



Access. Outcomes. Personalized Care.

Your Specialty Pharmacy Welcome Packet

Discrimination is against the law

PerformSpecialty® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PerformSpecialty does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PerformSpecialty:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free (no cost) language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact PerformSpecialty at **1-855-287-7888 (TTY 711)**. We are available from 8 a.m. to 7 p.m. ET Monday through Friday and 8 a.m. to 12 p.m. ET Saturdays.

If you believe that PerformSpecialty has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- Director of Compliance and Quality, 2416 Lake Orange Drive, Suite 190, **1-855-287-8777 (TTY 711)**, Fax: **407-734-4802**.
- You can file a grievance by mail, fax, or phone. If you need help filing a grievance, PerformSpecialty Patient Care Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TTY 711)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language interpreter services

English:

ATTENTION: If you speak English, language assistance services, free of charge at no cost, are available to you. Call 1-855-287-7888 (TDD/TTY: 711).

Spanish:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-287-7888 (TDD/TTY: 711).

Chinese Mandarin:

注意：如果您说中文普通话/国语，我们可为您提供免费语言援助服务。请致电 1-855-287-7888 (TDD/TTY: 711)。

Chinese Cantonese:

注意：如果您使用粵語，您可以免費獲得語言援助服務。請致電 1-855-287-7888 (TDD/TTY: 711)。

Albanian:

VINI RE: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-855-287-7888 (TDD/TTY: 711).

Amharic:

ግብአታዎቹ፡ አማርኛ ቋንቋ ተናጋሪ ከሆን፣ የከተሉም እርዳታ አገልግሎቶች ያሉ ምንም ከፍቆ በላይ ተከጋጅተውልዎታል። 1-855-287-7888 (TDD/TTY: 711) ላይ ይደውሉ።

Arabic:

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (TDD/TTY: 711) 1-855-287-7888

Bengali:

বঙ্গা কব্ৰুৱ: যদি আপনি বাংলায় কথা বলেন, তাহলে নিখরচায় জাৰা সহায়তা সেৱা পাবেন। 1-855-287-7888 (TDD/TTY: 711) নম্বৰ কোল কৰুন।

French:

ATTENTION : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-287-7888 (TDD/TTY: 711).

German:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-287-7888 (TDD/TTY: 711).

Gujarati:

સુચન: જો તમે ગુજરાતી બોલતા હો, તો તમારા માટે નિ:શુલ્ક ભાષા સહાયતા સેવાઓ ઉપલબ્ધ છે. ફોન કરો 1-855-287-7888 (TDD/TTY: 711).

Haitian Creole:

ATTANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-287-7888 (TDD/TTY: 711).

Hindi:

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-287-7888 (TDD/TTY: 711) पर कॉल करें।

Hmong:

LUS CEEV: Yog koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj, hu rau 1-855-287-7888 (TDD/TTY: 711).

Italian:

ATTENZIONE: nel caso in cui la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-287-7888 (TDD/TTY: 711).

Japanese:

注意事項：日本語を話される場合、無料の通訳サービスをご利用いただけます。注意事項：日本語を話される場合、無料の通訳サービスをご利用いただけます。1-855-287-7888 (TDD/TTY: 711) まで、お電話にてご連絡ください。

Kirundi:

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zigufasha mu ndimi ku buntu ukuzi. Terefona 1-855-287-7888 (TDD/TTY: 711).

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-287-7888(TDD/TTY: 711)번으로 전화해 주십시오.

Kru:

PO NŌKŪN TI: E yemā wlu bēē n̄ a po Klāo wiñ, bō máyá+ ne-ó kò dō-dò win poyó+bò, e se penó kon. Dá 1-855-287-7888 (TDD/TTY: 711).

Laotian:

ເຖົ້າວ່າທ່ານເວົ້າພາສາລາວແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໂທ 1-855-287-7888 (TDD/TTY: 711).

Mon-Khmer Cambodian:

ប្រយ័ត្ន: បើលិខិតជាមួយភាសាខ្មែរ, លេខកូដជួយផ្នែកភាសា ដោយមិនគិតគម្លប្លូ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-855-287-7888 (TDD/TTY: 711)។

Nepali:

ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस्। 1-855-287-7888 (TDD/TTY: 711)।

Oromo:

HUBADHU: Yoo Afaan Oromoo dubbatta ta'e, tajaajilaawwan gargaarsa afaanii, kanfaltii irraa bilisa ta'an siif jiru. Lakkoofsa 1-855-287-7888 irratti bilbilii (TDD/TTY: 711).

