

Gentry Health Services' staff strives to provide quality products/services consistent with our philosophy. As stated in your Bill of Rights and Responsibilities, you as the patient have the right to be given appropriate and professional quality care services without discrimination. You also have the right to voice your concerns, grievances, or complaints about your service without being threatened, restrained or discriminated against.

If you are unhappy with our service or have concerns about safety and/or the quality of care, please contact our Director of Pharmacy. You may either complete this form, call us at 1-844-443-6879 or visit our website at [GentryHealthServices.com](http://GentryHealthServices.com) to submit your concerns.

Within 5 calendar days of receiving your concern, we will notify you by telephone, electronic mail, or fax that the matter is under investigation.

Within 14 calendar days, the organization will provide written notification to you with the results of its investigation and response.

• Mail form to: Gentry Health Services • 33381 Walker Rd., Suite A • Avon Lake, Ohio 44012

If you feel that Gentry Health Services has not properly resolved your concerns, you may contact the State Board of Pharmacy in your state (phone number will be provided if requested), the Accreditation Commission for Health Care (ACHC) at 1-855-937-2242 or the Utilization Review Accreditation Commission (URAC) at 202-216-9010 during normal business hours for further assistance.

**Thank you in advance for bringing your concern to our attention. It will assist us in our continuing effort to improve the quality of our services.**

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Description of the problem/concern/complaint (include dates, times and names, if possible):**

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Completed by (signature): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Relationship to patient (if applicable): \_\_\_\_\_  
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Patient's Address: \_\_\_\_\_

Patient's Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Patient's Medicare or Health Insurance Claim Number: \_\_\_\_\_

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by: \_\_\_\_\_

Follow-up by phone completed by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time: \_\_\_\_\_ AM / PM

Items discussed: \_\_\_\_\_

Resolution/ Action taken to resolve the complaint: \_\_\_\_\_

Follow-up letter completed by: \_\_\_\_\_ Date completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(please attach copy)

Date mailed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Gentry Health Services prides itself on providing outstanding care to our patients during disasters. In case of inclement weather or other disaster, Gentry Health Services has a plan to continue providing services, when feasible. In the event of a disaster, you will continue to be contacted to ensure that you receive medication on time. Every effort is made to coordinate care with local enforcement agencies when needed.**

## **Procedures for ensuring continuation of your care/service in the event of a disaster are detailed below:**

In the event of an impending emergency (e.g., major storm), Gentry Health personnel will contact you to inform you of the nature of the event, specific plans for meeting your immediate needs and/or the expected date service will be reinstated.

In particular, should Gentry Health Services be forced to cease operation as a result of the disaster or mandatory evacuation, you will be notified that therapy services will be coordinated with an alternate Gentry Health Services location or a subcontracted pharmacy during the emergency.

If the backup Gentry Health Services location and the subcontracted pharmacy are unable to provide service and deliver your medications on time, due to damage caused by a disaster and unavailability of any delivery system, Gentry Health Services will contact you and obtain information about the nearest operating local pharmacy and will transfer your prescription(s). You will be informed when Gentry Health Services is able to continue servicing you and will transfer your prescription(s) back after we have recovered from the disaster.

You may need to provide the local pharmacy phone number to Gentry Health Services in order to transfer your prescription(s) back to Gentry or you may notify your physician and obtain prescription medications to provide to Gentry Health Services.

If you have an immediate need for medication, we will supply your medication needs on a priority basis. You will receive enough supplies to get through the initial phase of the disaster, whenever possible. The number of days of medication and supplies to be shipped will be determined by the pharmacy manager and safety coordinator.

If an emergency occurs and we are unable to contact you, or you are unable to contact us and you are experiencing difficulties administering or obtaining your medication, if possible without putting yourself in harms way, please go to the nearest hospital emergency room for help.

If you are in danger or are in immediate need of medications, first contact the closest emergency department or call 911 and then attempt to call us.

We ask that you seek medical attention should you be in a disaster and inform us of any change in status or if you need to relocate temporarily as a result of the disaster.

Sincerely,

*Your Gentry Health Services Team*

*Please see reverse side for items to prepare for an Emergency*

# Plan for Emergencies

Collect these items to prepare for responding in the event of an emergency.  
Store items in a covered bucket or tote in an easily accessible place.



