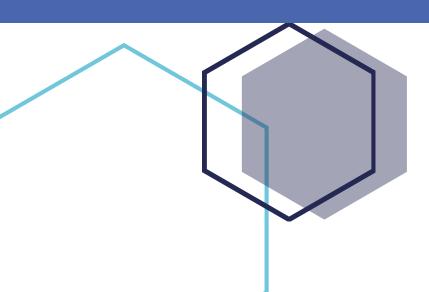


Welcome Packet



A Center of Excellence by the State of Washington





CONTACT INFORMATION

Hours of Operation

- Monday Friday, 8 am to 4:30 pm
- Saturday and Sunday, Closed
- The Pharmacy will be closed on the following holidays:
 - o Martin Luther King Jr. Day
 - o Presidents Day
 - Memorial Day
 - o Independence Day
 - Labor Day
 - Thanksgiving Day
 - Day after Thanksgiving
 - Christmas Eve Day
 - Christmas Day
 - New Year's Eve Day
 - New Year's Day

Contact information

- Local: 206-689-8200
- Toll Free: 1-855-837-7080
- After hours/ Emergency Physician & Nurse Consultation Line: 206-614-1200
- Fax: 206-624-0969
- Website: https://wacbd.org Washington Center for Bleeding Disorders (wacbd.org)
- Address: 701 Pike Street, Suite 1900 Seattle, WA 98101

When to Contact Us

- You have questions or concerns about your medication
- You suspect a reaction or allergy to your medication
- A change has occurred in your medication use
- Your contact information or delivery address has changed
- Your insurance information or payment source has changed
- To check the status of your order, discuss an order delay or reschedule your delivery
- To receive claims related information

WELCOME LETTER

Welcome to Washington Center for Bleeding Disorders (WACBD) Pharmacy!

Our team will work closely with you and your providers to help you succeed on your new therapy. This welcome packet will review many of the services we offer as your specialty pharmacy and as part of WACBD Pharmacy.

As a designated regional Hemophilia Treatment Center (HTC), WACBD is charged with providing comprehensive care and promoting optimal health outcomes for adults and children with hemophilia and other bleeding disorders throughout the state of Washington and adjoining states (ID and MT).

Funding for the HTC program is exclusively derived through the operation of a federally approved 340B pharmacy. Having a 340B pharmacy means that WACBD is allowed to purchase clotting factor and other medications through a federally controlled discount program. A portion of the discount is passed onto your insurance company and the income generated is funneled back into WACBD's HTC program. The program income generated by the pharmacy is restricted to be used for patient health, education, and supportive services necessary to provide comprehensive care to patients with hemophilia or related clotting and bleeding disorders served by the HTC.

Therefore, when you choose to use WACBD Pharmacy as your pharmacy-of-choice for your bleeding disorder needs (medication), the income generated is used to provide you with your medical care (doctor services), your physical therapy program, 24/7 nursing services/access, social services, and your infusion supplies – all at zero cost to you or your medical insurance.

Every patient has a choice of which pharmacy they choose to use for their bleeding disorder needs. You can choose any pharmacy of your choice and/or which your insurance mandates. However, when you can make a choice, WACBD Pharmacy is here to service your needs and to help further program goals.

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WACBD Pharmacy services are designed to help you achieve the most benefit from your therapy including:

Individualized care

 You will have access to a team of specialty-trained pharmacists, nurses and pharmacy staff members who are experienced in your condition.

• Benefit Investigation and Financial Support

 WACBD pharmacy staff and the billing department will work with your insurance company on getting your medications approved and will research various financial assistance programs available to you that may possibly help you lower your out-of-pocket costs.

• Free shipping with safe, on-time delivery

 WACBD pharmacy staff will schedule and quickly ship all your specialty medications – even those that need special handling, such as refrigeration.

• Support anytime, 24/7

 WABCD pharmacists and nurses are available 24 hours a day, 7 days a week including holidays and weekends to answer all your questions about your medications and condition.

Refill reminders

 WACBD Pharmacy staff will contact you regularly to schedule your next refill and see how your therapy is progressing.

