



# PATIENT WELCOME PACKET

3740 St. Johns Bluff Road S. Suite 19  
Jacksonville, FL 32224

Phone: 904-503-5030 Toll-Free: 877-811-MEDS

Fax: 800-910-7195

[www.SmartPharmacy.com](http://www.SmartPharmacy.com)

# WELCOME TO



## TO OUR VALUED PATIENTS:

We are excited about the opportunity to serve you for all of your pharmacy needs and we want to make your experience with us as comfortable and convenient as possible.

We are a state-of-the-art personalized compounding, specialty and retail pharmacy for medicines prescribed by your doctor. As healthcare providers, we take care of our community. It's our calling and our passion. Our pharmacy team is dedicated to providing the highest quality of care to our patients.

Your medication can be shipped directly to your home at no charge to you. We are committed to providing patients and physicians with personalized care and cutting-edge, targeted pharmaceutical therapies.

We look forward to providing you with the best service possible. We know you have many options and we thank you for choosing our pharmacy.

Sincerely,

The Smart Pharmacy & Specialty Meds Team

### ***Compounding Mission***

Smart Pharmacy's mission is to help patients achieve the best possible outcomes through a smarter combination of innovation, service and compounding expertise.

### ***Specialty Mission***

Our Specialty Pharmacy mission is to ensure patients and prescribers achieve optimal outcomes by providing smart, innovative, and cutting edge medication management services.

Email: [customer care@smartpharmacy.com](mailto:customer care@smartpharmacy.com)



# Welcome Packet

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## Contact Us

If you have any questions or concerns regarding your medication(s), please contact us at 877-811-6337(MEDS).

*If you believe you have a medical emergency, please call 911*

### **Our Customer Care Contact Center is Open:**

Monday through Friday, 8 a.m. to 7 p.m. (Eastern Time) &  
Saturday 9 a.m. to 6 p.m. (Eastern Time)

### **A Licensed Pharmacist is available:**

During normal business hours as well as after hours to address any clinical questions or concerns about your medication. Call 877-811-6337(MEDS).

## Holidays

Smart Pharmacy is closed in observance of the following holidays:

- New Years Day (January 1)
- Memorial Day (the last Monday in May)
- Independence Day (July 4)
- Labor Day (the first Monday in September)
- Thanksgiving (the fourth Thursday in November)
- Christmas (December 25)

Visit our website for more information: [www.SmartPharmacy.com](http://www.SmartPharmacy.com)

***\*All calls are recorded for quality assurance and training purposes***



## Smart Pharmacy's Patient Management Program

At Smart Pharmacy, providing personalized care to our patients is a top priority. We understand that dealing with your medical conditions can be stressful, which is why we do more than just fill prescriptions. We provide customized education and support to help each patient manage their individual healthcare needs.

Smart Pharmacy Offers These Benefits to Patients:

- Work with your physician to monitor your medications and assist in your care plan
- Work with you one-on-one to ensure you are able to take your medication as prescribed by your physician. We will talk to you about your medication, the importance of medication compliance, possible interactions, and explain potential side effects and results of a change in treatment.
- Education and awareness of the disease and how to manage it
- Contact you once a month when refills are due so your medication is ready when you need it.
- Fill ALL of your prescription medications, consolidating them for convenient free delivery.
- Work with your insurance company to sort out prior authorization and billing issues so you don't have to.

Working together as a care team will allow us to make sure you receive the communication you need to comply with your therapy and achieve the best possible outcomes from your therapy.

*\*As a patient, you have the option to opt out of this Patient Management Program at any time by asking us to do so.*

To contact us, please call: 877-811-6337(MEDS)

# Specialty Pharmacy Patient Resources

## Patient Advocacy

You can contact any of the resources below to learn more, and connect with support groups and other organizations dedicated to educating patients about their condition. In addition to education, these organizations can provide valuable support to patients dealing with complex and difficult healthcare needs.

- **Hepatitis C Careline**

1-800-532-5274

- **MS Advocate for Change**

1-800-344-4867

- **RA Advocate 101**

1-844-571-4357(HELP)

- **Crohn's and Colitis Advocacy Network**

1-800-932-2423

## Appeals Process

In the event that a patient requires assistance in preparing for an appeal of a decision, a Smart Pharmacy employee will educate and assist the member throughout the entire process. First, the member is contacted upon the denial of a prior authorization. During this time, the Smart Pharmacy employee will review the reason for denial and educate the patient on the appeals process. Next, all requested documentation is gathered by the provider and/or patient for submission to the appropriate appeals department. While waiting on the appeal decision, the Smart Pharmacy employee will offer any assistance such as follow up conversations or interim alternative therapy. This assistance may be in the form of written documentation, phone calls, or whatever is deemed necessary by the payer.



## **What is Covered?**

Our pharmacy covers most drugs, which by federal law requires a doctor's prescription, and is covered by your prescription benefit program. If your prescription benefit plan does not cover the prescription prescribed to our pharmacy by your doctor, we will contact your prescriber with an alternate formulation recommendation or contact you directly to discuss financial arrangements.