WATER



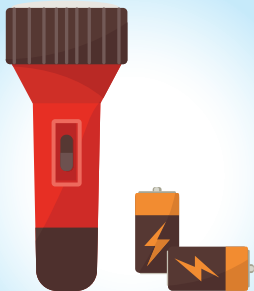
FOOD



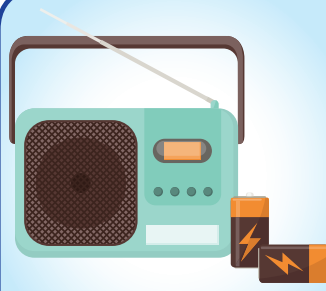
CLOTHES



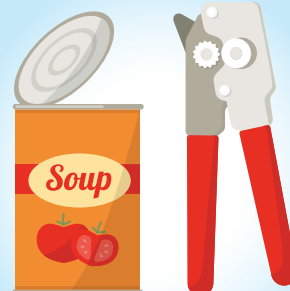
HYGIENE ITEMS



FLASHLIGHT



RADIO



CAN OPENER



FIRST AID

## MEDICATION LIST



MEDICATIONS

- \* Make a list of all your medications (dosages, prescribing doctors & pharmacies)
- \* Know the number for your pharmacy for medication replacement, if needed.
- \* Store all medications in one place for easy retrieval.

**Please contact us with any questions  
you may have during an emergency.**

**1-844-443-6879**

# How to Dispose of Unused Medications

*Information provided by FDA Consumer Health Information*

**Most drugs can be thrown in the household trash, but consumers should take certain precautions before tossing them out, according to the Food and Drug Administration (FDA). A few drugs should be flushed down the toilet. And a growing number of community-based “takeback” programs offer another safe disposal alternative.**

## Guidelines for Drug Disposal

FDA worked with the White House Office of National Drug Control Policy (ONDCP) to develop the first consumer guidance for proper disposal of prescription drugs. Issued by ONDCP in February 2007 and updated in October 2009, the federal guidelines are summarized here:

- Follow any specific disposal instructions on the drug label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet unless this information specifically instructs you to do so.
- Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government’s household trash and recycling service (see blue pages in phone book) to see if a take-back program is available in your community. The Drug Enforcement Administration, working with state and local law enforcement agencies, is sponsoring National Prescription Drug Take Back Days ([www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)) throughout the United States.
- If no instructions are given on the drug label and no take-back program is available in your area, throw the drugs in the household trash, but first:
  - Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.
  - Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.



**Take drugs out of their original containers and mix them with an undesirable substance, such as used coffee grounds . . .**



## FDA's Deputy Director of the Office of Compliance Ilisa Bernstein, Pharm.D., J.D., offers some additional tips:

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

## Why the Precautions?

Disposal instructions on the label are part of FDA's "risk mitigation" strategy, says Capt. Jim Hunter, R.Ph., M.P.H., senior program manager on FDA's Controlled Substance Staff. When a drug contains instructions to flush it down the toilet, he says, it's because FDA, working with the manufacturer, has determined this method to be the most appropriate route of disposal that presents the least risk to safety.

Drugs such as powerful narcotic pain relievers and other controlled substances carry instructions for flushing to reduce the danger of unintentional use or overdose and illegal abuse. For example, the fentanyl patch, an adhesive patch that delivers a potent pain medicine through the skin, comes with instructions to flush used or leftover patches. Too much fentanyl can cause severe breathing problems and lead to death in babies, children, pets, and even adults, especially those who have not been prescribed the drug.

"Even after a patch is used, a lot of the drug remains in the patch," says Hunter, "so you wouldn't want to throw something in the trash that contains a powerful and potentially dangerous narcotic that could harm others."

## Environmental Concerns

Despite the safety reasons for flushing drugs, some people are questioning the practice because of concerns about trace levels of drug residues found in surface water, such as rivers and lakes, and in some community drinking water supplies. However, the main way drug residues enter water systems is by people taking medications and then naturally passing them through their bodies, says Raanan Bloom, Ph.D., an environmental assessment expert in FDA's Center for Drug Evaluation and Research. "Most drugs are not completely absorbed or metabolized by the body, and enter the environment after passing through waste water treatment plants."

A company that wants FDA to approve its drug must submit an application package to the agency. FDA requires, as part of the application package, an assessment of how the drug's use would affect the environment. Some drug applications are excluded from the assessment requirement, says Bloom, based on previous agency actions. "For those drugs for which environmental assessments have been required, there has been no indication of environmental effects due to flushing," says Bloom.

In addition, according to the Environmental Protection Agency, scientists to date have found no evidence of adverse human health effects from pharmaceutical residues in the environment. Nonetheless, FDA does not want to add drug residues into water systems unnecessarily, says Hunter. The agency reviewed its drug labels to identify products with disposal directions recommending flushing or disposal down the sink. This continuously revised listing can be found at FDA's Web page on Disposal of Unused Medicines ([www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm](http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm)).

