Specialty Pharmacy New Patient Welcome Packet

Choice Health Network Pharmacy

New Patient Handout | Form Revised: 08/18/2026

Phone: 865-357-1001

Patient Rights and Responsibilities

We believe that all patients receiving services from Choice Health Network Pharmacy should be informed of their rights. Therefore, you are entitled to:

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

PATIENT RESPONSIBILITIES

- Patient submits forms that are necessary to receive services.

- Patient provides accurate medical and contact information and any changes.
- Patient notifies the treating provider of participation in the services provided by the pharmacy.
- Patient notifies the pharmacy of any concerns about the care or services provided.

When the patient is unable to make medical or other decisions, the family should be consulted for direction.

HIPAA Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

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

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

PERMITTED USES AND DISCLOSURES

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

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

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

Health care operations means the support functions of the pharmacy, related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient comments and complaints, physician reviews, compliance programs, audits, business planning,

development, management, and administrative activities. We may use your PHI to evaluate the performance of our staff when caring for you. We may also combine PHI about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose PHI for review and learning purposes. In addition, we may remove information that identifies you so that others can use the de-identified information to study health care and health care delivery without learning who you are.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We may also use your PHI in the following ways:

To provide appointment reminders for treatment or medical care.

To tell you about or recommend possible treatment alternatives or other health-related benefits and services that may be of interest to you.

To disclose to your family or friends or any other individual identified by you to the extent directly related to such person's involvement in your care or the payment for your care. We may use or disclose your PHI to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care, of your location, general condition, or death. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon our professional judgment.

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

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

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

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

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

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

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

SPECIAL SITUATIONS

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

- Organ and Tissue Donation. If you are an organ donor, we may release PHI to organizations that handle organ procurement or transplantation as necessary to facilitate organ or tissue donation and transplantation.
- Military and Veterans. If you are a member of the Armed Forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- Worker's Compensation. We may release PHI about you for programs that provide benefits for work-related injuries or illnesses.
- Public Health Activities. We may disclose PHI about you for public health activities, including disclosures:
- to prevent or control disease, injury, or disability.
- to report births and deaths.
- to report child abuse or neglect.
- to persons subject to the jurisdiction of the Food and Drug Administration (FDA) for activities related to the quality, safety, or effectiveness of FDA-regulated products or services and to report reactions to medications or problems with products.
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- to notify the appropriate government authority if we believe that an adult patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if the patient agrees or when required or authorized by law.

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

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

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

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

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

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

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

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

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

OTHER USES OF YOUR HEALTH INFORMATION

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

YOUR RIGHTS

You have the right to request restrictions on our use and disclosures of PHI for treatment, payment, and health care operations. However, we are not required to agree to your request unless the disclosure is to a health plan in order to receive payment, the PHI pertains solely to your health care items or services for which you have paid the bill in full, and the disclosure is not otherwise required by law. To request a restriction, you may make your request in writing to the Privacy Officer.

You have the right to reasonably request to receive confidential communications of your PHI by alternative means or at alternative locations. To make such a request, you may submit your request in writing to the Privacy Officer.

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

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

- for PHI obtained from someone other than us under a promise of confidentiality when the access requested would be reasonably likely to reveal the source of the information.

In order to inspect or obtain a copy of your PHI, you may submit your request in writing to the Medical Records Custodian. If you request a copy, we may charge you a fee for the costs of copying and mailing your records, as well as other costs associated with your request. We may also deny a request for access to PHI under certain circumstances if there is a potential for harm to yourself or others. If we deny a request for access for this purpose, you have the right to have our denial reviewed in accordance with the requirements of applicable law.

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

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

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

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

- (i) to carry out treatment, payment and health care operations as provided above.
- (ii) incidental to a use or disclosure otherwise permitted or required by applicable law.
- (iii) pursuant to your written authorization.
- to persons involved in your care or for other notification purposes as provided by law.
- for national security or intelligence purposes as provided by law.
- to correctional institutions or law enforcement officials as provided by law.
- as part of a limited data set as provided by law.

