

Introduction to Services

Dear Valued Customer:

Thank you for selecting *NorthBay Health Specialty Pharmacy* as the specialty pharmacy provider for you or your loved one. We are committed to providing you with quality pharmaceutical products and with the exceptional customer service you deserve.

Please take a few moments to review the important information in this welcome packet which explains our services and answers some of the frequently asked questions you may have. Additionally, we have provided information about Medicare Part B and resources that may be available to you in your community.

To ensure your privacy as well as permission to bill your insurance company on your behalf, we have included some forms to be completed and returned to our billing department via the enclosed self-addressed envelope. These forms will help us provide accurate statements of your account, assist in processing your payments, and identify your unique situations to resolve problems in an efficient manner. Please take the time to complete these forms and return them to our pharmacy today.

Please contact us at the customer service number below if we can assist you with any questions you may have about your delivery or our services. We sincerely appreciate the opportunity to serve you – thank you for choosing NorthBay Health Specialty Pharmacy.

NorthBay Health Specialty Pharmacy Team

1020 Nut Tree Road

Vacaville, Ca 95687

707-624-8072

For after-hours call 707-624-7150



Important Information

About Your Order

We value our customers and want to continue to provide excellent customer service. You can help us by verifying the accuracy of your shipments upon receipt. Please call your pharmacy team at 707-624-8072 to report any concerns or discrepancies.

Therapy Information

From Your Pharmacist

The pharmacist is available for counseling on the medications provided to you at the number listed on the label of your medication.

Written information about this prescription has been provided for you. Please read this information before you take the medication.

Call your doctor for medical advice about side effects. You may report side effects to the Food and Drug Administration at 1 800 FDA- 1088.

What you May Need to Know

To reach your NorthBay Health Specialty Pharmacy team, please call 707-624-8072

Your NorthBay Health Specialty Pharmacy team can:

- Schedule a refill shipment
- Provide clinical support
- Check the status of your order
- Answer billing or insurance questions

Whatever your question or concern, your call is important to us. We appreciate the opportunity to be your full service Specialty Pharmacy throughout your therapy.

Hours of Operation

Our Pharmacy is open Monday through Friday, 08:00am-06:00pm (Pacific Time).

1020 Nut Tree Road, Vacaville Ca 95687

The NorthBay Health Specialty Pharmacy will be closed on the following holidays:

- New Year's Day (January 1)
- Memorial Day (last Monday in May)



- Independence Day (July 4)
- Labor Day (first Monday in September)
- Thanksgiving and the day after (fourth Thursday & Friday in November)
- Christmas (December 25)

Comprehensive Clinical Care

NorthBay Health Specialty Pharmacy offers personalized patient care, education on your condition and access to pharmacists who are specially trained in complex diseases. This means that we're available whenever you need us to discuss your medication, symptoms, side effects and anything that may affect your health.

Medication History

To provide complete care, we need to know about your current medications, allergies and health conditions.

Medication Questions

You have the right to consult with one of our pharmacists about your medication(s). Telephone consultation with a pharmacist is available to you. To speak to a Pharmacist, please call 707-624-8072 or the number on your prescription label. In case of an emergency, call 911 immediately. The name of your doctor is also on the prescription label, call our pharmacy if you need assistance finding your doctor's phone number.

Special Packaging and Shipping

To ensure the effectiveness of your medication, NorthBay Health Specialty Pharmacy uses special packaging and expedited shipping. We do this because under certain circumstances a medication's effectiveness could be affected by exposure to extreme heat, cold or humidity. You may also notice a change in the number of ice packs used or if they're frozen or un-frozen- these factors may be changed based on the time of year.

Insurance Changes

To prevent your medication therapy from being interrupted, please let us know immediately about any change in your insurance. This will ensure a smooth transition and prevent shipping delays for your medications. In the event that your insurance has changed and our Pharmacy cannot fill your prescription we will transfer your prescription to a Pharmacy that is allowed to fill your prescription according to your health plan coverage.



Social and Financial Support

At NorthBay Health Specialty Pharmacy, we know that living with illness can be difficult. That's why we're here to help. Our goal is to support you and your doctor so you receive the best possible care throughout your treatment. As advocates for your health, we are here to answer any questions you may have –even the stressful ones. The Pharmacy team members are available to provide emotional support and to talk with you about any issue. They can also help identify community assistance programs in your area and programs that offer financial help.

Generic Substitution

NorthBay Health Specialty Pharmacy will substitute a lower-cost medication for a brand-name drug unless you or your doctor asked for a specific name-brand drug.

Report Your Side Effects

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 800.FDA.1088 (800.332.1088) or the FDA/MedWatch website www.fda.gov/medwatch

For patients who are non-English speaking, translation services are provided. For more information, call 707-624-8072 or the number on your prescription label.