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، امکان استفاده از خدمات ترجمه رایگان را خواهید داشت. در این صورت با شماره زیر تماس حاصل فرمایید: 1-855-287-7888 (TDD/TTY: 711).

Polish:

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-287-7888 (TDD/TTY: 711).

Portuguese:

ATENÇÃO: Se fala português, encontra-se disponível serviço gratuito de intérprete pelo telefone 1-855-287-7888 (TDD/TTY: 711).

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-287-7888 (TDD/TTY: 711).

Serbo-Croatian:

PAŽNJA: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-287-7888 (TDD/TTY: 711).

Syriac:

تەوێ: ئگ فەرسی وێهێت، هێتێت ئەمەتێت، شێهێت، وێهێتێت. 1-855-287-7888 (TDD/TTY: 711)

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-287-7888 (TDD/TTY: 711).

Thai:

โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-287-7888 (TDD/TTY: 711).

Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-287-7888 (TDD/TTY: 711).

PERFORMSPECIALTY[®] 

Access. Outcomes. Personalized Care.

Dear Patient:

Welcome to PerformSpecialty®! We are pleased that we have been selected as your specialty pharmacy provider.

Enclosed is your patient welcome packet containing information on PerformSpecialty, our operations and services, patient safety, and other important patient information. Please take a few minutes to read through this information, and keep this packet in a safe place for future reference.

As a specialty pharmacy patient, you will have access to PerformSpecialty's experienced clinicians. Here are a few things you should know about PerformSpecialty:

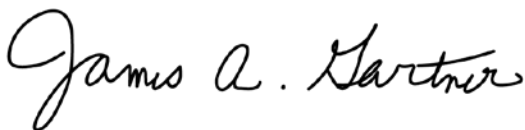
- PerformSpecialty is a specialty pharmacy offering you support 24 hours a day, seven days a week, 365 days a year.
- We treat you as an individual and work with your care providers to create a program tailored to your specific condition.
- Our dedicated team of patient care coordinators will ensure the delivery of your monthly refills. Because we want to be sure you understand and follow your prescription guidelines, you will be provided with educational materials on your medications.
- We will handle the details for shipping and delivering your specialty medications.
- We're experts in care with years of experience, and we can help you get the treatment you need.
- If you require information in a different language, please contact PerformSpecialty at **1-855-287-7888 (TTY 711)**. Esta información también se ofrece en otros idiomas y formatos. Llame a PerformSpecialty al **1-855-287-7888 (TTY 711)**.

For us to provide you with the best care possible, please review the Important Forms section marked in the following welcome packet. We ask that you:

- Carefully read each form.
- Sign and date forms as indicated.
- Return the forms in the prepaid envelope to PerformSpecialty.

If you have any questions, please call us at **1-855-287-7888** (TTY 711) or visit us online at **www.performspecialty.com**.

Sincerely,

A handwritten signature in black ink that reads "James A. Gartner". The signature is written in a cursive, flowing style.

Jim Gartner, MBA, R.Ph.

President, PerformSpecialty

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About PerformSpecialty

PerformSpecialty at a glance

PerformSpecialty is a specialty pharmacy with a goal to provide personalized care and better access to generate healthier outcomes. At PerformSpecialty, our patient care coordinators work with you or your prescriber to treat each condition uniquely. Your patient care coordinator seeks to involve you with your own health.

We know that success with specialty medications requires prescribers, patients, and the pharmacy to work together. That's why our goal is to provide access to the most up-to-date information while offering the proper channels to communicate with one another. From our team of clinicians — available 24 hours a day, seven days a week — to our integrated reporting tools, PerformSpecialty ensures that each component of the specialty process is easily accessible.

PerformSpecialty also knows that patients using specialty medications require attention above and beyond users of standard pharmaceuticals. The founders of PerformSpecialty have a long history of providing for the underserved. This history of thorough oversight and individual attention enables us to provide unprecedented access, outcomes, and personalized care to all patients.

About This Guide

This guide is your reference source of services and information to aid you in making the most of working with PerformSpecialty. In the guide, you may see symbols that alert you to certain items:



Important key information to be aware of.



Answers to common questions you may have.



Things that might need your attention to sign and return to the pharmacy.

Contact Information



Phone: 1-855-287-7888 (TTY 711)

Email: info@performspecialty.com

Hours of operation

Our Patient Care Contact Center is open:

Monday through Friday, 8 a.m. to 7 p.m. (ET)

Saturday, 8 a.m. to noon (ET)

A licensed pharmacist is available:

24 hours a day, 7 days a week, for emergency pharmacy services

Holidays

PerformSpecialty is closed on the following holidays:

- New Year's 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)

PerformSpecialty pharmacy emergency disaster information

If there is a disaster in your area, please call **1-855-287-7888 (TTY 711)** to instruct us where to deliver your medication.