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

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

COMPLAINTS

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

Emergency Planning

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

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

Know What to Expect

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

Know Where to Go

- One of the most important pieces of information you should know is the location of the closest emergency shelter.
- These shelters are opened to the public during voluntary and mandatory evaluation times. They are usually the safest place for you to go, other than a friend or relative's home in an unaffected area.

Know What to Take with You

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

Reaching Us if There Are No Phones

- How do you reach us during a natural emergency if the phone lines do not work? How would you contact us? If there is warning of the emergency, such as a hurricane watch, we will make every attempt to contact you and provide you with the number of our cellular phone. (Cellular phones frequently work even when the regular land phone lines do not.)
- If you have no way to call our cellular phone, you can try to reach us by having someone you know call us from his or her cellular phone. (Many times, cellular phone companies set up communication centers during natural disasters. If one is set up in your area, you can ask them to contact us.)

- If the emergency was unforeseen, we will try to locate you by visiting your home, or by contacting your home nursing agency. If travel is restricted due to damage from the emergency, we will try to contact you through local law enforcement agencies.

An Ounce of Prevention…

- We would much rather prepare you for an emergency ahead of time than wait until it has happened and then send you the supplies you need.
- To do this, we need you to give us as much information as possible before the emergency. We may ask you for the name and phone number of a close family member, or a close friend or neighbor. We may ask you where you will go if an emergency occurs. Will you go to a shelter, or a relative's home? If your doctor has instructed you to go to a hospital, which one is it?
- Having the address of your evacuation site, if it is in another city, may allow us to service your therapy needs through another pharmacy.

Helpful Tips

- Get a cooler and ice or freezer gel-packs to transport your medication.
- Get all of your medication information and teaching modules together and take them with you if you evacuate.
- Pack one week's worth of supplies in a plastic-lined box or waterproof tote bag or tote box. Make sure the seal is watertight.
- Make sure to put antibacterial soap and paper towels into your supply kit.
- If possible, get waterless hand disinfectant from Choice Health Network Pharmacy or from a local store. It comes in very handy if you do not have running water.
- If you are going to a friend or relative's home during evacuation, leave their phone number and address with Choice Health Network Pharmacy and your home nursing agency.
- When you return to your home, contact your home nursing agency and Choice Health Network Pharmacy so we can visit and see what supplies you need.

For More information

There is much more to know about planning for and surviving during a natural emergency or disaster. Review the information from FEMA

FEMA emergency planning information. The information includes:

- Get informed about hazards and emergencies that may affect you and your family.
- Develop an emergency plan.

Collect and assemble disaster supplies kit , which should include:

- Three-day supply of non-perishable food.
- Three-day supply of water - one gallon of water per person, per day.
- Portable, battery-powered radio or television and extra batteries.
- Flashlight and extra batteries.
- First aid kit and manual.
- Sanitation and hygiene items (moist towelettes and toilet paper).
- Matches and waterproof container.

- Whistle.
- Extra clothing.
- Kitchen accessories and cooking utensils, including a can opener.
- Photocopies of credit and identification cards.
- Cash and coins.
- Special needs items, such as prescription medications, eyeglasses, contact lens solutions, and hearing aid batteries.
- Items for infants, such as formula, diapers, bottles, and pacifiers.
- Other items to meet your unique family needs.
- Learn where to seek shelter from all types of hazards.
- Identify the community warning systems and evacuation routes.
- Include in your plan required information from community and school plans.
- Learn what to do for specific hazards. · Practice and maintain your plan.

An Important Reminder!!

During any emergency situation, if you are unable to contact our pharmacy and you are in need of your prescribed medication, equipment, or supplies, you must go to the nearest emergency room or other treatment pharmacy for treatment.