## **Financial Obligation and Financial Assistance**

Before your prescription is processed, you will be informed of your financial obligations that may not be covered by your insurance or other third-party sources. The obligations include but are not limited to: out-of-pocket costs such as deductibles, copays, co-insurance, annual and lifetime co-insurance limits.

Payments made by credit card (visa, MasterCard, American Express, Discover) over the phone and by check or money order through the mail.

## **Insurance Claims**

Our pharmacy works with most major insurance carriers and will submit claims to your health insurance carrier on the date your prescription is filled. If the claim is rejected, a staff member will notify you so we can work together to resolve the issue.

## **Out-of-pocket Option**

Out-of-pocket options are available for all patients in the event that the prescribed medication(s) are not covered by your insurance.

# PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

## PATIENT RIGHTS

As patients, you have the right to:

- Be treated with courtesy and respect, appreciation of your individual dignity, and protection of your need for privacy.
- A prompt and reasonable response to questions and requests.
- Know who is providing pharmacy services and who is responsible for your care.
- Know what patient support services are available, including whether an interpreter is available.
- Know what rules and regulations apply to your conduct.
- Refuse any treatment, except as otherwise provided by law.
- Be given, upon request, full information and necessary counselling on the availability of known financial resources for your care.
- Know, upon request and in advance of treatment, whether the pharmacy accepts the Medicare plan.
- Receive, upon request, prior to treatment, a reasonable estimate of charges for your pharmacy bill.
- Receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- Impartial access to medications, regardless of race, national origin, religion, physical handicap, or source of payment.
- Express grievances regarding any violation of your rights, as stated in Florida law, through the grievance procedure of the pharmacy which served you and to the appropriate state licensing agency.

## PATIENT RESPONSIBILITIES

As patients, your responsibilities are:

- Providing to the pharmacist, to the best of your knowledge, accurate and complete information about medications and other matters relating to your health.
- Reporting unexpected changes in your condition to the pharmacist.
- Reporting to the pharmacist whether you comprehend a contemplated course of action and what is expected of you.
- Following your treatment plan.
- Your actions, if you refuse treatment or do not follow the pharmacist's instructions.
- Assuring that the financial obligations of your health care are fulfilled as promptly as possible.
- Following health care facility rules and regulations affecting patient care and conduct



## Privacy Policy

### Your Information. Your Rights. Our Responsibilities.

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.**

### Your Rights

You have the right to:

- Receive a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Receive a list of those with whom we've shared your information
- Receive a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

### Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

***\*All calls are recorded for quality assurance and training purposes***



## Privacy Policy Continued

### Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### Receive an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### Receive a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

***\*All calls are recorded for quality assurance and training purposes***



## Privacy Policy Continued

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

### Our Uses and Disclosures

#### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Treat you

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

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## Privacy Policy Continued

### Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

### Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### Help with public health and safety issues

- We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### Do research

We can use or share your information for health research.

### Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

### Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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## Privacy Policy Continued

### Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

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# Privacy Policy

# State Specific Provisions

Effective Date: 1/04/2016

**Privacy Officer**

**Phone: 904-575-3575**

**Email:**

**[Privacy@smartpharmacy.com](mailto:Privacy@smartpharmacy.com)**

## ALASKA

n/a

## ARIZONA

### Communicable Disease Information

We will not disclose any confidential communicable disease related information about you, unless you or your health care decision maker have provided us with a written authorization allowing the release or where we are authorized by State or required by federal law to make the disclosure.

## COLORADO

### Disclosure-Pharmacy Information

We will not release your identifiable prescription information to anyone other than you or your designee or authorized representative, unless requested by any of the following persons or entities: a. the practitioner who furnished the prescription or another licensed practitioner caring for you; b. another pharmacist or intern serving you, c. a pharmacy technician or another pharmacist, or intern maintaining your records; d. the Board of Pharmacy or another state or federal agency authorized to receive the information; e. any third party entities responsible for payment; f. any other parties allowed by federal privacy regulations.

**Disclosure-HIV Information:** We will not disclose your AIDS or HIV-related reports or records without your authorization, except as required or permitted by federal law or state law.

## CONNECTICUT

### Disclosure – Pharmacy Information

We will not disclose information about pharmaceutical services rendered to you to third parties without your consent, except to the following persons: (a) the prescribing practitioner or a pharmacist or another prescribing practitioner presently treating you when deemed medically appropriate; (b) a nurse who is acting as an agent for a prescribing practitioner that is presently treating you or a nurse providing care to you in a hospital; (c) third party payors who pay claims for pharmaceutical services rendered to you or who have a formal agreement or contract to audit any records or information in connection with such claims; (d) any governmental agency with statutory authority to review or obtain such information; (e) any individual, the state or federal government or any agency thereof or court pursuant to a subpoena; and (f) any individual, corporation, partnership or other legal entity that has a written agreement with the pharmacy to access the pharmacy's database provided the information accessed is limited to data that does not identify specific individuals.