This will ensure that your therapy is not interrupted. Be sure to also let us know when you have returned to your residence.

Important Information

About the Notice of Privacy Practices

Our top priority is protecting the privacy and security of your health information. The Notice of Privacy Practices, found on page 5, describes our privacy practices in relation to your protected health information. The notice also describes how your health information may be used and disclosed and how you can access this information.

Action required

Please read this notice, complete the attached Patient Acknowledgment Form, and return the form to PerformSpecialty in the enclosed postage-paid envelope.



About the Patient Bill of Rights and Responsibilities

The Patient Bill of Rights and Responsibilities, found on page 14, outlines the rights that you, the patient, have in relation to receiving medications and services from PerformSpecialty.

Action required

Please read this notice, complete the attached Patient Acknowledgment Form, and return the form to PerformSpecialty in the enclosed postage-paid envelope.



About the Service Agreement Terms and Conditions

The attached form describes the terms and conditions to which you must agree to receive treatment from PerformSpecialty. This form enables direct payment of claims to PerformSpecialty.

Action required

If your specialty medication is billed through your medical benefit, please complete the attached form and return it to PerformSpecialty in the enclosed postage-paid envelope.



About the Patient Medication Profile

The attached form asks you to provide us with a list of medications you are currently taking.

Action required

Please complete the attached form and return it to PerformSpecialty in the enclosed postage-paid envelope.



About accreditation

PerformSpecialty is accredited by URAC for Specialty Pharmacy Services and by Accreditation Commission for Health Care (ACHC) for Specialty Pharmacy and Durable Medical Equipment, Prosthetics, and Orthotics (DMEPOS). To contact URAC, please call **1-202-216-9010**. To contact ACHC, please call **1-855-937-2242**.

About the Patient Concern and Complaint Form

The form on page 33 allows you to file a written complaint, voice your concerns, or identify errors with PerformSpecialty. You can also address your concerns by calling PerformSpecialty at **1-855-287-7888 (TTY 711)**.

About the Patient Satisfaction Survey

The survey on page 35 will allow you to rate your experience with PerformSpecialty's services.

Notice of Privacy Practices

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:

- Get a copy of your pharmacy records.
- Correct your health and claims records.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Get 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 we use and share information as we:

- Answer pharmacy questions from your family and friends.
- Provide disaster relief.
- Communicate through mobile and digital technologies.
- Market our services and sell your information.

Our uses and disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive.
- Run our organization.

- Bill for your pharmacy services.
- Determine who is responsible for payment and the payment amount.
- Administer your medications and care plan.
- Coordinate your care among various health care providers.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director.
- Address worker's compensation, law enforcement and other government requests.
- Respond to lawsuits and legal actions.
- We may also de-identify PHI in accordance with applicable law. After PHI information is de-identified, it is no longer subject to this notice and we may use it for any lawful purpose.

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.

Get a copy of your pharmacy records:

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

Ask us to correct your pharmacy records:

- You can ask us to correct your pharmacy records if you think they are 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 consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

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.

Get 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, whom we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and pharmacy 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 paper 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.

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 have been violated:

- You can complain if you feel we have violated your rights by contacting us at **1-855-287-7888**.
- 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/**. The Utilization Review Accreditation Commission (URAC) by calling **1-202-216-9010**, or visiting **www.urac.org/contact/file-a-grievance/**. The Accreditation Commission for Health Care (ACHC) by calling **1-855-937-2242**, or emailing **complaints@achc.org**. The Florida Board of Pharmacy by calling **1-850-488-0595**, or visiting **www.mqa-flhealthcomplaint.doh.state.fl.us/** .
- 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 payment for your care.
- Share information in a disaster relief situation.
- Share information with you through mobile and digital technologies (such as sending information to your email address or to your cellphone by text message or through a mobile app).

If you are not able to tell us your preference, such as if you are unconscious, we may 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. However, we will not use mobile and digital technologies to send you health information unless you agree to let us do so.

The use of mobile and digital technologies (such as text message, email, or mobile apps) has a number of risks that you should consider. Text messages and emails may be read by a third party if your mobile or digital device is stolen, hacked, or unsecured. Message and data rates may apply, depending on your cellphone plan and carrier.

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

- Marketing purposes
- Sale of your information

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.

Help manage the health care treatment you receive:

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

Example: A prescriber sends us information about your prescriptions and diagnosis so we can arrange or make referrals for additional health care services.