Special Needs Shelters

Please note: The special needs shelter should be used as a place of last refuge. The evacuee may not receive the same level of care received from independent contractors in the home, and the conditions in a shelter might be stressful.

(1) If the patient has a caregiver1, the caregiver must accompany the patient and must remain with the patient at the special needs shelter.

(2) The following is a list of what special needs patients need to bring with them to the special needs shelter during an evacuation:

- Bed sheets, blankets, pillow, folding lawn chair, air mattress
- The patient’s medication including the dose, frequency, route, time of day and any special considerations for administration, supplies, and equipment list, including the phone, beeper and emergency numbers for the patient’s physician, pharmacy / facility and, if applicable, oxygen supplier; supplies and medical equipment for the patient’s care; Do Not Resuscitate (DNR) form, if applicable.
- Name and phone number of the patient’s nurse registry
- Prescription and non-prescription medication needed for at least 5 to 7 days; oxygen for 5 to 7 days if needed.
- A copy of the patient’s plan of care, if applicable
- Identification and current address
- Special diet items, non-perishable food for 5 to 7 days and 1 gallon of water per person per day
- Glasses, hearing aids and batteries, prosthetics, and any other assistive devices
- Personal hygiene items for 5 to 7 days
- Extra clothing for 5 to 7 days

- Flashlight and batteries
- Self-entertainment and recreation items, like books, magazines, quiet games.

(3) Shelterees need to know the following:

If the patient has a caregiver, the caregiver(s) will be allowed to shelter together in the special needs shelter. If the person with special needs is responsible for the care of individuals without special needs, those persons may also shelter together.

The shelteree caregiver will have floor space provided. The caregiver must provide his or her own bedding.

Service dogs are allowed in the shelter. However, check with your local Emergency Management office to see if other pets are permitted.

Bring personal snacks, drinks, and any special dietary foods for 72 hours. It is possible only sparse meals will be provided.

1Caregivers can be relatives, household members, guardians, friends, neighbors, and volunteers.

Home Safety

At Choice Health Network Pharmacy, we want to make sure that your home medical treatment is done conveniently and safely. Many of our patients are limited in strength or unsteady on their feet. Some are wheelchair - or bed-bound. These pages are written to give our patients some easy and helpful tips on how to make the home safe for home care.

Fire Safety and Prevention

Smoke detectors should be installed in your home. Make sure you check the batteries at least once a year.

- If appropriate, you may consider carbon monoxide detectors as well. Ask your local fire department if you should have one in your home.
- Have a fire extinguisher in your home, and have it tested regularly to make sure it is still charged and in working order.
- Have a plan for escape in the event of a fire. Discuss this plan with your family.
- If you use oxygen in your home, make sure you understand the hazards of smoking near oxygen. Review the precautions. If you are not sure, ask your oxygen provider what they are.
- If you are using electrical medical equipment, make sure to review the instruction sheets for that equipment. Read the section on electrical safety.

Electrical Safety

- Make sure that all medical equipment is plugged into a properly grounded electrical outlet.
- If you have to use a three-prong adapter, make sure it is properly installed by attaching the ground wire to the plug outlet screw.
- Use only good quality outlet “extenders” or “power strips” with internal Circuit breakers. Do not use cheap extension cords.

Safety in the Bathroom

Because of the smooth surfaces, the bathroom can be a very dangerous place, especially for persons who are unsteady.

- Use non-slip rugs on the floor to prevent slipping.
- Install a grab-bar on the shower wall, and non-slip footing strips inside the tub or shower.
- Ask your medical equipment provider about a shower bench you can sit on in the shower.
- If you have difficulty sitting and getting up, ask about a raised toilet seat with arm supports to make it easier to get on and off the commode.
- If you have problems sensing hot and cold, you should consider lowering the temperature setting of your water heater, so you do not accidentally scald yourself without realizing it.

Safety in the Bedroom

It is important to arrange a safe, well-planned, and comfortable bedroom since a lot of your recuperation and home therapy may occur there.