**Sale of Information:** We will not sell your individually identifiable medical record information.

**HIV-related Information:** We will not disclose confidential HIV-related information without your authorization or that of your guardian or other personal authorized to consent to your health care, except as authorized by State law or required by federal law.

## DELAWARE

### HIV Information

We will not disclose information that would indicate HIV test results without your authorization or that of your legal guardian, except as authorized by State law or required by federal law.

## FLORIDA

We will not disclose your pharmacy records without your written authorization except to: (a) you; (b) your legal representative; (c) the Department of Health pursuant to existing law; (d) in the event that you are incapacitated or unable to request your records, your spouse; (e) in any civil or criminal proceeding, upon the issuance of a subpoena from a court of competent jurisdiction and proper notice to you or your legal representative, by the party seeking the records, and; (f) as otherwise authorized by state law.

### **HIV Test Results:**

We will not disclose medical record information that indicated HIV test results without your authorization or that of your legally authorized representative, except as authorized by State law or required by federal law.

### **Immunization Records:**

We will not disclose your immunization records without your authorization, except as permitted by State Law.

## GEORGIA

Unless authorized by you, we will not disclose your confidential information to anyone other than you or your authorized representative, except to the following persons or entities: (a) the prescriber, or other licensed health care practitioners caring for you; (b) another licensed pharmacist for purposes of transferring a prescription or as part of a patient's drug utilization review, or other patient counseling requirements; (c) the Board of Pharmacy, or its representative; or (d) any law enforcement personnel duly authorized to receive such information. We may also disclose your confidential information without your consent pursuant to a subpoena issued and signed by an authorized government official or a court order issued and signed by a judge of an appropriate court.

**HIV/AIDS Information:** We will not disclose AIDS confidential information, without your authorization, except as authorized by State law or required federal law to make the disclosure.

## HAWAII

### **HIV/ARC/AIDS Information**

We will not disclose any HIV/AIDS/ARC-related information, except in situations where you have provided us with prior written consent allowing the release or where we are authorized by state or required by federal law to make the disclosure.

## IDAHO

### **Disclosure – Pharmacy Information**

We will not release your identifiable prescription information to anyone other than you or your designee, unless requested by any of the following persons or entities: (a) the Board of Pharmacy, or its representatives, acting in their official capacity; (b) the practitioner, or the practitioner's designee, who issued your prescription; (c) other licensed health care professionals who are responsible for the your care; (d) agents of the Department of Health and Welfare when acting in their official capacity with reference to issues related to the practice of pharmacy; (e) agents of any board whose practitioners have prescriptive authority, when the board is enforcing laws governing that practitioner; (f) an agency of government charged with the responsibility for providing medical care for you; (g) the federal Food and Drug Administration, for purposes relating to monitoring of adverse drug events in compliance with the requirements of federal law, rules or regulations adopted by the FDA; and (h) the authorized insurance benefit provider or health plan that provides your health care coverage or pharmacy benefits.

## ILLINOIS

### **HIV Test Information**

We will not disclose any HIV test result information without authorization by you or your legal representative, except where we are authorized by State law or required by federal law to make the disclosure.

## INDIANA

### **Disclosure – Pharmacy Information**

We will disclose your confidential information only when it is in your best interests, when the information is requested by the Board of Pharmacy or its representatives or by a law enforcement officer charged with the enforcement of laws pertaining to drugs or devices or the practice of pharmacy, or when disclosure is essential to our business operations.

## IOWA

### HIV/AIDS-Related Information

We will not disclose any HIV/AIDS-related information, except in situations where you have provided us with a written authorization allowing the release or where we are authorized by State law or required by federal law to make the disclosure.

## KANSAS

n/a

## MASSACHUSETTS

### Disclosure – Pharmacy Information

We will only disclose your information without your authorization only to you or to those practitioners and other pharmacists where such release is necessary to protect your and well-being; and to such other persons or governmental agencies authorized by law to receive such confidential information.

## MINNESOTA

### Disclosure – Health Care Provider

We will not release your health records without your authorization, specific authorization in law, or a representation from a provider that holds a patient authorization, except to: (a) another provider, upon the request of the patient; (b) for a medical emergency when the provider is unable to obtain the patient's consent due to the patient's condition or the nature of the medical emergency; (c) to other providers within related health care entities when necessary for the current treatment of the patient; (d) to a licensed health care facility when a patient is returning to the health care facility and unable to provide consent; (e) to the release of health records to the commissioner of health or the Minnesota Health Data Institute under chapter 62J, provided that the commissioner encrypts the patient identifier upon receipt of the data; (f) to a record locator services; (g) health records relating to a patient's mental health to a law enforcement agency if the law enforcement agency if the patient is involved in an emergency; and disclosure is necessary to protect the health or safety of the patient or of another person; (h) for mental health care and treatment to a family member of the patient or other person who requests the information if the request meets the conditions specified in State law; or (i) for research purposes as specified in State law.