Safe Disposal of Your Medications

For instructions on the proper disposal of unwanted or unused medications, please refer to the FDA website at:

www.fda.gov/forconsumers/consumerupdates/ucm101653.htm

Obtaining Medications and Services

Delivery of your specialty medications

We coordinate delivery of your specialty medications to your home, your prescriber's office or an approved alternate location. We will also include any necessary supplies, such as needles, syringes and alcohol swabs. If your medications require special handling or refrigeration, they will be packaged and shipped accordingly. If you cannot be there to accept the package, we can arrange for it to be left at your home or an approved alternate location.

How to fill a new prescription

NorthBay Health Specialty Pharmacy will work with your prescriber when you need a new prescription drug. In many cases, your prescriber will fax us a new copy of your prescription or e-



Scribe the prescription to NorthBay Health Specialty Pharmacy in Vacaville, California. However, you may also call us and request that we contact your prescriber to obtain a new specialty prescription.

Ordering refills

A patient care coordinator will call you before your medication is scheduled to run out to check your progress and determine the shipment of your next refill. Please call 707-624-8072 during our normal office hours if you have any questions or need any help.

Medications not available at Specialty Pharmacy

If you cannot obtain a medication at NorthBay Health Specialty Pharmacy, your patient care coordinator will work with you and another pharmacy to ensure you receive your drug. If you want your prescription transferred to another pharmacy, please contact your patient care coordinator and we will transfer your prescription on your behalf.

Pharmacist and nursing assistance

NorthBay Health Specialty Pharmacy pharmacists and nurse care managers are specially trained on the medication you are taking and they are here to answer your questions about your care plan. Please call a NorthBay Health Specialty Pharmacy pharmacist if you have any questions regarding your treatment. In the case of an emergency, call 911. A licensed pharmacist is available 24 hours a day, 7 days a week, for any urgent needs relating to your medication. After normal business hours, please leave your contact information with our afterhours answering service and the pharmacist on-call will promptly return your call.

Patient care management programs

NorthBay Health Specialty Pharmacy covers several comprehensive patient care management programs for specific medical conditions. Proactive and clinically based, these programs provide therapy-specific care to improve your health. The service includes continuous clinical evaluation, ongoing health monitoring, assessment of educational needs and management of medication use. This service is provided to you at no additional cost. Your participation is completely voluntary and you can opt out at any time.

Health information for common conditions

NorthBay Health Specialty Pharmacy will attach manufacturer information to your prescription regarding your medication, treatment options, diagnosis and common treatment options.

Patient Information

Appeals

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



Returned goods policy

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

Generic medication substitution

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

Consumer advocacy support

To learn more about consumer protection and advocacy services, please visit the National Association of Consumer Advocates at <http://www.consumeradvocates.org/contact-us>

Payment Policy

Drug claims

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

Medical insurance claims

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

Outstanding balances

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

Payment plan

If you need help in arranging a payment plan for the money you owe, please call our Billing and Reimbursement department at 707-624-8072.



PATIENT'S RIGHTS AND RESPONSIBILITIES



1200 B. Gale Wilson Blvd., Fairfield, CA 94533

NorthBay Health Group Statement of Patient Rights

Provision of health services are not influenced by member race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information or source of payment.

You have the right to:

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychosocial, spiritual, and personal values, beliefs, and preferences.
2. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
3. Know the name of the licensed independent practitioner acting within the scope of his or her professional licensure who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians who will care for you.
4. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
5. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternative courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
6. Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against the advice of members of the medical staff, to the extent permitted by law.
7. Be advised if the hospital or licensed independent practitioner acting within the scope of his or her professional licensure proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
8. Reasonable responses to any reasonable requests made for service.
9. Appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe chronic



intractable pain. The doctor may refuse to prescribe opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic intractable pain with methods that include use of opiates.

10. Formulate advance directives. This includes designating a decision-maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patient rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.
11. Have personal privacy respected. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors such as a family member, friend or other individual to be with you for emotional support during the course of your stay. Privacy curtains will be used in semi-private rooms.
12. Confidential treatment of all communications and records pertaining to your care and stay in the hospital. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information.
13. Receive care in a safe setting, free from mental, physical, sexual, or verbal abuse and neglect, exploitation, or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
14. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience, or retaliation by staff.
15. Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the person providing care.
16. Be informed by the physician, or a delegate of the physician, of continuing health care requirements or options following discharge from the hospital. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided with this information also.
17. Know which hospital rules and policies apply to your conduct while a patient.
18. Designate a support person as well as visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood, marriage, or registered domestic partner status, unless:
 - a. No visitors are allowed;
 - b. The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of the facility;
 - c. You have told the health facility staff that you no longer want a particular person to visit.
19. A health facility may establish in writing reasonable restrictions upon visitation, including restrictions upon the hours of visitation and the number of visitors based on the clinical needs of patients and the unit environment. The health facility must inform you (or your support person, where appropriate) of your visitation rights, including any clinical restrictions or limitations. The



health facility is not permitted to restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.

20. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will comply with federal law and be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household and any support person pursuant to federal law.
21. Examine and receive an explanation of the hospital's bill regardless of the source of payment.
22. Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity/expression, disability, medical condition, marital status, age, registered domestic partner status, genetic information, citizenship, primary language, immigration status (except as required by federal law) or the source of payment for care.
23. File a complaint* and/or a grievance** with the California Department of Public Health regardless of whether you use the hospital's grievance process.
24. File a complaint/grievance/appeal with your health plan.

These Patient Rights incorporate the requirements of Title 22, California Code of Regulations, Section 70707; The Joint Commission, and Medicare Conditions of Participation.

Complaint*

As a patient, you or your family has the right to complain about your care or services provided. We work very hard to meet our patient's needs but we realize that sometimes issues arise that were not anticipated or that interfered with your care. Please let us know how we may better resolve your issues. You may do this by contacting:

- Any member of the healthcare team
- Department/Service/Clinic Supervisor, Manager, or Director
- Billing Issues/Questions (707) 646-3400
- Patient Experience Department (707) 646-4282
- Administration (NorthBay Medical Center (707) 646-5001 or VacaValley Hospital (707) 624-7001)

The Patient Experience Department can be reached at:

NorthBay Health Patient Experience Department
4500 Business Center Drive
Fairfield, CA 94534
(707) 646-4282 or feedback@northbay.org

Grievance**

If your complaint was not resolved to your satisfaction, you or your family has the right to file a grievance. A grievance may be written or spoken. If you want to file a grievance, you may do so by writing or calling:



NorthBay Health Patient Experience Department

4500 Business Center Drive

Fairfield, CA 94534

(707) 646-4282 or feedback@northbay.org

You may also file a complaint with the California Department of Public Health regardless of whether you use the hospital's grievance process. The California Department of Public Health's phone number and address is:

California Department of Public Health

Redwood Coast/Santa Rosa District Office

2170 Northpoint Parkway

Santa Rosa, Ca. 95407

Phone: (707) 576-6775

Toll-Free: (866) 784-0703

You also have the right to file a complaint with The Joint Commission (TJC) or Medical Board of California if you feel that your quality or safety concerns have not been addressed:

The Joint Commission

Office of Quality and Patient Safety

One Renaissance Boulevard

Oakbrook Terrace, IL 60181

Fax: (630) 792-5636

E-mail:

PatientSafetyReport@JointCommission.org

Medical Board of California

Central Complaint Unit

2005 Evergreen Street, Suite 1200

Sacramento, CA 95815

Toll-Free: 1-800-633-2322

Fax: (916) 263-2435

<http://www.mbc.ca.gov/Consumers/Complaints/>

ACHC

Phone: 855-937-2242

URAC

Phone: 202-216-9010

In addition, you have the right to file a grievance with your health plan. The patient advocate is available to help you obtain contact information for your health plan.

Your Responsibilities as a Patient:

1. You are responsible for asking your physician about specific problems and for requesting information when you do not understand your illness or treatment.
2. You have the responsibility to supply complete and accurate medical information (to the extent possible) to your physician or healthcare providers involved in your care in order for them to care for you.
3. You have the responsibility to understand your health problem and participate in developing mutually agreed upon treatment goals to the degree possible. You have a responsibility to follow the plans and instructions for your care that you have agreed to with your healthcare provider.



4. You have the responsibility to be considerate to other patients and hospital/clinic personnel and to ensure that your visits are equally thoughtful.
5. You are responsible for observing all hospital/clinic rules.
6. You are responsible for telling your physician and appropriate hospital/clinic personnel about any changes in your health status.
7. You are responsible for keeping appointments and for informing the hospital/clinic when you cannot.
8. You have the responsibility to provide necessary financial information to ensure prompt collection of your hospital/clinic charges.