We strive to fulfill your needs with complete satisfaction. Periodically you may be asked to complete a patient satisfaction survey either via mail or phone. Please consider taking a few moments to tell us how we are doing. We value and appreciate your feedback.

Thank you for choosing us as your specialty pharmacy and welcome to Washington Center for Bleeding Disorder's Specialty Pharmacy Program!

Sincerely,

The WACBD Pharmacy Team

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MISSION

The Washington Center for Bleeding Disorders (WACBD) is dedicated to secure, promote and protect optimal health for people with bleeding disorders through comprehensive care, education and research in partnership with our patients, their families, and the local and national bleeding disorders community.

VISION

As a recognized center of excellence in comprehensive care and research for bleeding disorders, we will be the primary resource for patients, families, providers, and community. We are committed to every patient in our region having access to appropriate therapies. We will work in partnership with our patients to inspire confidence and independence.

VALUES

We will:

- Commit to excellence in patient care
- Demonstrate and uphold professional integrity and accountability
- Provide an environment of warmth and safety
- Welcome and respect patients and colleagues with different ideas, strengths, cultures, and backgrounds
- Communicate honestly and openly with patients, co-workers, and the community

ELIGIBILITY CRITERIA

To be eligible to be served by WACBD Pharmacy:

- Established relationship between the patient and the 340B covered entity
- Patient receives health care service(s) from a provider employed by the covered entity at least once a year

SERVICES OFFERED

Patient Management Program

- o WACBD Specialty Pharmacy has a Patient Management Program that assists our patients to achieve best outcomes from their specialty medication therapies. We help the patient and provider manage medication treatment programs. We offer a patient-centered approach based on evidence-based practices for each of the disease processes under the supervision of a pharmacist and trained competent staff to provide the highest quality of care possible. The plan of care is developed on evidence-based standards of care and best practice. Evidence based health information and content for common conditions, diagnoses and treatment diagnostics and interventions are available to patients, prescribers, or providers upon written or oral request.
- All patients are automatically enrolled in the Patient Management Program. By
 participating in this program, you will receive an initial assessment by a pharmacist.
 For clinical questions related to your medications, diagnosis or plan of care, clinical staff
 members are available to you 24 hours a day, 7 days a week by calling 206-614-1200 or
 in person during our regular business hours.
- Patient Management Program benefits include:
 - 1. Improved knowledge of medication use and administration.
 - 2. Improved medication compliance by creating an individualized plan of care tailored to you.
 - 3. Providing advice on managing potential side effects.
 - 4. Greater self-management of medications and medical condition.
- Limitations of participating in the Patient Management Program include not responding to our outreach calls, not providing health updates, and not taking your medication on time as instructed.
- o If you wish to opt-out, feel free to let us know anytime. You can opt-out and still receive refill reminder calls.

Financial Assistance

Before your care begins, a pharmacy staff or billing staff member can help you
determine how to contact your insurance company so that you can inquire with them
about your out-of-pocket costs such as deductibles, co-pays, and/or co-insurance, etc,
upon request.

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- We will submit claims to your health insurance carrier and, if your claim is denied, a staff member will notify you so that we can work together to resolve the issue, upon request.
- We will notify you if we are an out-of-network pharmacy and we will determine which pharmacy your insurance requires you to use for your bleeding disorder needs.
- Our team has access to financial assistance programs to address financial barriers to starting your medication. These programs include assistance from various disease management foundations and drug manufacturers. Our pharmacy and billing department can assist you with enrollment into such programs, when available.

Filling a Prescription

- o Your physician will send us your prescription.
- For same day processing, please call by 12:00 noon. All orders after 2 p.m. will be processed the next business day.
- Weekend and holiday submissions will be handled during normal business hours.
- You will be contacted by a team member at least 5-7 days prior to your refill date. If you would like to contact us for a refill, you can call us and speak to a pharmacy staff member to process your refill request.