Another environmental concern lies with inhalers used by people who have asthma or other breathing problems, such as chronic obstructive pulmonary disease. Traditionally, many inhalers have contained chlorofluorocarbons (CFC's), a propellant that damages the protective ozone layer. The CFC inhalers are being phased out and replaced with more environmentally friendly inhalers.

Depending on the type of product and where you live, inhalers and aerosol products may be thrown into household trash or recyclables, or may be considered hazardous waste and require special handling. Read the handling instructions on the label, as some inhalers should not be punctured or thrown into a fire or incinerator. To ensure safe disposal, contact your local trash and recycling facility.

*FDA Consumer Health Information / U. S. Food and Drug Administration. April, 2011*

Find this and other Consumer Updates at  
[www.fda.gov/ForConsumers/ConsumerUpdates](http://www.fda.gov/ForConsumers/ConsumerUpdates)

Sign up for free e-mail subscriptions at  
[www.fda.gov/consumer/consumernews.html](http://www.fda.gov/consumer/consumernews.html)

## Who is Gentry Health Services?

- Gentry Health Services is the wholly owned and operated specialty pharmacy of Discount Drug Mart. Built on the same values of customer service and convenience, Gentry Health Services provides support for specialty medications that you can still pick up at your Discount Drug Mart location or have shipped directly to you.

## How do I contact you?

- Please call us toll free at 1-844-443-6879 if you have any questions. Examples of assistance from Gentry Health Services over the phone include:
  - Urgent or Emergency /Disaster Assistance (ask for Pharmacist or Management)
  - Clinical Questions (medication questions, side effects)
  - Benefit coverage questions (copay info, claims processing/submission and claims payment)
  - Order status (in process, delays, projected delivery date, etc.)
- Or, visit us on the web at [GentryHealthServices.com](https://www.GentryHealthServices.com)
- Hours of Operation (subject to change):
  - Monday-Friday 8 a.m. - 5 p.m. excluding holidays.
  - You will always have access to a clinician 24 hours a day, 7 days a week, to answer your questions regarding your medication therapy. If you have an urgent issue after hours, please call 844-443-6879 and follow the prompts to leave a message for our on-call clinician to respond as soon possible. In the event of a true emergency, please dial 911. For any non-urgent inquiries, your message will be returned within 1 business day.

## How do I order a new prescription?

- You can mail your new prescriptions to:

Gentry Health Services  
33381 Walker Rd, Suite A  
Avon Lake, Ohio 44012
- Please include your first and last name, address and date of birth, with a phone number to contact you if there are any questions.
- Your Doctor can call Gentry directly, fax to 1-844-329-2447, or send an e-prescription to Gentry Health Services. However, certain controlled substance medications cannot be faxed. The actual written prescription must be mailed directly to Gentry Health Services. Check with us first if you have any questions.

## How long does it take to receive my prescription?

- Our standard processing time at Gentry Health Services Specialty Pharmacy is normally less than 24 hours. This does not include delivery time. If processing time is longer than 24 hours we will contact you to notify you of options so you are not without medication.

If you mail your prescription order request, please allow extra time for Gentry to receive the mailed prescription for processing and delivery of your shipment. We ship directly to your home, doctor's office, or any Discount Drug Mart location for pick-up. Overnight priority shipping is used when required.

- A Gentry Health Services Patient Care Coordinator will call you to arrange delivery of your medication. If a signature is required, they will coordinate a delivery time with you so someone can be available to accept your prescription.

## How do I refill my prescription?

- Gentry Health Services will call to schedule your refill approximately one week before you are scheduled to run out of medication. Most insurance companies will allow you to refill your prescription a few days in advance. Ordering your refill in advance ensures you will receive your medication before you run out.
- Don't worry about ordering your refill too soon - we will place it on hold until the date your prescription is payable by your insurance.
- If your doctor has made a change in your medication or directions, please make sure to tell us to prevent any delays.
- Please remember to always inform Gentry Health of any changes to your insurance, address, or the need to expedite your order.

By phone: If for some reason you run out of medication before we contact you, or you would like to order your refill in advance, you may contact us at 1-844-443-6879. Please have your prescription number(s) available to place your order.

By Web: You may visit us on the web at [GentryHealthServices.com](https://www.GentryHealthServices.com).

By Mail: You can mail your refill prescription request to:

Gentry Health Services  
33381 Walker Rd, Suite A  
Avon Lake, Ohio 44012

*Please include your first and last name, address and date of birth, with a phone number if there are any questions.*

## When I run out of refills, do I need to mail a new prescription to Gentry?

- If your prescriber provides you a written prescription, that is certainly an option. However, for your convenience, you can have your prescriber submit your prescription to Gentry Health Services electronically, by fax, or verbally over the phone.