Run our organization:

- We can use and disclose your information to run our organization and contact you when necessary — for example, if we need to contact you about one of your prescriptions.
- We are not allowed to use genetic information to decide whether we will provide medications or care management services.

Example: We use health information about you to develop better services for you.

Bill for services:

- We can use and disclose your health information as we bill for your health services.

Example: We share information about you to bill your health plan and coordinate payment for your health services.

Administer your medications or care plan:

- We may disclose your medication and health information for plan administration.

Example: We share health information with others with whom we contract for administrative services.

Coordinate your care among various health care providers

Our contracts with various programs require that we participate in certain electronic Health Information Networks (“HINs”) and/or Health Information Exchanges (“HIEs”) so that we are able to more efficiently coordinate the care you are receiving from various health care providers. If you are enrolled/enrolling in a government-sponsored program, such as Medicaid or Medicare, please review the information provided to you by that program to determine your rights with respect to participating in an HIN or HIE.

Example: We share health information through an HIN or HIE to provide timely information to providers rendering services to you.

How else can we use or share your health information?

PerformSpecialty takes our patients’ right to privacy seriously. To provide you with your specialty pharmacy benefits, PerformSpecialty creates and/or receives personal information about your health. This information comes from you, your physicians, hospitals and other health care services providers. This information, called protected health information, can be oral, written or electronic.

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 sharing with the Department of Health and Human Services if the department wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director:

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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.

Additional restrictions on use and disclosure:

- Certain federal and state laws may require greater privacy protections. Where applicable, we will follow more stringent federal and state privacy laws that relate to uses and disclosures of health information concerning HIV/AIDS, mental health, substance abuse, genetic testing, sexually transmitted diseases, and reproductive health.

Our responsibilities

PerformSpecialty takes its patient's right to privacy seriously. To provide you with your benefits, PerformSpecialty creates and/or receives personal information about your health. This information comes from you, your physicians, hospitals, other health care services providers, and health plans. This information, called protected health information can be oral, written, or electronic.

- We are required by law to maintain the privacy and security of your protected health information.
- We are required by law to obligate certain third parties that assist us with your treatment, payment of claims, or our health care operations to maintain the privacy and security of your protected health information in the same way.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your protected health 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 protected health 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.

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 and on our website, and we will mail a copy to you.

Effective date of this notice: **December 21, 2022**

**Privacy Office
200 Stevens Drive
Philadelphia, PA 19113
1-800-521-6860 or TTY 1-800-684-5505**

Patient Bill of Rights and Responsibilities

As a PerformSpecialty patient, you have the right to:

- Receive information about your rights and responsibilities and to acknowledge this in writing before receiving pharmacy services.
- Choose your pharmacy service providers.
- Know how to contact the staff seven days a week, and what to do if an emergency situation arises.
- Know the pharmacy's staff members, including their job title, and to speak with a staff member's supervisor if requested.
- Take part in developing and/or changing your plan of care and receive the needed information to take part in your care, including the proper use, handling, and storage of your medications, and knowledge of their effects.
- Assist in making decisions regarding your care.
- Receive verbal and written explanations of the services, care, and medication to be provided by PerformSpecialty, and to have your medication questions answered by a pharmacist.
- Participate in determining alternative communication methods for varying circumstances, such as, but not limited to: if you speak and/or read languages other than English, if you have limited literacy in any language, if you have visual or hearing impairments, if you are on a ventilator, if you have cognitive impairments, or if you are a child.
- Be completely informed, before or at the time of receiving services, about changes and costs related to your care, including any costs not covered by Medicare or other payers; to be informed, in advance, if you will be responsible for any charges; to receive prior notice of any changes in covered costs verbally and in writing within 30 calendar days from the date PerformSpecialty becomes aware of the change(s).
- Receive timely care.
- Receive proper and professional pharmacy care without discrimination against your race, sex, color, religion, sexual preference, physical limitation, age, or any other basis prohibited by law.

- Receive therapy with consideration and respect for your person and property.
- Be treated with dignity and individuality, including respect for your autonomy and right to confidentiality in treatment.
- Refuse treatment at any time and to be informed of potential consequences of refusing treatment.
- Be aware that PerformSpecialty pharmacy professionals are qualified to provide the services and care for which they are responsible.
- Be aware that if your health care needs cannot be met by PerformSpecialty, you will be referred to a health care provider appropriate for your needs.
- Be aware of any additional health care needs at the end of your treatment.
- Voice complaints and/or suggest changes in your pharmacy services without compromising your care or causing repercussions; to have any complaint promptly investigated and be notified of the findings and/or corrective action taken.
- Be aware that if you are dissatisfied, you may contact the PerformSpecialty management team and/or your state's Board of Pharmacy or accrediting organizations such as ACHC or URAC.
- Confidentiality of your personal and medical records and to approve or refuse release of the records to any individual outside the PerformSpecialty organization, except when transferring care or services to another health facility, or as contractually required by the payer of the services you receive, or as required by law.
- In accordance with law, designate another individual as a surrogate decision-maker on your behalf, and the circumstances under which he or she is authorized to make decisions about the care and services you receive, including refusal of care and services.
- As permitted by law, involve family members and friends to participate in your care.