Obtaining Your Prescription— Delivery or Pick Up

- o WACBD will deliver your medication for free the next day via Fed-Ex or same day via courier. Normal shipments will be delivered Monday through Friday. Signature upon receipt is requested; however, if you cannot accept the package, it can be left at your home or another, approved location. We are not able to ship to a PO Box.
- You also have the option of picking up your medications. Protecting your health information is one of our top priorities so your medications will only be released to someone you have authorized. You or someone you authorized can conveniently walk-in Monday Friday. Please refer to our hours of operation.
- Please open your order and review the contents immediately after you receive them to ensure your order is correct and complete. We encourage you to store your medication in the proper way as soon as possible. Please contact us at 206-689-8200 within one business day to report missing or damaged contents.

Obtaining Refills

- Prescription refills are easy with WACBD Pharmacy. A pharmacy staff member will contact you at least five to seven days prior to your refill due date to set up a refill, determine your compliance to the prescribed therapy, may inquire about any side effects, changes in your medical condition and/or regimen, and set up a pickup or delivery date and confirm a delivery address.
- If we are unable to reach you for coordination of refill, please call and ask for a pharmacy staff member. The Pharmacy will not ship refills without confirming with you first.

Transferring a Prescription

- o If our pharmacy can no longer service your medication, a pharmacist will help facilitate the transfer your prescription to another pharmacy. We will inform you of this transfer of care.
- Please call us if you would like to receive your medications from another pharmacy. We will assist you in transferring your prescription to the appropriate pharmacy of your choice.

Substituting medication

Our pharmacy strives to find the most cost-efficient option for you. From time to time it may be necessary to substitute brand name drugs with a generic drug option. This could occur due to insurance carrier preference or to reduce your copay. If a substitution needs to be made, a member of the specialty pharmacy staff will contact you prior to shipping the medication to inform you of the substitution. When available, our pharmacy will default to generic to save you money. We will use brand name medication at you or your prescriber's request. Please note that factor products generally do not have generic substitutions.

Payment Plans

- WACBD Pharmacy provides transparent financial information and will share the patient's out-of-pocket costs such as deductible, co-pays, and co-insurance, and cash price of the medication upon request. WACBD's billing department can assist in determining whether your account has a balance that needs to be addressed. They will work with you to determine how to pay any outstanding balances, if needed.
- o If you get a check from your insurance company, you should send it to WACBD Pharmacy with a copy of the Explanation of Benefits (EOB) statement you received. If you have any questions regarding this, please contact us.
- o If you need help in arranging a payment plan for the money you owe, we will be happy to assist you in setting up a payment plan. Please call us and let us know your situation.

Interpreter Services

o If you are deaf, hearing or visual impaired, or if English is not your primary language, an interpreter is available at no cost to you.

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Understanding Your Options: WACBD's Guide to Managing Bleeding Disorder Costs

At WACBD, we are committed to providing high-quality, comprehensive care to the hemophilia and bleeding disorders community. This commitment extends to various aspects of our services, including:

- Clinical Care
- Pharmacy Services
- Financial and Billing Services

Pharmacy Services Overview:

WACBD Pharmacy is contracted with most major payors, including commercial payors, Medicare, and Medicaid. This enables us to:

- Bill your insurance directly for medications
- Verify your coverage and eligibility before providing services
- Obtain prior authorization, if necessary
- Follow up on claims to ensure coverage and resolution of denials

Financial Responsibility Clarification:

- We anticipate potential out-of-pocket costs for medications and strive to ensure transparency regarding financial obligations.
- Most commercial insurance companies cover specialty medications for bleeding disorders. However, out-of-pocket expenses such as deductibles, copays, or coinsurance may apply.
- Patient assistance programs offered by drug manufacturers are available for patients on commercial insurance policies. Our Pharmacy and Billing teams are well-versed in assisting with enrollment.

Medicare Part B Coverage:

Patients with Medicare Part B coverage can obtain specialty medications for bleeding disorders under their Medicare benefits. However, traditional Part B out-of-pocket costs, including deductibles and coinsurance, may apply. We encourage patients to contact our Billing Department to discuss available resources.

Financial Hardship Assistance:

For patients experiencing financial hardship, we offer a financial assistance program. Application forms are available upon request from any member of the WACBD staff.

Support and Accessibility:

We understand that discussions regarding insurance coverage or financial assistance can be difficult. Our dedicated billing team is sensitive to this and is ready to assist you.

