Dear New Patient,

We would like to welcome you as a new patient of Ambulatory Pharmacy – Specialty. Thank you for choosing us. We look forward to working with you to provide your specialty medicine and programs designed for you. We will do all we can to make sure you achieve the best result possible.

The trust you have placed in us is most appreciated. Ambulatory Pharmacy – Specialty provides many patients with specialty medications as prescribed by your physician. Our mission is to help you better understand your unique disease state so you can get successful results and keep your health at its best. Through our specialty programs, we inform every patient on how to safely take your specialty medicine. We also monitor all the medicines you take to make sure there are no drug interactions.

The specialty medication programs developed by UF Health Jacksonville are used to provide these key benefits:

1. They help educate every patient on their unique disease state.
2. They provide support for other conditions and symptoms you may have.
3. They provide you with friendly, informed staff members who will make your ordering process easy and positive.
4. They provide your physician with very important details of your care for faster changes to your care, as required.

It is a great pleasure to welcome you to Ambulatory Pharmacy – Specialty, and we look forward to being your specialty medication provider.

If you have any questions or concerns, please feel free to contact us Monday – Friday from 8:30am – 5:00pm at 904-244-3000.

Sincerely,

Karen Malcolm, Pharm.D., BCACP, FASHP
Ambulatory Pharmacy – Specialty Manager
FREQUENTLY ASKED QUESTIONS

Where is the Ambulatory Pharmacy – Specialty located and when is it open?

- The Ambulatory Pharmacy is located at:
  Ambulatory Care Center
  655 West 8th St., 1st Floor
  Jacksonville, FL 32209
- Open Monday – Friday, from 8:30 a.m. – 5 p.m.
- Closed on all major holidays, or hospital-observed holidays

How do I contact you?

- Call the pharmacy at 904.244.3000 or visit us.
- Clinical pharmacists are highly trained on the medicine you are taking, and they are here to answer questions about your care plan. Please call us if you have any questions about your treatment.
- A licensed pharmacist is available 24/7 for any urgent questions about your medicine. In case of an emergency, call 911.

How do I fill my specialty medicine?

- In order to fill your medicine, you must have a prescription. Your prescriber can send the prescription to our pharmacy electronically or give you a paper prescription that you can bring to the pharmacy.
- We make it easy to refill your specialty medications. We even call to remind you, so you never miss a refill.
- If you would like to order medication refills, please contact us about 7 days before your medicine is due:
  - By phone: call 904.244.3000 or call the number on your prescription bottle.
  - In person: visit us Monday – Friday from 8:30 a.m. – 5 p.m.
- If there are any issues with your medicine, we will contact you.

When should I call the pharmacy?

- Please do not hesitate to call the pharmacy if:
  - You would like to check the status of your order or ask about a delay in your order
  - You have a question about the cost of your medication
  - You have questions about your medication like storage, how to take or use the medicine, or potential side effects
  - You believe you may be experiencing an adverse drug reaction
  - You need an early fill due to scheduled travel
  - You have had a change in insurance
  - You have concerns about access to your medication during natural disasters or emergencies
  - You believe an error may have occurred with your order
  - You need help in getting a medication not available through our pharmacy
  - You have questions about a medication recall or safe disposal of your medicine
  - You would like for us to transfer your prescription to a different pharmacy
  - You have questions about any substitutions we may have made on your order (such as a generic)
How much will my medicine cost?
- Medicine cost will vary depending on your insurance.
- If you cannot afford the out-of-pocket cost for your medicine, the Ambulatory Pharmacy will work to identify co-pay card assistance, patient assistance programs, or other support and/or charitable organizations. We can help with paperwork and financial assistance, if needed.

How can I pay for my medicine?
- The Ambulatory Pharmacy accepts cash, checks and major credit cards.

What if I have a concern or complaint about my service or experience?
- Please call the Ambulatory Pharmacy at 904.244.3000 to address your concern.
- If you do not want to call the pharmacy, please call the Patient Relations office at 904.244.4427. Your complaint or concern will be handled in accordance with UF Health Jacksonville’s policies and procedures.

How can I safely dispose of my medicine?
- Please refer to “FDA Disposal of Needles and Sharps” and “How to Dispose of Medicines Properly” handouts in your Welcome Packet.

What is the Patient Management Program?
- The Patient Management Program is included at no cost to you and you are automatically enrolled as a patient of Ambulatory Pharmacy – Specialty. You may opt out at any time by calling the pharmacy.
- Along with knowing your condition and drug options, our specialty pharmacists work with your care team and understand your care plan. The benefits of the Patient Management Program are to make sure you know your disease and medicine, and to provide access to medicine. Your willingness to comply with therapy and the pharmacist’s recommendations are important. This may limit your success in our Patient Management Program.
- We provide therapy programs for a number of medical conditions.
- You may contact the Patient Management Program by phone or in person.

For more information, please visit our website at UFHealthJax.org/pharmacy
Patient Rights and Responsibilities

Our patients have the rights to:

1. Know about philosophy and characteristics of the patient management program
2. Have personal health information shared with the patient management program only in accordance with state and federal law
3. Identify the program’s staff members, including their job title, and to speak with a staff member’s supervisor, if requested
4. Speak to a health care professional
5. Receive information about the patient management program
6. Receive administrative information regarding changes in, or termination of, the patient management program
7. Decline participation, revoke consent, or unenroll at any point in time

Our patients are responsible for:

1. Submitting any forms that are necessary to participate in the program, to the extent required by law
2. Giving accurate clinical and contact information, and to notify the patient management program of changes in this information
3. Notifying their treating provider of their participation in the patient management program, if applicable
**Patient Rights & Responsibilities**

We encourage all patients to know and understand their rights and responsibilities as written in the Florida Statutes and UF Health Jacksonville policy. These are listed below. If you have any questions about your rights and responsibilities, or any concerns about your hospitalization, Patient Relations, as well as your healthcare team, are available to help you. Every attempt will be made to address your concerns as quickly as possible.

**Our patients have the right to . . .**

- Be treated with courtesy and respect, with appreciation of individual dignity, and with protection of privacy.
- A prompt and reasonable response to questions and requests.
- Know who is providing medical services and who is responsible for your care.
- Know what patient support services are available (including help with a hearing impairment, or an interpreter in your language if you do not speak English, at no charge to you).
- Know what rules and regulations apply to your conduct.
- Be provided with written information about advance directives and available healthcare decision-making options in Florida.*
- Formulate advance directives and to have the medical staff and hospital personnel caring for you implement and comply with your advance directives.
- Receive a "Notice of Beneficiary Discharge Rights", "Notice of Non-Coverage Rights" and "Notice of the Beneficiary Right to Appeal Premature Discharge", if you are a Medicare patient.
- Participate in decisions involving your health care, including consideration of ethical issues. You have the right to participate in the development, including any revisions, and implementation of your inpatient treatment/care plan, outpatient treatment/care plan, your discharge plan, and your pain management plan.
- Make informed decisions regarding your care, including the right to receive information from the health care provider about diagnosis, planned course of treatment, including surgical interventions, alternatives, risks, and prognosis and outcomes of care that may impact your decisions regarding treatment.
- Accept or refuse treatment, except as otherwise provided by law.
- Have a support person to be present 24 hours a day, during the course of your stay, unless the individual’s presence infringes on others’ rights, safety, or is medically or therapeutically contraindicated. This can be a family member, friend, or other individual.
- Have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.
- Be given, upon request, full information and necessary counseling on the availability of financial resources for your care.
- Know, upon request and in advance of treatment, whether the health care provider or health care facility accepts Medicare.
- Receive, upon request prior to treatment, a reasonable estimate of charges for medical care.
- Such reasonable estimate shall not change in your condition or treatment needs.
- Receive a copy of a clear and understandable itemized bill upon request and to have the charges explained.
- Impartial access to medical treatment or accommodations regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, marital status, sex, sexual orientation, and gender identity or expression.
- Receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- Know if medical treatment is for experimental research purposes and to consent or refuse to participate in such experimental research.
- Know the health care facility’s procedure for expressing a grievance. You have the right to express grievances regarding any violation of your rights, through the grievance procedure of the health care provider who served you or the UF Health Jacksonville Patient Relations Department, and to the appropriate state agency.**
- Personal privacy, except as limited for the delivery of appropriate care.
- Receive care in a safe setting.
- Be free from all forms of abuse, neglect and harassment whether from staff, other patients or visitors.
- The confidentiality of your clinical records, except as provided by law.
- Except under limited circumstances, access information contained in your clinical records within a reasonable time frame.
- Access individuals outside the hospital by means of visitors and by written or verbal communication.
- Retain and use personal clothing or possessions if space permits and it does not interfere with another patient or medical care.
- Be free from restraints or seclusion used as means of coercion, discipline, convenience, or retaliation.
- Appropriate assessment and management of pain.
- Access any mode of treatment, including complementary or alternative healthcare treatments, that is, in your own judgment and the judgment of your physician(s), in your best interest, to the extent that such mode of treatment is offered by the hospital.

**Our patients are responsible for . . .**

- Provide to the health care provider, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
- Report unexpected changes in your condition to the health care provider.
- Report to the health care provider whether you understand a planned course of action and what is expected of you.
- Follow the treatment plan recommended by the health care provider.
- Keep appointments and, when unable to do so for any reason, notify the health care provider or health care facility.
- Be responsible for your actions if you refuse treatment or do not follow the health care provider's instructions.
- Assure the financial obligations of your health care are fulfilled as promptly as possible.
- Follow health care facility rules and regulations on patient care and conduct.
- Notify the health care provider of any advance directive(s) you may have executed.
- Be respectful of the property of other persons and of the hospital.

*It is the policy of UF Health Jacksonville to honor all appropriately completed Advance Directives.

** Agency for Health Care Administration / 2727 Mahan Drive / Tallahassee, FL 32308 / (888) 419-3456 or The Joint Commission / Office of Quality Monitoring / One Renaissance Boulevard / Oakbrook Terrace, IL 60181 / (800) 994-6610
Ambulatory Pharmacy – Specialty
Patient Consent Agreement and Acknowledgement

Patient Name: ________________________________ Date of Birth: _________________________

Thank you for choosing Ambulatory Pharmacy – Specialty, we look forward to serving your specialty pharmacy needs. As a pharmacy, we have an obligation to provide quality care, stay in compliance with all laws and regulations, protect your personal health information, and perform services as you direct. In order to meet those obligations, we are required to obtain your consent for some of the services that we may offer and provide disclosures to keep you informed of your rights as a patient when using our pharmacy.

By signing the acknowledgement below, you are indicating that we have provided you these disclosures, and that you are consenting to receive pharmacy services as a patient from Ambulatory Pharmacy – Specialty. Please note, that each patient and therapy is different, and that not all terms will apply or be relevant to your situation. If you have any questions or concerns about these terms, please contact Ambulatory Pharmacy – Specialty.

1. CONSENT FOR PROFESSIONAL SERVICES:
You have a right to choose the pharmacy you use to receive your prescriptions and professional services, which may include consultation with pharmacists and nurses. By signing this Agreement & Acknowledgement, you are agreeing to receive pharmacy services from Ambulatory Pharmacy – Specialty and our pharmacists. While providing services, you authorize Ambulatory Pharmacy – Specialty to work with your other healthcare providers on your behalf.

2. RELEASE OF MEDICAL RECORDS AND INSURANCE INFORMATION:
I authorize the release of any medical or other information necessary to provide therapy, services, or products. I also request payment of government benefits either to myself or to the third party who accepts assignments according to the section below titled “Assignment of Benefits.”

3. ASSIGNMENT OF BENEFITS:
If the product or services provided are payable under a Medicare or other applicable government or commercial provided benefit, I authorize payment and medical benefits to Ambulatory Pharmacy – Specialty for the therapy, services, and products supplied by Ambulatory Pharmacy – Specialty.

4. FINANCIAL RESPONSIBILITY:
I understand that if no insurance coverage exists for a product or service or the insurance provider fails to pay, I am financially responsible for the incurred charges.

5. NOTICE OF PRIVACY PRACTICES AND PATIENT’S RIGHTS AND RESPONSIBILITIES:
I acknowledge that I have received a copy of Ambulatory Pharmacy – Specialty’s Notice of Privacy Practices and Patient’s Rights and Responsibilities.

6. PERSONAL REPRESENTATIVE:
I authorize Ambulatory Pharmacy – Specialty to disclose and provide information regarding therapy, payment issues, and health-related issues to the person(s) listed below as patient’s personal representative(s):

Name: ______________________________________
Relationship: _________________________________
Phone: _____________________________________

Name: ______________________________________
Relationship: _________________________________
Phone: _____________________________________

7. PATIENT SIGNATURE:
Patient Signature (or legal guardian or parent): ______________________________________ Date: ____________
How to Dispose of Medicines Properly

DON’T: Flush expired or unwanted prescription and over-the-counter drugs down the toilet or drain unless the label or accompanying patient information specifically instructs you to do so.

DO: Return unwanted or expired prescription and over-the-counter drugs to a drug take-back program or follow the steps for household disposal below.

1ST CHOICE: DRUG TAKE-BACK EVENTS

To dispose of prescription and over-the-counter drugs, call your city or county government’s household trash and recycling service and ask if a drug take-back program is available in your community. Some counties hold household hazardous waste collection days, where prescription and over-the-counter drugs are accepted at a central location for proper disposal.

2ND CHOICE: HOUSEHOLD DISPOSAL STEPS*

1. Take your prescription drugs out of their original containers.

2. Mix drugs with an undesirable substance, such as cat litter or used coffee grounds.

3. Put the mixture into a disposable container with a lid, such as an empty margarine tub, or into a sealable bag.

4. Conceal or remove any personal information, including Rx number, on the empty containers by covering it with permanent marker or duct tape, or by scratching it off.

5. The sealed container with the drug mixture, and the empty drug containers, can now be placed in the trash.

* Drug Disposal Guidelines, Office of National Drug Control Policy, October 2009
How Proper Disposal of Medicines Protects You and the Earth:

- Prevents poisoning of children and pets
- Deters misuse by teenagers and adults
- Avoids health problems from accidentally taking the wrong medicine, too much of the same medicine, or a medicine that is too old to work well
- Keeps medicines from entering streams and rivers when poured down the drain or flushed down the toilet

How Improper Disposal of Medicines May End Up in Our Drinking Water Sources

In homes that use septic tanks, prescription and over-the-counter drugs flushed down the toilet can leach into the ground and seep into ground water.

In cities and towns where residences are connected to wastewater treatment plants, prescription and over-the-counter drugs poured down the sink or flushed down the toilet can pass through the treatment system and enter rivers and lakes. They may flow downstream to serve as sources for community drinking water supplies. Water treatment plants are generally not equipped to routinely remove medicines.
DO's and DON'Ts
Safe Disposal of Needles and Other Sharps Used At Home, At Work, or While Traveling

Do

• Immediately place used needles and other sharps in a sharps disposal container to reduce the risk of needle-sticks, cuts, or punctures from loose sharps.
• Use an FDA-cleared sharps disposal container, if possible. If an FDA-cleared container isn’t available, some organizations and community guidelines recommend using a heavy-duty plastic household container (i.e. laundry detergent container) as an alternative.
• Make sure that if a household disposal container is used, it has the basic features of a good disposal container. (See box at right for more info.)
• Be prepared — carry a portable sharps disposal container for travel.
• Follow your community guidelines for getting rid of your sharps disposal container.
• Call your local trash or public health department (listed in the county and city government section of your phone book) to find out about sharps disposal programs in your area.
• Ask your health care provider, veterinarian, local hospital or pharmacist
  o where and how you can obtain an FDA-cleared sharps disposal container,
  o if they can dispose of your used needles and other sharps, or
  o if they know of safe disposal programs near you.
• Keep all needles and other sharps and sharps disposal containers out of reach of children and pets.

Don’t

• Throw needles and other sharps into the trash.
• Flush needles and other sharps down the toilet.
• Put needles and other sharps in your recycling bin — they are not recyclable.
• Try to remove, bend, break, or recap needles used by another person. This can lead to accidental needle sticks, which may cause serious infections.
• Attempt to remove the needle without a needle clipper device because the needles could fall, fly off, or get lost and injure someone.

All sharps disposal containers should be:
• made of a heavy-duty plastic;
• able to close with a tight-fitting, puncture-proof lid, without sharps being able to come out;
• upright and stable during use;
• leak-resistant; and
• properly labeled.

Best Way to Get Rid of Used Needles and Other Sharps:

Step 1: Place all needles and other sharps in a sharps disposal container immediately after they have been used.

Step 2: Dispose of used sharps disposal containers according to your community guidelines.

For more information visit, www.fda.gov/safesharpsdisposal.