Patient Management Programs

- NorthBay Health Specialty Pharmacy Patient Management Programs have dedicated teams to work with each individual patient throughout the therapy management process. NorthBay Health Specialty Pharmacy has created a model of care for patients with chronic and complex conditions. Our patient care teams are staffed by pharmacists, registered nurses, pharmacy technicians, patient care representatives and reimbursement specialists each with therapy specific training for a focused level of service. Our programs are customized to your individual needs; our therapy management program covers the spectrum of care from proactive monitoring of therapy to counseling you on effectively managing side effects.
- For new prescriptions NorthBay Health Specialty Pharmacy pharmacists offer to counsel each patient (or caregiver) by telephone, explaining the medication, its storage requirements, adverse effects, precautions, dosing parameters, and instructions for use.
- Our care team will contact you or your designated caregiver prior to each new and refill shipment to arrange delivery, to monitor therapy outcomes, and to encourage therapy adherence.
- We will also contact you throughout your therapy regimen to promote proper use of the medication and to help you manage any side-effects you may experience.
- NorthBay Health Specialty Pharmacy will deliver to your preferred location-home, office, or clinic-as appropriate for administration.
- Our specialty trained pharmacists and clinicians are available by telephone 24 hours a day, 7 days a week to help you manage critical aspects of your care, no matter what time of day questions arise.
- NorthBay Health Specialty Pharmacy care management programs are clinical programs that focus on compliance and adherence to drug therapy. The goal of each program is to increase the number of patients that will achieve the desired clinical result by improving patient compliance to the prescribed medication regimen.



Patient Management Program Patient Rights and Responsibilities

- The right to know about philosophy and characteristics of the patient management program
- The right to have personal health information shared with the patient management program only in accordance with state and federal law
- The right to identify the staff member of the program and their job title, and to speak with a supervisor of the staff member if requested
- The right to speak to a health professional
- The right to receive information about the patient management program
- The right to receive administrative information regarding changes in, or termination of, the patient management program
- The right to decline participation, revoke consent, or disenroll at any in time
- The responsibility to submit any forms that are necessary to participate in the program, to the extent required by law
- The responsibility to give accurate clinical and contact information and to notify the Patient management program of changes in this information
- The responsibility to notify their treating provider of their participation in the patient management program, if applicable

Patient Management Program Strengths and Weaknesses

- *Strengths of the program:* the ability to manage side effects better, increase medication compliance, and overall improvement of health
- *Limitations of the program:* the patient's willingness to follow directions, the patient's compliance to therapy



SERVICE AGREEMENT

In exchange for NorthBay Health Specialty Pharmacy agreement to (i) provide me with my medications; and (ii) bill my insurance carrier or third-party payer that is obligated to pay for my medications, I agree to the following terms and conditions;

1. **AUTHORIZATION FOR MEDICAL TREATMENT:** I authorize NorthBay Health Specialty Pharmacy under the direction of my physician, to provide my medications to me. I have been instructed by my physician about my prescribed medications and understand the reasons why they are considered necessary, their risks, advantages, possible complications and alternatives. As in any medication therapy, I understand that there are unknown risks as well as risks. I certify that no guarantee or promise, expressed or implied has been made to me in conjunction with the medications that have been prescribed for me.
2. **RELEASE OF INFORMATION:** I understand that NorthBay Health Specialty Pharmacy will use my protected health information ("PHI") in accordance with the NorthBay Notice of Privacy Practices that I have received separately from NorthBay Health Specialty Pharmacy. If I have not received a Notice of Privacy Practices, I agree to call 707-624-8072 to request another copy from NorthBay Health Specialty Pharmacy.
3. **FINANCIAL RESPONSIBILITY:** I understand and agree that I am responsible for the payment of all sums that may become due for the medications provided to me by NorthBay Health Specialty Pharmacy. If, for any reason and to whatever extent, NorthBay Health Specialty Pharmacy does not receive payment from my insurer or the third-party payor that is obligated to pay for my medications, I do hereby agree to pay NorthBay Health Specialty Pharmacy directly for the unpaid balance within thirty (30) days of receipt of an invoice from NorthBay Health Specialty Pharmacy, except in cases where such payment to NorthBay Health Specialty Pharmacy is prohibited by applicable law. If my insurer and/or third-party payor that is obligated to pay for my medications issues payment directly to me, I agree to promptly endorse such payment to NorthBay Health Specialty Pharmacy and forward it directly to NorthBay Health Specialty Pharmacy on the day that I receive payment.
4. **UNPAID INVOICES:** I agree that any amounts I owe to NorthBay Health Specialty Pharmacy for more than thirty (30) calendar days shall bear interest from the due date of such invoice, at the lesser of, one and one-half percent (1.5%) per month or the maximum rate permitted by applicable law. I further agree to pay all costs and expenses of NorthBay Health Specialty Pharmacy collection efforts, including reasonable attorney's fees and court costs that are incurred by NorthBay Health Specialty Pharmacy to collect overdue amounts.
5. **ENTIRE AGREEMENT:** This agreement contains the entire agreement of the parties. No other representation, promise, or agreement, oral or otherwise, expressed or implied, not embodied herein, shall be of any force or effect. All amendments must be in writing and signed by both parties to have any effect. This Agreement shall be binding upon and insure to the benefit of the parties hereto and their respective successors, heirs, and assigns.
6. **RETURN MEDICATION PROCEDURE:**