## How much will my prescription cost?

- Most of the time we can answer this when you call us. In the event that we cannot, we will help direct you to your insurance plan who can provide the most accurate information about cost. You may also call the Member Services phone number on your prescription insurance card to get the most current information. Because drug pricing can change on a daily basis, a final determination of your cost cannot be made until your claim is processed.
- If you are unable to afford the out of pocket cost for your prescription, Gentry Health Services will try to identify assistance programs from the manufacturer, patient assistance programs, or other support and/or charity organizations for support.

## Gentry Mission Statement

- At Gentry Health Services, we are an actively involved care partner helping to create a pathway to better health for our patients. Our team of professionals are committed to highest standards of quality, safety, and convenience in the services we provide with the goal of delivering positive clinical outcomes and 100% patient satisfaction.

## What should I do in case of an emergency?

- In the case of a true emergency, you are advised to call 911 to obtain immediate care for your emergency. If you have ingested product outside of indicated use, please call poison control at 800-722-1222. If you are experiencing a mental health crisis or have suicidal thoughts, please dial or text 988.

## What should I do if I experience an adverse event with my medication?

- If you are experiencing a side effect of your medication, please contact Gentry Health Services and ask to speak to one of our clinicians. If you are experiencing a severe reaction, please call 911 to receive immediate care.

## If I fill my specialty medications at Gentry, am I able to fill my others at Gentry as well?

- Gentry Health Services focuses primarily on specialty medications for complex disease states. For the best care and service, we advise our patients to continue to use their local pharmacy for non-specialty medication needs.
- If your local pharmacy is Discount Drug Mart, Gentry can synchronize your specialty fill to coincide with your Discount Drug Mart prescription fills so you can still receive your medications the same time.

## How can I pay for my prescription order?

- When requesting your prescription, please provide a check, money order or credit card information with your order request.
- We accept MasterCard, Visa, and Discover. Cash is acceptable if you select to pick up your specialty medication at any local Discount Drug Mart store.

*Please do not mail cash as a form of payment directly to Gentry Health Services.*

## How can I request more information about my disease and/or medication?

- Gentry Health will always provide education verbally with you when you start therapy with our specialty pharmacy as well as printed material that will be provided with each and every fill of your medication. If you require additional information, please call our specialty pharmacy and ask to speak to one of our clinicians.

## Gentry Health's Scope of Services

- Gentry Health offers support to patients in accessing specialty medications such as:
  - Biologic injectables
  - Oral oncology prescriptions
  - Drugs used to treat severe chronic conditions such as Multiple Sclerosis and inflammatory conditions

Many of these medicines require a prior authorization from your insurance. Once approved, we deliver medication directly to you, provide medication education and support you in your treatment journey to achieve the best possible medical outcome.

If Gentry Health cannot fill your medication, we will assist in finding a pharmacy that can fill for you.

Please sign this informed consent and return to Gentry Health Services in the provided postage paid envelope

## Medical Information Release Form with Acknowledgment of Receipt of Welcome Kit and Notice of Privacy Practices

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Release of Medical Information

**HIPAA RELEASE:** In accordance with the HIPAA Privacy Regulations, GENTRY HEALTH SERVICES may disclose to a member of your family, other relative, a close personal friend, or any other person identified by you, the protected health information directly relevant to such person's involvement with your care or payment related to your health care. Please assist us by identifying below individuals who are involved in your care and/or in the payment of your care to whom a limited amount of information may be released. If there are no such individuals, please indicate below.

☐ I authorize the release of information including the diagnosis, records, examination rendered to me and claims information.

This information may be released to: (check all that apply)

☐ Spouse \_\_\_\_\_ Phone \_\_\_\_\_

☐ Child(ren) \_\_\_\_\_ Phone \_\_\_\_\_

☐ Other \_\_\_\_\_ Phone \_\_\_\_\_

☐ Information is not to be released to anyone.

Note: This Release of Information will remain in effect until terminated by you in writing.

### Messages (check all that apply)

Please call: ☐ my home Phone.: \_\_\_\_\_

☐ my work Phone : \_\_\_\_\_

☐ my cell Phone : \_\_\_\_\_

☐ I authorize Gentry Health Services to communicate with me via text to coordinate refills or discuss my care.

☐ e-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

☐ I authorize Gentry Health Services to send detailed information regarding my prescription or prescription order via email.