- Discuss treatment options, regardless of cost or benefit coverage.
- Privacy of your health care needs and information, as required by law.
- Look at and get a copy of your medical records, as permitted by law.
- File for a hearing with your state's department for Medicaid services.
- Make suggestions about your rights and responsibilities.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.

As a PerformSpecialty patient, you have the responsibility to:

- Give accurate and complete health information about your past medical history, including hospitalizations, medications, allergies, and other important health-related information.
- Help in creating a safe home environment.
- Inform PerformSpecialty immediately if scheduled prescription dispensing requires cancellation.
- Assist in developing your pharmacy plan of care.
- Follow your pharmacy plan of care and remain under a physician's care while receiving PerformSpecialty services.
- Request further information and clarification if there is something you do not understand.
- Notify PerformSpecialty if you have any concerns that have not been addressed.
- Notify your physician and pharmacist if you choose to end therapy.
- Notify your physician if you choose to participate in the PerformSpecialty patient management program.
- Be responsible for costs related to your care that are not covered by Medicaid, Medicare, or other payers.

Obtaining Medications and Services



Delivery of your specialty medications

We coordinate delivery of your specialty medications to your home, your prescriber's office, or an approved alternate location. We will also include any necessary supplies, such as needles, syringes, and alcohol swabs.

If your medications require special handling or refrigeration, they will be packaged and shipped accordingly. If you cannot be there to accept the package, we can arrange for it to be left at your home or an approved alternate location.

Delivery of your durable medical equipment

If you require special equipment such as an oxygen mask or an infusion pump, PerformSpecialty will coordinate these services with your provider and have them sent to the approved location.

How to fill a new prescription

PerformSpecialty will work with your prescriber when you need a new prescription drug. In many cases, your prescriber will fax PerformSpecialty a new copy of your prescription or send a prescription electronically using an e-prescription. However, you may also call PerformSpecialty and request that we contact your prescriber to obtain a new specialty prescription.

Ordering refills

A patient care coordinator will call you before your medication is scheduled to run out to check your progress and determine the shipment of your next refill. Please call **1-855-287-7888 (TTY 711)** during our normal office hours if you have any questions or need help.

Medications not available from PerformSpecialty

If you cannot obtain a medication from PerformSpecialty, your patient care coordinator will work with you and another pharmacy to ensure you receive your drug.

If you want your prescription transferred to another pharmacy, please contact your patient care coordinator and we will transfer your prescription on your behalf.

Pharmacist and nursing assistance

PerformSpecialty's pharmacists and nurse care managers are specially trained on the medication you are taking, and they are here to answer your questions about your care plan. Please call a PerformSpecialty pharmacist or nurse if you have any questions regarding your treatment. In the case of an emergency, call **911**. A licensed pharmacist is available 24 hours a day, seven days a week, for any urgent needs relating to your medication. After normal business hours, please leave your contact information with our after-hours answering service, and the pharmacist on-call will promptly return your call.

Patient care management programs

PerformSpecialty offers several comprehensive patient care management programs for specific medical conditions. Proactive and clinically based, these programs provide therapy-specific care to improve your health. As a PerformSpecialty patient, you have the right to get more information about these programs.

The service includes the right to continuous clinical evaluation, ongoing health monitoring, assessment of educational needs, and management of medication use, with a health care professional. This service is provided to you at no additional cost, and your participation is completely voluntary. You may decline to participate or disenroll at any time.

The patient care management programs comply with all rights and responsibilities noted above in this document.

Health information for common conditions

PerformSpecialty will attach manufacturer information to your prescription regarding your medication, diagnosis, and common treatment options.

Patient Information

Patient issues and concerns

If you have any concerns about your medications, services received, delivery, or other issues, please call our Patient Care Contact Center at **1-855-287-7888 (TTY 711)**. We would be glad to assist you.

Appeals

If your health plan denies coverage for your medications, or if you disagree with the benefits or coverage of your medications, you may have the right to file an appeal with your health plan. Contact your health plan for more information.