All unused portions of any patient's discontinued prescription medication shall be immediately isolated. Non-controlled medication shall be destroyed or returned to the pharmacist or provider pharmacy supplying pharmaceutical services within 72 hours with the appropriate notation of disposition. The notation shall include the date, quantity, and name and strength of the medication. Medications for hospitalized patients must be isolated, and may be held until the patient's return or permanent discharge. Destruction of discontinued controlled patient medication and discharged or deceased patient's controlled medication shall be jointly performed by two authorized licensed personnel within 72 hours of the discontinuation of the medication or discharge of the patient. A record of the destruction must be signed by both parties and kept at the facility for 2 years.

I have read, understand and agree to all the above. A photocopy of this agreement may be used as though it were an original. This Release of Information and Assignment of Benefits will be effective until revoked by me in writing. Such revocation shall have a prospective effect only.

Please Print Patient Name: _____

Patient/Guardian Signature _____ Date: _____

Signature of the Primary Insured _____ Date: _____

******NOTICE Medicare Part B Patient, Signature Required ******
Medicare Assignment of Benefits and Release of Medical Records

ASSIGNMENT OF BENEFITS: MEDICARE PART B LIFETIME AUTHORIZATION: I hereby assign to NorthBay Health Specialty Pharmacy all insurance benefits and payments to which I am entitled from all third party payors that are obligated to pay for my medications, including Medicare and/or Medicaid if applicable, for any services, medications, equipment or supplies which are furnished to me by NorthBay Health Specialty Pharmacy, and authorize NorthBay Health Specialty Pharmacy to seek such insurance benefits and payments from all third party payors that are obligated to pay for my medications directly and that this assignment of benefits shall be ongoing and continuous, unless and until canceled by me in writing. Cancellation of this assignment of benefits shall become effective when the cancellation is delivered to NorthBay Health Specialty Pharmacy, my insurer(s) and each third-party payor that is obligated to pay for my medications. I request that payment of authorized Medicare benefits be made directly to NorthBay Health Specialty Pharmacy on my behalf, for any medications furnished to me by NorthBay Health Specialty Pharmacy.



Beneficiary Name _____

HI CN # _____

Account # _____

Product(s) to be Supplied _____

Start Date: _____

Beneficiary Signature _____ Date: _____

If beneficiary is unable to sign, the following information must be completed in full by the Authorized Representative:

Beneficiary Name _____

Authorized Representative _____

Relationship to Beneficiary _____

Medical Reason for Beneficiary Inability to Sign _____





NOTICE OF PRIVACY PRACTICES

Effective September 1, 2015

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.

If you have any questions about this notice, please contact the Privacy Officer.

WHO WILL FOLLOW THIS NOTICE

This notice describes our hospital's practices and that of:

- Any health care professional authorized to enter information into your hospital chart.
- All departments and units of NorthBay Medical Center and NorthBay VacaValley Hospital including outpatient departments and NorthBay primary care and specialty clinics.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff and other hospital personnel.

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.



HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

DISCLOSURE AT YOUR REQUEST

We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

FOR TREATMENT

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and X-rays. We also may disclose medical information about you to providers outside the hospital who may be involved in your medical care after you leave the hospital, such as skilled nursing facilities, home health agencies, and physicians or other practitioners. For example, we may give your physician access to your health information to assist your physician in treating you.

HEALTH INFORMATION EXCHANGE

We participate in a Health Information Exchange (HIE), a network with other healthcare providers who also have electronic medical record systems. We may share your health information electronically through the HIE. Sharing information electronically is a faster way to get your health information to the healthcare providers treating you. For example, if you go to an emergency room that participates in the same HIE as we do, the physicians would be able to access your medical information to help make treatment decisions for you. HIE participants are required to meet rules that protect the privacy and security of your health and personal information. You can choose not to have your information shared through our HIE network and “opt-out” at any time. You may do this by contacting the Medical Records Department and requesting a Health Information Exchange Patient Opt-Out Form. If you opt-out, the healthcare providers treating you could call us to ask that your health information be provided in another way, such as by fax, instead of accessing the information through the HIE network. We recommend that you not opt-out as it is important that your information be readily available to guide best treatment options.

FOR PAYMENT

We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For



example, we may need to give information about surgery you received at the hospital to your health plan so it will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside the hospital who are involved in your care, to assist them in obtaining payment for services they provide to you.

FOR HEALTH CARE OPERATIONS

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also use your medical information in combination with that of many other hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

APPOINTMENT REMINDERS

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.

TREATMENT ALTERNATIVES

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

HEALTH-RELATED PRODUCTS AND SERVICES

We may use and disclose medical information to tell you about our health-related products or services that may be of interest to you.