**Disclosure – Pharmacy Records:** We will not disclose your prescription orders or the contents thereof, except to: (a) you, your agent, or another pharmacist acting on your behalf or your agent's behalf; (b) the licensed practitioner who issued the prescription; (c) the licensed practitioner who is currently treating you; (d) a member, inspector, or investigator of the board or any federal, state, county, or municipal officer whose duty it is to enforce the laws of this state or the United States relating to drugs and who is engaged in a specific investigation involving a designated person or drug; (e) an agency of government charged with the responsibility of providing medical care for you; (f) an insurance carrier or attorney on receipt of written authorization signed by you or your legal representative, authorizing the release of such information; and (g) any person duly authorized by a court order.

## MISSOURI

**HIV/AIDS Information:** We will not disclose any HIV/AIDS-related information, except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized by State or required by federal law to make the disclosure.

## MONTANA

We will not disclose your information without your authorization, except to the extent a recipient needs to know the information, if the disclosure is: (a) to a person who is providing health care to the patient; (b) to any other person who requires health care information for health care education; to provide planning, quality assurance, peer review, or administrative, legal, financial, or actuarial services to the health care provider; for assisting the health care provider in the delivery of health care; or to a third-party health care payor who requires health care information and if the health care provider reasonably believes that the person will: (1) not use or disclose the health care information for any other purpose; and (2) take appropriate steps to protect the health care information; (c) to any other health care provider who has previously provided health care to the patient, to the extent necessary to provide health care to the patient, unless the patient has instructed the health care provider not to make the disclosure; (d) to immediate family members of the patient or any other individual with whom the patient is known to have a close personal relationship, if made in accordance with the laws of the state and good medical or other professional practice, unless the patient has instructed the health care provider not to make the disclosure;

## MONTANA Continued...

(e) to a health care provider who is the successor in interest to the health care provider maintaining the health care information; (f) for use in a research project that has been approved by an institutional review board has determined; (g) to a person who obtains information for purposes of an audit, if that person agrees in writing to: (1) remove or destroy, at the earliest opportunity consistent with the purpose of the audit, information that would enable the patient to be identified; and (2) not disclose the information further, except to accomplish the audit or to report unlawful or improper conduct involving fraud in payment for health care by a health care provider or patient or other unlawful conduct by a health care provider; (h) to an official of a penal or other custodial institution in which the patient is detained; and (i) to any contact who has been exposed to HIV, if the health care provider reasonably believes that disclosure will avoid or minimize an imminent danger to the health or safety of the contact or any other individual; (j) to federal, state, or local public health authorities, to the extent the health care provider is required by law to report health care information or when needed to protect the public health; (k) to federal, state, or local law enforcement authorities to the extent required by law; (l) in response to a request of the office of victims services for information under State law; (m) pursuant to compulsory process in accordance with State law; or (n) to the state medical examiner or a county coroner for use in determining cause of death. The information is required to be held confidential as provided by law.

**Medicaid:** For Medicaid recipients: We will only use your information for purposes related to administration of the Montana Medicaid program. We will not disclose your information without your written consent, except to state authorities.

**Sexually Transmitted Diseases:** We will not disclose information concerning persons infected, or reasonably suspected to be infected with a sexually transmitted disease, except to: (a) personnel of the Montana Department of Public Health and Human Services; (b) a physician who has obtained the written consent of the person whose record is requested; or (c) a local health officer.

## NEVADA

### Disclosure – Pharmacy Records

We will not disclose the contents of your prescriptions or disclose any copies of your prescriptions, other than to you, except to: (a) the practitioner who issued the prescription; (b) the practitioner who is currently treating you; (c) a member, inspector or investigator of the Nevada Board of Pharmacy, an inspector of the FDA, or an agent of the investigation division of the department of public safety; (d) an agency of state government charged with the responsibility of providing medical care for you; (e) an insurance carrier, on receipt of your written authorization or your legal guardian authorizing the release of information; (f) any person authorized by an order of a district court; (g) a member, inspector, or investigator of a professional licensing board that licenses the practitioner who orders the prescriptions filled at the pharmacy; and (h) other registered pharmacists for the limited purpose of and to the extent necessary for the exchange of information regarding persons suspected of misusing prescriptions to obtain excessive amounts of drugs or failing to use a drug in conformity with the directions for its use, or taking a drug in combination with other drugs in a manner that could result in injury to that person. (j) A peace officer employed by a local government for the limited purpose of and to the extent necessary.