Contact Information:

For inquiries or assistance, please contact our Billing Specialists:

Phone: 206-681-2453Email: <u>Billing@WACBD.org</u>

FREQUENTLY ASKED QUESTIONS

Is my medication covered by my insurance?

WACBD Pharmacy can dispense for most insurance companies. However, occasionally, your insurance company will require the use of another pharmacy. In these cases, we will transfer your prescription.

Is it important to take all my medication?

Yes. Follow your provider's instructions for both the dose of medication and the length of time you should take it. We understand that some medications may have unpleasant side effects or be difficult to administer. Our pharmacists are available to offer practical advice about dealing with these issues and can help you to contact your prescriber about the medical management of any undesired side effects.

What do I do if I have an adverse reaction to the medication?

Call 911 or have someone drive you to a local hospital emergency room if the reaction appears serious or life threatening. Contact WACBD Pharmacy or WACBD Clinic to report the reaction. If the reaction is not life threatening, please contact the pharmacy for assistance.

Can I return my prescription?

Once the medication has left our pharmacy, it cannot be returned to us. If you suspect your medication or device is defective, please let us know and we will assess the situation to see if we can replace your medication or device. If you believe the medication you are taking has been recalled, please call us as soon as you find out. If we receive notification of any medication recalls, we will promptly notify our patients.

How do I dispose of unused medications?

In order to reduce harm from accidental exposure, it is important to properly dispose of any unused medication. Do not flush medicines down the sink or toilet.

For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also check the following websites for additional information:

- FDA: Where and How to Dispose of Unused Medicines -https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines
- 2. Rx Drop Box: https://www.rxdrugdropbox.org/

Why do I need to sign for all deliveries/pick-up medications?

Your insurance company requires that the pharmacy capture a signature of receipt for every medication delivery. If the pharmacy doesn't receive a signature, your insurance company can refuse payment. If payment is denied, the responsibility will lie with the patient. Therefore, every delivery/pick-up will include a document for you to sign. Once you receive your medication, please sign the form and send the signed form back to the pharmacy. We will always provide a self-addressed, stamped envelope for your convenience.

09/02/2025 11:35:54 am	,		WACBD Pharmacy Delivery Sheet		Page 3 of 4
Customer's Name Address City, State Zip Code				Driver:	-
Phone Number	Destination Date	OrderNumber		Pickup Time:	-
PATIENT, TEST 701 PIKE STREET SUITE SEATTLE, WA 98101			Indirect Signature Required	Courier Same Day	
(555)555-5555	09/03/2025	6712			
Delivery Time:			Signa Print N	ature.	

Packing Slip

WACBD 701 PIKE ST SEATTLE, WA 98101 Phone: (206)689-8200 Fax: (206)624-0969



Order Summary

Customer:	PATIENT, TEST	Ship To:	4445 MAIN ST
Order Number:	700083-6712		SEATTLE, WA 98101
Number of Items:	2		
Packaged On:			Courier Same Day
Packed By:		Tracking Number:	

Order Details

Ref#	Date Filled	Drug Name	Lot / Exp / UpV / Vials
.853	09/02/2025	HEMLIBRA WELCOME KIT	
854	09/02/2025	NEEDLE, 18GX1.5IN BLUNT FILL FILTER	
854	09/02/2025	SYRINGE 3 ML, CAREPOINT	
854	09/02/2025	NEEDLE, 26G X 1/2"	
	i .		
		Signed by	v: atient
			8384E456
		Test Patie	nt
		, , , , , , , , , , , , , , , , , , , ,	
		9/2/2025	

PATIENT INFORMATION

Community Resources and Support

 Please refer to the Washington Center for Bleeding Disorders (WACBD) website for more information regarding your medication, condition/diagnosis, community, and financial resources by going to: https://wacbd.org

Clinical and Educational Resources

- Bleeding Disorders Foundation of Washington: https://www.bdfwa.org/
- Center for Disease Control: https://www.cdc.gov/hemophilia/
- National Hemophilia Foundation: https://www.hemophilia.org
- World Federation of Hemophilia: https://www.wfh.org/en/home