Returned goods policy

Your State Board of Pharmacy Regulations forbids the resale or reuse of a prescription item that was previously dispensed. As a result, no credit can be issued for any unused or excess products. PerformSpecialty's patient care coordinator will arrange a return and reship of medication if your medication or supplies are defective.

Returning supplies and equipment

Supplies: Once supplies have been delivered to your home, PerformSpecialty cannot reuse them. Keep the supplies you may be able to use in the home and dispose of the rest. If you have questions about disposal, please call **1-855-287-7888 (TTY 711)**. We will be happy to assist you.

Patient equipment: Please call **1-855-287-7888 (TTY 711)** as soon as your therapy has been discontinued, so we can make arrangements for the return of your equipment. Please note:

1. It is helpful for us to know the exact date your therapy was discontinued.
2. When returning a pump, make sure you return all of the pump accessories. For example: If your therapy used the Curlin pump, you will need to return not only the pump, but also the black carrying case, the AC adapter (which should be placed in the black case), and the pouch.
3. All equipment must be returned to PerformSpecialty as soon as possible upon completion of therapy.

Disclosure and confidentiality policy

PerformSpecialty's top priority is protecting the confidentiality of the information you, your health plan, and your health care providers share with us. We promise to use this information only to deliver the services your health plan has contracted with us to provide, and to provide you with helpful information. Please carefully read, sign, and return the Notice of Privacy Practices enclosed in this packet in the self-addressed envelope to PerformSpecialty.

Generic medication substitution

Whenever possible, PerformSpecialty will substitute a lower-cost generic medication for a brand-name medication unless you or your prescriber has asked for a specific brand-name drug. This may occur for new prescriptions, refills, therapeutic changes, and prescription transfers.

Consumer advocacy support

To learn more about consumer protection and advocacy services, please visit the National Association of Consumer Advocates and the Florida Division of Consumer Services at www.consumeradvocates.org and <https://www.fdacs.gov/Divisions-Offices/Consumer-Services>.

Medication delays

If your medication is delayed, a PerformSpecialty patient care coordinator will call you to provide assistance.

Drug recalls

PerformSpecialty follows the drug recall guidelines created by the FDA, drug manufacturers, drug distributors, and/or state and federal regulatory agencies. PerformSpecialty will contact you and your prescriber in the event of an FDA Class I recall. For lesser recalls, PerformSpecialty will contact your prescriber or your health plan.

Regulatory changes

If state or federal regulations change the way we provide your care, PerformSpecialty will notify you of the change and our plan of care.

Controlled substances

PerformSpecialty handles and stores controlled substances according to state and federal laws and regulations to prevent diversion and abuse.

Payment Policy

Drug claims

PerformSpecialty will bill your insurance company for you. However, you may still have to pay a portion of the cost, which is called a copayment. You will be responsible for paying your copayment when you order your medication or refills. We will tell you the exact amount you need to pay PerformSpecialty.

Medical insurance claims

PerformSpecialty will bill all medical insurance claims for you. However, you may be responsible for paying a coinsurance and/or deductible amount.

Outstanding balances

If for any reason you owe a balance, the balance will need to be paid before your next refill. We accept Visa, Mastercard, American Express, and Discover credit cards.

Payment plan

If you need help in arranging a payment plan for the money you owe, please call our Billing and Reimbursement department at **1-855-287-7888 (TTY 711)**.

If you get a check from the insurance company, you should send it to PerformSpecialty with a copy of the Explanation of Benefits (also known as the EOB) statement you received.

Emergency Phone Numbers

PerformSpecialty: **1-855-287-7888 (TTY 711)**

Primary care provider name: _____

Primary care provider phone: _____

Police: _____ Gas company: _____

Fire: _____ Nearest
emergency room: _____

Phone company: _____ Ambulance: _____

Water district: _____ Poison control: **1-800-222-1222**

Electric company: _____

If you are unable to contact PerformSpecialty in an emergency, call **911**.

Frequently Asked Questions



Q. What is a specialty pharmacy?

A. A specialty pharmacy provides injectable, oral, and infused medications. These complex and costly medications usually require special storage and handling and may not be readily available at your local pharmacy. Sometimes, these medications have side effects that require monitoring by a trained pharmacist or nurse. PerformSpecialty focuses on providing these medications while offering excellent customer service and clinical support to you and your caregivers.

Q. How important is it to take all of my medication?

A. Following your prescriber's instructions for both the amount of the medication you should take (for example, 20 ml once a day) and the length of time you should take it (for example, every day for three months) is the best thing you can do to ensure a successful course of treatment. We understand that some medications may have unpleasant side effects or may be difficult to administer. Therefore, our pharmacists and nurses are available to offer practical advice about dealing with these issues or to contact your prescriber about the medical management of these side effects.