**Communicable Diseases:** We will not disclose any personal information about an individual who has, or is suspected of having, a communicable disease, without the individual's written consent, except as follows: (a) for statistical purposes, as long as the identity of the person is not discernible from the information disclosed; (b) in a prosecution for a violation or a proceeding for an injunction brought pursuant to the communicable disease laws; (c) in reporting the actual or suspected abuse or neglect of a child or elderly person; (d) to any person who has a medical need to know the information for his own protection or for the well-being of a patient or dependent person, as determined by the health authority in accordance with regulations of the state board of health; (e) pursuant to specified statutes that require the reporting of certain test results; (f) if the disclosure is made to the department of health and human services and the person about whom the disclosure is made has been diagnosed as having AIDS or an illness related to HIV and is a recipient of or an applicant for Medicaid; (g) to a fireman, police officer or person providing emergency medical services if the board has determined that the information relates to a communicable disease significantly related to that occupation and the information is disclosed in the manner prescribed by the state board of health; and (h) if the disclosure is authorized or required by specific statute.

## NEVADA Continued...

### Immunization Records

We will release your immunization records only to: (1) you or your authorized agents; (b) Physicians and other pharmacists or intern pharmacists as necessary to protect your health and well-being; (c) The Board or other federal, state or local agencies authorized by law to receive such information; (d) A law enforcement agency engaged in the investigation of a suspected violation involving a controlled substance or dangerous drug; (e) A person employed by any state agency that licenses a physician for his or her official duties; or (f) An insurance carrier or other third party payor authorized by you to receive such information.

## NEW HAMPSHIRE

### Sales or Marketing – Prescription Information

We will not use, release, or sell your identifiable medical information for the purposes of sales or marketing of services or products unless you have provided us with a written authorization permitting such activity.

## NEW JERSEY

### Communicable Disease:

We will not disclose information regarding a venereal disease, except: (a) to your physician, (b) to a health authority; or (c) in the event of a prosecution, to a prosecuting officer or to the court.

## NEW MEXICO

### Disclosure

Unless we receive a written consent from you, we will not disclose your confidential information to anyone other than you or your authorized representative, except to the following persons or entities: (a) pursuant to the order or direction of a court; (b) to the prescriber or other licensed practitioner caring for you; (c) to another licensed pharmacist where it is in your best interest; (d) to the Board of Pharmacy or its representative or to such other persons or governmental agencies duly authorized by law to receive such information; (e) to transfer a prescription to another pharmacy as required by the provisions of patient counseling; (f) to provide a copy of a non-refillable prescription to you; (g) to provide drug therapy information to physicians or other authorized prescribers for their patients; (h) in compliance with the Health Insurance Portability and Accountability Act; or (i) as required by the provisions of the patient counseling regulations.

**STD Test Results:** We will not disclose results of a test for STDs, except as permitted by state law or required by federal law.

## NEWYORK

### HIV-related Information

We will not disclose HIV-related information except to you or your authorized representative, or as permitted by State law or required by federal law.

## NORTH CAROLINA

### Disclosure – Pharmacy-Records

We will not disclose or provide a copy of your prescription orders on file, except to: (a) you; (b) your parent or guardian or other person acting as a parent if you are a minor and have not lawfully consented to the treatment of the condition for which the prescription was issued; (c) the licensed practitioner who issued the prescription or who is treating you; (d) a pharmacist who is providing pharmacy services to you; (e) anyone who presents a written authorization for the release of pharmacy information signed by you or your legal representative; (f) any person authorized by subpoena, court order or statute; (g) any firm, company, association, partnership, business trust, or corporation who by law or by contract is responsible for providing or paying for medical care for you; (h) any member or designated employee of the Board of Pharmacy; (i) the executor, administrator or spouse of a deceased patient; (j) Board-approved researchers, if there are adequate safeguards to protect the confidential information; and (k) the person who owns the pharmacy or his licensed agent.

**AIDs-related Information:** We will not disclose AIDs-related information except to you or your authorized representative, or as permitted by State law or required by federal law.

## NORTH DAKOTA

n/a

## OHIO

Unless we have obtained your written consent, we will only disclose your pharmacy records, except to: (a) you; (b) the prescriber who issued the prescription or medication order; (c) certified/licensed health care personnel who are responsible for your care; (d) a member, inspector, agent, or investigator of the state board of pharmacy or any federal, state, county, or municipal officer whose duty is to enforce the laws of this state or the United States relating to drugs and who is engaged in a specific investigation involving a designated person or drug; (e) an agent of the state medical board when enforcing the statutes governing physicians and limited practitioners; (f) an agency of government charged with the responsibility of providing medical care for you, upon a written request by an authorized representative of the agency requesting such information; (g) an agent of a medical insurance company who provides prescription insurance coverage to you, upon authorization and proof of insurance by you or proof of payment by the insurance company for those medications whose information is requested; (h) an agent who contracts with the pharmacy as a "business associate" in accordance with the regulations promulgated by the secretary of the United States department of health and human services pursuant to the federal standards for privacy of individually identifiable health information; (i) an agent of the state nursing board when enforcing the laws governing nurses; or (j) in emergency situations, when it is in your best interest.