If unable to reach me:

☐ Gentry may leave a detailed message on my voicemail

☐ Please leave a simple message asking me to return Gentry's call

The best time to reach me: (day of week) \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Acknowledgement of Receipt of Welcome Kit and Notice of Privacy Practice

The Welcome Kit provides valuable information about your care with Gentry Health Services. Enclosed you will find the following:

☐ Medical Release Form

☐ Emergency Preparedness Flyer

☐ Patient's Rights & Responsibilities

☐ Proper Disposal of Medications

☐ Complaint Procedure / Form

☐ Patient Management Program

☐ Notice of Privacy Practices

☐ Frequently Asked Questions (FAQ)

☐ Patient Satisfaction Survey

By signing below, you acknowledge that you have received, read, and understand the Welcome Kit and Notice of Privacy Practices provided by Gentry Health Services.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date





ACHC  
ACCREDITED



## Patient Bill of Rights

**Healthcare customers have a right to be notified in writing of their rights and obligations before care/service is provided. Healthcare providers have an obligation to protect and promote the rights of their customers to care, treatment and services within their capability and mission, and in compliance with applicable laws, regulations and standards, including the following rights.**

### **You Have the Right to:**

- Be fully informed in advance about services/care to be provided, including the company representatives that provide care/services, and the frequency of care as well as any modifications to the service/care plan.
- Be treated, and have your property treated, with dignity, courtesy and respect, recognizing that each person is a unique individual.
- Be able to identify company representatives through name badge and job title and to speak with the staff member's supervisor if requested.
- Choose a healthcare provider.
- Receive information about the scope of care/services that are provided through Gentry Health Services directly or through contractual arrangements, as well as any limitations to the company's care/service capabilities.
- Reasonable coordination and continuity of services from the referral source to Gentry Health Services, timely response when care, treatment, services and/or equipment is needed or requested and to be informed in a timely manner of impending discharge.
- Receive in advance of care/services being provided, complete verbal and written explanations of charges for care, treatment, services and equipment, including the extent to which payment may be expected from Medicare, Medicaid, or any other third party payer, charges for which you may be responsible, and an explanation of all forms you are requested to sign.
- Receive quality medications, supplies and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social or economic status, age, disease process, or disability in accordance with physician orders.
- Participate in decisions concerning the nature and purpose of any technical procedure that will be performed and who will perform it, the possible alternatives and/or risks involved and your right to refuse all or part of the services and to be informed of expected consequences of any such action based on the current body of knowledge.
- Confidentiality and privacy of all the information contained in your records and of Protected Health Information (except as otherwise provided for by law or third-party payer contracts) and to review and even challenge those records and to have your records corrected for accuracy.
- Receive information about to whom and when your personal health information was disclosed, as permitted under applicable law and as specified in the company's policies and procedures.
- Express dissatisfaction/concerns/complaints about any care/treatment or service, lack of respect of property and to suggest changes in policy, staff or care/services without discrimination, restraint, reprisal, coercion, or unreasonable interruption of care/services.
- Have concerns/complaints/dissatisfaction about services that are (or fail to be) furnished, or lack of respect of property investigated in a timely manner.
- Be informed of any financial benefits when referred to an organization.
- Be advised of any change in the plan of service before the change is made.
- Participate in the development and periodic revision of the plan of care/service.
- Have personal health information shared with the patient management program only in accordance with state and federal law
- Speak to a health professional

- Receive information in a manner, format and/or language that you understand.
- Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, involved in care, treatment, and/or service decisions.
- Be fully informed of your responsibilities.

### **Customer Responsibilities:**

- Adhere to the plan of treatment or service established by your physician.
- Adhere to the company's policies and procedures.
- Participate in the development of an effective plan of care/treatment/services.
- Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services.
- Ask questions about your care, treatment and/or services, or to have clarified any instructions provided by company representatives.
- Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
- Be available at the time deliveries are made and notify the company if you are going to be unavailable.
- Treat company personnel with respect and dignity without discrimination as to color, religion, sex, or national or ethnic origin.
- Care for and safely use medications, supplies and/or equipment, according to instructions provided, for the purpose it was prescribed and only for/on the individual for whom it was prescribed.
- Communicate any concerns about your/caregiver's/family member's ability to follow instructions or use the equipment provided.
- You are responsible for prompt settlement in full of your accounts unless prior arrangements have been approved by company administration. The company should be notified of any changes in your physical condition, physician's prescription or insurance coverage. Notify the company immediately of any address or telephone changes whether temporary or permanent.

### **Customer Complaint Procedure:**

- You have the right and responsibility to express concerns, dissatisfaction or make complaints about services you do or do not receive without fear of reprisal, discrimination or unreasonable interruption of services. The company corporate office telephone number is 1-844-443-6879. When you call, ask to speak with the CEO/his designee during regular business hours or the company representative on call, if you are calling outside of regular business hours, including weekends and holidays.
- Gentry Health Services has a formal grievance procedure that ensures that your concerns/complaints shall be reviewed and an investigation started within five business days of receipt of the concern/complaint. Every attempt shall be made to resolve all grievances within 14 days. You will be informed in writing of the resolution of the complaint/grievance. If more time is needed to resolve the concern/complaint, you will also be informed verbally and in writing.
- If you feel that Gentry Health Services has not properly resolved your concerns, you can also contact the State Board of Pharmacy in Ohio at 614-466-4143, the Accreditation Commission for Health Advocacy (ACHC) at 1-855-937-2242 or the Utilization Review Accreditation Commission (URAC) at 202-216-9100 during normal business hours for further assistance.

## How does Gentry Health Services take care of their patients?

The services provided by Gentry Health Services are included at no cost to you. As a patient of Gentry Health Services, you are automatically enrolled into our patient management program. However, if you wish not to participate, you are able to opt-out of the patient management program at Gentry Health Services at any time by calling our pharmacy and informing one of our Patient Care Coordinators.

As a part of our patient management program, our clinical team will work with you on any problems, concerns or questions you may have regarding your medication therapy. Issues discussed include disease overview, medication, dose, dose frequency, interactions, side effects, physical assessments and coordination of care with your physician when appropriate, etc.

The potential health benefits of our patient management program include managing side effects, improved overall health, increased disease and medication education and awareness, increased medication compliance and when coordination of care with your physician is necessary, our clinical team will have all the information needed to help you make informed decisions regarding what is best for you as the patient.

The potential limitations of our program are dependent on you as the patient. You must be willing to follow the directions of your physician and clinician, be compliant with taking your medication and willing to discuss the details of your disease, medical history and current practices with our clinicians so we can have a full understanding of your medical status.

Please let your physician know that you are a patient of Gentry Health Services' Patient Management Program. A good relationship between your physician and your pharmacy will benefit everyone involved in your care.

To contact a Patient Care Coordinator, please call Gentry Health Services at 1-844-443-6879.

**This notice describes how medical information about you may be used & disclosed and how you are able to gain access to this information. Please review carefully.**

## GENERAL INFORMATION

Gentry Health Services is committed to protecting and safeguarding the confidentiality of your private health information (PHI) while providing you quality service at low prices. This notice fully describes this commitment towards preventing improper or unnecessary use or disclosure of your PHI. Gentry Health Services is required by law to maintain the privacy of Protected Health Information and to provide our patrons with a notice of our legal duties and privacy practices with respect to PHI.

This notice describes how we may use and disclose PHI to carry out treatment, payment, or health care operations and for other specified purposes that are permitted by law.

This notice applies to customers/patrons of any of the Gentry Health Services pharmacies. A copy is available at [GentryHealthServices.com](http://GentryHealthServices.com).

The employees and any third parties who perform services for Gentry Health Services are bound by the terms of this Notice.

The Health Insurance Portability and Accountability Act of 1996, termed HIPAA, requires that Gentry Health Services develop and implement a specific policy safeguarding health information termed as "protected health information" (PHI) which is received or created while providing you health related services. PHI relates to your physical or mental health condition, the provision of health care to you, or payment for your health care that could be used to identify you. Prescriptions and patient history are examples of PHI.

## USES & DISCLOSURES OF YOUR PHI

In order to safeguard your PHI, Gentry Health Services may limit the manner in which your PHI is used and disclosed. We may use or disclose your PHI in accordance to federal law as described below:

We will use PHI for treatment. Example: Information obtained by a pharmacist (drug allergies, previous prescription history, etc) will be used to dispense prescription medications to you. We will document pertinent information as it relates to medications dispensed.

We will use PHI for payment. Example: We may contact your insurer or pharmacy benefit manager to determine drug coverage or amount of copayment. We will bill you or a third party payor for costs of prescription medications that may include identifiable information.

We will use PHI for health care operations. Example: We may use information in your health record to monitor the performance of the pharmacists providing treatment to you. This information will be used to continually improve the quality and effectiveness of the health care and service we provide to you. We may use prescription information for fraud and abuse detection activities or to analyze data for planning reasons.

We may share PHI with another health care provider. Example: We may discuss your prescription history with your primary care physician if there are questions or concerns pertaining to your prescription.

### Gentry Health Services may use or disclose PHI in some of the ways listed below:

**Business Associates:** There are some services provided by us through contracts with business associates. When such services are contracted, we may disclose PHI about you to our business associate so that they are able to perform a necessary function or job. To protect PHI about you, we require the business associate to appropriately safeguard the PHI.

Communication with individuals in your care or payment for your care: Our pharmacists, using their professional judgment, may disclose to a family member, other relative, personal friend, or any person you identify, PHI relevant to that person's involvement in your care and payment related to care. We may also disclose PHI about you to a person or entity assisting in an emergency so that your family can be notified about your condition, status, and location.

**Health related communication:** We may contact you to provide refill reminders, information about treatment alternatives, appointment reminders, wellness clinics or any other health related benefits and services that may be of interest to you. Gentry Health Services will seek individual authorization prior to making any treatment and healthcare operations communications, if those communications involved financial remuneration for making the communications from a third party whose product or service is being marketed.

**Food and Drug Administration:** We may disclose to the FDA, or persons under jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Worker's compensation:** We may disclose PHI about you as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by law.

**Public health:** As required by law, we may disclose PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law Enforcement:** We may disclose PHI about you for law enforcement purposes required by law or in response to a valid subpoena or other legal issues.

**Judicial and administrative proceedings:** If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to inform you about the request or to obtain an order to protect PHI.

**Health oversight activities:** We may disclose PHI to an oversight agency for activities authorized by law. Such activities include but are not limited to audits, investigations, and inspections as necessary for our licensure, government programs, and compliance with civil rights laws. For example, Gentry Health Services are subject to random inspections by the state pharmacy board. Inspectors or other government officials may view or receive PHI as a result.

**National security and intelligence activities:** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Military and veterans:** If you are a member of the armed forces, we may release PHI about you as required by military command authorities.

**Public safety:** We may use and disclose PHI about you when necessary to prevent threat to your health and safety or the health and safety of the public or another person.

**Victims of abuse, neglect, or domestic violence:** We may disclose PHI to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law.

**Correctional institution:** If you are or become an inmate of a correctional institution, we may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.

**Coroners and medical examiners:** We may release PHI about you to help identify a deceased person or determine the cause of death.

**As required by law:** We must disclose PHI about you when required to do so by applicable federal, state, or local laws.

We will use the minimum amount of your PHI necessary to perform such duties to the extent required under law. We will comply with more stringent state laws when applicable over less strict federal law.

*Effective date  
September 23, 2013*



## OTHER USES & DISCLOSURES OF YOUR PHI

Gentry Health Services will obtain your written authorization before utilizing or disclosing PHI for purposes other than those provided above or as permitted or required by law. You have the opportunity to revoke an authorization in writing at any time. Upon receipt of written revocation, we will no longer use or disclose your PHI except as described above or as permitted by any other authorizations that are not revoked. Please understand that we cannot retrieve any PHI disclosed to a third party in reliance on your prior authorization.

Gentry Health Services will not sell any PHI without the express written authorization of the individual whose PHI is involved as prohibited by law or exceptions including public health activities, research, treatment and payment purposes, or sale, transfer, merger or consolidation of Gentry Health Services.

**RIGHTS:** Federal law allows you certain rights pertaining to your PHI. Parents of children and other individuals with legal authority to make health decisions may utilize them on behalf of such customers, consistent with state law. Emancipated minors should inform the pharmacy of their rights.

You have the right to opt out of receiving any fundraising communications from Gentry Health Services. You have the right to restrict disclosures of PHI to a health plan with respect to health care for which you have paid out-of-pocket and full.

Gentry Health Services will not share genetic information to a health plan for the purpose of underwriting.

You are entitled to request a restriction on the use or disclosure of PHI. By law, we are not obligated to agree with your request for restriction. Contingent on the type of request, we may not be able to grant it because of the resulting affect on our ability to provide health services to you. Should we agree on the requested limitation, we will oblige by the restriction until an agreement is made by you to terminate the restriction or until we notify you of our intent to terminate the restriction going forward. Written requests for restriction of your PHI should be submitted to the company Privacy Officer. Included in the request should be the type of PHI you want to restrict, how you want Gentry Health Services to limit the use or disclosure of PHI, and finally those individuals to whom the restrictions should be applicable.

You are entitled to receive confidential communications by Gentry Health Services at a new address or different means should communication through normal business channels possibly endanger you. Written requests for confidential communications should be directed to the pharmacy and company Privacy Officer. Your written request must state how and where you like to be contacted. We will accommodate all reasonable requests.

You also have the right to receive an electronic copy of PHI and to designate another party to receive your PHI.

You are entitled to review and obtain a copy of your PHI that may be contained in billing or medical records used to make decisions about you. Access to PHI records created in anticipation of a civil, criminal, or administrative proceeding or pertaining to psychotherapy notes will not be granted. In addition, we will deny your request to inspect and copy PHI if a licensed health care professional employed by Gentry Health Services has determined that obtaining such access is reasonably likely to endanger life or the safety of you or another individual or to cause substantial harm to you or another individual, or that the PHI record makes individual reference (other than a health care provider) and such access would reasonably cause harm or detriment to the other person. To inspect or copy your PHI, you must send a written request to the company Privacy Officer.