Financial Assistance Program Resources

- www.panfoundation.org
- Gap Program: may offer temporary coverage up to 3 months of free medication (Contact the pharmacy for details)
- Patient Assistant Program (PAP): may offer 1 year of free medication while uninsured (Contact the pharmacy for details)

Copay assistance Resources

Genentech: 1-844-436-2672Takeda: 1-888-229-8379

Bayer: 1-800-288-8374Sanofi: 1-855-749-4363

• CSL Behring: 1-800-676-4266

• Grifols: 1-844-693-2286

NovoNordisk: 1-844-668-6732
Pfizer: 1-888-733-2030 x 3
Octapharma: 1-800-554-4440

Aptevo: 1-855-494-6489

• BPL: 1-844-424-1010 (Coagadex)

Drug Recalls

If your medication is recalled, WACBD Pharmacy will contact you with further instructions as directed by the FDA or drug manufacturer. Should an alternative medication be needed, we will work together with your provider to find an acceptable alternative.

Accessing Medications in Event of Emergency of Disaster

In the event of an emergency or disaster in your area, please contact our pharmacy to instruct us on how to deliver your medication.

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If the pharmacy may be impacted by an emergency or disaster, you will be contacted to discuss possible transfer of your medications to ensure your therapy is not interrupted.

PATIENT SAFETY

Adverse Drug Reactions

An adverse reaction is defined as "Any unfavorable or unintended sign, symptom, or disease temporarily associated with the use of a drug". If you suspect an adverse reaction, please contact one of our pharmacists and your provider. However, in the case of a medical emergency, please call 911 or your local emergency room service for immediate assistance.

Sharps and Sharps Disposal

- Place all needles, syringes, and other sharp objects into a sharp's container. This can be
 provided by the pharmacy if you are prescribed an injectable medication. Once the
 container is full, seal the container and properly dispose of it by following your county or
 city regulations. Please refer to the frequently asked questions section on "How do I
 dispose of unused medications?" above.
- Please do not send used sharps containers back to the pharmacy.

Needle-stick safety

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

Medication Issues and Concerns

- Our clinical specialty pharmacists review all prescriptions for safety and accuracy according to best practice and as prescribed. However, if you notice any errors (ex: wrong drug, wrong dose, wrong frequency, etc.), please reach out to us and we will investigate and fix the mistake.
- We want you to be completely satisfied with the service we provide. If you or your caregiver have concerns, please contact us by phone.
- If you wish to seek further review of concern, you may contact:
 - The Washington State Board of Pharmacy
 - Website: Pharmacy Commission | DOH (wa.gov)
 - https://doh.wa.gov/licenses-permits-and-certificates/professionsnew-renew-or-update/pharmacy-commission
 - o Telephone: 360-236-4700

Email: <u>hsqa.csc@doh.wa.gov</u>

INFECTION CONTROL

According to the Center for Disease Control (CDC), the most important step to prevent the spread of germs and infections is handwashing. You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- Before, during, and after preparing food
- Before eating food
- Before and after eating with someone at home who is sick (vomiting or diarrhea)
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage
- After removing or touching your face mask

Hand-Washing Instructions

Infections are serious. 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.

- Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- 2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
- Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- 4. **Rinse** your hands well under clean, running water.
- 5. **Dry** your hands using a clean towel or air dry them.

Hand Sanitizer Instructions

1. Apply the gel product to the palm of one hand (read the label to learn the correct amount)

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- 2. Rub your hands together
- 3. Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds

PATIENT INFORMATION ON EMERGENCY PREPAREDNESS

The Pharmacy has a comprehensive emergency preparedness plan to help ensure continued treatment during an emergency or disaster such as severe storms, hurricanes, tornadoes, earthquakes, fire, and flooding. Our primary goal is to continue to service your prescription needs. When there is a threat of disaster, we will ensure you have enough medication to sustain you.

- 1. The pharmacy will call you 3-5 days before an anticipated local weather emergency utilizing the weather updates as point of reference.
 - a. If you are not in the pharmacy local area but reside in a location that will experience a weather disaster, you are responsible for calling the pharmacy 3-5 days before the occurrence to discuss your medication needs.
- 2. The pharmacy will send your medication via courier or through a commercial carrier (ex: FedEx), next day delivery during any suspected weather emergencies.
- 3. If the pharmacy cannot get your medication to you before a weather emergency occurrence, the pharmacy will transfer your medication to another pharmacy, so you do not go without medication.
- 4. If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication or visit your local hospital immediately.