## PENNSYLVANIA

### HIV/AIDS-Related Information

We will not disclose any HIV-related information, except in situations where the subject of the information has provided us with a written consent allowing the release or where we are authorized by State or required by federal law to make the disclosure.

## RHODE ISLAND

We will only disclose your prescription information to our agents and persons directly involved in your care. We will not disclose your confidential health care information without your consent, except in the following situations: (a) to a physician, dentist, or other medical personnel who believe in good faith that the information is necessary to diagnose or treat you in a medical or dental emergency; (b) to qualified personnel for the purpose of conducting scientific research, management audits, financial audits, program evaluations, actuarial, insurance underwriting, or similar studies, provided that personnel does not identify, directly or indirectly, you in any report of that research, audit, or evaluation, or otherwise disclose your identity in any manner; (c) to appropriate law enforcement personnel, or to a person if the pharmacist believes that you may pose a danger to that person or his or her family; or to appropriate law enforcement personnel if you have attempted or are attempting to obtain narcotic drugs from the pharmacy illegally; or to appropriate law enforcement personnel or appropriate child protective agencies if you are a minor child who the pharmacist believes, after providing services to you, to have been physically or psychologically abused; (d) between or among qualified personnel and health care providers within the health care system for purposes of coordination of health care services given to you and for purposes of education and training within the same health care facility; (e) to third party health insurers for the purpose of adjudicating health insurance claims including to utilization review agents; (f) to a malpractice insurance carrier or lawyer if we have reason to anticipate a medical liability action; (g) to our own lawyer or medical liability insurance carrier if you initiate a medical liability action against our pharmacy; (h) to public health authorities in order to carry out their designated functions. These functions include, but are not restricted to, investigations into the causes of disease, the control of public health hazards, enforcement of sanitary laws, investigation of reportable diseases, certification and licensure of health professionals and facilities, and review of health care such as that required by the federal government and other governmental agencies; (i) to the state medical examiner in the event of a fatality that comes under his or her jurisdiction; (j) in relation to information that is directly related to a current claim for workers' compensation benefits or to any proceeding before the workers' compensation commission or before any court proceeding relating to workers' compensation; (k) to our attorneys whenever we consider the release of information to be necessary in order to receive adequate legal representation; (l) to a law enforcement authority to protect the legal interest of an insurance institution, agent, or insurance-support organization in preventing and prosecuting the perpetration of fraud upon them; (m) to a grand jury or to a court of competent jurisdiction pursuant to a subpoena or subpoena duces tecum when that information is required for the investigation or prosecution of criminal wrongdoing by a health care provider relating to his or her or its provisions of health care services and that information is unavailable from any other source; provided, that any information so obtained is not admissible in any criminal proceeding against you;

## RHODE ISLAND Continued

(n) to the state board of elections pursuant to a subpoena or subpoena duces tecum when the information is required to determine your eligibility to vote by mail ballot and/or the legitimacy of a certification by a physician attesting to a voter's illness or disability; (o) to certify the nature and permanency of your illness or disability, the date when you were last examined and that it would be an undue hardship for you to vote at the polls so that you may obtain a mail ballot; (p) to the Medicaid fraud control unit of the attorney general's office for the investigation or prosecution of criminal or civil wrongdoing by a health care provider relating to his or her or its provision of health care services to then Medicaid eligible recipients or patients, residents, or former patients or residents of long term residential care facilities; provided, that any information obtained is not admissible in any criminal proceeding against you; (q) to the state department of children, youth, and families pertaining to the disclosure of health care records of children in the custody of the department; (r) to the foster parent or parents pertaining to the disclosure of health care records of children in the custody of the foster parent or parents; provided, that the foster parent or parents receive appropriate training and have ongoing availability of supervisory assistance in the use of sensitive information that may be the source of distress to these children; or (s) to the workers' compensation fraud prevention unit for purposes of investigation.

## SOUTH DAKOTA

### Disclosure – Pharmacy Information

We will not disclose your information without your authorization, except: (a) If it is requested by the board as part of an inspection or investigation of a pharmacy or pharmacist; (b) If release to practitioners and other pharmacists is necessary to protect your health and well-being; or (c) If other persons are authorized or required by law to obtain access to patient information.

## UTAH

### Disclosure – Pharmacy Medication Profile

We will not release or discuss information in your prescription or medication profile to anyone except: (a) you or your legal guardian or designee; (b) a lawfully authorized federal, state, or local drug enforcement officer; (c) a third party payment program authorized by you; (d) another pharmacist, pharmacy intern, pharmacy technician, or prescribing practitioner providing services to you or to whom you have requested us to transfer a prescription; (e) your attorney, with a written authorization signed by: (1) you before a notary public; (2) your parent or lawful guardian, if you are a minor; (3) your lawful guardian, if you are incompetent; or (4) your personal representative, in the case of deceased patients. We also may submit personally identifiable information about the patient to the Utah Medicaid eligibility database and/or the Utah Children's Health Insurance Program eligibility database if the patient seeks to have payment made by either program.