- Ask your home medical provider about a hospital bed. These beds raise and lower so you can sit up, recline, and adjust your knees. A variety of tables and supports are also available so you can eat, exercise, and read in bed.
- Bed rails may be a good idea, especially if you have a tendency to roll in bed at night.
- If you have difficulty walking, inquire about a bedside commode so you do not have to walk to the bathroom to use the toilet.
- Make sure you can easily reach the light switches, and other important things you might need throughout the day or night.
- Install nightlights to help you find your way in the dark at night.
- If you are using an IV pole for your IV or enteral therapy, make sure that all furniture, loose carpets, and electrical cords are out of the way, so you do not trip and fall while walking with the pole.

Safety in the Kitchen

Your kitchen should be organized so you can easily reach and use the common items, especially during your recuperation while you are still a bit weak:

- Have a friend or health care worker remove all common small appliances and utensils from cabinets and place them on your counters where you can easily use them.
- Have a chair brought into the kitchen to the counter work area if you have difficulty standing.
- Make sure you are careful lifting pots and pans. Not only might they be hot, but they can be heavy as well. Use padded mitts to firmly grasp pans and pots on both sides.
- Ask your kitchen or hardware store about utensils for manually impaired or arthritic persons, including:
- Basic electric can openers
- Bottle and jar openers
- Large-handled utensils

When working at your stove, be very careful that intravenous tubing, tube feeding tubing, or oxygen tubing do not hang over the heat. They can be flammable.

Getting Around Safely

If you are now using assistant devices for ambulating (walking), here are some key points:

- Install permanent or temporary guardrails on stairs to give you additional support if you are using a cane or are unsteady.
- If you are using a walker, make sure that furniture and walkways are arranged to give you enough room.
- If you are using a walker or wheelchair, you may need a ramp for getting into or out of the house. Ramps can be purchased ready-made or may be constructed for you. Talk to your home medical equipment provider about available options.
- If you have any questions about safety that are not in this booklet, please call us and we will be happy to give you recommendations for your individual needs.

Infection Control

The patient/caregiver should observe all healthcare workers they meet and encourage and remind healthcare workers to wash their hands prior to providing care.

Items that touch only intact skin (e.g., blood pressure cuff, stethoscopes, thermometers, and other medical accessories) rarely, if ever, transmit disease. These items will be cleaned with alcohol after each use. Should any piece of item become contaminated with blood or other potentially infectious material, the item should be cleaned with a chemical germicide.

All excretions, secretions, blood, and drainage should be discarded in the toilet.

To minimize contamination during use, products must be handled in a manner that will protect them from contamination. These procedures include the following:

- Wash hands, making sure to use good hand washing technique.
- Unpack and handle products in a manner consistent with preservation of optimal cleanliness.
- Properly store all products

Making Decisions About Your Health Care

Advance Directives are forms that say, in advance, what kind of treatment you want or do not want under serious medical conditions. Some conditions, if severe, may make you unable to tell the doctor how you want to be treated at that time. Your Advance Directives will help the doctor to provide the care you would wish to have.

Most hospitals and home health organizations are required to provide you with information on Advance Directives. Many are required to ask you if you already have Advance Directives prepared.

This pamphlet has been designed to give you information and may help you with important decisions. Laws regarding Advance Directives vary from state to state. We recommend that you consult with your family, close friends, your physician, and perhaps even a social worker or lawyer regarding your individual needs and what may benefit you the most.

What Kinds Of Advance Directives Are There?

There are two basic types of Advance Directives available. One is called a Living Will. The other is called a Durable Power of Attorney.

A Living Will gives information on the kind of medical care you want (or do not want) if you become terminally ill and unable to make your own decision.

It is called a “Living” Will because it takes effect while you are living.