FUNDRAISING ACTIVITIES

We may use information about you, or disclose such information to a foundation related to the hospital, to contact you in an effort to raise money for the hospital and its operations. You have the right to opt out of receiving fundraising communications. If you receive a fundraising communication, it will tell you how to opt out.



HOSPITAL DIRECTORY

We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., good, fair, etc.) and your religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This information is released so your family, friends and clergy can visit you in the hospital and generally know how you are doing. You will be given the opportunity during registration to request that your name not appear on the hospital chaplain's religious census (a list of patients and their religious affiliations) if you so desire. You will also have the opportunity to request that your name and presence in the hospital not be available to anyone who calls. You may do this by completing a *Release No Information* form.

MARKETING AND SALE

Most uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of medical information, require your authorization.

TO INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you arrive at the emergency department either unconscious or otherwise unable to communicate, we are required to attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).

FOR RESEARCH

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave the hospital.

AS REQUIRED BY LAW

We will disclose medical information about you when required to do so by federal, state or local law.



TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

ORGAN AND TISSUE DONATION

We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, 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 medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

WORKERS' COMPENSATION

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH ACTIVITIES

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report regarding the abuse or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- 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 a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law;
- To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

HEALTH OVERSIGHT ACTIVITIES

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are



necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

LAWSUITS AND DISPUTES

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

LAW ENFORCEMENT

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

INMATES

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official. This disclosure would be necessary 1) for the institution 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. As



an inmate you will automatically be made a “Release No Information” patient in our hospital. This means that, if someone other than the correctional institutional calls, we will not acknowledge your presence in our hospital.

MULTIDISCIPLINARY PERSONNEL TEAMS

We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child’s parents, or elder abuse and neglect.

SPECIAL CATEGORIES OF INFORMATION

In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information — e.g., tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

<i>YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU</i>

You have the following rights regarding medical information we maintain about you.

RIGHT TO INSPECT AND COPY

You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.

To inspect and obtain a copy of medical information that may be used to make decisions about you, you must submit your request in writing to the Medical Records Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

RIGHT TO AMEND

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, your request must be made in writing and submitted to the Medical Records Department. In addition, you must provide a reason that supports your request.



We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations (as those functions are described above), and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to the Medical Records Department. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

In addition, we will notify you as required by law following a breach of your unsecured protected health information.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or insurer for payment or health care operations purposes if you, or someone else on your behalf (other than the health plan or insurer), has paid for the item or service out of pocket in full. Even if you request this special restriction, we can disclose the information to a health plan or insurer for purposes of treating you.



If we agree to another special restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Medical Records Department. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Medical Records Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO A PAPER COPY OF THIS NOTICE

You will receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website: www.northbay.org

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the hospital. The notice will contain the effective date on the first page, in the top right-hand corner.

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the hospital, contact the Privacy Officer at NorthBay Health, 1200 B. Gale Wilson Blvd., Fairfield, CA 94533. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.



Patient Concern and Complaint Form

We want to provide your therapy to your complete satisfaction. If you are not happy with the care or services we have provided, we want to know about it. At NorthBay Health Specialty Pharmacy, our pharmacists are concerned for our patient's health and safety. We want to work with our patients in delivering the highest quality of healthcare. If you believe there is a problem with your medications or services, you have the right to call NorthBay Health Specialty Pharmacy at 707-624-8072 to speak with one of our pharmacists. We will be glad to help you with any concerns. If you wish to file a written complaint you may do so using this form. Please use the enclosed self-addressed, pre-paid envelope. We take all concerns very seriously and view them as opportunities to improve our services and will respond to your complaint within 5 business days.

If you feel your complaint has not been resolved to your satisfaction and wish to seek avenues for further review you may contact the California State Board of Pharmacy at https://www.pharmacy.ca.gov/about/contact_us.shtml. You may also contact Accreditation Commission for Health Care at 1-855-9372242.

Patient Name: _____ Date: _____

Regarding: _____

Employee involved:
(If applicable) _____

Nature of Problem: _____



QAQI Action taken: _____

Date: _____

If you need help or have questions about child abuse or child neglect, call the Childhelp National Child Abuse Hotline at **1-800-4-A-CHILD** (1-800-422-4453) then push 1 to talk to a counselor. http://www.childhelp.org/get_help



BASIC SAFETY INFORMATION

DISPOSING OF SHARPS

If your therapy involves the use of needles, you will be given a red “sharps” container with your supplies. You will use this container to dispose of all needles, syringes, and any other sharp objects for your care. The following simple rules will help to ensure you and your family’s safety during your therapy.

