



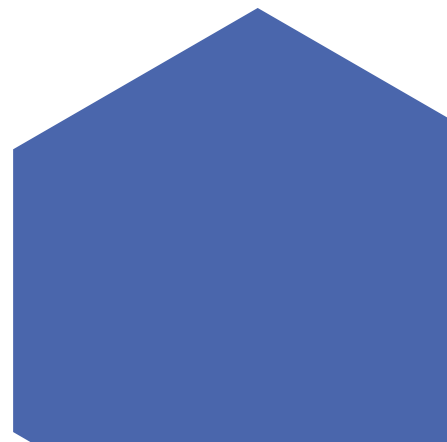
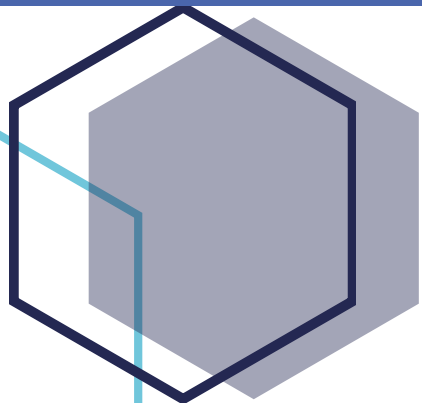
# Washington Center for Bleeding Disorders Pharmacy

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## 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:
  - Martin Luther King Jr. Day
  - Presidents Day
  - Memorial Day
  - 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: [wacbd.org](http://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.



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**
  - WACBD 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,

Your WACBD Pharmacy Team



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## MISSION

The Washington Center for Bleeding Disorders is dedicated to assuring optimal health for people with bleeding disorders through comprehensive care, education, and research.

## VISION

Our vision is to inspire and empower people with bleeding disorders to lead healthy and fulfilling lives.

## 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 (WACBD)
- Patient receives health care service(s) from a provider employed by the covered entity at least once a year

## SERVICES OFFERED

### **Patient Management Program**

- 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.
- 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.
- 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

- 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

- 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

- 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.
- 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.
- 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

- 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.



## **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: 206-681-2453
- Email: [Billing@WACBD.org](mailto:Billing@WACBD.org)



## 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:

1. 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

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### Pharmacy Delivery Sheet

<b>Customer's Name</b>			<b>Driver:</b> _____
<b>Address</b>			<b>Number:</b> _____
<b>City, State</b>	<b>Zip Code</b>		<b>Pickup Time:</b> _____
<b>Phone Number</b>	<b>Destination Date</b>	<b>OrderNumber</b>	
<b>PATIENT, TEST</b>		Indirect Signature Required	<b>Courier Same Day</b>
701 PIKE STREET SUITE SEATTLE, WA 98101			
(555)555-5555	09/03/2025	6712	
Delivery Time: _____	Signature: _____		
	Print Name: _____		

## Packing Slip

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




\*NLMRN1\*

## Order Summary

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

## Order Details

Ref #	Date Filled	Drug Name	Lot / Exp / UpV / Vials
1853	09/02/2025	HEMLIBRA WELCOME KIT	
1854	09/02/2025	NEEDLE, 18GX1.5IN BLUNT FILL FILTER	
1854	09/02/2025	SYRINGE 3 ML, CAREPOINT	
1854	09/02/2025	NEEDLE, 26G X 1/2"	

Signed by:   
45578EAB3B4E456...

Test Patient

9/2/2025



## PATIENT INFORMATION

### Community Resources and Support

- Please refer to the Washington Center for Bleeding Disorders website for more information regarding your medication, condition/diagnosis, community, and financial resources by going to: [wacbd.org](http://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](http://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: 1-844-436-2672
- Takeda: 1-888-229-8379
- Bayer: 1-800-288-8374
- Sanofi: 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.

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/professions-new-renew-or-update/pharmacy-commission)
      - <https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/pharmacy-commission>
    - Telephone: 360-236-4700
    - Email: [hsqa.csc@doh.wa.gov](mailto:hsqa.csc@doh.wa.gov)



## 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.

1. **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.
3. **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)
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  
Or
- E-mail us at [pg@wacbd.org](mailto:pg@wacbd.org)

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 or safety concerns, you may contact:

- State Health and Human Services
- Office of Quality Monitoring for the Joint Commission
  - 800-944-6610
  - [complaint@jointcommission.org](mailto:complaint@jointcommission.org)
- Medicare beneficiaries may also call regarding complaints and concerns of quality of care
  - 1-800-633-4227
- ACHC
  - 855-937-2242
  - <https://www.achc.org/contact/>
- URAC
  - 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



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 structured 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

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

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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 paper or electronic medical record
- Correct your paper or electronic medical record
- 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 that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services
- Raise funds

#### **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you



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

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

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You can access health information created by WACBD any time using the Patient Portal. Ask us how to do this or visit the link on our website: <https://wacbd.org>.

### **Ask us to correct your medical record**

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

### **Request confidential communications**

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



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

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

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

### **Get a copy of this privacy notice**

You can ask for a 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 someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

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

- You can complain if you feel we have violated your rights by contacting our Privacy Officer at [pg@wacbd.org](mailto:pg@wacbd.org). You may also call 206-337-0130 or 206-614-1200 and ask for the Privacy Officer.
- 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 <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.



- We will not retaliate against you for filing a complaint.

## Your Choices

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

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

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation

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

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

- Marketing purposes
- Most sharing of psychotherapy notes
- We never sell your information

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

## Our Uses and Disclosures

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

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

#### Treat you



We can use your health information and share it with other professionals who are treating you. This includes the use of health information exchanges such as *Carequality*.

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

### **Run our organization**

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

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

### **Bill for your services**

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

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

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

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. We may also share you information with other covered entities we partner with for quality and care under an Organized Health Care Arrangement or OHCA.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety



### **Do research**

We can use or share your information for health research.

### **Comply with the law**

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

### **Respond to organ and tissue donation requests**

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

### **Work with a medical examiner or funeral director**

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

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

We can use or share health information about you:

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

### **Respond to lawsuits and legal actions**

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

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.



- We will not use or share your information other than as described in this notice 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.

**Changes to the Terms of this Notice**

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

This version of the notice is effective as of July 1, 2026.