## VERMONT

n/a

## WASHINGTON

### Disclosure

Unless authorized by you, we will not disclose your health care information, except if the disclosure is: (a) to a person who the provider reasonably believes is providing health care to the patient; (b) to any other person who requires health care information for health care education, or to provide planning, quality assurance, peer review, or administrative, legal, financial, or actuarial services to the health care provider; or for assisting the health care provider in the delivery of health care and the health care provider reasonably believes that the person: (1) will not use or disclose the health care information for any other purpose; and (2) will take appropriate steps to protect the health care information; (c) to any other health care provider reasonably believed to have previously provided health care to the patient, to the extent necessary to provide health care to the patient, unless the patient has instructed the health care provider in writing not to make the disclosure; (d) to any person if the health care provider reasonably believes that disclosure will avoid or minimize an imminent danger to the health or safety of the patient or any other individual, however there is no obligation on the part of the provider to so disclose; (e) oral, and made to immediate family members of the patient, or any other individual with whom the patient is known to have a close personal relationship, if made in accordance with good medical or other professional practice, unless the patient has instructed the health care provider in writing not to make the disclosure; (f) to a health care provider who is the successor in interest to the health care provider maintaining the health care information; (g) for use in a research project that an institutional review board has determined: (1) is of sufficient importance to outweigh the intrusion into the privacy of the patient that would result from the disclosure; (2) is impracticable without the use or disclosure of the health care information in individually identifiable form; (3) contains reasonable safeguards to protect the information from redisclosure; (4) contains reasonable safeguards to protect against identifying, directly or indirectly, any patient in any report of the research project; and (5) contains procedures to remove or destroy at the earliest opportunity, consistent with the purposes of the project, information that would enable the patient to be identified, unless an institutional review board authorizes retention of identifying information for purposes of another research project; (h) to a person who obtains information for purposes of an audit, if that person agrees in writing to: (1) remove or destroy, at the earliest opportunity consistent with the purpose of the audit, information that would enable the patient to be identified; and (2) not to disclose the information further, except to accomplish the audit or report unlawful or improper conduct involving fraud in payment for health care by a health care provider or patient, or other unlawful conduct by the health care provider; (i) to an official of a penal or other custodial institution in which the patient is detained; (j) to federal, state, or local law enforcement authorities and the health care provider, health care facility, or third-party payor believes in good faith that the health care information disclosed constitutes evidence of criminal conduct that occurred on the premises of the health care provider, health care facility, or thirdparty payor; (k) to another health care provider, health care facility, or third-party payor for the health care operations of the health care provider, health care facility, or third-party payor that receives the information, if each entity has or had a relationship with the patient who is the subject of the health care information being requested, the health care information pertains to such relationship, and the disclosure is for health care operations; (l) for payment; (m) to federal, state, or local public health authorities, to the extent the health care provider is required by law to report health care information; when needed to determine compliance with state or federal licensure, certification or registration rules or laws; or when needed to protect the public health; or (o) to federal, state, or local law enforcement authorities to the extent the health care provider is required by law.

### Sexually Transmitted Diseases

We will not disclose any information regarding an individual's treatment for an HIV infection or sexually transmitted diseases, except in situations where you have provided us with a written authorization allowing the release or where we are authorized by State law or required by federal law to make the disclosure.

## WISCONSIN

### Disclosure

We will not disclose your records without your informed consent, except: (a) to health care facility staff committees, or accreditation or health care services review organizations for the purposes of conducting management audits, financial audits, program monitoring and evaluation, health care services reviews or accreditation; (b) to the extent that performance of their duties requires access to the records, to a health care provider or any person acting under the supervision of a health care provider or to certain persons affiliated with the health care provider, if any of the following is applicable: (1) the person is rendering assistance to you. (2) the person is being consulted regarding your health, (3) your life or health appears to be in danger and the information contained in your health care records may aid the person in rendering assistance, (4) the person prepares or stores records, for the purposes of the preparation or storage of those records. (c) to the extent that the records are needed for billing, collection or payment of claims; (d) under a lawful order of a court of record; (e) in response to a written request by any federal or state governmental agency to perform a legally authorized function, including but not limited to management audits, financial audits, program monitoring and evaluation, facility licensure or certification or individual licensure or certification. If you are a private pay patient, you may deny access granted under this subdivision by annually a signed, written request on a form provided by the department; (f) for purposes of research if the researcher is affiliated with the health care provider and provides written assurances to the custodian of your health care records that the information will be used only for the purposes for which it is provided to the researcher, the information will not be released to a person not connected with the study, and the final product of the research will not reveal information that may serve to identify you without your informed consent. if you are a private pay patient, you may deny access granted under this subdivision by annually submitting a signed, written request on a form provided by the department; (g) a designated elder-adult-at-risk agency or other investigating agency and or to a designated adult-at-risk agency; (h) to staff members protection and advocacy agencies, pursuant to State law; (i) to persons as provided under certain proceedings if the patient files a submission of controversy; (j) to a county department, a sheriff or police department or a district attorney for purposes of investigation of threatened or suspected child abuse or neglect or suspected unborn child abuse or for purposes of prosecution of alleged child abuse or neglect, if the person conducting the investigation or prosecution identifies the subject of the record by name; (k) to a school district employee or agent, with regard to patient health care records maintained by the school district by which he or she is employed or is an agent, if any of the following apply: 1) The employee or agent has responsibility for preparation or storage of patient health care records. 2) Access to the patient health care records is necessary to comply with a requirement in federal or state law. (l) to the department or to a sheriff, police department or district attorney for purposes of investigation of a death; (m) following the death of a patient, to a coroner, deputy coroner, medical examiner or medical examiners assistant, for the purpose of completing a medical certificate or investigating a death; (n) to prepare a court report, if the subject of the patient health care records is a child or juvenile who has been placed in a foster home, group home, residential care center for children and youth, or juvenile correctional facility to agencies designate din State law; (o) if the patient health care records do not contain information and the circumstances of the release do not provide information that would permit the identification of the patient; (p) to a prisoners health care provider or others designated by State law if the disclosure is made with respect to a prisoners patient health care records; or (q) for certain criminal proceedings, as set forth in State law.