1. Never place the cap back on a used needle. Instead, place it immediately in the “sharps” container.
2. Always keep the “sharps” container out of reach of children and pets.
3. Call NorthBay Health Specialty Pharmacy Services for new “sharps” container before it is full. Never overfill the container as you may be exposing yourself or a family member to a dirty needle stick. If this should occur, wash the area immediately with soap and water and call pharmacy or call your family physician as soon as possible.
4. As a backup if you don’t have a “sharps” container available, you may use an empty laundry detergent bottle with a screw on lid for disposal of your sharp items.
5. You may dispose of your red sharps container at your local fire department, or your local health department. Many counties have a program to return sharp containers. A list of these counties can be found at <http://www.doh.state.fl/us/environment/community/biomedical/sharps/htm> or by calling 850-245-4277.

Never dispose of sharp items in glass or a clear plastic container. Never put sharp items in a container that can be recycled or returned to a store.

EMERGENCY DISASTER INFORMATION

PATIENT INFORMATION ON EMERGENCY PREPAREDNESS
707-624-7807 or 707-646-5818

In the event of an emergency, follow instruction from your local law enforcement, civil defense, and emergency preparedness. If you are unable to contact Pharmacy in the event of an emergency, contact the emergency room at the number listed above.



<p>FIRE:</p> <ol style="list-style-type: none"> 1. Rescue anyone from immediate danger. If bedridden: Tie a knot in the head and foot of the sheet. 2. Using the sheet, pull the person to safety. If two people are available, make a chair from the rescuers' arms and carry the patient to safety. 3. If safe, alert fire department. Otherwise evacuate area. 4. Turn off O₂ (if applicable), and try to contain the fire by closing off any access such as doors. 5. Attempt to extinguish the fire only if it is to extinguish the fire only if it is in a small localized area, otherwise evacuate building and notify the fire department when you are safe. 	<p>EARTHQUAKE:</p> <ol style="list-style-type: none"> 1. In prone areas, store food and extra bottled water. Have transistor radio, flashlights and batteries available also. Report any special needs for backup generator to electric/gas Company. 2. Check for injuries. 3. Check home for any gas or water leaks and turn off appropriate valves. 4. Evacuate area if necessary. 5. Stay away from windows or broken glass. Wear shoes at all times. 6. If evacuation is necessary, go to the nearest shelter, and notify the organizers of any special need requests.
<p>HURRICANE/TORNADO</p> <ol style="list-style-type: none"> 1. Check for injuries. 2. Check home for any gas or water leaks and turn off appropriate valves. 3. Notify electric/gas company of any patient's special needs for back-up generator. 4. Evacuate area if necessary. 5. Stay away from windows or broken glass. Wear shoes at all times. 6. If evacuation is necessary, go to the nearest shelter, and notify the organizers of any special need requests. 	<p>FLOOD:</p> <ol style="list-style-type: none"> 1. Contact the local law enforcement, civil defense, and/or emergency preparedness 2. In flood-prone areas, store extra food and extra bottled water. Have transistor radio, flashlights and batteries available also. Obtain a pipe wrench to shut-off valves for gas and water. Report any special needs for backup generator to the electric/gas company. 3. Evacuate the area. 4. Contact the local law enforcement, civil defense, and/or emergency preparedness



Patient/ Client Satisfaction Survey

Name (optional): _____

Date: _____

Type of therapy you have been receiving:

SQ_____ IM_____ Oral_____ Supplies_____ Other_____

Please circle your response to the following statements

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

Very good Good Average Below Average Did not use

Comments: _____

2. The initial admission/ intake process/ and customer service provided was:

Very good Good Average Below Average Did not use

Comments: _____

3. Your experience with the Pharmacist in providing education and counseling was:

Very good Good Average Below Average Did not use

Comments: _____

4. Ability of our business staff to provide prompt and accurate answers to your questions:

Very good Good Average Below Average Did not use

Comments: _____

5. The service from the delivery personnel was: FED-X_____ UPS _____

Very good Good Average Below Average Did not use

Comments: _____



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

Very good Good Average Below Average Did not use

Comments: _____

7. Your overall impression with the services provided by Pharmacy was:

Very good Good Average Below Average Did not use

Comments: _____



Shipping Acknowledgement

Control Code _____

In order to ensure effectiveness and the delivery of your Specialty Medication in the highest quality standard, NorthBay Health Specialty Pharmacy uses special packaging and expedited shipping.

Your medication will be shipped at no charge to you. We use an overnight national courier or a same day local courier depending on the nature of the delivery, location and predetermined guidelines.

We will coordinate with you the exact date of delivery and the approximate time. Most deliveries will require signature by the recipient. Please ensure that you are home to sign and receive the package at its scheduled delivery location and time to avoid delay or compromising your medication.