If your requests for access are denied, you may request to have the decision reviewed. Another licensed health care professional chosen by Gentry Health Services will review such a request. We agree to comply with the decision. You have the right to request access to review or obtain copy of your PHI at your local Gentry Health Services. We have the right to charge you a fee to cover the costs of copying, mailing or additional costs incurred with your request.

You have the right to request an amendment of your PHI if the information we have about you is not accurate or complete. As long as your PHI is maintained by Gentry Health Services, we will correct those identified mistakes if the PHI was created by us or the person or entity who created the PHI is no longer able to make the amendment.

Amendment requests that deal with the addition of information to your records may be made at your local Gentry Health Services. If unable to honor your request or for other types of changes, you must submit a written request for amendment of your PHI on a Request for Amendment Form available from the Privacy Officer. All completed forms should be returned to the attention of the company Privacy Officer. A decision regarding your request will be made no later than 60 days after receipt unless extended for 30 days. Since we are unable to amend PHI believed to be accurate, you should provide evidence to support your claim. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may provide a rebuttal to your statement.

You have the right to receive an accounting of disclosures involving your PHI by Gentry Health Services after April 14, 2003 for most purposes other than treatment, payment, or health care operations. Such accountings will not include disclosures we make to you, disclosures permitted by your authorization, disclosures necessary for treatment, proper payment, or to operate Gentry Health Services, for notification purposes, disclosures to family and friends mentioned in this Notice, or made in your presence or because of an emergency, or disclosures for national security purposes. Any request for an accounting within a 12 month period will be free. There will be costs assessed for additional accountings. You will have the right to change your requests prior to incurring the fee. The right to receive an accounting is subject to certain other exceptions, restrictions and limitations.

Written requests for an accounting of disclosures of PHI should be made by completely filling out a Request for Accounting of Disclosure form which is available from the Privacy Officer. Completed forms should be returned to the attention of the Privacy Officer. Included should be the time period of the accounting (not longer than six years and not prior to 4/14/03) as well as the medium in which you would like the accounting.

In the event of a breach of unsecured PHI, Gentry Health Services will notify affected individuals as required by law unless there is low probability that the PHI has been compromised based on a risk assessment.

If you feel your rights have been violated, please notify us immediately. Any violation of this Notice will be remedied and handled accordingly to prevent future violation. A formal complaint may be filed with either the company Privacy Officer and/or with the United States Dept. of Health & Human Services. All complaints will be taken seriously so they should be accompanied with evidence or documents indicative of privacy right violations. Gentry Health Services policy and federal law prohibit retaliation against any person for filing a complaint.

Complaints should be sent to Gentry Health Services, Inc, attention of Privacy Officer, at 33381 Walker Rd, Suite A, Avon Lake, Ohio, 44012, call 1-844-443-6879 or to the U.S. Department of Health and Human Services, Office of Civil Rights located at 200 Independence Avenue, S.W. in Washington, D.C., 20201.

We have the right to make changes to our privacy practices described in this notice. If any material changes impact the use and disclosure of your PHI already maintained by Gentry Health Services, revised notices will be made available at each Gentry Health Services location or by logging onto our web site at [GentryHealthServices.com](http://GentryHealthServices.com).

When initially receiving this notice, you will be asked to sign an acknowledgement stating that you were provided a copy of this notice. Copies of the current Notice may be obtained by contacting the Privacy Officer or visiting our Web site at [GentryHealthServices.com](http://GentryHealthServices.com). Current revised notices will also be available at all stores. You have the right to obtain a paper copy of this notice even if you previously agreed to accept an electronic version.

If you have questions or would like additional information about our privacy practices, you may contact the company Privacy Officer at:

Gentry Health Services, Inc.  
Attn: Privacy Officer  
3338 Walker Road, Suite A      OR      privacyofficer@GentryHealthServices.com  
Avon Lake, Ohio 44012  
1-844-443-6879

Enrollee's Name: \_\_\_\_\_ (Optional)

Drug and Prescription Number: \_\_\_\_\_ (Optional)

## Medicare Prescription Drug Coverage and Your Rights

### Your Medicare rights

You **have the right to request a coverage determination** from your Medicare drug plan if you disagree with information provided by the pharmacy. You also **have the right to request a special type of coverage determination called an “exception”** if you believe:

- you need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a “formulary;”
- a coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- you need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price.

### What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan's toll-free phone number on the back of your plan membership card, or by going to your plan's website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan's notice will explain why coverage was denied and how to request an appeal if you disagree with the plan's decision.

Refer to your plan materials or call 1-800-Medicare for more information.