- Many states have specific forms that must be used for a Living Will to be considered legally binding. These forms may be available from a social services office, law office, or possibly a library.
- In some states, you are allowed to simply write a letter describing what treatments you want or do not want.
- In all cases, your Living Will must be signed, witnessed, and dated. Some states require verification.

A Durable Power of Attorney is a legal agreement that names another person (frequently a spouse, family member, or close friend) as an agent or proxy. This person would then be making medical decisions for you if you should become unable to make them for yourself. A Durable Power of Attorney can also include instructions regarding specific treatments that you want or do not want in the event of serious illness.

What Type of Advance Directive is Best for Me?

This is not a simple question to answer. Each individual’s situation and preferences are unique.

For many persons, the answer depends on their specific situation, or personal desires for their health care.

Sometimes the answer depends on the state in which you live. In some states, it is better to have one versus the other.

Many times, you can have both, either as separate forms or as a single combined form.

What Do I Do If I Want An Advance Directive?

First, consult with your physician’s office or home care agency about where to get information specific to your state.

Once you have discussed the options available, consult with any family members or friends who may be involved in your medical care. This is extremely important if you have chosen a friend or family member as your “agent” in the Durable Power of Attorney.

Be sure to follow all requirements in your state for your signature, witness signature, notarization (if required), and filing.

You should provide copies of your Advance Directive(s) to people you trust, such as close family members, friends and/or caregivers. The original document should be filed in a secure location known to those to whom you give copies.

Keep another copy in a secure location; if you have a lawyer, he or she will keep a copy as well.

How Does My Health Care Team Know I Have an Advance Directive?

- You must tell them. Many organizations and hospitals are required to ask you if you have one. Even so, it is a good idea to tell your physicians and nurses that you have an Advance Directive, and where the document can be found.
- Many patients keep a small card in their wallet that states the type of Advance Directive they have, where a copy of the document(s) is located, and a contact person, such as your Durable Power of Attorney "agent," and how to contact them.

What If I Change My Mind?

- You can change your mind about any part of your Advance Directive, or even about having an Advance Directive, at any time.
- If you would like to cancel or make changes to the document(s), it is very important that you follow the same signature, dating, and witness procedure as the first time, and that you make sure all original versions are deleted or discarded, and that all health care providers, your caregiver(s), your family and friends have a revised copy.

What If I Do not Want An Advance Directive?

You are not required by law to have one. Many home care companies are required to provide you with this basic information, but what you choose to do with it is entirely up to you.

For More Information…

This pamphlet has been designed to provide you with basic information. It is not a substitute for consultation with an experienced lawyer or knowledgeable social worker. These persons, or your home care agency, can best answer more detailed questions, and help guide you towards the best Advance Directive for you.

How to Place a Prescription Order

It is our policy at Choice Health Network Pharmacy to help you place a prescription order. Your prescriber may contact us at (865) 357-1001 to submit a verbal order. We also accept prescriber faxes or electronic prescriptions.

How to Obtain a Refill

It is our policy at Choice Health Network Pharmacy to help you remember when it is time to refill your medication. We will call you to set up delivery when you have about 7 days of medication left. If we are not able to contact you after three attempts, we will send you a letter via the United States Postal Service. If you have not heard from us when you have 5 days of medication remaining, please contact us at (865) 357-1001 . In addition, we will gladly assist you with any coordination issues with your medication such as vacation supplies, early refill due to change in therapy, or manufacture replacement due defective device, etc.

How to Access Medications in Case of an Emergency or Disaster

Choice Health Network Pharmacy has an emergency plan to provide prescriptions to our customers in case of emergency or disaster. Choice Health Network Pharmacy will make reasonable attempts to contact each patient following a disaster to access their needs. Choice Health Network Pharmacy will prioritize patients based upon the urgency of the need for service. The following local services may be contacted by the patient if needed:

- Local pharmacies near the patient's address
- The local hospital(s) near the patient's address
- The local EMS office (911 Services)
- FEMA

How to Check on a Prescription Order

You may contact us at (865) 357-1001 at any time to check on a prescription order.