Q. How do I order a refill?

A. A PerformSpecialty representative will call you to schedule your delivery at least a week before your next refill. During this call, he or she will confirm that you are still taking the medication, that your prescriber has not changed the dose, and that you are not having any unmanageable side effects.

Q. How long does it take to receive my medication?

A. Medications are usually shipped with expedited delivery within 24 to 48 hours after we receive your complete prescription. PerformSpecialty will provide any additional supplies you need for administering your medication, such as needles, syringes, and alcohol swabs.

Q. What if I have questions about my medications?

A. At PerformSpecialty, we have a team of pharmacists and nurses to answer your questions through the toll-free number **1-855-287-7888 (TTY 711)**. A licensed pharmacist is available 24 hours a day, seven days a week. The pharmacist can help you if you have an urgent need relating to your medication. Please leave your contact information with our after-hours answering service, and the pharmacist on-call will promptly return your call.

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 **911**.

How to throw away home-generated biomedical waste*

Home-generated biomedical waste is any type of syringe, lancet, or needle (“sharps”) used in the home to either inject medication or draw blood. Special care must be taken with the disposal of these items to protect you and others from injury, and to keep the environment clean and safe.

If your therapy involves the use of needles, an appropriately sized sharps container will be provided. Please follow these simple rules to ensure your safety during your therapy.

Sharps

After using your injectable medication, place all needles, syringes, lancets, and other sharp objects into a sharps container. If a sharps container is not available, a hard plastic or metal container with a screw top or other tightly securable lid (for example, an empty hard can or liquid detergent container) could be used. Before discarding, reinforce the top with heavy-duty tape. Do not use clear plastic or glass containers. Containers should be no more than three-quarters full.

Disposal

Check with your local waste collection service to verify the disposal procedures for sharps containers in your area. You can ask your prescriber’s office about the possibility of disposing of items in the prescriber’s office during your next office visit. You can also visit the Centers for Disease Control and Prevention (CDC) Safe Community Needle Disposal website, <https://www.cdc.gov/niosh/topics/bbp/disposal.html>.

Needle-stick safety:

- Never replace the cap on needles.
- Throw away used needles immediately after use in a sharps disposal container.
- Plan for the safe handling and disposal of needles before using them.
- Report all needle stick or sharps-related injuries promptly to your physician.

If your therapy does not involve the use of needles or sharp items, you do not need a sharps container. You should place all used supplies (e.g., syringes or tubing) in a bag you can't see through. Put this bag inside a second bag, and put this in your garbage with your other trash.

Information for patients receiving infusion therapy from PerformSpecialty
PerformSpecialty will make every effort to deliver your supplies early if a weather warning is in place. A PerformSpecialty representative will attempt to call our patients, in order of disaster priority, with any special instructions. Go to the nearest hospital for assistance if the power fails (electricity is required to operate your pump) and you cannot reach your home health nurse or a PerformSpecialty representative for infusion supplies or medication.

* References:

“Biomedical Waste Program in the Home State of Florida,” Department of Health, January 31, 2001. “Handle with Care: How to Throw Out Used Insulin Syringes and Lancets at Home,” United States Environmental Protection Agency, September 1999.

Hand-washing instructions

Infections are serious issues. The best way to make sure you do not get an infection is to wash your hands often. Remember to always wash your hands before and after you prepare or handle any medication.

1. Collect the supplies:
 - Soap
 - Paper towels or a clean cloth towel
2. Wet your hands with warm water.
3. Place a small amount of soap on your hands.
4. Rub your hands briskly together for at least 30 seconds.
5. Don't forget about the in-betweens of your fingers.
6. Rinse your hands with warm water.
7. Dry your hands with a paper towel or clean cloth towel.
8. Turn off your faucet with the towel.
9. If you touch anything (your hair, for example), sneeze into your hands, or feel that your hands may no longer be clean, wash your hands again before continuing with your care.

If no water supply is available, use an alcohol-based antibacterial hand cleanser.

Patient Information on Emergency Preparedness

General home safety — patient education

Each year nearly 21 million people suffer injuries in the home. We want you and your family to live in a safe environment. We have provided some suggestions that could help you prevent an injury within your home. Check every room in your house and make your home safer.

Falling (This is the way people are most often injured in their homes.)