Call 911 or go to the nearest emergency room if you are unable to reach the pharmacy and may run out of your medication.

PATIENT CONCERNS AND COMPLAINTS

Patient Complaint Policy

The WACBD Pharmacy grievance process supports the patient or their representative's right to complain and obtain timely resolution about any aspect of information practices or concerns regarding safety and quality of care or service. The policy establishes standard definitions, a mechanism to receive, investigate, evaluate, and respond to complaints or grievances. You have a right to voice grievances and recommend changes in care or services without fear or unreasonable interruption of services.

 Please call the WACBD Pharmacy at 206-689-8200 and request the pharmacist in charge or the staff pharmacist on duty

WACBD Pharmacy has a formal complaint process. Your concerns, complaints, and suggestions are reviewed and investigated within 5 business days of receipt and resolved within 14 calendar days for Medicare patients or 30 calendar days for non-Medicare patients. You will be notified, either by phone or in writing, of our resolution.

If WACBD Pharmacy cannot resolve your patient care of safety concerns, you may contact:

- State Health and Human Services
- Office of Quality Monitoring for the Joint Commission
 - 0 800-944-6610
 - o complaint@jointcommission.org
- Medicare beneficiaries may also call regarding complaints and concerns of quality of care
 - 0 1-800-633-4227
- ACHC
 - 0 855-937-2242
 - o https://www.achc.org/contact/
- URAC
 - 0 202-216-9010
 - https://urac.i-sight.com/external-capture

PATIENT RIGHTS AND RESPONSIBILITIES

All patients have the following rights:

- 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 both orally and in writing, of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the patient will be responsible
- Receive information about the scope of services that the organization will provide and specific limitations on those services
- Participate in the development and periodic revision of the plan of care
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality
- Be able to identify visiting personnel members through proper identification
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property
- Voice grievances/complaints regarding treatment or care 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 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 care without discrimination in accordance with physician's orders, if applicable
- Be informed of any financial benefits when referred to an organization
- Be fully informed of one's responsibilities
- Have personal health information shared with the patient management program only in accordance with state and federal law
- Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
- Speak to a health professional
- Receive information about the patient management program
- Decline participation, or disenroll, at any point in time

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All patients have the following responsibilities:

- Give accurate clinical/medical and contact information and to notify the patient management program of changes in this information
- Notify the treating prescriber of their participation in the services provided by the pharmacy, such as the patient management program
- Submit forms that are necessary to receive services
- Maintain any equipment provided
- Notify the organization of any concerns about the care or services provided

Patient Care Management Program

WACBD Pharmacy offers certain comprehensive patient care management programs targeted to specific major-medical conditions. Proactive and clinically based, these programs provide therapy-specific care and are structed to achieve improved health outcomes through continuous clinical evaluation, ongoing health monitoring, assessment of educational needs and management of medical use.

Participants in a Patient Care Management Program have the right to:

- Know about the philosophy and characteristics of the program upon enrollment.
- Receive information about the program including the administrative information regarding changes, in, or termination of, the program upon request.
- Have personal information shared with the program only in accordance with state and federal laws.
- Opt-in or opt-out, based on patient preference.



Notice of Privacy Practices

THIS NOTICE OF PRIVACY PRACTICES ("NOTICE"), DESCRIBES HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION AND HOW YOU MAY ACCESS SUCH INFORMATION. PLEASE READ CAREFULLY.

About this Notice

This Notice of Privacy Practices is NOT an authorization. This Notice of Privacy Practices describes how we, our Business Associates, and our Business Associates' subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

"Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services.

We are required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable laws to maintain the privacy of your health information, to provide individuals with this Notice of our legal duties and privacy practices with respect to such information, and to abide by the terms of this Notice. We are also required by law to notify affected individuals following a breach of their unsecured health information.

WACBD safeguards the privacy of the comprehensive health care services provided to all patients receiving care, including interactions with payors, clearinghouses, partners, business associates and other healthcare professionals.