In the event that you authorize your package to be delivered without a signature required, please be advised that you are responsible for any lost, damaged or stolen packages.

In the event of a delivery delay we will notify you of the reason for the delay. If a delay in a delivery results in interruption in your therapy we will assist in facilitating a specialty medication fill from another pharmacy.

We value our customers and want to continue to provide excellent customer service. You can help us by verifying the accuracy of your shipments upon receipt. Please call your NorthBay Health Specialty Pharmacy team to report any concerns or discrepancies.

I have received and understand the Welcome Packet information including the Rights and Responsibilities and DMEPOS Supplier Standards.

Name _____ Date _____

Signature _____



Frequently Asked Questions

Q. What is a specialty pharmacy?

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

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

A. Following your prescriber's instructions for both the amount of the medication you should take (for example, 20 ml once a day) and the length of time you should take it (for example, every day for 3 months) is the best thing you can do to ensure a successful course of treatment. We understand that some medications may have unpleasant side effects or may be difficult to administer. Therefore, our pharmacists are available to offer practical advice about dealing with these issues or to contact your prescriber about the medical management of these side effects.

Q. How do I order a refill? Will you automatically send it to me?

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

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

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

Q. What should I do if my order is delayed?

A NorthBay Health Specialty Pharmacy coordinator will make every attempt to contact you if there is any delay with your medication delivery. However, if your delivery does not arrive by the end of the expected day, please contact us at 707-624-8072. We can track the status of your delivery with a tracking number.



Q. How do I access medications if an emergency or disaster occurs?

A. During an emergency or disaster our pharmacy will be available at 707-624-8072 to provide pharmacy services. In the event that we cannot provide services from our location we will coordinate with your health plan and other pharmacy providers to ensure you receive your medication.

Q. What happens if there is a drug recall?

A NorthBay Health Specialty Pharmacy representative will notify you and your doctor if there is a drug recall that affects any of your prescriptions.

Q. What if I have questions about my medications?

A. At NorthBay Health Specialty Pharmacy, we have a team of pharmacists to answer your questions at 707-624-8072 and after hours through the toll-free number 1-855-215-8837. We are available for you 24 hours a day, 7 days a week.

Q. If I need copay assistance, how does this work?

A. Depending on the co-pay assistance organization, you may be required to pay for a portion of the co-pay. Also, many organizations have a maximum amount they will pay on your behalf per year; if your co-pays exceed this limit, you may be responsible for the remaining balance. NorthBay Health Specialty Pharmacy will handle the billing for you. We will charge your insurance first and then the co-pay assistance organization for your medication. The organization will pay the co-pay on your behalf. Please be aware: if you have been conditionally approved for co-pay assistance through the Chronic Disease Fund (CDF), The Assistance Fund (TAF), or the National Organization for Rare Disorders (NORD), you will be required to complete and return all paperwork and supporting documentation in a timely manner. Delays may put you at risk of losing your assistance.

Q. What preparations do I need to be aware of while traveling in regards to my medication?

A. ** Make sure to carry your medication with a copy of your prescription or the bottle/container with your prescription information on it. ** At least 2 weeks prior to your departure, take an inventory of your medication at home. This should give you enough time to call and get another shipment delivered to your home if needed, as well as obtain any prescriptions from your doctor. If you expect to need an early fill before your trip, please call us at 707-624-8072 so we can see if your insurance will provide a vacation override (some



insurance companies do not allow this). Remember to pack your medication in a secure and easy-to-reach area of your carry-on luggage only. In the event that your luggage is misplaced, you will still have your medication. If your medication requires refrigeration, place it into a plastic bag and then into an insulated container with an ice pack.

Q. What should I do if I am unable to reach NorthBay Health Specialty Pharmacy and running out of medication?

A. If at any time it is not possible for you to reach the NorthBay Health Specialty Pharmacy and you are running out or are out of medication, please contact your prescribing physician for immediate instructions. For your convenience, we've included an emergency preparedness worksheet in the back of this packet, to better prepare you in the event of an emergency. It is very important to plan what to do to prepare for an emergency. Planning ahead involves such things as:

- Evacuation route
- Emergency Kit
- Extra water/food
- Emergency phone numbers
- Medications
- Important documents
- Care for pets, if applicable

Have a plan for your medications to include having a safe place to store your medications appropriately

You can find more helpful information about Emergency Preparedness at www.redcross.org.

Q. This welcome packet contains a lot of information. Which forms do I need to return?

A:

- NorthBay Health Specialty Pharmacy Service Agreement – Required
- Medicare Assignment of Benefits form – Required only if we must bill Medicare Part B
- Notice of Privacy – Required
- Shipping Acknowledgement – Required
- Satisfaction Survey – Optional
- Concern Form – Optional