Information on Prescription Drug Substitutions

The FDA classifies as therapeutically equivalent products that are approved as safe and effective; are pharmaceutical equivalents (i.e., contain identical amounts of the same active drug ingredient in the same dosage form and route of administration and meet compendial or other applicable standards of strength, quality, purity, and identity); are bioequivalent (i.e., do not present a known or potential bioequivalence problem and meet an acceptable in vitro, or in some cases in vivo, or both, standard--or, if they do present such a known or potential problem, are shown to meet an appropriate bioequivalence standard);are adequately labeled; and are manufactured in compliance with current Good Manufacturing Practice (GMP) regulations. Products that meet these criteria are considered therapeutically equivalent even though they may differ in certain other characteristics such as shape, scoring configuration, release mechanisms, packaging, excipients (including colorings, flavorings, and preservatives), expiration date/time, minor aspects of labeling (e.g., presence of specific pharmacokinetic information), and storage conditions. The FDA takes the position that when differences of these types are important in the care of a particular patient, it may be appropriate for the prescribing physician to require that a particular brand be dispensed ("dispense as written") as a medical necessity ("brand medically necessary"). With this limitation, however, the FDA believes that products classified as therapeutically equivalent can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product.

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

How to Transfer a Prescription to Another Pharmacy

Simply call us at (865) 357-1001, provide the name of the medication along with the name and phone number of the pharmacy where the prescription is to be transferred. Choice Health Network Pharmacy will contact the pharmacy where your prescription is to be transferred and provide the information needed to fill your prescription. We will inform you if the prescription has no remaining refills so you may contact the prescribing physician.

How to Obtain Medications Not Available at the Pharmacy

Choice Health Network Pharmacy will assist the patient to obtain medications that are not available at out pharmacy. We may transfer your prescription to another pharmacy that has the medication prescribed and provide the information needed to fill your prescription.

How to Handle Medication Recalls

Upon receiving notification of a product recall, Choice Health Network Pharmacy will take the following steps:

- Review inventory and records for the disposition of the recalled item.
- Contact the patient/caregiver by telephone as appropriate to arrange for exchange of products. Choice Health Network Pharmacy notification methods that may be used include:
- Contact you by phone or certified letter
- Contact your emergency contact friend or relative.
- Contact your physician’s office
- Remove the items(s) from service.
- Follow the steps recommended by the manufacturer and document the steps with the date completed and the signature of the person completing the form.

How to Dispose of Medications

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

Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government's household trash and recycling service (see blue pages in phone book) to see if a take-back program is available in your community. The Drug Enforcement Administration, working with state and local law enforcement agencies, is sponsoring National Prescription Drug Take Back Days throughout the United States.

If no instructions are given on the drug label and no take-back program is available in your area, throw the drugs in the household trash, but first:

- Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.
- Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.

Additional tips:

- Before throwing out a medicine container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information.
- Do not give medications to friends. Doctors prescribe drugs based on a person's specific symptoms and medical history. A drug that works for you could be dangerous for someone else.
- When in doubt about proper disposal, talk to your pharmacist.

- The same disposal methods for prescription drugs could apply to over-the-counter drugs as well.

How to Handle Adverse Reactions

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

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

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

Grievance Complaint Reporting

You may lodge a complaint without concern for reprisal, discrimination, or unreasonable interruption of service. To place a grievance, please call (865) 357-1001 and speak to a pharmacy representative. If your complaint is not resolved to your satisfaction within 5 working days, you may initiate a formal grievance in writing and forward it to Leadership. You can expect a written response within 14 working days or receipt.

I understand that I may also make inquiries or complaints about this pharmacy by calling Medicare at 1-800-MEDICARE and/or the Accreditation Commission for Health Care (ACHC) at (919) 785-1214 and/or for Tennessee Department of Health- Board of Pharmacy at Tennessee Department of Health report a concern.

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