WACBD's practice is to protect the privacy of all medical information about a patient or identifying a patient. WACBD reserves the right to change its privacy practices and apply the revised practices to PHI previously created or received and has described how it will provide individuals with a revised notice.

Medical information is defined as: medical services provided to a patient, payment information, and information about a patient's past, present and future, medical history and/or condition.

Patient Rights:

Patients have the right to the following concerning their privacy:

- 1. Right to a copy of this Notice
- 2. Right to review and receive a copy of medical information
- 3. Right to request disclosures WACBD has made up to 6 years prior
- 4. Right to request restrictions on disclosures of medical information
- 5. Right to request an alternative method of communication
- 6. Right to notification of breach of medical information



Use of Appropriate Disclosure:

- WACBD may disclose medical information about a patient internally and to an outside healthcare professional to provide treatment and to coordinate or manage healthcare services provided.
- 2. WACBD may disclose medical information to obtain payment for healthcare services provided. Meaning, we may use medical information to arrange payment, prepare bills, and to manage accounts. We may also disclose medical information about you to others, such as insurers.
- 3. WACBD may disclose medical information as required by law to do so. There are federal, state, and local laws requiring the disclosure of medical information. This disclosure includes worker's compensation.
- 4. WACBD may disclose information about you when performing business activities for the improvement of quality of care, such as:
 - Reviewing and evaluating the skills, qualifications, and performance of healthcare providers taking care of you.
 - Providing training programs for fellows, other healthcare providers or non- healthcare professionals for practice and professional development.
 - Compliance with outside organizations and government agencies that evaluate, certify
 or license healthcare providers, staff, or facilities.
 - Reviewing and improving the quality and efficiency of care provided to patients.
 - Planning for our organization's future operations.
 - Resolving grievances within WACBD.
 - Reviewing activities and using or disclosing medical information to make significant changes for the benefit of patients.
 - Working with outside entities such as attorneys, accountants and other providers who assist WACBD with compliance of this notice and other applicable laws.
 - Right to notification of breach of medical information.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization. These situations include:

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury, or disability.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking



this information includes government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: We may disclose protected health information during any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include legal processes and otherwise required by law, limited information requests for identification and location purposes, pertaining to victims of a crime, suspicion that death has occurred as a result of criminal conduct, in the event that a crime occurs on the premises of our practice, and medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

Other Uses or Disclosures: WACBD participates in Carequality. Carequality is an interoperability framework, interconnecting all types of health information networks through a common agreement designed and maintained by its diverse stakeholders, like WACBD. These networks improve interoperability, but limit health data sharing to other members within the same network. As permitted by HIPAA, each participant in Carequality may disclose protected health information about an individual to the other Carequality participant for any health care operations activities.

Questions or Grievances (Complaints):

Any patient has the right to file a complaint if they believe WACBD have violated HIPAA. Any patient or representative on patient's behalf may submit a written or verbal complaint regarding a patient's privacy at WACBD, without fear of jeopardizing their care, to the privacy officer.

<u>Electronic</u> correspondence should be sent to <u>PG@wacbd.org</u> or verbally by calling 206-6141200 and speaking with the Privacy Officer. Patients also have the right to file a complaint with the OCR. Patients have the options of:

- •The OCR Complaint Poral at: U.S. Department of Health & Human Services Office for Civil Rights (hhs.gov)
- By Mail Print and mail the completed complaint and consent forms (found at HIPAA Complaint Process | HHS.gov) to:

Centralized Case Management Operations U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Room 509F HHH Bldg.



Washington, D.C. 20201

• By email to OCRComplaint@hhs.gov

WACBD will not penalize or retaliate against any patient or patient representative in any way for filing a complaint.

Changes To This Notice

This notice is effective as of 2/1/2024. On occasion, WACBD may make changes in these practices concerning how patient medical information is disclosed, or patient rights concerning their information will be implemented. WACBD reserves the right to change this Notice and to make the provisions in a new Notice effective for all maintained medical information. When changes are made, WACBD will publish a revised Notice of Privacy Practices. The revised notice will be posted on our website www.wacbd.org and will be available onsite.