## WYOMING

### Disclosure – Pharmacy Records

Unless we have received an authorization from you, we will only disclose your confidential information to: (a) you, or as you direct; (b) to those practitioners and other pharmacists where, in the pharmacist's professional judgment such release is necessary for treatment or to protect your health and well being; (c) to such other persons or governmental agencies authorized by law to investigate controlled substance law violations; (d) a minor's parent or guardian; (e) your third party payor; or (f) your agent; and (g) when required by law.



## Smart Pharmacy Natural Disaster Plan

- At Smart Pharmacy we value being a team of dedicated professionals. We recognize the importance of every person and our commitment to keeping patients on their therapy. In the case of a natural disaster such as a hurricane, tornado, flood, earthquake or fire, please follow these instructions:
- If there is a disaster in your area, we will make our best attempt to reach you immediately to make sure you have an adequate supply of medication. You can also call Smart Pharmacy at 877-811-6337 to report the issue and instruct us where to deliver your medication. Be ready to give your new address and phone number where you can be reached.
- If your area is involved in a disaster and you decide to stay home, please let Smart Pharmacy know if your home can be reached by car. If not, Smart Pharmacy can help arrange for alternate delivery of your supplies.
- If you must leave your home, call to notify us of your new address and phone number.
- If you need emergency medical care or medical supplies, call 911 or go to a local hospital in the nearest unaffected area.
- If Smart Pharmacy should experience an emergency/outage, every attempt will be made to contact you as necessary.



## Patient Safety

### Adverse drug reactions

Patients experiencing adverse drug reactions, acute medical symptoms or other problems should contact their primary care provider (PCP), local emergency room or call 911.

### Questions on your medication or to report any side effects

Call: 877-811-MEDS(6337)

Monday-Friday 8am-7pm; Saturday 9am-6pm (Eastern Time)

You may also report side effects to the FDA at 1-800-FDA-1088

### Drug Disposal Guidelines and Locations\*

Follow any specific disposal instructions on the prescription drug labeling or patient information that accompanies the medicine. Do not flush medicines down the sink or toilet unless this information specifically instructs you to do so.

- Take advantage of programs that allow the public to take unused drugs to a central location for proper disposal. Call your local law enforcement agencies to see if they sponsor medicine take-back programs in your community. Contact your city's or county government's household trash and recycling service to learn about medication disposal options and guidelines for your area.
- Transfer unused medicines to collectors registered with the Drug Enforcement Administration (DEA). Authorized sites may be retail, hospital or clinic pharmacies, and law enforcement locations. Some offer mail-back programs or collection receptacles ("drop-boxes"). Visit the DEA's website or call 1-800-882-9539 for more information and to find an authorized collector in your community.
- Smart Pharmacy's retail location is a DEA registered controlled substance public disposal location: 14003 Beach Blvd. Jacksonville, FL 32250

If no disposal instructions are given on the prescription drug labeling and no take-back program is available in your area, throw the drugs in the household trash following these steps:

- Remove them from their original containers and mix them with an undesirable substance, such as used coffee grounds, dirt or kitty litter (this makes the drug less appealing to children and pets, and unrecognizable to people who may intentionally go through the trash seeking drugs).
- Place the mixture in a sealable bag, empty can or other container to prevent the drug from leaking or breaking out of a garbage bag.

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\*Reference:

How to Dispose of Unused Medicines

[www.Fda.gov](http://www.Fda.gov) featured on the FDA's consumer updates page

# Thank you for Choosing Our Pharmacy!

Please contact us if you have any  
questions regarding your prescription.



Toll-Free: 877-811-6337(6337)

Fax: 800-910-7195

[www.SmartPharmacy.com](http://www.SmartPharmacy.com)