



Welcome to ASA Pharmacy LLC!

Thank you for choosing ASA Pharmacy LLC to be your pharmacy provider. Our dedicated pharmacy team is excited to work with you, your physician/healthcare team, and your insurance company to ensure that all your needs are met.

As a pharmacy patient, you will have one-on-one direct contact with our pharmacists who will develop a program tailored to you, so you can understand and follow your prescription guidelines.

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

- Refill Reminders
- 24/7 Access to Clinically Trained Personnel
- Copay, Patient Assistance, and other Financial Assistance Programs
- Comprehensive Medication Review
- Training, Education and Counseling
- Plan of Care
- Free Medication Delivery

As part of your healthcare team, we partner with both patients and providers to focus on overall wellness, not just the treatment of illness. We are dedicated to offering education and guidance in a supportive, patient-friendly environment where we can truly say, **"Personalized Care, Tailored for You, Provided by a Trusted Specialty Pharmacy"**

We look forward to providing you with the best service possible. We know you have many options, and we thank you for choosing ASA Pharmacy LLC.

Sincerely,  
The ASA Pharmacy LLC Team

## Contact Information

### **Hours of Operation:**

- Monday – Friday, 8am to 4pm
- Saturday and Sunday, Closed
- ASA Pharmacy LLC will be closed on the following holidays:
  - New Years Eve closes early
  - New Years Day
  - Easter
  - Memorial Day
  - Independence Day
  - Labor Day
  - Thanksgiving
  - Christmas Eve closes early
  - Christmas

### **Contact Information:** [URAC P-PSC 1-1 (a-i)]

- Local: (936) 825-3470
- Toll Free: (877) 875-0604
- Fax: (936) 825-3472
- Email: [admin@asapharmacyrx.com](mailto:admin@asapharmacyrx.com)
- In Person: 419 N. La Salle St. Navasota, TX 77868

### **24/7 Support**

- Clinically trained personnel are available 24 hours a day, 7 days a week including holidays and weekends.
- Our after-hours clinicians are available to assist you with urgent clinical questions.

### **When to Contact Us at (936) 825-3470:** [URAC P-PSC 1-1 & 1-2]

- When you need to place an order
- When you need to fill a prescription, including refills
- You have questions or concerns about your medication and/or status of medication
- To check the status of your order, discuss an order delay or reschedule your delivery
- When you have any questions or concerns regarding equipment provided
- When you miss a dose of your medication
- When you do not receive your delivery during the expected time frame
- You suspect a reaction or allergy to your medication
- A change has occurred in your medication use
- Your contact information or delivery address has changed
- Your insurance information or payment source has changed
- To receive claims related information

## Important Information

- **Insurance** [URAC P-PSC 1-1 (b-i, ii), P-PSC 1-2 (a-i, a-ii)]
  - Our pharmacy will bill your insurance company for you and will inform you if our pharmacy is out of network and/or the network status of our pharmacy. If your claim is denied than we will inform you verbally. Also, our pharmacy team will work with your physician and your insurance company to help get your prescription covered. This process is called prior authorization. Prior authorizations may often take a few business days to complete. Before your care begins, a staff member will inform you verbally of your out-of-pocket costs such as deductibles, copays, and coinsurance. The cash price of the medication will also be provided upon request.
  
- **Financial Information (Copay Assistance and Payment)** [URAC P-PSC 1-1 (b-i, ii), P-PSC 1-2 (a-i)]
  - Before your care begins, a staff member will inform you of your out-of-pocket costs such as deductibles, copays, and coinsurance.
  - We will submit claims to your health insurance carrier and, if your claim is denied, a staff member will notify you so that we can work together to resolve the issue.
  - We will notify you if we are an out of network pharmacy and will provide you with the cash price of the medication upon request.
  - Our team has access to financial assistance programs to address financial barriers to starting your medication. These programs include discount coupons from medication manufacturers and assistance from various disease management foundations. We will assist you with enrollment into such programs, when available.
  
- **Filling a Prescription, including Refills** [URAC P-PSC 1-1 (a-ii)]
  - Your physician can send us your prescription, or you can provide it to us in person or through the mail.
  - You will be contacted by a team member 5-7 days prior to your refill date. If you would like to contact us for a refill, you can call us and speak to a pharmacy team member to process your refill request.
  
- **Prescription Transfers** [URAC P-PSC 1-1 (a-iv)]
  - If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care.
  - Please call us if you would like to receive your medications from another pharmacy. We will assist you in transferring your prescription to the appropriate pharmacy of your choice.
  
- **Medication Substitution Protocols** [URAC P-PSC 1-2 (a-v)]
  - Our pharmacy strives to find the most cost-efficient option for you. From time to time it may be necessary to substitute brand name medications with a generic medication option. This could occur due to insurance carrier preference or to reduce your copay. If a substitution needs to be made, a member of the pharmacy staff will contact you prior to shipping the medication to inform you of the substitution. When available, our pharmacy will default to generic to save you money. We will use brand name medication at you or your prescriber's request.
  
- **Proper Disposal of Sharps** [URAC P-PSC 1-2 (a-v)]
  - Place all needles, syringes, and other sharp objects into a sharp's container. This will be provided by the Pharmacy if you are prescribed an injectable medication.

- **Proper Disposal of Unused Medications** [URAC P-PSC 1-2 (a-v)]
  - For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also check the following websites for additional information:
    - <http://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>
    - <http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>
    - [RXdrugdropbox.org](http://RXdrugdropbox.org)
  
- **Medication Recalls** [URAC P-PSC 1-1 (a-v)]
  - If your medication is recalled, the pharmacy will contact you with further instructions as directed by the FDA or medication manufacturer.
  
- **Accessing Medications During an Emergency or Disaster**
  - In the event of an emergency and/or disaster in your area, please contact our pharmacy to instruct us on how to deliver your medication.
  - If the pharmacy may be impacted by an emergency or disaster, you will be contacted to discuss possible transfer of your medications to ensure your therapy is not interrupted.
  
- **Medication** [URAC P-PSC 1-1 (a-v), P-PSC 1-2 (a-vii)]
  - If children are in the home, store medications and poisons in childproof containers and out of reach.
  - Keep all hazardous materials and liquids out of the reach of children
  - Contact a Pharmacist directly if you would like instructions how to properly dispose of a hazardous material/medication
  - Know your local poison control number or dial 1-800-222-1222
  - All medication should be labeled clearly and left in original containers.
  - Do not give or take medication that were prescribed for other people.
  - When taking or giving medication, read the label and measure doses carefully. Know the side effects of the medication you are taking.
  - Throw away outdated medication by mixing medications with dirt, cat litter, or used coffee grounds. Place mixture in a container such as a sealed plastic bag and place in trash.
  
- **Adverse Drug Reactions** [URAC P-PSC 1-2 (a-vi)]
  - If you are experiencing adverse effects to the medication, please contact your doctor and the Pharmacy as soon as possible
  
- **Order Concerns, Suspected Errors, Medication Issues and/or Delays** [URAC P-PSC 1-1 (a-v), P-PSC 1-2 (a-iii, a-iv, a-vii)]
  - Information shared with our pharmacy will always remain private and confidential
  - Please contact the pharmacy as soon as possible to report suspected medication issues including (but not limited to): counterfeit medication, errors, adverse drug events, etc
  - We want you to be completely satisfied with the care we provide. If you or your caregiver have concerns, please contact us by phone, email or in writing to discuss your concerns. If you wish to seek further review of concern, you may contact:
    - URAC
      - Website: <https://www.urac.org/complaint/>
      - Email Address: [grievances@urac.org](mailto:grievances@urac.org)

- ACHC
  - Website: <http://achc.org/contact/complaint-policy-process>
  - Telephone: (855) 937-2242 or 919-785-1214 (request Complaints Dept.)
- VIPS/NABP
  - Email: [help@nabp.pharmacy](mailto:help@nabp.pharmacy)
  - Telephone: (847) 391-4406
- Texas State Board of Pharmacy
  - Email: <https://www.pharmacy.texas.gov/>

### **Patient Rights And Responsibilities**

#### **As a patient of ASA Pharmacy LLC, you have the RIGHT to:**

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

#### **As a patient of ASA Pharmacy LLC you have the RESPONSIBILITY to:**

- Submit forms that are necessary to receive services
- Maintain any equipment provided
- Notify the organization of any concerns about the care or services provided

## Emergency/Disaster Preparedness Plan

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

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

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

**\*\*Please do not risk your life attempting to obtain your medication in the event of an emergency situation and/or natural disaster!! If your medications are damaged or not accessible during an emergency, please contact the pharmacy for further assistance.**

## Infection Control

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

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

Follow these five steps every time you wash your hands:

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.

4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.

How to use hand sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

***Acknowledgement Of Welcome Packet Information***

Please confirm that you have received the Welcome Packet by signing and returning this form in the enclosed postage paid envelope. Completed forms may be mailed to or dropped off at:

ASA Pharmacy LLC  
419 N. La Salle Street, Navasota, TX 77868  
(936) 825-3470

I confirm that I have received ASA Pharmacy LLC's Welcome packet, which includes Hours of Operation, Contact Information, Patient Bill of Rights and Responsibilities, Financial Obligation and Complaint Process.

Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Date \_\_\_\_\_

## Notice of Privacy Practices

### Your Information, Your Rights and Your Responsibilities

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
  - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
  - We will provide a copy or a summary of your health information, usually within 30 days of your request.
- Correct your paper or electronic medical record
  - You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
  - We may say "no" to your request, but we'll tell you why in writing within 60 days.
- Request confidential communication
  - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
  - We will say "yes" to all reasonable requests.
- Ask us to limit the information we share
  - You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
  - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- Get a list of those with whom we've shared your information
  - You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
  - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Get a copy of this privacy notice
  - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- Choose someone to act for you
  - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - We will make sure the person has this authority and can act for you before we take any action.
- File a complaint if you believe your privacy rights have been violated
  - You can complain if you feel we have violated your rights by contacting us using the information on page 1.
  - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW., Washington, D.C. 20201, calling 1-

877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

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

## **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
  - Share information with your family, close friends, or others involved in your care
  - Share information in a disaster relief situation
  - Include your information in a hospital directory
- Provide disaster relief
- Provide mental health care
- Market our services and sell your information
  - In these cases we never share your information unless you give us written permission:
    - Marketing purposes
    - Sale of your information
- Raise funds
  - We may contact you for fundraising efforts, but you can tell us not to contact you again.

## **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
  - We can use your health information and share it with other professionals who are treating you.
- Run our organization
  - We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- Bill for your services
  - We can use and share your health information to bill and get payment from health plans or other entities.
- Help with public health and safety issues
  - We can share health information about you for certain situations such as:
    - Preventing disease
    - Helping with product recalls
    - Reporting adverse reactions to medications
    - Reporting suspected abuse, neglect, or domestic violence
    - Preventing or reducing a serious threat to anyone's health or safety
- Do research
  - We can use or share your information for health research.
- Comply with the law
  - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- Respond to organ and tissue donation requests
  - We can share health information about you with organ procurement organizations.
- Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- Address workers' compensation, law enforcement, and other government requests
  - We can use or share health information about you:
    - For workers' compensation claims
    - For law enforcement purposes or with a law enforcement official
    - With health oversight agencies for activities authorized by law
    - For special government functions such as military, national security, and presidential protective services
- Respond to lawsuits and legal actions
  - We can share health information about you in response to a court or administrative order, or in response to a subpoena.

#### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

#### **Changes to the Terms of this Notice**

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

*Effective February 2017*

## NOTICE OF PRIVACY PRACTICE ACKNOWLEDGEMENT

We recognize that each of our customers comes to us with individualized medication needs. We respect the privacy of each of our customers' personal information and understand the importance of keeping this information confidential and secure. We are committed to maintaining the privacy and security of our customers' personal information.

Our Pharmacy is a fully licensed pharmacy that operates under state and federal laws. The records we create and maintain related to patients and medication dispensing histories are medical records. Consistent with privacy laws, personally identifiable information may be provided to patients, doctors or healthcare providers, as well as to patients' insurance companies as part of the billing process.

### What is HIPAA?

The Health Insurance Portability and Accountability Act (HIPAA) is meant to provide patients with an additional level of privacy and accountability in the healthcare service they receive from their providers. The privacy rule of HIPAA affects the way your doctor(s), pharmacy, and other healthcare team members communicate and use your health information. HIPAA is meant to better protect your right to the privacy of your information.

The information included with this acknowledgement will better detail for you how we are committed to protecting your privacy. Please take a moment to review the Notice, then sign and send back your acknowledgement of receipt of our privacy practices.

The quality care that we provide, respect for your right to privacy, and our top-notch service standards are just a few of the ways you can count on us to deliver for you.

### Contacting Our Facility

If you have any questions or concerns regarding our practices or services that you have received from this facility, please contact via mail or e-mail:

ASA Pharmacy LLC  
419 N. La Salle Street, Navasota, TX 77868  
Main: (936) 825-3470 Fax: (936) 825-3472 E-Mail: [admin@asapharmacyrx.com](mailto:admin@asapharmacyrx.com)

### Acknowledgement of Receipt of Notice of Privacy Practices

Please sign your name and date on this acknowledgement form. Return your signed acknowledgement in the postage-paid envelope. Or send it independently to the Privacy Officer at the address listed above.

First Name, Middle Name, Last Name: \_\_\_\_\_

Date of Birth MM/DD/YYYY: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Signature and Date: \_\_\_\_\_