1. Keep the floor clean. Promptly clean up spills.
2. If you use throw rugs, place them over a rug liner or choose rugs with non-skid backs to reduce your chance of falling.
3. Use a non-slip mat or install adhesive strips in your tub or shower.
4. Tuck away telephone, computer, and electrical cords and keep them out of walkways.
5. All stairs and steps need handrails. If you have stairs in your home and have children, use baby gates at the top and bottom of the stairs.
6. Keep all walkways well lit and use night lights as needed.
7. Have a flashlight that works.

Poisoning

1. Keep all hazardous materials and liquids out of the reach of children.
2. Keep medications out of the reach of children.
3. Know your local poison control number or dial **1-800-222-1222**.

Fire and burn prevention:

1. Have smoke detectors in the home, and replace batteries at least once per year.
2. Test each smoke detector once a month.
3. Have a fire plan and be sure all family members know what to do if there's a fire.
4. Place covers over electrical outlets.
5. Check to make sure your water heater is set no higher than 120° F.
6. Keep children away from the stove and never leave the stove unattended while cooking.
7. Keep matches and lighters out of the reach of children.

Fire:

1. Rescue anyone from immediate danger:
 - If bedridden, tie a knot in the head and foot of the sheet.
 - Using the sheet, pull the person to safety. If two people are available, make a chair from the rescuers' arms and carry the patient to safety.
2. If safe, alert the fire department. Otherwise evacuate the area.
3. Turn off oxygen (if applicable), and try to contain the fire by closing off any access, such as doors.
4. Attempt to extinguish the fire only if it is in a small localized area. Otherwise evacuate the building and notify the fire department when you are safe.

Natural disasters (earthquake, hurricane, and tornado):

1. In disaster-prone areas, store food and extra bottled water. Have a battery operated radio, flashlights, and extra batteries. Report any special needs for a backup generator to electric and gas companies.
2. Check for injuries.
3. Check your home for any gas or water leaks and turn off appropriate valves.
4. Stay away from windows or broken glass. Wear shoes at all times.
5. Evacuate area if necessary.
6. If evacuation is necessary, go to the nearest shelter and notify the organizers of any special needs you have.

Power outage:

1. Notify your gas and electric companies if there is a loss of power. Report any special needs for a backup generator to the electric and gas companies.
2. Have a battery operated radio or cell phone, flashlights, batteries, and/or candles available. (If on oxygen, turn it off before lighting candles.)

Flood:

1. In flood-prone areas, store extra food and extra bottled water. Have a battery operated radio, flashlights, and batteries available. Get a pipe wrench to shut off valves for gas and water. Report any special needs for a backup generator to the electric and gas companies.
2. Unplug your infusion pump unless the IV pole is touching water.
3. Evacuate the area.
4. Contact the local law enforcement and/or emergency preparedness organization in your area.

Patient Concern and Complaint Form

We want to provide your therapy to your complete satisfaction. If you are not happy with the care or services we have provided, we want to know about it. If you have any concerns or problems with your medications or services, you have the right to call our Patient Care Contact Center at **1-855-287-7888 (TTY 711)**. We will be glad to help you with any concerns. If you wish to file a written complaint you may do so using this form. Please use the enclosed self-addressed, prepaid envelope. You may also call the Accreditation Commission for Health Care (ACHC) at **1-855-937-2242**. We take all concerns very seriously and view them as opportunities to improve our services.

Patient name: _____

Date: _____

Regarding: _____

Employee involved (if applicable): _____

Nature of problem: _____

If you need help or have questions about child abuse or child neglect, call the Child Help National Child Abuse Hotline at **1-800-4-A-CHILD (1-800-422-4453)**. Push **1** to talk to a counselor. Or you can visit www.childhelp.org/hotline.

Patient Satisfaction Survey

We would like to know your thoughts. Please use this page to voice your concerns or your compliments.

Name (optional): _____

Date: _____

Type of therapy you have been receiving:

_____ Oral medication _____ Injectable medication (Sub-Q, IM, IV)
_____ Infused medication _____ Supplies Other: _____

Please circle your response to the following statements.

1. The written drug information provided by the pharmacy was:

Very good Good Average Below average Did not use

Comments: _____

2. The initial admission, intake process, and customer service provided were:

Very good Good Average Below average Did not use

Comments: _____

3. Please rate the ability of our billing staff to provide prompt and accurate answers to your questions:

Very good Good Average Below average Did not use

Comments: _____

4. The service from the delivery personnel was: FedEx UPS

Very good Good Average Below average Did not use

Comments: _____

5. Please rate the service provided by our staff after business hours:

Very good Good Average Below average Did not use

Comments: _____

6. Your overall impression with the services provided by PerformSpecialty pharmacy was:

Very good Good Average Below average Did not use

Comments: _____

Notes:

