, Red Cross)
5. Fire Extinguisher
6. Adjustable wrench for turning off water
7. Smoke detectors-functioning and property installed
8. Portable fire escape ladder for home/apartments with multiple floors
9. Bottled water-sufficient for the # of members
10. One-week food supply for each member of your household-made up of water, canned and dairy food. Note: to ensure fresh food and water, rotate regularly with everyday meals. Canned goods have a normal shelf life for one year.
11. Non-electric can opener
12. Portable stove-butane or charcoal. Note: use of such stove should not take the place until it is determined that there are no gas leaks in the area. Charcoal should only be used outdoors (indoor use can lead to Carbon Monoxide poisoning)

13. Matches
14. Extra clothing and blankets
15. Telephone number of police, fire department and local hospital

DURING AN EARTHQUAKE:

1. Remain calm
2. If you are indoors, move away from windows or glass doors and get under a heavy table or desk to protect yourself from falling debris-or move into a structural doorway.
3. If you are outside, move away from buildings and overhead electrical wires into an open space.

AFTER AN EARTHQUAKE:

1. If you are in danger, or in an immediate need of medications, first contact the closest emergency department or call “911” and then attempt to call LifeCare Pharmacy
2. DO NOT SMOKE or light matches and candles. Movement of the earth may break natural gas lines causing leakage into home or other areas.
3. Do not use the telephone except to report a real emergency.
4. Turn on a radio, if possible to receive information on what to do.
5. If you are in no immediate danger, stay where you are. We will attempt to contact you at your residence as soon as possible to assess your needs.

PROTECTING YOUR HOME FROM FLOODS

BEFORE THE FLOOD	DURING THE FLOOD	AFTER THE FLOOD
Learn the safest route from your home or place of business to high, safe ground if you have to evacuate in a hurry	Remember that flood waters rise rapidly so be prepared to evacuate before the water level reaches your property.	Prior to entering a building check for structure damage. Make sure the building is not in danger of collapsing. Turn off any outside gas lines at the meter or tank and let the house air several minutes to remove foul odor or escaping gas.
Check the roof for leaks. Clean out gutters and other drainage areas	Keep a battery powered radio tuned to a local radio station and follow all emergency instructions	Upon entering your home, do not use open flame as source of light since gas may still be trapped inside. Use a battery-operated flashlight.
Makes an itemized list of all personal property, including furniture, clothing and valuables. Photos of your home both inside and out are helpful. This will assist your insurance adjuster in setting claims and will help prove uninsured losses, which are tax deductible.	If you are caught in the house by suddenly rising waters, move up to the second floor and if necessary, to the roof. Take warm clothing, a flashlight and portable radio with you. Wait for help. Do not try to swim to safety. Rescue teams will be looking for you.	Watch for electrical shorts or live wires before making a certain that the main shower switched is turned off. Do not turn any lights or appliances until an electrical ahs checked the system for short circuits.
Make sure you have a portable radio, emergency cooking equipment and flashlights in working order.	If you are outside, try to find high ground and do not attempt to walk through flood waters that are more than knee deep.	Proceed with immediate clean up measures to prevent any health hazards. Perishable items, which pose a health problem, should be
Keep a supply of handbags on hand. Plywood, plastic sheeting	Turn off all utilities at the main power switch and close the main gas valve if evacuation appears	

<p>and lumber can be used to protect your property.</p> <p>Sandbags cannot be filled and stored for a long time because burlap bags when filled with sand or dirt will eventually rot. Sandbags must be filled immediately before or during the storm.</p> <p>Sandbags should be only half full with sand and it is important to note that sandbags will not completely seal out water. Decide on a place where your family can meet during and/or after a flood if your home is flooded out.</p>	<p>necessary. Do not touch any electric equipment unless it is in a dry area and you are standing on a piece of dry wood while wearing a rubber gloves and rubber soled boots or shoes.</p> <p>Fill bath tubs, sinks and jugs with clean water in case regular supplies are contaminated. You can sanitize these items by first rinsing with bleach.</p> <p>If you are in your car and it stalls in a flooded area, abandon it as soon as possible. Flood waters can rise rapidly and sweep in the car and occupants away. Many deaths have resulted from attempts to moved stalled vehicles.</p>	<p>listed and photographed before discarding. Throw out fresh food and previously opened medicines that have come in contact with floodwaters.</p> <p>Water for drinking and food preparation should be boiled vigorously for ten minutes until the public water systems has been declared safer again.</p> <p>Cover broken windows and holes in the roof or walls to prevent further weather damage. Make sure to keep a record of these temporary repairs since in most cases, these are covered by your home insurance policy.</p>
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FIRE EMERGENCY

Things are different – infirm, unfamiliar, difficult times. What you do *right now* is vital...

PREPLAN:

Then if you face a fire emergency, you will be ready to act quickly, correctly. No Panic. Here is your basic guide.

SMOKE DETECTORS:

They are your best defense against fire – early warning! Test weekly (have battery changed annually.) Recommend that a detector be put IN client’s room, too.

PLAN TWO EXITS:

Survey for at least two ways out. If an EXIT is through ground floor window, make sure it opens easily. If an apartment, know EXIT stair locations. Keep hallway clear. Do not use elevator in fire emergency. Put out escape plan into – PRACTICE.

“FIRE” (or suspect)

Take immediate action upon PLAN
RESCUE – ESCAPE is top priority

And give the FIRE ALARM.

Get help on the way – no delay.

IF fire escape is ever cut off, be calm, close door, seal cracks to hold back smoke. Then signal for help at window. If telephone is in the room, call the fire department to give your location (keep that number near phone).

IF client had disability or special needs, preplan fire escape. Do not hesitate to recruit helpers. (Inform of conditions and be ready to give them any special instructions). Also, you may inform the fire department ahead of time.

LIFE SAFETY FIRST..

Then if fire is still small, you may be able to use a fire extinguisher.

ABC – type extinguisher can be used on:

- A. Ordinary Combustibles**
- B. Flammable**
- C. Electrical Fires**

NEVADA PATIENT INFORMATION ON ADVANCE DIRECTIVES

Making sure your future health care choices are honored

What kind of medical care would you want if you were too ill or hurt to express your wishes? Advance directives are legal documents that tell your doctor, health care professionals, family and friends your wishes about your health care ahead of time. There are also documents which can be used to appoint someone to make decisions for you if you cannot do so yourself. You can say “yes” to treatment you want and “no” to treatment you don’t want.

Durable Power of Attorney for Health Care

This enables someone you name to make decisions concerning your health care if you become incapable of doing so yourself.

Declaration

This directs any attending physician to withhold or withdraw treatment which only prolongs the process of dying, when you have an incurable and irreversible condition. There is also a declaration designating another person to decide to withhold or withdraw life-sustaining treatment.

Do-Not-Resuscitate Order

Written by your physician at your direction, this advises health care professionals that you do not wish to undergo CPR if your heart stops beating or if you were to stop breathing.

Physician Order for Life-Sustaining Treatment

This is a detailed document outlining the different types of life-sustaining treatments you would accept or refuse in certain situations.



*There are four
types of
Advance
Directives
available in
Nevada*

MEDICAL TREATMENT TERMS

It is important to know the kinds of life-prolonging care to consider if using Advance Directives. There are three kinds to consider: cardiopulmonary resuscitation (CPR), artificial provision of nutrition and fluids (tube-feeding), and active treatment to fight disease. Each is described below.

Life-resuscitating treatment

In Nevada, “life-resuscitating treatment” means cardiopulmonary resuscitation (CPR) or a component of CPR, including chest compressions, defibrillation, assisted ventilation, airway intubation, or administration of drugs or electric current to restore your heart’s rhythm.

CARDIOPULMONARY RESUSCITATION IS THE ACT OF REVIVING SOMEONE WHOSE HEART AND/OR BREATHING HAVE STOPPED. CPR CAN INCLUDE BASIC AND ADVANCED MEASURES

The basic measures are:

- Cardiac compression (repeatedly pressing on the chest to squeeze the heart so that blood begins to circulate again)
- Mouth-to-mouth breathing, to push air into the lungs

The advanced measures are:

- Intubation (putting a tube through the mouth or nose)
- Defibrillation (powerful electrical shocks to the chest to start the heart beating again)
- Strong medications to correct the heart rhythm

The success of CPR depends on the individual’s previous health and on how soon the procedure is started. The best results occur in a generally healthy person whose heart stops unexpectedly, and when CPR is started promptly.

The chance of restarting the heart is much less likely when it has stopped as the result of many chronic problems.

Prompt CPR can save a person’s life and prevent damage to the body’s tissue and organs. On the other hand, brain damage is likely if more than about four minutes have elapsed before the procedure is started. Other risks include injuries to the chest and liver as a result of the force applied during chest compression.

Artificial Provision of Nutrition and Fluids

Artificial provision of nutrition and fluids, also called “tube-feeding,” is used either temporarily or permanently when patients are unable to swallow. There are three ways to provide artificial nutrition and fluids:

- The nasogastric tube, which is inserted through the nose into the stomach;

Modern hospitals and nursing homes automatically attempt CPR on anyone whose heart and/or breathing stops, unless there is a Do Not Resuscitate - or “DNR” order - on file for the patient. A DNR order can only be written by a doctor with the permission of the patient, his or her health care agent or the family.

- The gastrostomy tube, which is inserted surgically through the stomach walls;
- Intravenous tubes, placed into veins in the arms or chest.

Nevada law permits individuals to refuse tube-feeding. However, some doctors are reluctant to withhold or withdraw tube-feeding from an unconscious patient unless the patient has left specific instructions to do so.

Death usually occurs within 2 to 14 days after tube-feeding is withheld or withdrawn. Many people worry that the lack of food and water will mean a painful death. Tube-feeding is most commonly withheld or withdrawn when people are unconscious or on the verge of death. At this state most patients have lost the desire for nourishment and the sensation of thirst or pain. As a precaution against discomfort, comfort care is routinely provided in the interim before death.

Active Treatment to Fight Disease

Active treatment to fight disease includes intensive treatment (the kind of high-technology care usually provided in hospital intensive care units) and non-intensive treatment. These are outlined below.

- Ventilators, commonly called respirators, are machines that can breathe for a patient if lung function is inadequate. This is done through a tube inserted into the windpipe via the nose or mouth or through a tracheotomy, a hole cut in the windpipe at the front of the neck.

Of the two procedures, passing a tube through the nose or mouth is the least comfortable because it prevents the patient from speaking and eating, and it triggers the gag reflex. The tracheotomy, on the other hand, requires anesthesia and surgery, but eventually allows the patient to take food by mouth and to talk for short periods off the ventilator.

- Kidney dialysis involves the use of a machine to clean the blood when the kidneys no longer function properly. Dialysis takes several hours, several times a week, and can be quite uncomfortable.

Dialysis can be used on a temporary basis while a patient recovers from an acute illness or awaits a kidney transplant, or on a permanent basis in the case of more serious kidney problems. Complete kidney failure is a common part of the dying process.

- Invasive monitoring involves the use of intravenous lines (to administer drugs or fluids and to take blood samples) and catheters (to monitor heart and kidney function).
- Electrical pacemaker and other devices can be used to support the failing heart.
- Major surgery can be used to restore function or relieve pain.
- Antibiotics (available in pill form or by injection) to treat infections.
- Blood transfusion.

Sometimes a patient is so ill that he cannot refuse treatment. Therefore, it is very important to have an advance directive if you wish to refuse life-sustaining treatment during a terminal illness.

- Chemotherapy (a drug treatment) and radiation to fight cancer.

Your Rights

Nevada law provides that a patient retains the right to make decisions regarding the use of life-sustaining treatment, so long as he is able to do so. It provides that a patient has a right to refuse treatment to the extent permitted by laws and to be informed of the consequences of that refusal.

You may also refuse treatment if you are able to make that decision and to be informed of the consequences of that refusal. A qualified patient may also forego life-sustaining treatment if he is able to do so.

You do not have to write an Advance Directive...it is entirely up to you.

You may change or cancel these documents at any time in accordance with state law.

Any change or cancellation should be written, signed and dated in accordance with state law, and copies should be given to your family doctor, or to others to whom you may have given copies of the original.

If you wish to cancel an advance directive while you are in the hospital, you should notify your doctor, your family, and others who may need to know.

You may orally revoke an existing Advance Directive. Even without a change in writing, your wishes stated in person directly to your doctor generally carry more weight than a Declaration or Durable Power of Attorney for Health Care Decisions, as long as you can decide for yourself and can communicate your wishes. But be sure to state your wishes clearly and be sure that they are understood.

If you are in a terminal condition (you are dying and there is no hope of a cure) and *are no longer able to make decisions regarding administration of life-sustaining treatment* and have no advance directive, life-sustaining treatment can be withheld or withdrawn after your physician consults with your family members.

If your spouse, an adult child or if more than one child, a majority of the adult children who are reasonably available for consultation, your parents, an adult brother or sister or, if there is more than one sibling (brother or sister) a majority of the adult siblings who are reasonably available for consultation, or the nearest other adult relative by blood or adoption who is reasonably available for consultation, in that order of priority, may in good faith and for your best interest, consent in writing attested by two witnesses to the withholding or withdrawal of treatment.

It is advisable that those dear to you be aware of your wishes and where your original Advance Directive is so that your wishes can be carried out. You may also want to discuss an Advance Directive with your lawyer, but you do not need a lawyer to use any of the forms in this packet.

THE FOUR TYPES OF ADVANCE DIRECTIVES

Durable Power of Attorney for Health Care Decisions

This is a signed, dated, and witnessed paper naming another person (such as a husband, wife, daughter, son, or close friend) as your “agent” or “proxy” to make medical decision for you if you should be unable to make them for yourself. You can include instructions about any treatment you want or wish to avoid, such as surgery or artificial feeding.

Declaration

A Declaration generally states the kind of medical care you want (or do not want) if you become unable to make your own decision. It is sometimes called a “living will” because it takes effect while you are still living. The Nevada Legislature has used the word “Declaration” as its preferred type of advance directive.

Do-Not-Resuscitate (DNR) Order

A DNR is a written directive issued by a physician, at your direction, that tells medical professionals not to perform CPR. That means that doctors, nurses and emergency medical personnel will not attempt emergency CPR if you stop breathing or if your heartbeat stops.

CPR, when successful, restores the heartbeat and breathing and allows you to resume your previous lifestyle. The success of CPR depends on your overall health condition. When you are seriously ill or terminally ill, CPR may not work or may only partially work leaving you in a worse medical state than before the heart stopped. Some patients prefer to be cared for without aggressive measures when the end of life is imminent.

Physician Order for Life-Sustaining Treatment (POLST)

A POLST form is a doctor’s order that helps you keep control over medical care at the end of life. Like a DNR order, the form tells health care providers which actions to take in the event of a medical emergency.

It tells them things like whether or not to administer CPR, to be taken to a hospital, whether or not you wish to receive artificial nutrition. Like a DNR order, the form tells emergency medical personnel and other health care providers whether or not to administer CPR in the event of a medical emergency. A POLST form may be used in addition to - or instead of - a DNR order. The POLST form may

The POLST form helps medical providers understand your wishes at a glance, but it is not a substitute for a properly prepared health care declaration (living will) or durable power of attorney.

also provide other information about your wishes for end-of-life health care.

A POLST form differs from a DNR order in one important way: A POLST form also includes directions about life-sustaining measures in addition to CPR, such as intubation, antibiotic use, and feeding tubes. It may also indicate whether you have chosen to donate your organs after death.

A doctor can help you create a POLST form if you enter a medical facility or health care setting such as a hospital, nursing home, or hospice care in a facility or at home. The form is legally valid only if explained and signed by the doctor. If a member of the medical staff does not ask you whether you want to create a POLST form, you may ask for one.

WHAT DO I DO WITH THESE FORMS IF I COMPLETE THEM?

Your advance directive is complete as soon as you have signed it and it is appropriately witnessed, if applicable. You can give it to your health care professional, or family or friends so that the form is available in case of an emergency. Unless your wishes are known by those involved in your health care, your wishes cannot be honored. It is advisable to provide a copy of the Advance Directive to your healthcare provider.

Federal law requires that the provider or organization must “document” in the individual’s medical record whether or not the individual has executed an Advance Directive.

You may keep a copy of your advanced directives in a secure, confidential “Living Will Lockbox” with the Nevada Secretary of State. This is readily available to you and your health care providers, when needed, 24-7. You choose who may have access to your documents filed in the Lockbox. Through your Lockbox, your health care provider may retrieve a copy of your advance directive during an emergency or illness. Begin the process at www.nvsos.gov.

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You should not wait until you are old or facing a serious illness to think about these issues. Thinking about them while you are in good health gives you and your loved ones the opportunity to prepare for the sort of medical crisis that could happen to anyone at any time. You may also want to save a copy of your forms in an online personal health record.

care,



HOW TO PLACE A PRESCRIPTION ORDER

Your prescriber may contact us to submit a verbal order at 1-833-661-7895 , we also accept fax or electronic prescriptions.

HOW TO OBTAIN A REFILL

We will call you to set up delivery when you have about 7 days of medication left. After three unsuccessful attempts to contact you, we will send you a letter via United States Postal Service.

If you have not heard from us when you have 5 days of medication remaining, please contact us at: 1-833-661-7895. In addition, we will gladly assist you with any coordination issues with your medication such as vacation supplies, early refill due to change of therapy or manufacture replacement due to defective device, etc.

HOW TO ACCESS MEDICATIONS IN CASE OF AN EMERGENCY OR DISASTER

We will make reasonable attempts to contact each patient following a disaster to access their needs and will prioritize patients based upon the urgency of the need for service. The following local services may be contacted by the patient if needed. Local pharmacies near the patient's address. The local hospital(s) near the patient's address. The local EMS Office (911) Services FEMA.

HOW TO CHECK ON A PRESCRIPTION ORDER OR ADDRESS A DELAY

You may contact us at 1-833-661-7895 at any time to check on a prescription order. We will contact you with any delays but you are welcome to call us with any questions or concerns. If the delay will result in missing a dose or not taking it timely, we will work with you to access the medication by other means or obtain directions from your prescriber to manage the therapy.

INFORMATION ON PRESCRIPTION DRUG SUBSTITUTIONS

LifeCare Pharmacy and Medical Supplies may substitute a generic drug for a prescribed drug unless the prescriber writes, "Dispense as written". If questions arise as to therapeutic equivalent LifeCare Pharmacy and Medical Supplies will contact the drug manufacturer and/or consult the FDA Orange Book.

HOW TO TRANSFER A PRESCRIPTION TO ANOTHER PHARMACY

Simply call us at 1-833-661-7895, provide the name of the medication along with the name and phone number of the pharmacy the prescription is to be transferred. We will contact the pharmacy where your prescription is to be transferred and provide the information needed to fill your prescription. We will inform you if the prescription has no remaining refills so you may contact the prescribing physician.

HOW TO HANDLE MEDICATION RECALLS

Upon receiving notification of a product recall, LifeCare Pharmacy and Medical Supplies will take the following steps:

- 1) Review inventory and records for the disposition of the recalled item.
- 2) Contact the patient/caregiver by telephone as appropriate to arrange for exchange of products
- 3) Follow the steps recommended by the manufacturer and document the steps with the date completed and the signature of the person completing the form.

HOW TO DISPOSE OF MEDICATIONS

Follow these seven steps if you are unable to bring your medication to a substation for disposal.

1. Collect all expired or unused medications.
2. Dump all solid medications into a sealable plastic bag.
3. Add an absorbent product (kitty litter, coffee grounds, etc.).
4. Add liquid medications.
5. Seal or tape bag shut.
6. Place sealed bag in trash.

HOW TO HANDLE ADVERSE REACTIONS

An adverse reaction is defined as any unpredictable, unintended, undesirable, and unexpected biological response that a patient may have to medications. Below find a list of the some of the possible adverse reactions that are possible to experience when starting a new medication:

Headache, tremors, dizziness; muscle spasms, confusion; Nausea, vomiting, diarrhea; Skin rash or flushing; Hypotension (low blood pressure), Hypertension (high blood pressure), arrhythmia (irregular heart beat), tachycardia (high heart rate), or bradycardia (low heart rate); Shortness of breath, dyspnea (difficulty in breathing), or respiratory depression (slowed breathing).

If an adverse drug reaction is reported to our clinical staff, the pharmacist shall do a complete clinical assessment with the patient and based on his/her clinical judgment will formulate a plan of action. This plan of action could include counseling you on common preventative measures if a known and manageable adverse reaction is reported or contacting your physician to obtain instructions that may involve discontinuing the medication, or modifying the dose.

GRIEVANCE / COMPLAINT REPORTING

You may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. To place a grievance, please call 1-833-661-7895 and speak to customer services. If your complaint is not resolved to your satisfaction within 5 working days, you may initiate a formal grievance, in writing and forward it to the Governing Body. You can expect

a written response within 14 working days or receipt.

You may also make inquiries or complaints about this pharmacy by calling Medicare at 1-800-MEDICARE, the Accreditation Commission for Health Care (ACHC) at 919-785-1214 and/or the Nevada State Board of Pharmacy at <http://bop.nv.gov/services/Complaint/>.



RETURNED GOODS POLICY

I UNDERSTAND THAT DUE TO POTENTIAL COMPLICATIONS ASSOCIATED WITH RE-DISPENSING DRUG AND ANCILLARY ITEMS PRESCRIBED FOR MY HOME THERAPY, ONLY DURABLE MEDICAL EQUIPMENT (I.E. IV PUMP, IV, MAY BE RESTOCKED BY LIFECARE PHARMACY FOR FUTURE USE OR BY OTHER PATIENTS). I UNDERSTAND THAT ITEMS FOR CREDIT INCLUDE DURABLE MEDICAL EQUIPMENT AND DEFECTIVE ITEMS ONLY

CPR NOTICE

CPR Training, certification and performance of CPR are NOT job requirements for delivery personnel and other LifeCare Pharmacy Employees.

In a life threatening emergency, **CALL 911.** Do Not call LifeCare Pharmacy if the patient needs CPR.

Authorization for Payment

I certify that the information provided by me is correct. I authorize my insurance company(ies) to furnish to any agent of LifeCare Pharmacy and all information pertaining to my insurance benefits and status of claims submitted by LifeCare Pharmacy. I authorize my payment directly to LifeCare Pharmacy for Medicare benefits (as applicable) and other insurance benefits, or any other payments are sent directly to me, I will hold them in trust for LifeCare Pharmacy for payment of my bill. In such a case, I understand that I can make payment for services either by personal check or by endorsing the insurance payment to LifeCare Pharmacy (by writing on the back “Pay to the order of LifeCare Pharmacy” and my signature).

Unanticipated Service Interruption

I understand that LifeCare Pharmacy uses all reasonable efforts to provide uninterrupted services; however, sometimes interruptions are unavoidable due to inclement weather or other natural disasters. During interruption of essential services, I agree to provide or arrange for backup care, or I agree that LifeCare Pharmacy may assist in arranging for my transfer to an appropriate emergency facility.

Time Documents

I agree and acknowledge that time slips record the services provided and constitute the basis of billing. I authorize _____ to sign time slips on my behalf.

Equipment

I agree that any leased, loaned, or rented equipment received by me from LifeCare Pharmacy for my treatment remains the property of LifeCare Pharmacy. I agree to use and maintain the equipment as instructed and per the manufacturer’s guidelines, and to return the equipment in good condition no later than ten(10) days after the completion of therapy, or from when I am no longer receiving services from LifeCare Pharmacy. I understand that I will be responsible for the replacement cost if this equipment is damaged, destroyed lost or not returned to LifeCare Pharmacy.

Termination

I understand that I may terminate this Agreement by giving at least four (4) hours notice. Additionally, LifeCare Pharmacy may terminate this Agreement by providing at least seventy-two (72) hours or such other minimum notice as is required by applicable state law, except for emergency terminations by either party for any reason. The obligations contained in sections or paragraphs, related to the following shall survive any such termination: Services/Charges, Authorization for Payment, Payment, Late Charges, Equipment and Authorization to Release Information.

Property Damages

In consideration for the health treatment being provided to me by LifeCare Pharmacy, I hereby release LifeCare Pharmacy, its subsidiaries and affiliates from any and all claims, demands and causes of action involving any and all damages to my property, except that caused solely by the negligence of LifeCare Pharmacy agents or employees acting within the scope of their employment.



3050 E. Desert Inn Rd. Ste. 124
Las Vegas, NV. 89121
Office: (702) 697-2105
Fax: (702) 697-2107

Medical Records Release Form

Date: _____

Patient Last Name: _____ First _____ MI _____

DOB: _____ Male _____ Female _____ Last 4 of SSN: _____

Address: _____

City: _____ State _____ Zip Code _____

I, _____ am giving you permission to release any medical
(please print)

Records needed to **LifeCare Specialty Pharmacy** for any of my billing needs from them. This includes Dr's orders, clinical notes, insurance information, patient demographics information on record.

Please fax to **LifeCare Specialty Pharmacy**

Thank you,

X

Signature

X

Relationship to Patient (If Applicable)



LIFECARE PHARMACY MEDICATION ORIENTATION FORM

My signature below this form attests that I have received, read, and / or been instructed, in detail, on the following information.

- My rights as a customer.
- My responsibility as a customer.
- How to voice a complaint or concern.
- My work order denoting medication and supplies.
- My Release of Information / Assignment of benefits.
- The safe and proper use of medication and supplies
- Medication and Supply
- Functional Assessment, Mental Assessment
- Patient Needs
- Important Life Care Pharmacy telephone numbers, including after-hours information.
- Information on Life Care Pharmacy products and services.
- Received information regarding Advance Directives and Resuscitation.
- Medicare Supplier Standards.
- Community Resources.
- HIPAA Privacy Notice
- Warranty Information

Patient / Beneficiary :	LifeCare Rep:
Signature:	Signature: